

NO CK

0533-02

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

Date of Notification (1) <u>12</u> / <u>17</u> / <u>15</u>		Name of Building Owner/Operator (2) VIRTUA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 STOW ROAD SUITE 3							
		City, State, Zip Code MARLTON, NJ 08053							
		Name of Contact PAT GIORDANO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA		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 120 CARNIE BLVD		Square Feet >50,000	# of Floors 1						
City (5) VOORHEES		Bldg. Age 40							
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) MEDICAL OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 700 TURNER WAY, SUITE 105		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm DON HIEM		Telephone No. 610 558-8902	Telephone No. 215 322-2900						
		License No. 00 83							
Start Date (10) <u>12</u> / <u>28</u> / <u>15</u>	Scheduled Completion Date (11) <u>01</u> / <u>22</u> / <u>16</u>	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>11</u> PM- <u>11</u> AM		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM, PA 19020S							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 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
SUITE 6 BATHROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUITE 7 BATHROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>			Date 1-11-2016			

2016 JAN 13 AM 9:55
ASBESTOS CONTROL & LICENSES DIVISION
RECEIVED

4497

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

RECEIVED
 2016 JAN 13 AM 9:55
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-11-2016		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University								
Agencies Notified	Type Notification	Street Address EA McMillan Building								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544								
		Name of Contact Bob Ortega	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 32 Maclean Circle		Square Feet 3800	# of floors 3							
City (5) Princeton, NJ		Bldg. Age 50 +-								
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Residential								
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC							
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500								
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341								
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875	Telephone No. 484-872-8884							
Start Date (10) 1-25-2016		Scheduled Completion Date (11) 2-12-2016	License No. 11161							
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 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st & 2nd Floors - Throughout			X	Drywall / Joint Compound	7,500 sf	X				
Exterior Storm Windows			X	Caulk	208 lf	X				
Exterior Windows & Doors			X	Caulk	30 lf	X				
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GROWS Landfill						
City, State Trenton, New Jersey		Disposal Date TBD		City, State Morrisville, PA						
Completed by Joe White		Title Project Manager		Signature <i>Joe White</i>			Date 1/11/2016			

CK 4498

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

RECEIVED
 2016 JAN 13 AM 9:55
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/11/16		Name of Building Owner/Operator (2) Value Industry, Inc.	
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 349 Avenue W	
		City, State, Zip Code Brooklyn, NY 11223	
		Name of Contact Sam Turkieh	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Reichhold Chemical		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 400 Doremus Avenue		Square Feet 120,000	# of Floors 5
City (5) Newark		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical plant	
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 28 Pennell Road		Street Address 407 West Lincoln Highway, Suite 500	
City, State, Zip Code Lima, PA		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. _____	Telephone No. 484-872-8884
Start Date (10) 1/25/16		Scheduled Completion Date (11) 2/5/16	License No. 0161
Name of OSHA Monitor EMSL		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 South	
		City, State, Zip Code Cinnaminson, NJ	

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 with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 13 Roof			X	Roof Flashing	560 SF	X			
Guard Shack Roof			X	Roofing Material	300 SF	X			
Building 32/31			X	Caulk	200 SF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 1/11/16

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

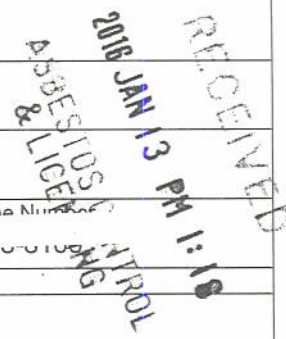
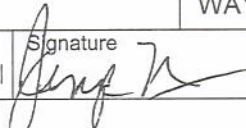
HECK # 18101

Date of Notification (1) 1-12-16		Name of Building Owner / Operator (2) Environmental Liability Transfer								
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 Initial Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1650 Des Peres Rd., Suite 306								
		City, State & Zip Code St. Louis, MO 63131								
		Name of Contact Adam Peetz, ELT								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building #12, Perth Amboy 1160, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 1160 State Street		Square Feet NA	# of Floors NA							
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.							
Street Address		Street Address 874 Piney Hollow Road, PO Box 70								
City, State & Zip Code		City, State & Zip Code Winslow, New Jersey 08095								
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-567-0600	License Number 01263							
Scheduled Start Date (10) 1-13-16	Scheduled Completion Date (11) 3-25-16	Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.								
Scope of Work (Check all that apply)		City, State & Zip Code Westmont, NJ 08108								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tiles	1000 s.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	100 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	10 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Piping Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Air Cell	20 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 60	Name of Registered Landfill Salem County Landfill						
City, State Berlin, NJ		Disposal Date 3-25-16	City, State Alloway, New Jersey							
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 				Date 1-12-16			

ASBESTOS CONTROL & LICENSING
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2016 Jan 13 PM 4:50

CK 4262

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

Date of Notification (1) 1-12-16		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1626 EAST JEFFERSON STREET						
			City, State, Zip Code ROCKVILLE, MD 20852						
		Name of Contact RIC WOODIE		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA - SPACE 28 AND 29			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 100 CEDARBRIDGE AVENUE			Square Feet 100000	# of Floors 1	Bldg. Age +/- 100				
City (5) BRICK		County (6) OCEAN		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) THE VERTEX COMPANIES			ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.					
Street Address 700 TURNER WAY			Street Address 2251 FRALEY STREET						
City, State, Zip Code ASTON, PA 19014			City, State, Zip Code PHILADELPHIA, PA 19137						
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-558-8902		Telephone No. 215-533-5155	License No. 11166				
Start Date (10) 1-25-16		Scheduled Completion Date (11) 2-5-16		Name of OSHA Monitor THE VERTEX COMPANIES					
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 700 TURNER WAY						
			City, State, Zip Code ASTON, PA 19014						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
SPACE 28			X	MASTIC BELOW CARPET	320 SF	X			
SPACE 28			X	12X12 FLOOR TILE	700 SF	X			
SPACE 29-LOFT ABOVE			X	COVEBASE MASTIC	20 LF	X			
DOLLAR TREE									
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed by JENNIFER NIVEN		Title DIRECTOR OF OPERATIONS		Signature 		Date 1-12-16			

OKJ 6864

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

RECEIVED
 2016 JAN 13 PM 1:13
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 1/12/16		Name of Building Owner/Operator (2) P.S.E.G.								
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact MIKE ZIGLENSKI								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PSEEG		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 751 CLIFF ROAD		Square Feet 4000	# of Floors 2							
City (5) SEWAREN		Bldg. Age APPX 60 YRS								
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION								
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA							
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 0888								
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350							
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA								
Start Date (10) 1/21/16	Scheduled Completion Date (11) 1/22/16	Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: necessary operators only								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
BATHROOMS - 1ST & 2ND FLR.		X		PIPE TSI	20 LF	X				
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 2	Name of Registered Landfill GROWS NORTH						
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA							
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>				Date 1/12/16			

CK 006099

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

D&S Proj. #: DSR - 16003

2016 JAN 13 PM 1:56
ASBESTOS CONTROL & LICENSING
RECEIVED

Date of Notification (1) 10 1 / 0 7 / 1 6		Name of Building Owner/Operator (2) HUDSON TEA BUILDING CONDOMINIUMS ASSOC. INC.	
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 #: _____	Street Address 1500 WASHINGTON STREET	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HOBOKEN, NJ 07030	
		Name of Contact VITO LANOTTE	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HUDSON TEA BUILDING CONDOMINIUMS ASSOC. INC.			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 1500 WASHINGTON STREET			Square Feet	# of Floors	Bldg. Age
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 01/18/16	Sched. Completion Date (11) 11/30/2016		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: <u>NORMAL HOURS</u>			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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						
BUILDING EXTERIOR/GROUND		<input checked="" type="checkbox"/>		ACM - CLEAN-UP	9,200 sq ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste TBD (YDS)	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/07/16

CK 6629

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

2016 JAN 13 PM 1:01
ASBESTOS CONTROL
& LICENSING
RECEIVED

D&S Proj. #: 16-14

Date of Notification (1) 01/11/16		Name of Building Owner/Operator (2) SEAN DORAN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code NEPTUNE, NJ 07753	
		Name of Contact SEAN DORAN	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SEAN DORAN			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 Edgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) NEPTUNE	County (6) 732-272-7703	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 01/12/16	Sched. Completion Date (11) 01/30/16	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						
BASEMENT		X		pipe insulation	100 lf	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 01/13/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/06/2015

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