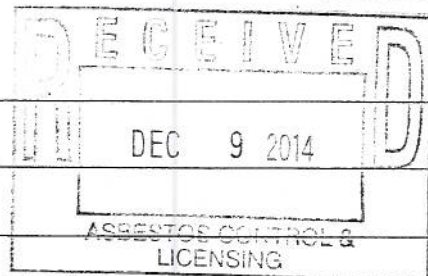


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>12/8/14</b>		Name of Building Owner/Operator (2) P.S.E.G.						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact <b>KEITH RETTAS</b>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>		Type of Facility (4)						
Street Address <b>251 SHARP RD.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>MARLTON</b>		Square Feet <b>2100</b>	# of Floors <b>1</b>					
County (6) <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>Appx 54 yrs</b>					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Current Use (Prior if being demolished) <b>SWITCH STATION</b>					
Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA								
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111					
Start Date (10) <b>12/12/14</b>		Scheduled Completion Date (11) <b>12/15/14</b>						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
CONTROL ROOM		X	FLOOR TILE + MASTIC	2080 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill GROWS NORTH				
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date <b>12/8/14</b>				



CK # 5814

Print Form

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>11/21/14</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>KEITH RETTAS</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G.</b>		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 & commercial buildings, homes, etc.)							
Street Address <b>251 SHARP RD.</b>		Square Feet <b>2100</b>	# of Floors <b>1</b>						
City (5) <b>MARLTON</b>		Bldg. Age <b>APX 54 YRS</b>							
County (6) <b>BURLINGTON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SWITCH STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>12/5/14</b>	Scheduled Completion Date (11) <b>12/9/14</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
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 <input type="checkbox"/> Other - Describe:		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" 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
<b>CONTROL ROOM</b>		<b>X</b>		<b>FLOOR TILE - MASTIC</b>	<b>2080 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APX 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>	Date <b>11/21/14</b>					



B &amp; G proj. #: 2014-212

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) Megan & Daniel London	
Agencies Notified	Type Notification	Street Address 12 Fairmount Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Megan & Daniel London	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Megan & Daniel London			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 12 Fairmount Avenue			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/15/2014	Sched. Completion Date (11) 12/15/2014		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" 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 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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						
attic			X	pipe insulation	5 lf	X			

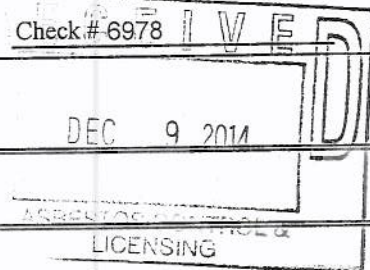
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/16/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 12/05/2014



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-222

Check # 6978



Date of Notification (1) <u>12/10/14</u>		Name of Building Owner/Operator (2) Christian Naranjo	
Agencies Notified	Type Notification	Street Address 66 Watson Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code West Orange, NJ 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact Monica Alpert/Realtor	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Christian Naranjo			Type of Facility (4)	
Street Address 66 Watson Avenue			<input type="checkbox"/> School (K - 12)	
			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) West Orange, NJ 07052			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
			Square Feet    # of Floors    Bldg. Age	
County (6) Essex		County Code (7) (State use only)		
Current Use (Prior if being demolished) residential				
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.		
Street Address		Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code		Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm		City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number		Telephone Number (973)696-6869		
Scheduled Start Date (10) 12/17/2014		License Number 00378		
Sched. Completion Date (11) 12/18/2014		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Lincoln Park, NJ 07035		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input type="checkbox"/> Other-Describe: _____				

Scope of Work (check all that apply)

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

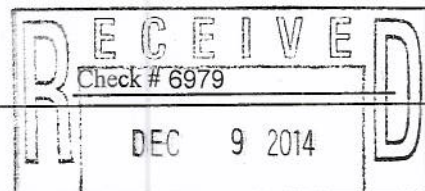
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	90 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ		Disposal Date 12/18/2014		City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 12/05/2014



B &amp; G proj. #: 2014-223

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) Donna Posterano	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	63 Portland Place	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH		Donna Posterano	
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Donna Posterano			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 63 Portland Place			Square Feet	# of Floors	Bldg. Age
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/18/2014		Sched. Completion Date (11) 12/19/2014		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" 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 105 Ryerson Road	
				City, State, Zip Code LincolnPark, NJ 07035	

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure      ☒ Glovebag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☐ Non-friable procedure

Location of asbestos-containing material 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	190 lf	<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"/>

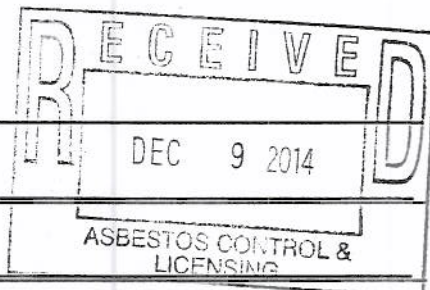
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/19/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/05/2014



CK 005 124

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

D&S Proj. #: 2014-495



Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) rita nolan	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 14 clauss avenue		City, State, Zip Code paramus, nj 07601	
Name of Contact rita nolan		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) rita nolan			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 14 clauss avenue			Square Feet # of Floors Bldg. Age		
City (5) paramus	County (6) bergen	County Code (7) (State use only)	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			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 12/09/14	Sched. Completion Date (11) 12/22/14		Name of OSHA Monitor D & S Restoration, Inc.	
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: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 type="checkbox"/> Full Containment w/negative pressure <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		X		PIPE INSULATION	381 ft	X					

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/10/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/02/2014



OK 00579

Dec 3 2014 07:17am

P002/002

02/04

D&S Proj. #: 2014-495

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

APPROVED  
NJ Dept. of Health & Senior Services  
(signature)  
Date: 12/2/14 Time: 7:15

Date of Notification (1) 11/21/10 12/1/14		Name of Building Owner/Operator (2) rita nolan	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 14 clauss avenue		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code paramus, nj 07601		Telephone Number	
Name of Contact rita nolan			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) rita nolan			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 14 clauss avenue			Square Feet # of Floors Bldg. Age		
City (5) paramus	County (6) bergen	County Code (7) (State use only)	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			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 12/09/14		Sched. Completion Date (11) 12/22/14	License Number 01169		
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: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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)	H 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		X		PIPE INSULATION	381 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/10/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/02/2014

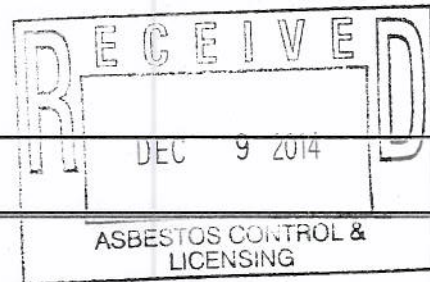
\* Do not use this form for asbestos licensure exempted activities.



CK 005128

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

D&amp;S Proj. #: 2014-493



Date of Notification (1) 12/10/14		Name of Building Owner/Operator (2) judy deitchman	
Agencies Notified	Type Notification	Street Address 176 woodside avenue	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code lodi, nj 07644	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact judy deitchman	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) judy deitchman			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 176 woodside avenue			Square Feet		
City (5) lodi			# of Floors		
County (6) bergen			Bldg. Age		
County Code (7) (State use only)			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				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 12/08/14		Sched. Completion Date (11) 12/20/14		License Number 01169	
Occupancy Status During Abatement (Check only one)				Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				Street Address 20 California Avenue	
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:				City, State, Zip Code Paterson, NJ 07503	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

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

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	381 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT Closet		<input checked="" type="checkbox"/>		PIPE INSULATION	101 ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/09/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/01/2014	



CK 005128

Dec 3 2014 07:17am

P001/002  
PAGE 02/04

D&amp;S Proj. #: 2014-493

**RECEIVED**  
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)  
DEC 9 2014

APPROVED  
NJ Dept. of Health & Senior Services  
(signature) *[Signature]*  
Date: 12/3/14 Time: 9:00 AM

Date of Notification (1) 12/1/14		Name of Building Owner/Operator (2) judy deitchman	
Agencies Notified	Type Notification	ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	Street Address	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	176 woodside avenue	
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	lodi, nj 07644	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		judy deitchman	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) judy deitchman			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
176 woodside avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
lodi			Square Feet	# of Floors	Bldg. Age
County (6) bergen			Current Use (Prior if being demolished)		
County Code (7) (State use only)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)	Sched. Completion Date (11)	Telephone Number		
12/08/14	12/20/14	973-345-8020		
Occupancy Status During Abatement (Check only one)		License Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		01169		
<input type="checkbox"/> Abatement performed outside of normal facility hours.		Name of OSHA Monitor		
Describe:		D & S Restoration, Inc.		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address		
		20 California Avenue		
		City, State, Zip Code		
		Paterson, NJ 07503		

Scope of Work (check all that apply)		<input type="checkbox"/> Full Containment w/negative pressure	
<input checked="" type="checkbox"/> >2 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-enclosure	
<input type="checkbox"/> >160 sf or >280 lf	<input type="checkbox"/> Demolition	<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	R	E	E
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	381 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT Closet		<input checked="" type="checkbox"/>		PIPE INSULATION	101 ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/09/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/01/2014

ASR-41

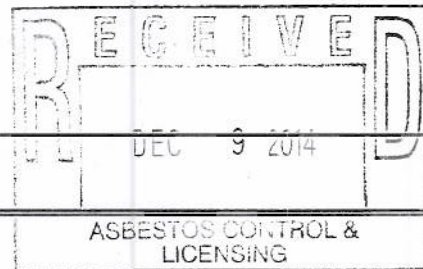
Do not use this form for asbestos licensure exempted activities.



CK 005724

D&amp;S Proj. #: 2014-494

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



Date of Notification (1) <u>12/1/10</u> / <u>11/14</u>		Name of Building Owner/Operator (2) <u>Mary Roodkowsky</u>	
Agencies Notified	Type Notification	Street Address <u>116 Edgewater Road</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>cliffside park, nj 07010</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <u>Mary Roodkowsky</u>	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Mary Roodkowsky</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 <u>116 Edgewater Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>cliffside park</u>	County (6) <u>bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>D &amp; S RESTORATION, INC.</u>		ASCM No.		Name of Abatement Contractor (9) <u>D &amp; 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>	
Start Date (10) <u>12/11/14</u>		Sched. Completion Date (11) <u>12/18/14</u>		License Number <u>01169</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 &amp; 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <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	70 L FT	<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"/>

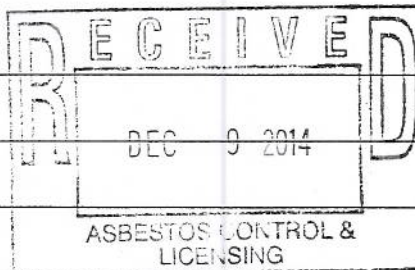
Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 yd</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>12/12/14</u>		City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>	Signature		Date <u>12/01/2014</u>



CK 9176

Print Form

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



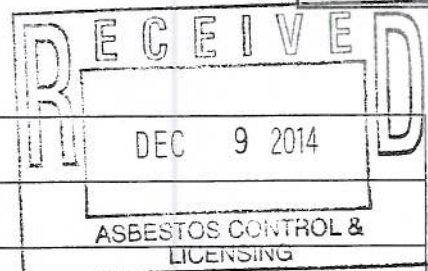
Date of Notification (1) 12/5/14		Name of Building Owner/Operator (2) Berkeley Township							
Agencies Notified	Type Notification	Street Address Pinewald-Keswick Road	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Bayville, NJ 08721							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kathryn Taylor							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		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 & commercial buildings, homes, etc.)							
Street Address 224 Second Avenue		Square Feet 3,000	# of Floors 2						
City (5) Toms River, Berkeley Township		Bldg. Age 65 yrs.							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Flood House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 152 Route 206 South							
City, State, Zip Code		City, State, Zip Code Hillsborough, NJ 08844							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
License No. 01228									
Start Date (10) 12/15/14	Scheduled Completion Date (11) 12/16/14	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 152 Route 206 South							
		City, State, Zip Code Hillsborough, NJ 08844							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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
Exterior of Bldg.			X	Transite Siding	1,400 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitation					
City, State Hillsborough, NJ		Disposal Date 12/16/14		City, State Penn Argyl, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		Date 12/5/14			



NOCK

Print Form

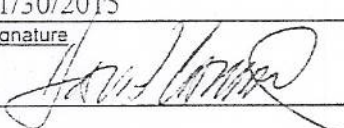
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/15/2014		Name of Building Owner/Operator (2) AT&T Corp.							
Agencies Notified	Type Notification	Street Address 675 West Peachtree St., NW							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA 07728							
		Name of Contact Donna Yopp	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) AT&T Services, Inc. Loc Code # NJ1700		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 & commercial buildings, homes, etc.)							
Street Address 175 West Main Street		Square Feet 800	# of Floors 3						
City (5) Freehold		Bidg. Age 40 years old							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) AT & T Building							
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services, LLC		ASCM No. _____	Name of Abatement Contractor (9) Shoreline Contracts Inc						
Street Address 9 William Road		Street Address 85 Kero Rd							
City, State, Zip Code Marlboro, NJ 07751		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Frank Tamargo		Telephone No. (732)938-8455	Telephone No. (201)933-0033						
License No. 62028									
Start Date (10) 12/15/2014	Scheduled Completion Date (11) 12/15/2015	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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
3rd Floor Elevator Lobby	X			VAT Floor Tile 12"x12"	800SF	X			
Name of Registered Waste Hauler Kaltech Environmental Inc		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Monroeville, PA		Disposal Date 12/16/2014		City, State Waynesburg, Ohio					
Completed by Michael Coleman		Title <i>President</i>	Signature <i>Michael Coleman</i>		Date 12/5/2014				



## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 11/25/2014		Name of Building Owner/Operator (2) United States Environmental Protection Agency Region 2	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	Street Address 290 Broadway City, State, Zip Code New York, NY 10007	
		Name of Contact Frank Mahalski (ER Gen. Contractor)	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Government Property		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 108 Lake Denmark Rd.		Sq. Feet: 10,000 # of Floors 2 Bldg. Age 80	
City (5) Rockaway, NJ	County (6) Morris	County Code (7) (State Use Only)	Current Use (if being demolished): abandoned
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address		Street Address 3300 Hudson Avenue	
City, State, Zip Code		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 12/15/2014	Scheduled Completion Date (11) 01/30/2015	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area is located on abandoned government site and will be unoccupied during abatement		Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) (X) Demolition ( ) Renovation ( ) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Buildings S-11, S-46, R-4, R-51, R21 (through-out)	X	TSI Pipe Insulation	~ 600 LFT
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 20
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 01/30/2015	Name of Reg. Landfill IESI BETHLEHEM LANDFILL
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	City, State BETHLEHEM, PA 18015
		Date 11/25/2014	

