

No Check


Print Form

EDS13-122

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Page 1 of 2

Check #1

Date of Notification (1) 6-21-13		Name of Building Owner/Operator (2) Plainfield Public School							
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 Park Avenue		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Harold Gee		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 950 Park Avenue		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc.						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	License No. 01084						
Start Date (10) 6-28-13 at 4:00 pm	Scheduled Completion Date (11) 7-15-13	Name of OSHA Monitor GL Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 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 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	Enclose
Phase III Room 112		X		Pipe Insulation	7 Fittings	X			
Room JC 110		X		Pipe Insulation	35 Fittings	X			
Room JC 107		X		Pipe Insulation	15 Fittings	X			
Room 108 GS		X		Pipe Insulation	70 Fittings	X			
Name of Registered Waste Hauler GL Group, Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B. Solakov		Title P.M.	Signature 			Date 6-21-13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)


CONTINUATION SHEET

page 2 of 2

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Check #

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			RE- MOVAL	RE- PAIR	EN- CAP- SUL	EN- CLOSURE
Phase IV									
Classroom 158 (Day Care Center)		X		Pipe Insulation	20 Fittings	X			
Exterior Breezeway Connector by Exit 10		X		Pipe Insulation	40 Fittings	X			
Phase V									
Classroom 114		X		Pipe Insulation	20 Fittings	X			
Classroom 116		X		Pipe Insulation	35 Fittings	X			
Hallway Adjacent to Classroom 171		X		Pipe Insulation	6 Fittings	X			
Hallway Adjacent to Exit by Classroom 165		X		Pipe Insulation	6 Fittings	X			
Hallway Adjacent to Classroom 162 by Steps		X		Pipe Insulation	10 Fittings	X			
Amendment #1 Additional Work Main Hallway		X		Pipe Insulation	61 Fittings	X			
Amendment #2 Breezeway areas are excluded									

Completed By: (Print or Type) Michael B. Solakov	Title P.M.	Signature 	Date 6-21-13
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CK 005053

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

D&S Proj. #: 13-234

2013 JUL 10 10:00 AM
LICEN 176

Date of Notification (1) 10/17/10 3/1/13		Name of Building Owner/Operator (2) JENNIFER BRADLE	
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 1726 HELEN STREET		City, State, Zip Code WALL, NJ 07719	
Name of Contact JENNIFER BRADLE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence Street Address 15 MAYFAIR PLACE City (5) CLIFTON County (6) PASSAIC County Code (7) (State use only)			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.) 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) 7/17/2013 Sched. Completion Date (11) 7/19/2013 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		ASCM 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	

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 m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Garage		<input checked="" type="checkbox"/>		PIPE INSULATION	52 L F	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 7/25/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 7/03/2013

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

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2012

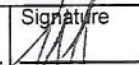
Date of Notification (1) <u>7/3/13</u>		Name of Building Owner/Operator (2) <u>The Seeing Eye Inc.</u>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>10 WASHINGTON VALLEY ROAD</u>				
		City, State, Zip Code <u>MONROESTOWN NJ 07960</u>				
		Name of Contact <u>Bud Ciptak</u>				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>Seeing Eye Inc</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 (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>10 WASHINGTON VALLEY ROAD</u>		Square Feet <u>55,000</u>	# of Floors <u>3</u>			
City (5) <u>Monroestown</u>		Bldg. A <u>48</u>				
County (6) <u>Monroe</u>		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) <u>EIT</u>		Name of Abatement Contractor (9) <u>JW HERITAGE Construction</u>				
Street Address <u>655 West Shore Trail</u>		Street Address <u>PO Box 372</u>				
City, State, Zip Code <u>PARTEA, NJ</u>		City, State, Zip Code <u>HACKETTSTOWN, NJ</u>				
Project Manager for Monitoring Firm <u>Bill Kerbel</u>		Telephone No. <u>973-729-5649</u>	License No. <u>00768</u>			
Start Date (10) <u>7/18/13</u>		Scheduled Completion Date (11) <u>7/20/13</u>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Regular Hours</u>		Name of OSHA Monitor <u>EIT</u>				
		Street Address				
		City, State, Zip Code				
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 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 IN Facility (13)</u>	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
<u>Room 042</u>		<input checked="" type="checkbox"/>	<u>VAT</u>	<u>125 sq</u>	<input checked="" type="checkbox"/>	
<u>Room 040</u>		<input checked="" type="checkbox"/>	<u>MASTIC</u>	<u>125 sq</u>	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <u>WASTE MANAGEMENT</u>		NJDEP Waste Hauler No. <u>19923</u>	Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>LOWES</u>		
City, State <u>EWING, NJ</u>		Disposal Date <u>7/22/13</u>		City, State <u>MONROEVILLE, PA</u>		
Completed By <u>John Washam</u>		Title <u>President</u>	Signature <u>John Washam</u>	Date <u>7/3/13</u>		

ASB-41

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

CK # 25229

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

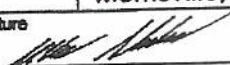
Date of Notification (1) <u>7/8/13</u>		Name of Building Owner/Operator (2) <u>Ellen Tozzi</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>6 Berrel Ave.</u>							
		City, State, Zip Code <u>Hamilton, NJ 08619</u>							
		Name of Contact <u>Ellen Tozzi</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>6 Berrel Ave.</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>						
City (5) <u>Hamilton, NJ</u>		Bldg. Age <u>60</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>7/17/13</u>	Scheduled Completion Date (11) <u>7/18/13</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3:30 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
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
<u>Attic</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>45 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>7/18/13</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>7/8/13</u>			

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

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Check #1

EDS13-122

Date of Notification (1) 6-21-13		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 Park Avenue		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Harold Gee		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 950 Park Avenue		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union		Current Use (Prior if being demolished) _____							
Country Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003							
Street Address 1253 North Church St		Name of Abatement Contractor (9) GL Group, Inc.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 140 Hamburg Turnpike							
Project Manager for Monitoring Firm Mary Ellen Leotta		City, State, Zip Code Bloomington, NJ 07403							
Telephone No. 856-840-8800		Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 6-28-13 at 4:00 pm		Name of OSHA Monitor GL Group, Inc.							
Scheduled Completion Date (11) 7-15-13		Street Address 140 Hamburg Turnpike							
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: _____		City, State, Zip Code Bloomington, NJ 07403							
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 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
Phase III Room 112		X		Pipe Insulation	7 Fittings	X			
Room JC 110		X		Pipe Insulation	35 Fittings	X			
Room JC 107		X		Pipe Insulation	15 Fittings	X			
Room 108 GS		X		Pipe Insulation	70 Fittings	X			
Name of Registered Waste Hauler GL Group, Inc.		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Grows				
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B. Solakov		Title P.M.		Signature 		Date 6-21-13			

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)


CONTINUATION SHEET

page 2 of 2

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Check #

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			RE- MO- VAL	RE- PA- IR	EN- CA- PS- UL	EN- CL- OS- URE
<u>Phase IV</u>									
Classroom 158 (Day Care Center)		X		Pipe Insulation	20 Fittings	X			
<u>Exterior Breezeway</u> Connector by Exit 10		X		Pipe Insulation	40 Fittings	X			
<u>Phase V</u>									
Classroom 114		X		Pipe Insulation	20 Fittings	X			
Classroom 116		X		Pipe Insulation	35 Fittings	X			
Hallway Adjacent to Classroom 171		X		Pipe Insulation	6 Fittings	X			
Hallway Adjacent to Exit by Classroom 165		X		Pipe Insulation	6 Fittings	X			
Hallway Adjacent to Classroom 162 by Steps		X		Pipe Insulation	10 Fittings	X			
<u>Amendment #1</u> <u>Additional Work</u>									
Main Hallway		X		Pipe Insulation	61 Fittings	X			

Completed By: (Print or Type) Michael B. Solakov	Title P.M.	Signature 	Date 6-21-13
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