

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

OK # 005472

Date of Notification (1) 10/11/16/13		Name of Building Owner/Operator (2) <b>BRINKS CONSTRUCTION</b>	
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 <b>48 LOOKER STREET</b>		City, State, Zip Code <b>HILLSIDE, NJ 07205</b>	
Name of Contact <b>ALISON LAMERS</b>		Telephone Number <b>JAN 24 2014</b>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>RESIDENTIAL BUILDING</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>225 RETFORD AVENUE</b>			Square Feet		
City (5) <b>CRANFORD</b>			County (6) <b>UNION</b>	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address			Street Address <b>20 California Ave.</b>	
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>973-345-8020</b>	License Number <b>01169</b>
Start Date (10) <b>01/20/14</b>		Sched. Completion Date (11) <b>01/30/14</b>	Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
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: <b>NORMAL HOURS</b>			Street Address <b>20 California Avenue</b>	
			City, State, Zip Code <b>Paterson, NJ 07503</b>	

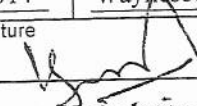
Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation			<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition			<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						
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>136 L FT</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"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>2 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>01/21/14</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>01/16/2014</b>

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

**OX # 3111**

Date of Notification (1) <b>01/21/2013</b>		Name of Building Owner/Operator (2) <b>PPG Industries</b>					
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"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One PPG Place</b>					
		City, State, Zip Code <b>Pittsburgh, PA 15272</b>					
		Name of Contact <b>Brain Mc Guire</b>	Telephone Number _____				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>45 Halladay St.,</b>		Square Feet <b>15,000 SF</b>	# of Floors <b>1</b>				
City (5) <b>Jersey City, NJ</b>		Bldg. Age <b>60+</b>					
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Vacant Commercial Bldg.</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>J &amp; S Environmental Laboratories</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>				
Street Address <b>2333 Rt 22 West</b>		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>					
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>					
Project Manager for Monitoring Firm <b>Sherry Gelsomino</b>	Telephone No. <b>908-206-0073</b>	Telephone No. <b>973-389-0089</b>	License No. <b>00693</b>				
Start Date (10) <b>02/04/2014</b>	Scheduled Completion Date (11) <b>02/28/2014</b>	Name of OSHA Monitor <b>DIA General Construction, Inc.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1360 Clifton, Avenue, PMB Suite 218</b>					
		City, State, Zip Code <b>Clifton, NJ 07012</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes   No   N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
As Attached							
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>02/28/2014</b>	City, State <b>Waynesburg, OH 44688</b>				
Completed By <b>Krutarth Jagad</b>	Title <b>President</b>	Signature 		Date <b>01/21/2014</b>			

ASB41

• 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)

CHECK #: 8371

Date of Notification (1) 1/21/13		Name of Building Owner/Operator (2) DIANE CONNELLY							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 STUBEN AVE							
		City, State, Zip Code WESTWOOD, N.J 07675							
		Name of Contact DIANE CONNELLY <div style="float: right;">Telephone Number _____</div>							
<b>FACILITY INFORMATION</b>									
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 20 STUBEN AVE		Square Feet 1,565	# of Floors 2						
City (5) WESTWOOD		Bldg. Age +50							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
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		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841						
			License No. 00156						
Start Date (10) 2/3/14	Scheduled Completion Date (11) 2/28/14	Name of OSHA Monitor Omega Environmental Services 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 <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
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 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
Basement			✓	PIPE INSULATION	83LF	✓			
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, Zip Code Riverdale, NJ 07457		Disposal Date 2/3/14		City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vocaturio		Title Operations	Signature J. Vocaturio			Date 2/3/14			



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

CHECK #: 8340

Date of Notification (1) 1/17/14		Name of Building Owner/Operator (2) PAM. WEBBER						
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 114 BLAUVELT AVE		City, State, Zip Code Ho Ho Kus N.J. 07423						
Name of Contact PAM. WEBBER		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) RESIDENT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 114 BLAUVELT AVE		Square Feet 1,750	# of Floors 2					
City (5) Ho Ho Kus		Bldg. Age +5						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
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		City, State, Zip Code Glen Rock, NJ 07452						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156					
Start Date (10) 1/31/14	Scheduled Completion Date (11) 2/28/14	Name of OSHA Monitor Omega Environmental Services 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 <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606						
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 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) 93LF	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			✓	PIPE INSULATION		✓		
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Riverdale, NJ 07457		Disposal Date		City, State, Zip Code Bethlehem, PA 18015				
Completed by Joseph Vaccaro		Title Operations	Signature J. Vaccaro		Date 1/17/14			


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



CK# 00433228

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

<b>Date of Notification (1)</b> January 21, 2014			<b>Name of Building Owner/Operator (2)</b> Hess Corporation		
<b>Agencies Notified</b>		<b>Notification Type</b>		<b>Street Address</b> 1 Hess Plaza	
(x) EPA ( ) DEP (x) DOL (x) DOH ( ) DCA		(x) Initial Notification ( ) Amended Certification ( ) Cancelled		<b>City, State, Zip Code</b> Woodbridge, NJ 07095	
				<b>Name of Contact</b> David Dolnick	
				<b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> Hess Corporation Refinery			<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)		
<b>Street Address</b> 750 Cliff Road			<b>Sq. Feet</b> 512,943 <b># of Floors</b> NA		
<b>City (5)</b> Port Reading	<b>County (6)</b> Middlesex	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> 55 years <b>Current Use (prior if being demolished)</b> Refinery		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>		<b>Name of Contractor (9)</b> Brandenburg Industrial Service Company	
<b>Street Address</b>			<b>Street Address</b> 2217 Spillman Dr.		
<b>City, State, Zip Code</b>			<b>City, State, Zip Code</b> Bethlehem, PA 18015		
<b>Project Manager for Monitoring Firm</b>		<b>Telephone Number</b>		<b>License Number</b>	
				00721	
<b>Scheduled Start Date (10)</b> Demolition – February 4, 2014 Asbestos – March 3, 2014		<b>Scheduled Completion Date (11)</b> Demolition – December 15, 2014 Asbestos – April 25, 2014		<b>Name of OSHA Monitor</b>	
<b>Occupancy Status During Abatement (Check only one)</b> (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe - Removal of ACM in closed/shutdown refinery  Other – Work Hours will be Mon – Fri 7:00 am – 3:30 pm				<b>Street Address</b>	
				<b>City, State, Zip Code</b>	
<b>Source of Work (Check all that apply)</b>					
(x) Demolition ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (x) Glovebag Procedure					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Rem. Rep. Encap. Enclose	
FCC/Gas Comp	X	Transite	9,900 SF	X	
Alkylation	X	Fittings and Insulation	110 LF	X	
Utility	X	Transite	5,750 SF	X	
Utility	X	Pipe Insulation	10 LF	X	
Utility	X	Floor Tile	275 LF	X	
Chemical Storage	X	Pipe Insulation	100 LF	X	
Fuel Gas Comp.	X	Pipe Insulation	16 LF	X	
Building	X	Transite	6,800 SF	X	
Building	X	Floor Tile	6,708 SF	X	
Building	X	Pipe Insulation	677 LF	X	
Building	X	Roofing	3,270 SF	X	
Building	X	Exterior Duct Sealant	68 SF	X	
Building	X	Window Caulk	20 LF	X	
Steam Lines	X	Pipe Insulation	400 LF	X	

<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co.	<u>NJDEP Waste Hauler ID #</u> 21838	<u>Cubic Yards of Waste</u> 160 NT	<u>Name of Reg. Landfill</u> IESI
<u>City, State</u> Bethlehem, PA		<u>Disp. Date</u> March 4, 2014	<u>City, State</u> Bethlehem, PA
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Manager	<u>Signature</u> 	<u>Date</u> 01/21/14

Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

JAN 24 2014



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

B & G proj. #: 2014-09

Check #6367

Date of Notification (1) <u>10/1/2014</u>		Name of Building Owner/Operator (2) <u>Robin Kanen</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>344 Grandview Circle</u>		City, State, Zip Code <u>Ridgewood, NJ 07450</u>	
Name of Contact <u>Robin Kanen</u>		Telephone Number _____	

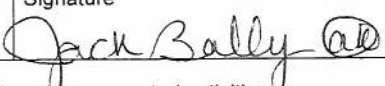
FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Robin Kanen</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>344 Grandview Circle</u>			Square Feet    # of Floors    Bldg. Age		
City (5) <u>Ridgewood, NJ 07450</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		
Scheduled Start Date (10) <u>01/31/2014</u>		Sched. Completion Date (11) <u>01/31/2014</u>	License Number <u>0378</u>		
Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>					
Street Address <u>105 Ryerson Road</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					
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"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> wrap & cut <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure					
<input type="checkbox"/> Demolition <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"/> ≥ 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						
basement			X	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			X	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electrical panel closet			X	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			X	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>				
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>02/03/2014</u>		City, State <u>Tullytown, PA</u>					
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>			Date <u>01/21/2014</u>		



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

Date of Notification (1) <b>01 / 23 / 14</b>		Name of Building Owner/Operator (2) <b>Southern New Jersey Family Medical Centers, Inc</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Whitehorse Circle</b>							
		City, State, Zip Code <b>Hammonton, NJ 08037</b>							
		Name of Contact <b>Ms. Linda Flake</b>	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Southern NJ Family Medical Center</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>651 High Street</b>									
City (5) <b>Burlington</b>	Square Feet <b>20,000</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>						
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Medical Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>	ASCM No.	Name of Abatement Contractor (9) <b>ecoservices, LLC</b>							
Street Address <b>3 Terri Lane</b>		Street Address <b>407 West Lincoln Hwy, Suite 500</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Exton, PA 19341</b>							
Project Manager for Monitoring Firm <b>John Lutz</b>	Telephone No. <b>609-3868800</b>	Telephone No. <b>610-755-7563</b>	License No. <b>01161</b>						
Start Date (10) <b>1 / 13 / 14</b>	Scheduled Completion Date (11) <b>1 / 28 / 14</b>	Name of OSHA Monitor <b>EMSL</b>							
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: <b>7:00AM-5:00PM</b> / ____PM-____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 checked="" 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
Crawlspace, main building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation/transite conduit	955 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	flashing	330 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	windows	2 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage furnace room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	boiler breeching/boiler gasket	60 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ecoservices, LLC</b>		NJDEP Waste Hauler ID No. <b>13012602</b>		Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>Exton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Jack Bally</b>	Title <b>Sr. P.M.</b>	Signature 			Date <b>1/23/14</b>				



D&amp;S Proj. #: 2014-24

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

Jan 16 2014 03:26pm

P001/001

NJ Dept. of Health &amp; Senior Services

(Signature)

Date: 1/16/14 Time: 3:24

Date of Notification (1) 01/16/14		Name of Building Owner/Operator (2) <b>BRINKS CONSTRUCTION</b>	
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 <b>48 LOOKER STREET</b>		City, State, Zip Code <b>HILLSIDE, NJ 07205</b>	
Name of Contact <b>ALISON LAMERS</b>		Telephone Number <b>JAN 24 2014</b>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

**RESIDENTIAL BUILDING**

Street Address

**225 RETFORD AVENUE**

City (5)

County (6)

County Code (7)  
(State use only)**CRANFORD****UNION**

Type of Facility (4)

☐ School (K - 12)☐ Subchapter B (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)

ASOM No.

Name of Abatement Contractor (9)

**D & S RESTORATION, INC.**

Street Address

**20 California Ave.**

City, State, Zip Code

**Paterson, NJ 07503**

Telephone Number

**973-345-8020**

License Number

**01169**

Name of OSHA Monitor

**D & S Restoration, Inc.**

Street Address

**20 California Avenue**

City, State, Zip Code

**Paterson, NJ 07503**

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

**01/20/14**

Sched. Completion Date (11)

**01/30/14**

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**

Scope of Work (check all that apply)

☒ >2 sf or >2 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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

H  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l**BASEMENT****PIPE INSULATION****136 L FT**☒☐☐☐

Registered Waste Hauler

**D & S RESTORATION, INC.**NJ/DEP Hauler ID#  
**13506**Cubic Yards of Waste  
**2 YDS**

Name of Registered Landfill

**TULLYTOWN, RESOURCE RECOVERY**

City, State

**PATERSON, NJ 07503**

Disposal Date

**01/21/14**

City, State

**TULLYTOWN, PA**

Completed by (Print or Type)

**BOGDAN JOLDZIC**

Title

**PRESIDENT**

Signature

Date

**01/16/2014**

ASR-41

Do not use this form for asbestos licensure exempted activities.

JAN. 16. 2014 (THU) 15:56

COMMUNICATION No. 46

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