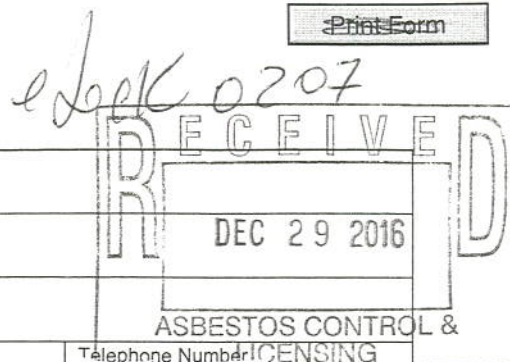
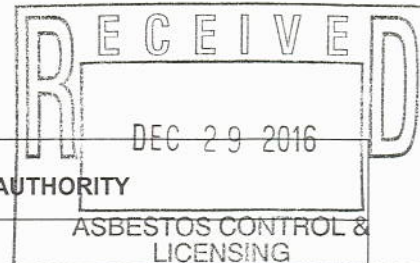


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1)		Name of Building Owner/Operator (2) HARLINGEN ASSOCIATES							
Agencies Notified	Type Notification	Street Address 36-BOWER LANE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HILLSBOUROUGH, NJ 08844							
		Name of Contact DOMINIQUE,	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 2171-2179 ROUTE 206		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 2171-2179 ROUTE 206		Square Feet 600	# of Floors 1						
City (5) BELLE MEAD 08502		Bldg. Age +65							
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environment LLC.						
Street Address		Street Address 339-Lafayette Street							
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. N/A	License No. 01240						
Start Date (10) 12/31/16	Scheduled Completion Date (11) 1/3/17	Name of OSHA Monitor J&S Environment Corp.							
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 2333-Route 22 West							
		City, State, Zip Code Union, NJ 07083							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 transite			X	transite	200LF	X			
Basement			X	PIPE INSULATION	70	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State Po.Box 5670 Newark, NJ 07105			Disposal Date	City, State 2335-Applebutter Road, Bethlehem, PA					
Completed by Carlos Gomes		Title President	Signature 	Date 12/21/16					

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



Date of Notification (1) 12 / 27 / 16		Name of Building Owner/Operator (2) THE MIDDLESEX COUNT IMPROVEMENT AUTHORITY	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 INTERCHANGE PLAZA	
		City, State, Zip Code CRANBURY, NJ 08512	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL		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 1 ROOSEVELT DRIVE			
City (5) EDISON		Square Feet >500,000	# of Floors 75+
County (6) MIDDLE SEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No. 266	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856 224-0080	License No. 00783
Start Date (10) 12 / 27 / 16	Scheduled Completion Date (11) 01 / 31 / 17	Name of OSHA Monitor CRITERION LABS	
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 Time of Abatement: <u>7</u> AM- <u>11</u> PM- <u>11</u> AM		Street Address 3370 PROGRESS DRIVE	
		City, State, Zip Code BENSALEM, PA 19020	

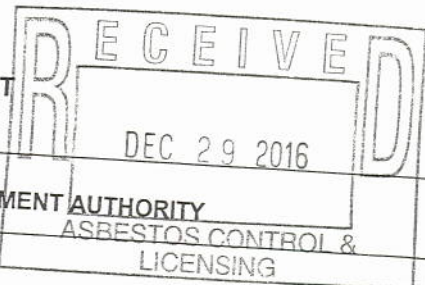
Scope of Work (Check all that apply)

<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 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	Enclosure
4TH FL DOWN TO 1 ST FLOOR PIPE CHASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS TRANSITE OUT SIDE BLDG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	100 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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Damian Lavelle	Title PROJECT MGR.	Signature <i>Damian Lavelle</i>	Date 12-28-2016		

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



0832-02
Date of Notification (1)
12 / 16 / 16

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
THE MIDDLESEX COUNT IMPROVEMENT AUTHORITY

Street Address
101 INTERCHANGE PLAZA

City, State, Zip Code
CRANBURY, NJ 08512

Name of Contact _____ Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ROOSEVELT HOSPITAL

Street Address
1 ROOSEVELT DRIVE

City (5)
EDISON

County (6)
MIDDLE SEX

County Code (7)(STATE USE ONLY) _____

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
>500,000

of Floors

Bldg. Age
75+

Current Use (Prior if being demolished)
HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)
EHS

Street Address
411 SOUTHGATE COURT SUITE E

City, State, Zip Code
MICKLETON, NJ 08056

Project Manager for Monitoring Firm
JACK CARNEY

Telephone No.
856 224-0080

Start Date (10)
12 / 27 / 16

Scheduled Completion Date (11)
01 / 31 / 17

ASCM No.
266

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON, PA 18966

Telephone No.
215 322-2900

License No.
00783

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7AM-____PM/11PM-____AM

Name of OSHA Monitor
CRITERION LABS

Street Address
3370 PROGRESS DRIVE

City, State, Zip Code
BENSALEM, PA 19020

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with 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) (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
4TH FL DOWN TO 2 ND FLOOR PIPE CHASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	10 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
SERVICE TRANSPORT

City, State
58 PYLES LANE, NEW CASTLE DE. 19720

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type)
Damian Lavelle

Title
PROJECT MGR.

Signature
Damian Lavelle

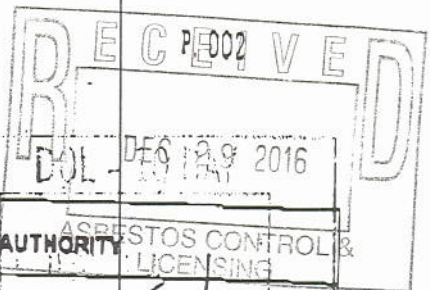
Date
12/16/2016

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

DEC/20/2016/TUE 03:31 PM Delta/BJDS

FAX No. 215-332-1616

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)



0832-02

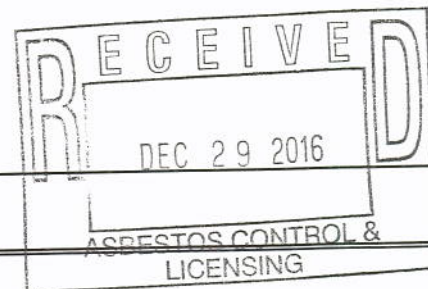
Date of Notification (1) 12 / 18 / 16		Name of Building Owner/Operator (2) THE MIDDLESEX COUNT IMPROVEMENT AUTHORITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 101 INTERCHANGE PLAZA		City, State, Zip Code CRANBURY, NJ 08512	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 ROOSEVELT DRIVE		Squares Feet >500,000	
City (5) EDISON		# of Floors 75+	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No. 268	
Street Address 411 SOUTHGATE COURT SUITE E		Name of Abatement Contractor (9) DELTA/BJDS, INC	
City, State, Zip Code MICKLETON, NJ 08055		Street Address 1345 INDUSTRIAL BLVD	
Project Manager for Monitoring Firm JACK CARNEY		City, State, Zip Code SOUTHAMPTON, PA 18966	
Telephone No. 888 224-0080		Telephone No. 215 322-2900	
Start Date (10) 12 / 24 / 16		License No. 00783	
Scheduled Completion Date (11) 01 / 14 / 17		Name of OSHA Monitor CRITERION LABS	
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 Time of Abatement: 7AM- PM/11PM- AM		Street Address 3370 PROGRESS DRIVE	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code BENSALEM, PA 19020	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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)	
4TH FL DOWN TO 2 ND FLOOR PIPE CHASE		Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE INSULATION		10 LF	
Abatement Type		Removal Repair Encapsulate Enclosure	
		<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"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20980	
City, State 68 PYLES LANE, NEW CASTLE DE. 19720		Cubic Yards of Waste MINERVA LANDFILL	
Disposal Date WAYNESBURG, OH 44888		City, State	
Completed By (Print or Type) Damian Lavelle		Signature <i>Damian Lavelle</i>	
Title PROJECT MGR.		Date 12-20-2016	

AS9-41
MAY 11

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

CK1260000970

D&S Proj. #: 17-04

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

Date of Notification (1) 11/12/17		Name of Building Owner/Operator (2) jennifer borja	
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 #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact jennifer borja		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jennifer borja			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 # of Floors Bldg. Age		
City (5) WESTFIELD			County (6) UNION		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 973-345-8020		
Phone Number [REDACTED]			License Number 01169		
Start Date (10) 01/03/17			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 01/20/17			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		

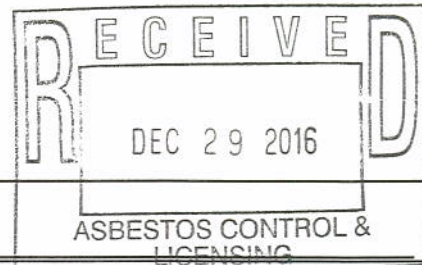
Scope of Work (check all that apply)

- ☒ >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)	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 storage rm		<input checked="" type="checkbox"/>		PIPE INSULATION	61 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER Rm.		<input checked="" type="checkbox"/>		PIPE INSULATION	33 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER Rm.		<input checked="" type="checkbox"/>		asbestos DUCT tape	45 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"/>

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 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 2016



Date of Notification (1) 12/12/16		Name of Building Owner/Operator (2) baradelli residence	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MONTCLAIR, NJ 07042	
		Name of Contact ken jarvis	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) baradelli residence			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 # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			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) 12/23/16	Sched. Completion Date (11) 01/20/1616		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)

☒ >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						
2nd floor master bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct INSULATION	8 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor front bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct INSULATION	16 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor middle wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION (wrap & cut)	36 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor middle wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT WORK (WRAP & CUT)	10 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"/>

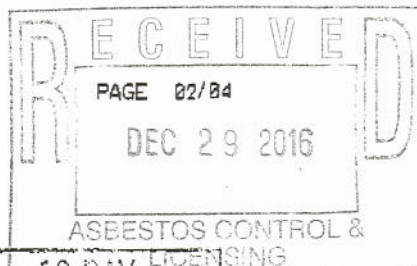
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/27/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/22/2016

12/22/2016 05:28PM 9733459050

D&S RESTORATIO

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

D&S Proj. #: 16-379



Date of Notification (1) 12/12/16		Name of Building Owner/Operator (2) baradelli residence	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	MONTCLAIR, NJ 07042	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	
		ken jarvis	

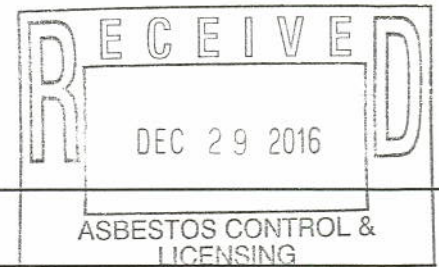
FACILITY INFORMATION

Name of facility where abatement is taking place (3) baradelli residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter S (Other than K-12)		
			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
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			City, State, Zip Code		
Phone Number			Paterson, NJ 07503		
Start Date (10) 12/23/16			Telephone Number		
Sensed Completion Date (11) 01/20/1616			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)				Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >2 sf or >2 lf				<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> >180 sf or >280 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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	R	E	E
Yes	No	N/A				m	s	n	n
						o	p	a	o
						v	i	s	s
						e	e	e	e
2nd floor master bathroom		X		duct INSULATION	8 sq ft	X			
2nd floor front bedroom		X		duct INSULATION	16 sq ft	X			
1st floor middle wall		X		PIPE INSULATION (wrap & cut)	36 lf	X			
1st floor middle wall		X		DUCT WORK (WRAP & CUT)	10 lf	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 12/27/16	City, State TULLYTOWN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT	Signature	Date 12/22/2016			

CK 6928
D&S Proj. #: 16-380

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



Date of Notification (1) 12/12/16		Name of Building Owner/Operator (2) richard koory	
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 [REDACTED]	
		City, State, Zip Code Moorestown, nj 008057	
		Name of Contact richard koory	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) richard koory			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 # of Floors Bldg. Age		
City (5) Moorestown	County (6) Burlington	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) 12/27/16		Sched. Completion Date (11) 01/20/17	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)

- ☒ ≥ 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

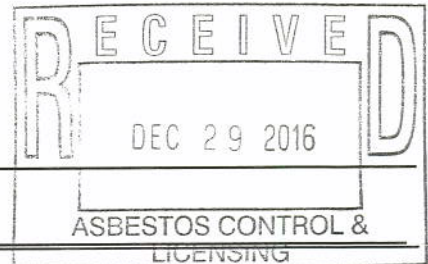
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	57 sq 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 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 12/28/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/23/2016

Ch6a32

D&S Proj. #: 17-05

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



Date of Notification (1) 12/1/16		Name of Building Owner/Operator (2) moomjy residence	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact andrea pahl	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) moomjy residence			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 # of Floors Bldg. Age		
City (5) Upper Montclair	County (6) ESSEX	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) 01/05/16		Sched. Completion Date (11) 01/20/17	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)

- ☒ >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

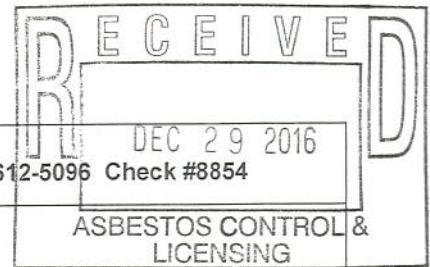
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage		<input checked="" type="checkbox"/>		PIPE INSULATION	27 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 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 01/06/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/23/2016

* Do not use this form for asbestos licensure exempted activities

CH 8854

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



Date of Notification (1) 12 / 27 / 16			Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1612-5096			DEC 29 2016 Check #8854				
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 One Robert Wood Johnson Place			ASBESTOS CONTROL & LICENSING			
City, State, Zip Code New Brunswick, NJ 08901										
Name of Contact Kristen Bell										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital						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 One Robert Wood Johnson Place						Square Feet				
City (5) New Brunswick						# of Floors		Bldg. Age		
County (6) Middlesex			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental			ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street			Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo			Telephone No. 201-489-8700		Telephone No. 609-265-2107		License No. 00529			
Start Date (10) 1 / 9 / 17		Scheduled Completion Date (11) 1 / 14 / 17		Name of OSHA Monitor EMSL Analytical						
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 Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North						
				City, State, Zip Code Cinnaminson, NJ 08077						
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 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
2 nd Floor Administration Area		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & mastic	1,400 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 AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ			Disposal Date 1/14/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator		Signature 		Date 12/27/16			