

CK4571

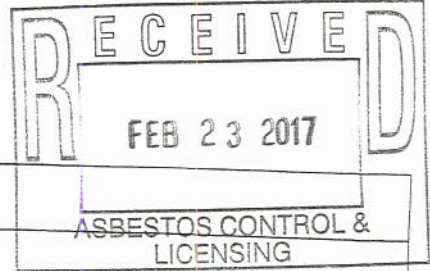
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 FEB 23 2017
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/16/17		Name of Building Owner/Operator (2) Delphi							
Agencies Notified <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	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 69							
		City, State, Zip Code Swell NJ 08080							
		Name of Contact GARY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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.)							
Street Address		Square Feet							
City (5) Millville		# of Floors							
County (6) Cumberland		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08025							
Telephone No.		Telephone No. 609-346-0914							
Start Date (10) 2/26/17		License No. 01070							
Scheduled Completion Date (11) 3/10/17		Name of OSHA Monitor							
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 <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 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) 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
Outside			/	Sliding	200 SF	/			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547		Cubic Yards of Waste		Name of Registered Landfill WM of PA			
City, State Delanco NJ		Disposal Date T.B.D		City, State Tullytown PA					
Completed by Joseph T Hall		Title V. President		Signature 		Date 2/16/17			

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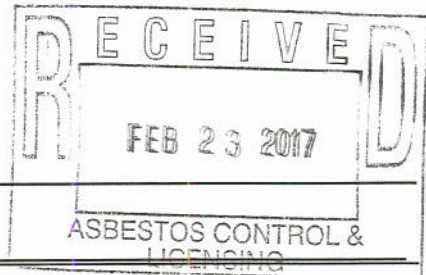
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/16/17		Name of Building Owner/Operator (2) Delphi								
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 69								
		City, State, Zip Code Sewell NJ 08080								
		Name of Contact Lars	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Resident		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		Square Feet	# of Floors							
City (5) Millsville		Bldg. Age								
County (6) Camden		Current Use (Prior if being demolished)								
County Code (7) (STATE USE ONLY)										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC							
Street Address		Street Address 1212 Burlington Ave								
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-346-0914							
			License No. 01070							
Start Date (10) 2/16/17		Scheduled Completion Date (11) 3/15/17								
Name of OSHA Monitor										
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 <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 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) 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	
Out Side			/	Roof	2700 Sq Ft	/				
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste	Name of Registered Landfill WM of PA						
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown Pa						
Completed by Joseph T Hill		Title V. President	Signature 	Date 2/16/17						

D&S Proj. #: 17-56

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



Date of Notification (1) <u>10/21/17</u>		Name of Building Owner/Operator (2) <u>KAREN SPANGLER</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 #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address _____	
		City, State, Zip Code <u>SO. ORANGE, NJ 07079</u>	
		Name of Contact <u>KAREN SPANGLER</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>KAREN SPANGLER</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 _____			Square Feet	# of Floors	Bldg. Age
City (5) <u>SO. ORANGE</u>	County (6) <u>ESSEX</u>	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) <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>02/21/17</u>	Sched. Completion Date (11) <u>02/28/17</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</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>		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	94 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 & 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>02/22/17</u>	City, State <u>TULLYTOWN, PA</u>		
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>02/17/17</u>	