

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

OK 1963909524

Date of Notification (1): 8/5/2016		Name of Building Owner/Operator (2) Newark Public School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 2 Cedar Street	
		City, State, Zip Code: Newark, NJ 07102	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: AUG 13 2016

FACILITY INFORMATION

Name of Facility Hawthorne Avenue School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
428 Hawthorne Avenue			Square Feet: _____ # of Floors: _____	
City/ (5) Newark	County (6): Essex	County Code (7): 07112	Bldg. Age Current Use : School	
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address: 17 Pleasant Hill Road			Street Address: 658 Rutgers Place	
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 8/8/16	Scheduled Completion Date (11): 8/14/16		Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203	
			City, State, Zip Code: New York, New York, 10018	

Scope of Work (Check all that apply):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

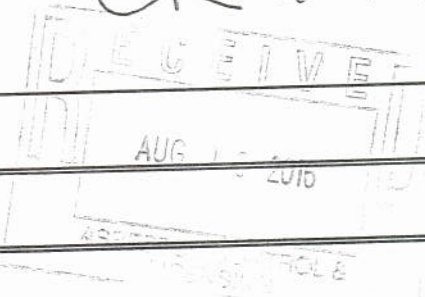
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/ Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
ROOM 101-106		X		FLOOR TILE & MASTIC ASSOCIATED WITH WOOD	4,800 SF	*			*

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.	
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688	
Completed By: Sylvester Oraegbunam		Title: President	Signature: 	Date: 8/5/2016	

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-250

CK 6799



Date of Notification (1)
10 18 / 10 18 / 11 16

Name of Building Owner/Operator (2)
graham conklin

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #: _____
 Emergency (including justification)
 Cancellation

Street Address
 [REDACTED]

City, State, Zip Code
RIDGEWOOD, NJ 07450

Name of Contact
graham conklin

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
graham conklin

Street Address
 [REDACTED]

City (5)
RIDGEWOOD

County (6)
BERGEN

County Code (7) (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number License Number
973-345-8020 01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm Phone Number

Start Date (10) Sched. Completion Date (11)
08/23/16 09/10/16

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe: _____
 Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
 ≥ 3 sf or ≥ 3 lf Renovation
 ≥ 160 sf or ≥ 260 lf Demolition

Full Containment w/negative pressure
 Mini-enclosure
 Glovebag procedure
 Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER Rm.		X		PIPE INSULATION	131 ft	X			
basement storage rm		X		PIPE INSULATION	201 ft	X			
BASEMENT CRAWL SPACE		X		BARE HEATING PIPES	1001 ft			X	

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/24/16

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

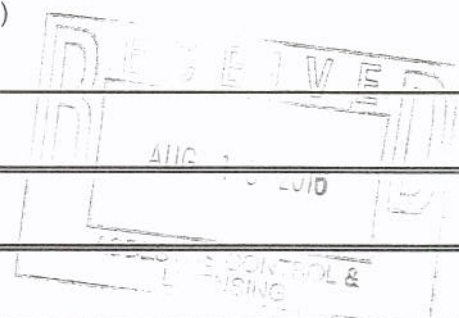
Title
PRESIDENT

Signature

Date
08/08/ 2016

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-249



Date of Notification (1) <u>10/18/10/17/11/16</u>		Name of Building Owner/Operator (2) <u>donna caputo</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>saddle brook, nj</u>	
		Name of Contact <u>donna caputo</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>donna caputo</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) <u>saddle brook</u>		County (6) <u>BERGEN</u>	County Code (7) (State use only)		# of Floors
			Bldg. Age		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address _____		Street Address <u>20 California Ave.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>			
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>		License Number <u>01169</u>
Start Date (10) <u>08/25/16</u>		Sched. Completion Date (11) <u>09/15/16</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					
			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply)


<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	42 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	58 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 yd.</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>		
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>08/16/16</u>	City, State <u>TULLYTOWN, PA</u>		
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>	Signature _____		Date <u>08/08/16</u>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK 25843
RECEIVED
AUG 10 2016

Date of Notification (1) <u>08</u> / <u>14</u> / <u>16</u>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Verizon Way						
			City, State, Zip Code Basking Ridge, NJ 07920						
			Name of Contact Alex Baylor		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 42 East Main Street									
City (5) Mendham, NJ		Square Feet 10,000	# of Floors 3	Bldg. Age					
County (6) Morris		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870	Telephone No. 718-605-6256	License No. 00774					
Start Date (10) <u>08</u> / <u>29</u> / <u>16</u>		Scheduled Completion Date (11) <u>09</u> / <u>05</u> / <u>16</u>		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>5:00PM</u> - <u>1:30AM</u>			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor A/C Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 09/02/16		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager	Signature 		Date 08-19-16				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

OK 25854

RECEIVED

AUG 16 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>08</u> / <u>14</u> / <u>16</u>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Verizon Way
			City, State, Zip Code Basking Ridge, NJ 07920
			Name of Contact Alex Baylor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1001 West Bay Avenue		Square Feet 10,000	# of Floors 3
City (5) Barnegat, NJ 08005		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5870	Telephone No. 718-605-6256	License No. 00774
Start Date (10) <u>08</u> / <u>25</u> / <u>16</u>	Scheduled Completion Date (11) <u>10</u> / <u>25</u> / <u>16</u>	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00 AM-2:30PM</u> / _____ PM-_____ AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC NY 11101	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing Materials	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pitch Pockets	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Hackettstown, NJ		Disposal Date 10/30/16	City, State Morrisville, PA		
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 		Date 08-19-16	