

Feb 19 2014 09:17am

P001/001

Check # 8382

APPROVED  
 Dept of Health & Senior Services  
*Paul C. Horna*  
 (signature)  
 2/19/14  
 Date of Notification (9)ms: 9:45AM

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

Name of Building Owner/Operator (2)  
 VIRGIL ROBERTS

Street Address  
 7855 JFK BOULEVARD

City, State, Zip Code  
 NORTH BERGEN NJ 07047

Name of Contact  
 TERRANCE

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

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

Street Address  
 7855 JFK BOULEVARD EAST APT. 275

City (5)  
 NORTH BERGEN

County (8)  
 HUDSON

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  
 22,000

# of Floors  
 27

Bldg. Age  
 60

Current Use (Prior if being demolished)  
 APT.

Name of Monitoring Firm Hired by Building Owner (8)  
 \_\_\_\_\_

ASCM No.  
 \_\_\_\_\_

Name of Abatement Contractor (9)  
 A. Mac Contracting Inc.

Street Address  
 105 Lowell Road

City, State, Zip Code  
 Glen Rock, N.J. 07452

Project Manager for Monitoring Firm  
 \_\_\_\_\_

Telephone No.  
 201-262-5841

License No.  
 00156

Start Date (10)  
 2/19/14

Scheduled Completion Date (11)  
 2/21/14

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: \_\_\_\_\_

Name of OSHA Monitor  
 Omega Environmental Services Inc.

Street Address  
 280 Huyler Street

City, State, Zip Code  
 Hackensack, NJ 07806

Scope of Work (Check All That Apply)  
  $\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  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
KITCHEN + DINING ROOM			X	TILE	220 SF	X			

Name of Registered Waste Hauler  
 Rovic Transport

NJDEP Waste Hauler ID No.  
 20785

Cubic Yards of Waste  
 1

Name of Registered Landfill  
 IESI PA Bethlehem Landfill Corp.

City, State  
 Riverdale, New Jersey 07457

Disposal Date  
 2/19/14

City, State  
 Bethlehem, PA 18015

Completed by  
 R. McDonald

Title  
 President

Signature  
*R. McDonald*

Date  
 2/19/14

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

*\* Emergency \**

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

CK 3917

Date of Notification (1) 2/18/14		Name of Building Owner/Operator (2) Joe Maderia Private Home	
Agencies Notified <input checked="" 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 52 Patrick Drive	
		City, State, Zip Code Manahawkin NJ 08050	
		Name of Contact Joe	
		Telephone Number	

FEB 25 2014

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Joe Maderia Private Home		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 52 Patrick Drive		Square Feet 1000	# of Floors 1
City (5) Manahawkin NJ 08050		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 2/19/14	Scheduled Completion Date (11) 2/24/14	Name of OSHA Monitor Same	
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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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
Exterior Siding			x	Exterior Siding	1000 Sf	x			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 2/24/14	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature	Date 2/18/14



Feb 19 2014 07:47am

P001/001

FEB Check # 48378

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

Date of Notification (1) 2/17/14		Name of Building Owner/Operator (2) GABRELLIAN ASSO. INC.		APPROVED						
Agencies Notified		Type Notification		NJ Dept. of Health & Senior Services						
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	(Signature) [Signature] Date: 2/19/14 Time: 7:36 AM Telephone Number:						
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)							
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Street Address 95 RT 17 S.		City, State, Zip Code PARAMUS NJ 07652						
		Name of Contact TOM K.								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) INTERSTATE SHOPPING CENTER / OLD LOTITO'S DELI			Type of Facility (4)							
Street Address #81 / 259 N. FRANKLIN TPK.			<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) RAMSEY NJ 07446			Square Feet 83,000	# of Floors 1	Bldg. Age 60					
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SHOPPING CENTER						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452						
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156						
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.						
Start Date (10) 2/17/14		Scheduled Completion Date (11) 2/21/14		Street Address 280 Huyler Street						
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code Hackensack, NJ 07606						
<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:										
Scope of Work (Check All That Apply)										
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	
FLOOR			X	VAT + MASTIC	3,150 SF	X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 8	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457				Disposal Date 2/17/14	City, State Bethlehem, PA 18015					
Completed by R. McDonald			Title President	Signature [Signature]	Date 2/17/14					



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

MO# 21382882795

DOL - Emergency notification  
FEB 17 2014  
WAIVER APPROVED

Date of Notification (1) 02 / 18 / 14		Name of Building Owner/Operator (2) Leah Glicksman	
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 # _____	Street Address 10 Crestwood Drive City, State, Zip Code West Orange, NJ 07052	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Leah Glicksman	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		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 10 Crestwood Drive		Square Feet	# of Floors
City (5) West Orange, NJ 07052		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (6)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 02 / 19 / 14	Scheduled Completion Date (11) 02 / 20 / 14	Name of OSHA Monitor Envirovision Consultants, 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 Time of Abatement: _____ AM _____ PM _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

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"/> Clean up and decontamination with negative pressure
<input checked="" type="checkbox"/> >150 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	State DEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Robert Jevtic</i>	Date 02/18/2014



02/14/2014 14:48 FAX 18733459338

DS ABATEMENT

002

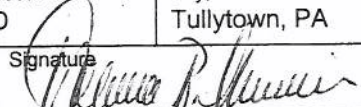
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:128)

**DOL - 10 DAY**  
**FEB 14 2014**

Date of Notification (1) 2/14/14		Name of Building Owner/Operator (2) Laura & Raymond Clayton								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 129 East Lawn Drive								
		City, State, Zip Code Teaneck, NJ 07666								
		Name of Contact Laura & Raymond								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 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 129 East Lawn Drive		Square Feet N/A	# of Floors N/A							
City (5) Teaneck		Bldg. Age N/A								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8885							
			License No. #00675							
Start Date (10) 2/15/14	Scheduled Completion Date (11) 2/16/14	Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue								
		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input type="checkbox"/> $\geq 160$ sq ft or $\geq 260$ ft <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 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	
boiler room		X		pipe insulation	20 LF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJOEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA						
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 2/14/14						



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

Date of Notification (1) 2/14/14		Name of Building Owner/Operator (2) Laura & Raymond Clayton							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 129 East Lawn Drive							
		City, State, Zip Code Teaneck, NJ 07666							
			Name of Contact Laura & Raymond						
			Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 129 East Lawn Drive			Square Feet N/A						
City (5) Teaneck			# of Floors N/A	Bldg. Age N/A					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address			Street Address 11 Rosengren Avenue						
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685	License No. #00675					
Start Date (10) 2/15/14		Scheduled Completion Date (11) 2/16/14		Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 11 Rosengren Avenue						
			City, State, Zip Code Totowa, NJ 07512						
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
boiler room		X		pipe insulation	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 2/14/14			



K# 6397

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

B & G Proj. #: 2014-24

Check ~~03/07~~ **10 DAY** 25 2014

Date of Notification (1)  
10/21/11/7/11/14

Name of Building Owner/Operator (2)  
Alex Lev

Street Address  
16 Princeton Street

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Alex Lev

Telephone Number  
 \_\_\_\_\_

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

EEB 7/8/14  
*[Signature]*  
**WAIVER APPROVED**

Name of facility where abatement is taking place (3)  
Alex Lev

Street Address  
16 Princeton Street

City (5)  
Maplewood

County (6)  
Essex

County Code (7)  
 (State use only)

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

Square Feet  
 \_\_\_\_\_

# of Floors  
 \_\_\_\_\_

Bldg. Age  
 \_\_\_\_\_

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm hired by Bldg. Owner (8)  
N/A

ABCM No.  
 \_\_\_\_\_

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Project Manager for Monitoring Firm  
 \_\_\_\_\_

Phone Number  
 \_\_\_\_\_

Scheduled Start Date (10)  
02/19/2014

Sched. Completion Date (11)  
02/20/2014

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

Scope of Work (check all that apply)

Demolition  
  $\geq 2$  of or  $\geq 2$  ft

Renovation  
  $\geq 160$  sq ft or  $\geq 290$  ft

Full Containment w/negative pressure  
 Mini-enclosure

WRAP & cut  
 Gloving procedure  
 Non-friable procedure

Location of asbestos-containing material to be abated in facility (18)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	M	R	E	P	E	P	E	P	
	Yes	No	N/A												
basement			X	pipe insulation	87 ft										

Registered Waste Handler  
B & G Restoration, Inc.

NUDEP Handler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

City, State  
Lincoln Park, NJ 07035

Disposal Date  
02/20/2014

Signature  
Gordana Luna

Date  
02/17/2014

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer



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

B & G proj. #: 2014-24

Check # 6397

Date of Notification (1) <u>02/17/14</u>		Name of Building Owner/Operator (2) Alex Lev	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 16 Princeton Street	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Alex Lev	Telephone Number <u>                    </u>

FEB 25 2014

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alex Lev			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 16 Princeton Street			Square Feet		
City (5) Maplewood			County (6) Essex		County Code (7) (State use only)
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			Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 02/19/2014			Sched. Completion Date (11) 02/20/2014		
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: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

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		Street Address 105 Ryerson Road	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-696-6869	
Scheduled Start Date (10) 02/19/2014		Sched. Completion Date (11) 02/20/2014		License Number 0378	
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: _____		Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, 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 type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure
			<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	87 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"/>

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 07035	Disposal Date 02/20/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/17/2014



*\* Emergency \** *Sandy*

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

*CK# 2248*

Date of Notification (1) <i>2/19/14</i>		Name of Building Owner/Operator (2) <i>Chris Worth - Wild Property LLC</i>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>106 melrose Ave</i>	
		City, State, Zip Code <i>Neptune, New Jersey</i>	
		Name of Contact <i>Craig</i>	

*FEB 25 2014*

Name of Facility Where Abatement is Taking Place (3) <i>Worth Property/Wild Property LLC</i>			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 <i>106 melrose Ave</i>			Square Feet <i>1500</i>	# of Floors <i>1</i>	Bldg. Age <i>61</i>
City (5) <i>Neptune</i>			Current Use (Prior if being demolished) <i>Residence</i>		
County (6) <i>Monmouth</i>		County Code (7) <i>(STATE USE ONLY)</i>	Name of Monitoring Firm Hired by Building Owner (8)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <i>Ace Insulation Co., Inc.</i>		
Street Address		Street Address <i>95 Montrose Road</i>			
City, State, Zip Code		City, State, Zip Code <i>Colts Neck, N.J. 07722</i>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <i>732-294-1757</i>	License No. <i>00029</i>	
Start Date (10) <i>2/25/14</i>		Scheduled Completion Date (11) <i>2/28/14</i>		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 checked="" type="checkbox"/> Other - Describe: <i>7am-7pm</i>			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  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
<i>outdoor</i>			<i>X</i>	<i>siding</i>	<i>1200</i>	<i>X</i>			

Name of Registered Waste Hauler <i>Ace Insulation Co., Inc.</i>		NJDEP Waste Hauler ID No. <i>12086</i>	Cubic Yards of Waste <i>3</i>	Name of Registered Landfill <i>G.R.O.W.S.</i>	
City, State <i>Colts Neck, New Jersey</i>		Disposal Date <i>2/28/14</i>		City, State <i>Bethlehem, PA</i>	
Completed by <i>Bree McGuire</i>		Title <i>Secretary Treasurer</i>	Signature <i>Bree McGuire</i>	Date <i>2/19/14</i>	



Check # 8860

APPROVED  
 NJ Dept. of Health & Senior Services  
 Paul C. Thomas  
 (signature)  
 Date: 2-19-14 Time: 1:44

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:26)

Date of Notification (1) 2-19-14		Time of Notification (2) 1:44		Name of Building Owner/Operator (3) Exterior Renovations	
Agencies Notified (4) <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"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 18 Winterberry Rd	
				City, State, Zip Code Egg Harbor Twp NJ 08234	
				Name of Contact Edward Brownee	

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling			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 604 Graisbury Ave			Square Feet	# of Floors 2	Bldg. Age 60+
City (5) Haddonfield NJ 08033		County (6) Camden		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A		Name of Abatement Contractor (9) EPC Technologies Inc	

Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365
Start Date (10) 2-21-14		Scheduled Completion Date (11) 2-21-14	
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:		Name of OSHA Monitor EPC Technologies Inc	

Street Address P.O. Box 337		City, State, Zip Code New Egypt NJ 08533	
--------------------------------	--	---	--

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"/> ≥ 180 sf or ≥ 280 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Gloving 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
Kitchen Area		X		wrapped Air Ducts	30 LF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 1		Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 2-24-14		City, State Morrisville PA			
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 2-19-14	

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



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

Date of Notification (1) February 19, 2014		Name of Building Owner/Operator (2) On Site Waste Services <span style="float: right;">23691</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 27 East Kennedy Street
	City, State, Zip Code Hackensack, NJ 07601 <span style="float: right;">FEB 25 2014</span>		Name of Contact John Giaquinto
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 (i.e., private & commercial buildings, homes, etc.)		
Street Address 101 W. Tarpon Way			Square feet 500 sf		
City Toms River Twp.			County (6) Ocean		Bldg. Age 60
County Code (7) (STATE USE ONLY)			# of Floors 1		Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/20/14		Scheduled Completion Date (11) 2/21/14	Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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"/> 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		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	500 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/24/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 2/19/14		

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



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

Date of Notification (1) February 19, 2014		Name of Building Owner/Operator (2) Seminole Construction <span style="float:right">23690</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 128 Bartlett Avenue
			City, State, Zip Code West Creek, NJ 08092 <span style="float:right">FEB 25 2014</span>
		Name of Contact Joyce	Telephone Number 4

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 (i.e., private & commercial buildings, homes, etc.)		
Street Address 117 W. Bonita Way			Square feet 700 sf	# of Floors 1	Bldg. Age 60
City Toms River Twp	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/20/14		Scheduled Completion Date (11) 2/21/14		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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"/> 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		
<input type="checkbox"/> Renovation <input checked="" 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	650 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/24/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/19/2014

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

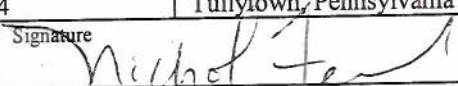


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) February 19, 2014		Name of Building Owner/Operator (2) Seminole Construction <span style="float: right; font-size: 1.2em;">23689</span>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 128 Bartlett Avenue
			City, State, Zip Code West Creek, NJ 08092
		Name of Contact Joyce	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 (i.e., private & commercial buildings, homes, etc.)		
Street Address 773 Barberry Drive			Square feet 1200 sf	# of Floors 1	Bldg. Age 60
City Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/20/14		Scheduled Completion Date (11) 2/21/14		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)  <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		

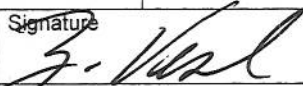
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/24/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 2/19/2014		

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



OK # 1513

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

Date of Notification (1) <b>02 / 20 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 <b>33 West State Street</b>		City, State, Zip Code <b>Trenton, NJ 08608</b>					
		Name of Contact <b>Rick Ferrera</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</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 and commercial buildings, homes, etc.)						
Street Address <b>50 MacArthur Avenue</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>Sayreville</b>		County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Trenton, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>					
Start Date (10) <b>03 / 03 / 14</b>	Scheduled Completion Date (11) <b>03 / 10 / 14</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>						
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: _____AM-_____PM/_____PM-_____AM			Street Address <b>27 Outwater Lane</b>						
			City, State, Zip Code <b>Garfield, NJ 07026</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" 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) <b>TO BE ABATED</b> 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>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 		Date <b>2-21-14</b>			



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

OK # 1512

Date of Notification (1) <b>02 / 20 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 <b>33 West State Street</b>	
		City, State, Zip Code <b>Trenton, NJ 08608</b>	
		Name of Contact <b>Rick Ferrera</b>	Telephone Number

FEB 25 2014

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential House</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 and commercial buildings, homes, etc.)	
Street Address <b>28 MacArthur Avenue</b>		Square Feet	# of Floors
City (5) <b>Sayreville</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

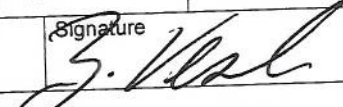
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Trenton, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>

Start Date (10) <b>03 / 03 / 14</b>	Scheduled Completion Date (11) <b>03 / 10 / 14</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
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: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	

Scope of Work (Check all that apply)

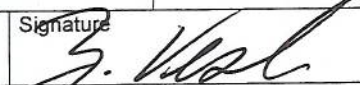
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
<b>Kitchen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Linoleum and Mastic</b>	<b>280 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>ALL PRO MANAGEMENT LLC</b>	NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>	
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>	
Completed By (Print or Type) <b>Zvonko Veskov</b>	Title <b>President</b>	Signature 		Date <b>2-21-14</b>

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

OK #1514

Date of Notification (1) <b>02 / 20 / 14</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 <b>33 West State Street</b>						
			City, State, Zip Code <b>Trenton, NJ 08608</b>						
			Name of Contact <b>Rick Ferrera</b>		Telephone Number _____				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential House</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 and commercial buildings, homes, etc.)						
Street Address <b>127 Weber Avenue</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>Sayreville</b>			Current Use (Prior if being demolished)						
County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Trenton, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>					
Start Date (10) <b>03 / 03 / 14</b>		Scheduled Completion Date (11) <b>03 / 10 / 14</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
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: _____AM-_____PM/_____PM-_____AM			Street Address <b>27 Outwater Lane</b>						
			City, State, Zip Code <b>Garfield, NJ 07026</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 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) <b>TO BE ABATED</b> 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>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Siding Shingle</b>	<b>2,150 SF</b>	<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 <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>				
City, State <b>Garfield, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>				
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 			Date <b>2-21-14</b>		



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

B & G proj. #: 2014-25

Check # 6404

Date of Notification (1)  
02/20/14

Name of Building Owner/Operator (2)  
St. Francis Residential Community

Street Address  
122 Diamond Spring Road

City, State, Zip Code  
Denville, NJ 07834

Name of Contact  
Perry Moreschi - ABM Facility Manager

Telephone Number  
 \_\_\_\_\_

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

FEB 25 2014

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
St. Francis Residential Community

Street Address  
122 Diamond Spring Road

City (5)  
Denville, NJ 07834

County (6)  
Morris

County Code (7)  
 (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
Health care facility (non-sub 8)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Total Solution Environmental LLC

ASCM No.  
99-12482

Street Address  
22 Columbia Road

City, State, Zip Code  
Morristown, NJ 07960

Project Manager for Monitoring Firm  
Benjamin Waer

Phone Number  
973-998-9348

Scheduled Start Date (10)  
03/05/2014

Sched. Completion Date (11)  
07/25/14

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

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
973-696-6869

License Number  
0378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scope of Work (check all that apply)

Demolition  Renovation  Full Containment w/negative pressure  Mini-enclosure  wrap & cut  Glovebag procedure  Non-friable procedure

>3 sf or >3 lf  ≥160 sf or ≥260 lf

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						
Storage Room			X	pipe insulation	256 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old kitchen area			X	pipe insulation	391 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway by storage/old kitch			X	pipe insulation	139 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Rm/Rear storage Rm			X	tank insulation / pipe insulation	170 sqft / 5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Boiler Rm Tunnel			X	pipe insulation	360 lf	<input checked="" 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  
16 yds

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

Disposal Date  
03/7/14 - 07/25/14

City, State  
Lincoln Park, NJ 07035

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
02/20/2014



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

B & G proj. #: 2014-25

Check # 6404

Date of Notification (1) <u>10/21/119/114</u>		Name of Building Owner/Operator (2) St. Francis Residential Community	
Agencies Notified <input checked="" 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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 122 Diamond Spring Road	
		City, State, Zip Code Denville, NJ 07834	
		Name of Contact Perry Moreschi - ABM Facility Manager	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) St. Francis Residential Community			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 122 Diamond Spring Road			Square Feet		Bldg. Age
City (5) Denville, NJ 07834	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Health care facility (non-sub 8)		

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 0378	
Scheduled Start Date (10) 03/05/2014		Sched. Completion Date (11) 07/25/14			
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:					

- Scope of Work (check all that apply)
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> wrap & cut                    |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure                       | <input checked="" type="checkbox"/> Glovebag procedure |
|   |  |  | <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						
Storage Room			X	pipe insulation	256 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old kitchen area			X	pipe insulation	391 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway by storage/old kitch			X	pipe insulation	139 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Rm/Rear storage Rm			X	tank insulation / pipe insulation	170 sqft / 5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Boiler Rm Tunnel			X	pipe insulation	360 lf	<input checked="" 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 16 yds	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035	Disposal Date 03/7/14 - 07/25/14	City, State Tullytown, PA		Date 02/19/2014
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		



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

D&S Proj. #: 2014-67

OK # 005512

RECEIVED  
 FEB 25 2014

Date of Notification (1) 02/18/14		Name of Building Owner/Operator (2) MARION GRZESIAK	
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 1731 WATCHUNG AVENUE			
City, State, Zip Code PLAINFIELD, NJ 07061			
Name of Contact MARION GRZESIAK		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARION GRZESIAK			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 1731 WATCHUNG AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) PLAINFIELD		County (6) UNION	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) 03/03/14		Sched. Completion Date (11) 03/26/14	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 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	E	E
	Yes	No	N/A						
BASEMENT LAUNDRY RM		<input checked="" type="checkbox"/>		PIPE INSULATION	60 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT ABOVE ceiling		<input checked="" type="checkbox"/>		PIPE INSULATION	16 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	<3 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"/>

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 03/04/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 02/18/14

\* 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)

D&S Proj. #: 2014-70

01#005513

FEB 25 2014

Date of Notification (1)  
 10/21/1914

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

Name of Building Owner/Operator (2)  
 ROBERT HENN

Street Address  
 2088 LENTZ AVENUE

City, State, Zip Code  
 UNION, NJ 07083

Name of Contact  
 ROBERT HENN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 ROBERT HENN

Street Address  
 2088 LENTZ AVENUE

City (5)  
 UNION

County (6)  
 UNION

County Code (7)  
 (State use only)

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

Square Feet    # of Floors    Bldg. Age

Current Use (Prior if being demolished)

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

Street Address  
 \_\_\_\_\_

City, State, Zip Code  
 \_\_\_\_\_

Project Manager for Monitoring Firm  
 \_\_\_\_\_

Phone Number  
 \_\_\_\_\_

Start Date (10)  
 02/22/14

Sched. Completion Date (11)  
 02/28/14

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

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

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	R	E	N	C	A	P	E	N
	Yes	No	N/A												
BASEMENT		X		PIPE INSULATION	32 L 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  
 02/24/14

City, State  
 TULLYTOWN, PA

Completed by (Print or Type)  
 BOGDAN JOLDZIC

Title  
 PRESIDENT

Signature  
 \_\_\_\_\_

Date  
 02/19/2014

\* 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)

D&S Proj. #: 2014-71

CK # 005515

FEB 25 2014

Date of Notification (1) 10   2   1   19   1   14		Name of Building Owner/Operator (2) STEVE ALBIN	
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 14 BURNSIDE STREET	
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 STEVE ALBIN	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEVE ALBIN			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 BURNSIDE STREET			Square Feet		
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) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. 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) 03/05/14		Sched. Completion Date (11) 03/20/14			
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)

<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	95 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	15 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"/>

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 03/06/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/19/2014



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

D&S Proj. #: 2014-69

CK# 005514

FEB 25 2014

Date of Notification (1) 10/21/19 1/14/14		Name of Building Owner/Operator (2) TOM PARAGANO	
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 50 OAK RIDGE DRIVE	
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 SUMMIT, NJ 07901	
		Name of Contact TOM PARAGANO	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM PARAGANO			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 50 OAK RIDGE DRIVE			Square Feet	# of Floors	Bldg. Age
City (5) SUMMIT	County (6) UNION	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) 02/21/14	Sched. Completion Date (11) 02/28/14		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 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						
2nd floor (FOUR LOCATIONS)		X		PIPE INSULATION	30 L 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 02/24/14	City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/19/2014		



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

D&S Proj. #: 2014-72

CK# 005517

FEB 25 2014

Date of Notification (1) 10/21/19/14		Name of Building Owner/Operator (2) MAURICE OPPENHEIMER	
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 46 FAIR LAWN STREET	
	City, State, Zip Code HO-HO-KUS, NJ 07423		Telephone Number
	Name of Contact MAURICE OPPENHEIMER		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAURICE OPPENHEIMER			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 46 FAIR LAWN STREET			Square Feet	# of Floors	Bldg. Age
City (5) HO-HO-KUS	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) 03/06/14	Sched. Completion Date (11) 03/28/14	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 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 checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Mini-enclosure
		<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	105 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"/>

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 03/07/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/19/2014