

NO CK

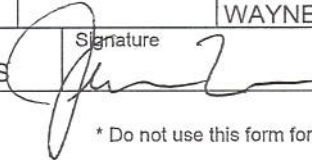
Print Form

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

RECEIVED

2015 MAY -6 AM 12:02

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-4-15		Name of Building Owner/Operator (2) HOUSING AUTHORITY OF THE CITY OF CAMDEN							
Agencies Notified	Type Notification	Street Address 2021 WATSON STREET							
<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	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08105							
		Name of Contact WYNFIELD ANDERSON	Telephone Number 609-291-1234						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BRANCH VILLAGE		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 1800 SOUTH 9TH STREETS - BLDGS. 1, 3 AND 5		Square Feet 18,000	# of Floors 2						
City (5) CAMDEN		Bldg. Age +/- 60							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) A. SEINC LIGHTHOUSE		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address P.O. BOX 354		Street Address 2251 FRALEY STREET							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 973-275-5000	Telephone No. 215-533-5155						
Start Date (10) 4-23-15		Scheduled Completion Date (11) 5-11-15	License No. 01166						
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 HEALTH & SAFETY SERVICES, INC.							
		Street Address P.O. BOX 365							
		City, State, Zip Code BERLIN, NJ 08009							
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									
*PRIOR TO DEMO									
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
ROOF			X	ASPHALT ROOF SHINGLES	20,000 SF	X			
KITCHEN & BATHROOM			X	FLOOR TILE AND MASTIC	1,200 SF	X			
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 DIR. OF OPERATIONS		Signature 		Date 5-4-15			

CK 005978

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

D&S Proj. #: 2015-142

Date of Notification (1) 10/14/12 18/15		Name of Building Owner/Operator (2) david allen	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	18 dogwood road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	WEST ORANGE, NJ 07052	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	david allen	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) david allen			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
18 dogwood road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
WEST ORANGE			Square Feet	# of Floors	Bldg. Age
County (6) ESSEX			Current Use (Prior if being demolished)		
County Code (7) (State use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)		
Street Address			D & S RESTORATION, INC.		
City, State, Zip Code			Street Address		
			20 California Ave.		
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code		
			Paterson, NJ 07503		
Start Date (10)		Sched. Completion Date (11)	Telephone Number		
05/27/15		06/22/15	973-345-8020		
Occupancy Status During Abatement (Check only one)			License Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			01169		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			D & S Restoration, Inc.		
			Street Address		
			20 California Avenue		
			City, State, Zip Code		
			Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	75 l ft	X			
BASEMENT CRAWL SPACE		X		PIPE INSULATION	2 l ft	X			
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill						
D & S RESTORATION, INC.	13506	1 yd.	TULLYTOWN, RESOURCE RECOVERY						
City, State	Disposal Date		City, State						
PATERSON, NJ 07503	05/28/15		TULLYTOWN, PA						
Completed by (Print or Type)	Title	Signature				Date			
BOGDAN JOLDZIC	PRESIDENT					04/28/ 2015			

CK 005979

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

D&S Proj. #: 2015-143

Date of Notification (1) 04/12/15		Name of Building Owner/Operator (2) MARY LAWLESS	
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 7 WEST LINCOLN AVENUE	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCKAWAY BORO, NJ 07866	
		Name of Contact MARY LAWLESS	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARY LAWLESS			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 7 WEST LINCOLN AVENUE			Square Feet		
City (5) ROCKAWAY BORO			County (6) MORRIS	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) 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) 05/14/15	Sched. Completion Date (11) 05/29/15		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	116 lf	X			

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 05/15/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/28/15

CK 005983

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

D&S Proj. #: 2015-150

Date of Notification (1) 04/13/15		Name of Building Owner/Operator (2) JOSEPH MALINOWSKI	
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 51 SUNDERLAND AVENUE		City, State, Zip Code RUTHERFORD, NJ 07070	
Name of Contact JOSEPH MALINOWSKI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPH MALINOWSKI			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 51 SUNDERLAND AVENUE			Square Feet # of Floors Bldg. Age		
City (5) RUTHERFORD	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) 05/15/15	Sched. Completion Date (11) 05/26/15		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 type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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)	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 FAM. RM		<input checked="" type="checkbox"/>		PIPE INSULATION	8 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT GAS M. CLST		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	24 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 05/16/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/30/2015

CK005981

D&S Proj. #: 2015-144

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

2015 MAY -6 AM 12:40
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 04/13/15		Name of Building Owner/Operator (2) GEORGE AND JACKIE MUELLER	
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 1915 ATLANTIC AVENUE		City, State, Zip Code MANASQUAN, NJ 08736	
Name of Contact GEORGE AND JACKIE MUELLER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GEORGE AND JACKIE MUELLER			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 1915 ATLANTIC AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MANASQUAN	County (6) MONMOUTH	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) 05/06/15	Sched. Completion Date (11) 05/20/15		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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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) 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						
SHOP/OFFICE		<input checked="" type="checkbox"/>		PIPE INSULATION	24 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOM		<input checked="" type="checkbox"/>		VAT	80 SQ 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 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/07/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/30/15

RECEIVED

Date of Notification (1) 04/12/15		Name of Building Owner/Operator (2) JUDY TICHENOR	
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 checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 404 ESSEX AVENUE		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact JUDY TICHENOR		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JUDY TICHENOR			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 404 ESSEX AVENUE			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD	County (6) ESSEX	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) 05/18/15		Sched. Completion Date (11) 05/30/15	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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <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	83 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 05/27/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 04/29/2015	

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

D&S Proj. #: 2015-140

RECEIVED

Date of Notification (1) 10 14 1/12 17 1/15		Name of Building Owner/Operator (2) JUDY TICHENOR	
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 404 ESSEX AVENUE		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact JUDY TICHENOR		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JUDY TICHENOR			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 404 ESSEX AVENUE			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD	County (6) ESSEX	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) 05/26/15		Sched. Completion Date (11) 05/30/15	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		<input checked="" type="checkbox"/>		PIPE INSULATION	83 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"/>
						<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 05/27/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/27/2015

CK 005982

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

D&S Proj. #: 2015-145

Date of Notification (1) 10 14 / 11 29 / 11 15		Name of Building Owner/Operator (2) LAUREL SOBIN	
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 2074 STANLEY TERRACE		City, State, Zip Code UNION, NJ 07083	
Name of Contact LAUREL SOBIN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAUREL SOBIN			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 2074 STANLEY TERRACE			Square Feet # of Floors Bldg. Age		
City (5) UNION	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) 05/05/15	Sched. Completion Date (11) 05/22/15		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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	93 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"/>
						<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 05/06/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/29/2015

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

CHECK # 8736

Date of Notification (1) <u>4/30/15</u>		Name of Building Owner/Operator (2) <u>PAUTHEON PROPERTIES</u>		RECEIVED 2015 MAY -6 AM 12:37					
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 <u>1980 US HIGHWAY 1</u> City, State, Zip Code <u>NORTH BRUNSWICK NJ 08902</u> Name of Contact <u>PAUL GONFELLOW</u>					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>PAUTHEON PROPERTIES</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>1980 US HIGHWAY 1</u>				Square Feet <u>14000</u>					
City (5) <u>NORTH BRUNSWICK</u>				# of Floors <u>1</u>					
County (6) <u>MIDDLESEX</u>				Bldg. Age <u>52</u>					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>OFFICE / WAREHOUSE</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) A. MAC Contracting Inc					
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-262-5841					
Start Date (10) <u>5/11/15</u>		Scheduled Completion Date (11) <u>5/16/15</u>		License No. 00156					
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 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) 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>WAREHOUSE</u>			<u>X</u>	<u>VAT</u>	<u>1,012 SF</u>	<u>X</u>			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste <u>2</u>		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State, Zip Code Newark, NJ 07105		Disposal Date <u>5/11/15</u>		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature <u>R. McDonald</u>		Date <u>4/30/15</u>			

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

Date of Notification (1) 05/01/2015		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address	2015 MAY -6 AM 12:36 ASBESTOS CONTROL & LICENSING 973-253-8828						
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1000 River Road							
		City, State, Zip Code Teaneck, NJ 07601							
		Name of Contact Paul Palladino	Telephone Number 973-253-8828						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FDU Old Library		Type of Facility (4)							
Street Address 145 Park Avenue		<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) Florham Park		Square Feet	# of Floors 2						
		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Library/offices							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 5434 King Avenue		Street Address 208 Piaget Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 888-306-4545	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 05/16/2015	Scheduled Completion Date (11) 05/23/2016	Name of OSHA Monitor VMC Company, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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		City, State, Zip Code							
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 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
Mechanical Room	x			Duct Insulation	3,035 SF	x			
Mechanical Room	x			Pipe Insulation	320 LF	x			
Mechanical Room	x			Boiler Flue insulation	100 SF	x			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 40	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date 05/23		City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President		Signature 		Date 05/01/2015			

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

B & G proj. #: 2015-78

Check # 7191

Date of Notification (1) <u>05/10/15</u>		Name of Building Owner/Operator (2) <u>Jeanne Loomer</u>	
Agencies Notified	Type Notification	Street Address <u>43 Washington Avenue</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Cliffside Park, NJ 07010</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact <u>Jeanne Loomer</u>	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Jeanne Loomer</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>43 Washington Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Cliffside Park, NJ</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 & 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>		License Number <u>00378</u>
Scheduled Start Date (10) <u>05/12/2015</u>		Sched. Completion Date (11) <u>05/13/2015</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>105 Ryerson Road</u>			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
<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 type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <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			<input checked="" type="checkbox"/>	pipe insulation	160 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>05/13/2015</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>05/01/2015</u>

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

ck # 2804

Date of Notification (1) 5/1/15		Name of Building Owner / Operator (2) Trenton Board of Education <i>2015 MAY -6 12:53</i>	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Maintenance Building Street Address 1490 Prospect Street		Type of Facility (4) <input type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Trenton	County (6) Mercer	County Code (7)	Square Feet 3000 # of Floors 1 Bldg. Age 60+
		Current Use (Prior if being demolished) Maintenance Building	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Street Address 120 North Warren Street City, State & Zip Code Trenton, NJ 08010		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc. Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007
Project Manager for Monitoring Firm Steve Faress Telephone Number 609-392-4200		Telephone Number (215)788-6040 License Number 00509	
Scheduled Start Date (10) 5/11/15	Scheduled Completion Date (11) 5/12/15		Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM		Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) Mechanical Space	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Pipe Insulation
	Amount (Specify SF or LF) 9 LF		
		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
		<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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC City, State BRISTOL, PA		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ½ Cu yd Disposal Date 5/11/15
		Name of Registered Landfill GROWS LANDFILL City, State MORRISVILLE, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i> Date 5/1/15

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

CL # 2804

Date of Notification (1) 5/1/15		Name of Building Owner / Operator (2) Trenton Board of Education	
Agencies Notified	Type Notification	Street Address 1490 Prospect Street	
<input 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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638	
		Name of Contact Mr. Everett O. Collins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grace Dunn			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 401 Dayton Street			Square Feet 60000		
City (5) Trenton	County (6) Mercer	County Code (7)	# of Floors 3	Bldg. Age 60+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Steve Faress		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 5/18/15		Scheduled Completion Date (11) 5/22/15		Name of OSHA Monitor Bristol Environmental Inc.	
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 Hours – 7am to 3pm Describe: 4 PM – 12:30AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

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 with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<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) TO BE ABATED 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
C-2, Auditorium Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nail Crete	1107	<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"/>	<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 BRISTOL ENVIRONMENTAL INC	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 Cu yd	Name of Registered Landfill GROWS LANDFILL
City, State BRISTOL, PA	Disposal Date 5/22/15	City, State MORRISVILLE, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/1/15

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

Q# 2804

Date of Notification (1) 5/1/15		Name of Building Owner / Operator (2) Trenton Board of Education							
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Munoz Rivera ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 400 North Montgomery Street		Square Feet 45000	# of Floors 2						
City (5) Trenton	County (6) Mercer	Bldg. Age 60+							
		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Steve Faress		Telephone Number 609-392-4200	License Number 00509						
Scheduled Start Date (10) 5/12/15	Scheduled Completion Date (11) 5/16/15	Name of OSHA Monitor Bristol Environmental Inc.							
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 Hours – 7am to 3pm Describe: 4 PM – 12:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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
Nurses Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	549 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nail Crete	549 SF	<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"/>	<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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste ½ Cu yd	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date 5/16/15		City, State MORRISVILLE, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 5/1/15		

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

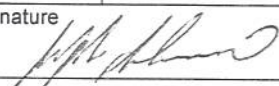
CHECK#24908

Date of Notification (1) 5/4/2015			Name of Building Owner/Operator (2) Stork Residence					
Agencies Notified		Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA		<input checked="" type="checkbox"/> Initial	60 Hunter Avenue					
<input type="checkbox"/> DEP		<input type="checkbox"/> Amended Amendment #	City, State, Zip Code					
<input checked="" type="checkbox"/> DOL		<input checked="" type="checkbox"/> Emergency (including justification)	West Amwell, NJ					
<input checked="" type="checkbox"/> DOH		<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number			
<input type="checkbox"/> DCA			DAVID J. D'ANDREA					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE			Type of Facility (4)					
Street Address 60 Hunter Avenue			<input type="checkbox"/> School (K-12)					
City (5) West Amwell, NJ			<input type="checkbox"/> Subchapter 8 (Other than K-12)					
County Hunterdon			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)					
County Code (7) (STATE USE ONLY)			Square Feet	# of Floors	Bldg. Age			
Name of Monitoring Firm Hired by Building Owner (8) Air Control Services, Inc.			Current Use (Prior if being demolished)					
ASCN No.			Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 301 E. Ward Street			Street Address 15 BLACK FOREST ROAD					
City, State, Zip Code Hightstown, NJ 08520			City, State, Zip Code HAMILTON, NJ 08691					
Project Manager for Monitoring Firm Dave Kichula		Telephone No. 732-664-7788	Telephone No. 609-890-7110		License No. 00676			
Start Date (10) 5/7/2015		Scheduled Completion Date (11) 5/7/2015	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one)			Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code					
Abatement performed outside of working hours ESSENTIAL PERSONNEL ONLY								
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure					
<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					
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
Kitchen		<input checked="" type="checkbox"/>	Transite wall board	96 s.f.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Current Construction			NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 2 YDS	Name of Registered Landfill GROWS			
City, State Allentown, NJ 08501			Disposal Date 5/8/2015	City, State MORRISVILLE, PA				
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature 27-Mar <i>David D'Andrea</i>		Date 5/4/2015			

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) <div style="text-align: center;">05 / 05 / 15</div>		Name of Building Owner/Operator (2) Santander Bank, N.A.							
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 State Street City, State, Zip Code Boston, MA Name of Contact Susan Peck Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		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 332 High Street		Square Feet 2,000							
City (5) Burlington, NJ 08146		# of Floors 2	Bldg. Age 45						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-477-3014	Telephone No. 718-605-6256						
Start Date (10) <div style="text-align: center;">05 / 15 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 30 / 15</div>	License No. 00774						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>1:00 pm to 9:00 pm, Sunday 10:00 to 6:00 pm</u>		Name of OSHA Monitor Testor Tech							
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"/> 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
Second Floor Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	330	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 5/18/15		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 05-05-15		