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

Date of Notification (1)
2/14/17

Name of Building Owner/Operator (2)
Delphi

Street Address
PO Box 69

City, State, Zip Code
Seaville NJ 08080

Name of Contact
Craig

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resident

Type of Facility (4)

□ School (K-12)
□ Subchapter B (Other than K-12)
□ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

□ of Floors

□ Blg. Age

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Ani Joe Abatement Demolition LLC

Street Address
1212 Durling Ave

City, State, Zip Code
Asbury NJ 07712

License No.
C17-5096-09

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
2/14/17

Scheduled Completion Date (11)
3/10/17

Occupancy/Status During Abatement (Check Only One)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe:

Scope of Work (Check All That Apply)

□ ≥ 3,000 sf or ≥ 3,000 ft²
□ 2,160 sf or 2,250 ft²
□ 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)

□ Yes
□ No
□ N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)

(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Exclusion

Name of Registered Waste Hauler

Appl. Wee LLC

NIDEPA Waste Hauler ID No.
28647

Cubic Yards of Waste

Name of Registered Landfill

Wm. of Pa

Disposal Date
1/5/04

City, State
Jollytown, Pa

Completed by

Joseph J Hall
Title
V. President

Signature

Date
2/14/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
2/17/17

Agency Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2):
Delphi

Street Address:
- Box 69

City, State, Zip Code:
- Sewell NJ 08080

Name of Contact:
Cari

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
- Resident

Street Name:
Millville

City (5):
Millville

County (6):
Cumberland

County Code (7):
STATE USE ONLY

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.

Name of Abatement Contractor (9):

Ani Joe Abatement LLC

Start Date (10):
2/22/17

Scheduled Completion Date (11):
3/15/17

Name of OSHA Monitor:

Project Manager for Monitoring Firm:

Telephone No.

License No.
607-316-0916
018-726

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Occupancy Status During Abatement (Check Only):

Scope of Work (Check All That Apply):
- ≥2,000 sf or ≥2,060 sf
- 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):

Location Normally Used Solely by Maintenance/Custodial Staff (12):
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):

Abatement Type:

Name of Registered Waste Hauler:
Ani Joe LLC

NDEP Waste Hauler ID No.:
20647

Cubic Yards of Waste:

Name of Registered Landfill:

Disposal Date:
1/15

City, State:
Valdina PA

Completed by:
Joseph T. Hall

Title:
VP President

Signature:

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

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<td>DOL</td>
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<td>DOH</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

Name of Building Owner/Operator (2)

KAREN SPANGLER

Street Address

City, State, Zip Code

SO. ORANGE, NJ 07079

Name of Contact

KAREN SPANGLER

Telephone Number


FACILITY INFORMATION

Name of facility where abatement is taking place (3)

KAREN SPANGLER

Street Address

City (5)          County (6)          County Code (7)

SO. ORANGE        ESSEX            (State use only)

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

ASCN No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe

- NORMAL HOURS

Start Date (10)

02/21/17

Sched. Completion Date (11)

02/28/17

Scope of Work (check all that apply)

- >3 sf or >3 lf
- Renovation
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

Description of asbestos-containing material (ACM)

PIPE INSULATION

Amount (Specify SF or LF)

94 LF

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#

13506

Cubic Yards of Waste

1 yd.

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Disposal Date

02/22/17

City, State

PATERN, NJ 07503 TULLYTOWN, PA

Complete by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/17/17