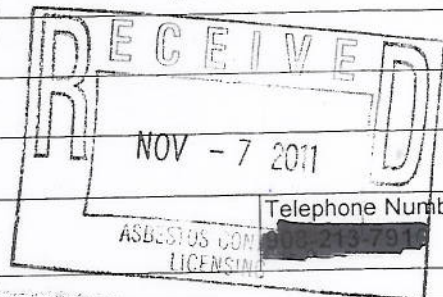


1110-4394
Check # 3440

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

No check sent

Date of Notification (1) 10/31/11		Name of Building Owner / Operator (2) Frist Energy Service	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 300 Madison Ave.		
	City, State & Zip Code Norristown, NJ 07962-1911		
	Name of Contact Wayne Jones		
	Telephone Number [REDACTED]		



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy		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 147 Route 31 North		Square Feet	# of Floors
City (5) Flemington		Bldg. Age	
County (6) Hunterdon	Current Use (Prior if being demolished) Utility Building		
County Code (7)		Name of Abatement Contractor (9) AbateTech, Inc.	
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		Street Address PO Box 25	
Street Address 140 South Village Ave. Suite 130		City, State & Zip Code Lumberton, NJ 08048	
City, State & Zip Code Exton, PA 19341		Telephone Number 609-265-2107	License Number 00529
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525	
Scheduled Start Date (10) 10/31/11	Scheduled Completion Date (11) 11/8/11		
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 - Describe: 3:30 PM to Midnight <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor EMSL Analytical	
		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

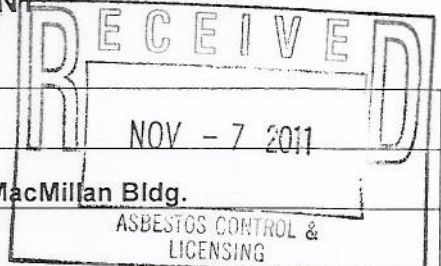
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Basement Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	344 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/8/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</i>		Date 10/31/11

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

1109-4387



Date of Notification (1) 11/1/11		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Trustees of Princeton University E.A. MacMillan Bldg.		City, State & Zip Code Princeton, NJ 08544	
Name of Contact Robert Ortego, P.E.		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			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 One Washington Road			Square Feet # of Floors Bldg. Age		
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University Library		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Street Address PO Box 25			
City, State & Zip Code Burlington, NJ 08016		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 10/17/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor EMSL Analytical	
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 Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	40,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	4,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 & #2 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound & drywall	8,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #3 Level A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #4 Level B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1 Level 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	1,063 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 14	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 12/30/11		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</i>		Date 11/1/11

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

1103-4272

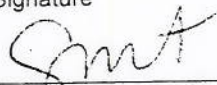
No check sent

Date of Notification (1) 11/1/11		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #8 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">NOV - 7 2011</div>
	Street Address One Robert Wood Johnson Place		ASBESTOS CONTROL LICENSING Telephone Number: XXXXXXXXXX
	City, State & Zip Code New Brunswick, NJ 08901		
	Name of Contact Geiser Fajardo		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital			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 One Robert Wood Johnson Place			Square Feet	# of Floors	Bldg. Age
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 280 Huyler Street			Street Address PO Box 25		
City, State & Zip Code South Hackensack, NJ 07606			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8400	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 4/12/11	Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor EMSL Analytical		
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 - Describe: 5 PM - 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 18108		
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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
Central Sterile Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vinyl Flooring containing asbestos	286 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Sterile Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,723 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 12/30/11	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 11/1/11

Fax:

Nov 3 2011 04:46pm P001/001

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

B & G proj. #: 2011-218

Date of Notification (1)

11/10/11

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Robert Taormino

Street Address

19 Cutler Drive

City, State, Zip Code

Morris Plains, NJ 07950

Name of Contact

Robert Taormino

Check # 4868

NJ Dept of Health & Senior Services

Date: 11/03/11 Time: 4:42 PM

ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Robert Taormino

Street Address

19 Cutler Drive

City (5)

Morris Plains, NJ 07950

County (6)

Morris

County Code (7)
(State use only)

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)
residential

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

11/10/11

Sched. Completion Date (11)

11/11/2011

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ Full Containment w/negative pressure☐ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material 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)

R	R	E	E
em	em	nc	nc
ov	ov	ap	ap
er	er	pr	pr
<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"/>

basement

VAT & Mastic

630 sf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
7 yardsName of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

11/14/11

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

11/3/2011

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

B & G proj. #: 2011-218

Check # 4868

Date of Notification (1)

11/11/10 13 11 11

Name of Building Owner/Operator (2)

Robert Taormino

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

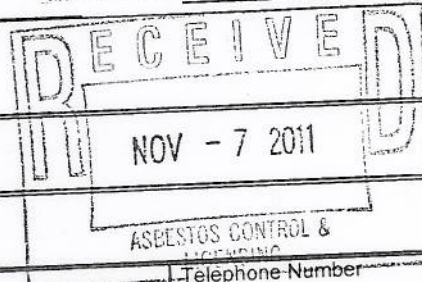
19 Cutler Drive

City, State, Zip Code

Morris Plains, NJ 07950

Name of Contact

Robert Taormino



Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Robert Taormino

Street Address

19 Cutler Drive

City (5)

Morris Plains, NJ 07950

County (6)

Morris

County Code (7)
(State use only)

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

11/10/11

Sched. Completion Date (11)

11/11/2011

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: _____

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf

- ☒ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ 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"/>	VAT & Mastic	630 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
7 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date
11/14/11

City, State

Tullytown, PA

Date

Robert J. Taormino
19 Cutler Dr.
Morris Plains, NJ 07950
November 3, 2011

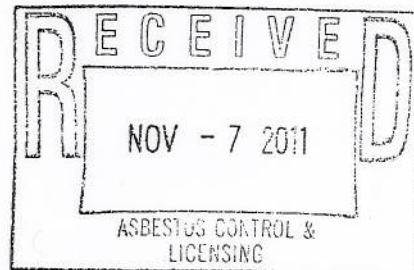
B&G Restoration Inc.
105 Ryerson Road
Lincoln Park, NJ 07035

Dear B&G Restoration:

I would like to request a waiver to the 10-day wait period for removal of the asbestos tile in our basement because of time constraints that we are currently under. We have been looking into waterproofing our basement since the flooding from hurricane Irene, and we have been given a "special discount" from Mid-Atlantic Waterproofing as long as we use their only open date of November 14, 2011 for this. They indicate that the job will take approximately 2 days. Since your first open date is on November 15, that would pose a problem since I believe it would be best to have the asbestos properly removed before Mid-Atlantic starts jack-hammering our basement floor.

Therefore, if you can schedule us for November 10, I believe these dates will work out fine. Please let me know if our request for waiver is accepted.

Thanks very much for your help with this.



Regards,

Robert J. Taormino

B & G proj. #: 2011-218

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

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) Robert Taormino	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DFP <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 19 Cutler Drive		City, State, Zip Code Morris Plains, NJ 07950	
Name of Contact Robert Taormino		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) Robert Taormino		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 19 Cutler Drive		Square Feet [REDACTED]	
City (5) Morris Plains, NJ 07950		# of Floors [REDACTED]	
County (6) Morris		Bldg. Age [REDACTED]	
County Code (7) (State use only)		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code [REDACTED]		Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035	
Phone Number [REDACTED]		Telephone Number 973-696-6869	
Scheduled Start Date (10) 11/10/11		License Number 0378	
Scheduled Completion Date (11) 11/11/2011		Name of OSHA Monitor B & G Restoration, 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: [REDACTED]		Street Address 105 Ryerson Road	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> > 2 ft or > 3 ft <input type="checkbox"/> < 160 sf or < 280 lf		City, State, Zip Code Lincoln Park, NJ 07035	
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM) VAT & Mastic	
Location of asbestos-containing material to be abated in facility (13) basement		Amount (Specify SF or LF) 630 sf	
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	
City, State Lincoln Park, NJ 07035		Cubic Yards of Waste 7 yards	
Disposal Date 11/14/11		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Tullytown, PA		Date 11/7/2011	
Completed by (Print or Type) Gordana Luna		Signature Gordana Luna	
Title Treasurer		Date 11/7/2011	



1110-4405

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #3501
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 10/31/11		Name of Building Owner / Operator (2) State of New Jersey Division of Property Management & Construction	
Agencies Notified	Type Notification	Street Address PO Box 034	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08625-0034	
		Name of Contact Georgette Bunch	
		Telephone Number 292-7285	

RECEIVED
NOV - 7 2011
ASBESTOS
LICEN

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NJ Executive State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 125 West State Street		Square Feet	# of Floors
City (5) Trenton	County (6) Mercer	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) State House Building	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 344 West State Street		Street Address PO Box 25	
City, State & Zip Code Trenton, NJ 08618		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 609-656-8101	License Number 00529
Scheduled Start Date (10) 11/1/11	Scheduled Completion Date (11) 11/2/11	Name of OSHA Monitor EMSL Analytical	
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 - Describe: 5 PM Start <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Tunnel adjacent to Governor's Entrance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 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"/>	<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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 11/2/11	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>Gut</i>
		Date 10/31/11	



State of New Jersey

DEPARTMENT OF TREASURY
DIVISION OF PROPERTY MANAGEMENT & CONSTRUCTION
P O BOX 034
TRENTON NJ 08625-0034

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ANDREW P. SIDAMON-ERISTOFF
State Treasurer

STEVEN SUTKIN
Director

October 31, 2011

Mr. Tom Voorhees
New Jersey Department Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd floor
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification


Dear Mr. Voorhees:

A steam leak developed at the Executive State House, 125 West State Street, Trenton, NJ, in the tunnel adjacent to the Governors entrance in the State Police section. The steam leak is located directly above asbestos containing pipe. This leak is preventing the proper repair of the steam line and the inability to maintain heating temperatures within the Executive State House.

By way of this letter, the New Jersey Department of the Treasury, Division of Property Management and Construction (Treasury) is requesting a waiver of the 10 day notification to allow us to begin the asbestos removal on Tuesday, November 1, 2011. This waiver will allow Treasury to make the necessary repairs to the steam line and resume heating to the impacted space as soon as practicable.

Thank you for your assistance in this matter, please do not hesitate to call me at (609)-633-2127 if you have any questions.

Sincerely,



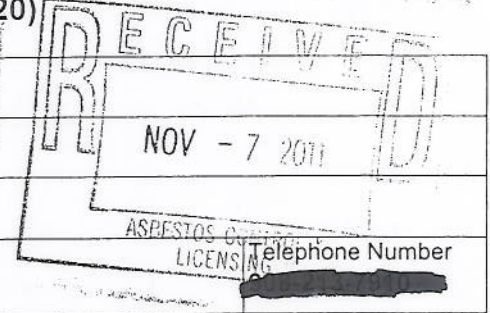
Georgette E. Bunch,
Environmental Scientist 1

CC: J. Duggan, USA Environmental
W. Weisgarber, USA Environmental
J. Carpenter, AbateTech, Inc.
G. Bocage
D. Millstein
R. Flodmand
J. Osborn
N. Piwonski
J. Morris

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #3440
(Pursuant to N.J.A.C. 8:60 and 12:120)

1110-4394

No ck sent



Date of Notification (1) 11/4/11		Name of Building Owner / Operator (2) Frist Energy Service	
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	Street Address 300 Madison Ave.	
	<input type="checkbox"/> Initial	City, State & Zip Code Norristown, NJ 07962-1911	
	<input checked="" type="checkbox"/> Amended #2	Name of Contact Wayne Jones	
	<input type="checkbox"/> Emergency	Telephone Number [REDACTED]	
<input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCP&L/First Energy			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 147 Route 31 North			Square Feet	# of Floors	Bldg. Age
City (5) Flemington	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) Utility Building		
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 140 South Village Ave. Suite 130		Street Address PO Box 25			
City, State & Zip Code Exton, PA 19341		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Brian Hovendon		Telephone Number 610-524-5525	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 10/31/11	Scheduled Completion Date (11) 11/30/11		Name of OSHA Monitor EMSL Analytical		
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 – Describe: 3:30 PM to Midnight <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

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
Basement Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	344 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>

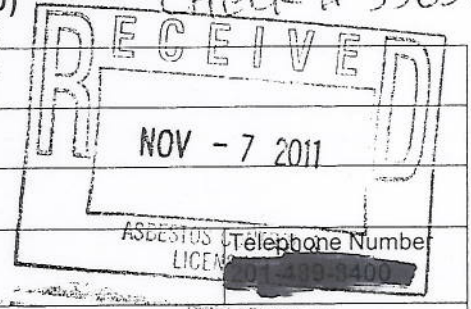
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 11/30/11	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</i>		Date 11/4/11

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

1111-4407

CHECK # 3502

Date of Notification (1) 11/3/11		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	One Robert Wood Johnson Place	
		City, State & Zip Code New Brunswick, NJ 08901	
		Name of Contact Geiser Fajardo	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital			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 One Robert Wood Johnson Place			Square Feet	# of Floors	Bldg. Age
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 280 Huyler Street		Street Address PO Box 25			
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8400	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 11/21/11	Scheduled Completion Date (11) 12/5/11		Name of OSHA Monitor EMSL Analytical		
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 – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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
Mechanical/Air Handler Room(3) Containments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/Air Handler Room(3) Containments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	43 total	<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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 12/5/11	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 11/3/11

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

B & G proj. #: 2011-220

Check # 4863

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) Connie DeGennaro	
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 85 Minerva Avenue	
		City, State, Zip Code Hawthorne, NJ 07506	
		Name of Contact Connie DeGennaro	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Connie DeGennaro			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 85 Minerva Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Hawthorne, NJ 07506	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 11/14/11		Sched. Completion Date (11) 11/14/2011	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input 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 boiler room			<input checked="" type="checkbox"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/15/11	City, State Tullytown, PA	Date 11/15/2011

Signature

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

B & G proj. #: 2011-219

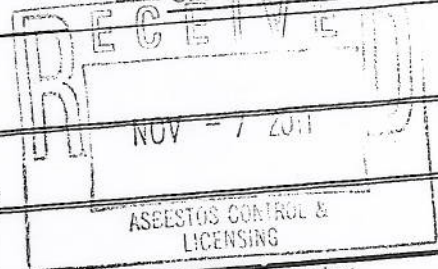
Check #4862

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

Name of Building Owner/Operator (2)
Fiona & Scott Beatty

Street Address
16 Brookside Road
City, State, Zip Code
Maplewood, NJ 07040
Name of Contact
Fiona & Scott Beatty

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☒ Initial
☐ Amendment
☐ Cancellation



Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Fiona & Scott Beatty

Street Address
16 Brookside Road
City (5)
Maplewood, NJ 07040

County (6)
Essex

County Code (7)
(State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
n/a

ASCM No.

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

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035
Telephone Number
973-696-6869
License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm Phone Number

Scheduled Start Date (10) 11/14/11
Sched. Completion Date (11) 11/14/2011

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

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ 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
	Yes	No	N/A					
basement			<input checked="" type="checkbox"/>	pipe insulation	18 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park NJ 07035

Disposal Date
11/15/11

City, State
Tullytown, PA

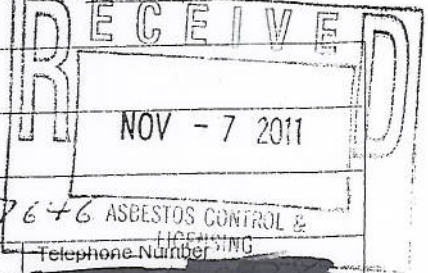
Date
11/4/2011

Signature

C. J. Pina

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

Check # 7744



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) MR PETRAZZUOLO	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	673 MABIE ST	NEW MILFORD, NJ 07646
		Name of Contact	Telephone Number
		VINNY	[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PETRAZZUOLO		Type of Facility (4)	
Street Address 673 MABIE ST		<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) NEW MILFORD		Square Feet 1650	# of Floors 2
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 56
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RES.	
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 A
Start Date (10) 11/28/11	Scheduled Completion Date (11) 11/30/11	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<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 Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

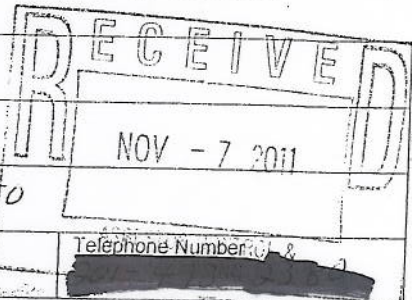
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input 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
BASEMENT			X	VAT / MASTIC	450 SF	X			

Name of Registered Waste Hauler DJM Transport Inc.	NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill
City, State Kearny, New Jersey	Disposal Date 11/28/11	City, State Newburg, PA 17242	
Completed by R. McDonald	Title President	Signature R. McDonald	Date 11/4/11

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

Check # 7744



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) MR VIMBA	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 204 SOLLAS COURT	
		City, State, Zip Code RIDGEWOOD NJ 07450	
		Name of Contact ARNOLD	
		Telephone Number (6) & 7 [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VIMBA		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 204 SOLLAS COURT		Square Feet 1800	# of Floors 2
City (5) RIDGEWOOD		Bldg. Age 56	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES	

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 A
Start Date (10) 11/15/11	Scheduled Completion Date (11) 11/17/11		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 Huyler Street	
			City, State, Zip Code Hackensack, NJ 07606	

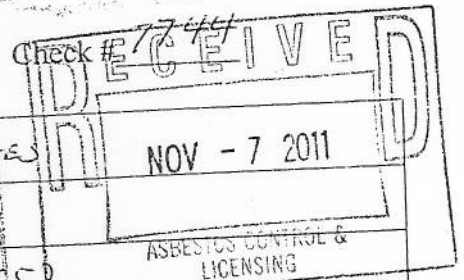
Scope of Work (Check All That Apply)

- ☐ ≥3 sf or ≥3 lf ☒ Renovation
☒ ≥160 sf or ≥260 lf ☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FAMILY ROOM			X	VAT	175 SF	X			

Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill	
City, State Kearny, New Jersey		Disposal Date 11/15/11	City, State Newburg, PA 17242		
Completed by R. McDonald	Title President	Signature [Signature]	Date 11/4/11		

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



Date of Notification (1) <u>11/4/11</u>		Name of Building Owner/Operator (2) <u>GABRELLIAN ASSOCIATES</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"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>95 RT 17 SOUTH</u>		City, State, Zip Code <u>PARAMUS NJ 07652</u>	
Name of Contact <u>BILL</u>		Telephone Number <u>[REDACTED]</u>	

Name of Facility Where Abatement is Taking Place (3) <u>GARAGE / DEMO</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>506 COLONIAL ROAD</u>			Square Feet <u>800</u>	# of Floors <u>1</u>	Bldg. Age <u>52</u>
City (5) <u>FRANKLIN LAKES</u>			Current Use (Prior if being demolished) <u>GARAGE / DEMO</u>		
County (6) <u>BERGEN</u>			County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No. _____		
Street Address			Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>		
City, State, Zip Code			Street Address <u>105 Lowell Road</u>		
Project Manager for Monitoring Firm			City, State, Zip Code <u>Glen Rock, NJ 07452</u>		
Telephone No. _____			Telephone No. <u>201-262-5841</u>		
Start Date (10) <u>12/2/11</u>			Scheduled Completion Date (11) <u>12/5/11</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 <input type="checkbox"/> Other - Describe: _____			Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) 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>OUTSIDE</u>			<input checked="" type="checkbox"/>	<u>ROOFING</u>	<u>600 SF</u>	<input checked="" type="checkbox"/>			
<u>GARAGE WALL</u>			<input checked="" type="checkbox"/>	<u>TRANSITE</u>	<u>280 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>ROVIC TRANSPORT</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>IESI PA BETHLEHEM LANDFILL CORP.</u>	
City, State <u>RIVERDALE, N.J.</u>		Disposal Date <u>12/2/11 ON</u>		City, State <u>BETHLEHEM, PA</u>		Date <u>11/4/11</u>
Completed by <u>R. McDnald</u>		Title <u>President</u>		Signature <u>[Signature]</u>		

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

Check # 7744



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) KATHLEEN BONELLI	
Agencies Notified	Type Notification	Street Address 25 STORY COURT	
<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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BAYONNE N.J. 07002	
		Name of Contact KATHLEEN	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BOVELLI		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 25 STORY COURT			
City (5) BAYONNE		Square Feet 1650	# of Floors 2
		Bldg. Age 56	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.	
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 A
Start Date (10) 11/14/11	Scheduled Completion Date (11) 11/15/11	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 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

- ☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
- ☒ Renovation
☐ Demolition
- ☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
BASEMENT			✓	PIPE	160 LF	X			
BASEMENT BATH ROOM			✓	VAT	22 SF	X			

Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill	
City, State Kearny, New Jersey		Disposal Date 11/14/11		City, State Newburg, PA 17242	
Completed by R. McDonald	Title President	Signature [Signature]		Date 11/4/11	

Fax:

Nov 4 2011 08:03am P001/001

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

Check # 7744

Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) 337 ALTWOOD ROAD LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 337 ALTWOOD ROAD		City, State, Zip Code WYCKOFF NJ 07481	
Name of Contact FRANK GUSARE		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOUSE / DEMO		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 771 CHARNWOOD DRIVE		Square Feet 1650	
City (5) WYCKOFF		# of Floors 2	
County (6) BERGEN		Bldg. Age 56	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES / DEMO	
Name of Monitoring Firm Hired by Building Owner (8)		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	
Telephone No.		License No. 00156 A	
Start Date (10) 11/4/11		Scheduled Completion Date (11) 11/7/11	
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 Omega Environmental Services Inc.	
Street Address		Street Address 280 Huyler Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" 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)
	Yes	No	
BASEMENT		X	VAT
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1
City, State Keamy, New Jersey		Disposal Date 11/4/11	Name of Registered Landfill Cumberland County Landfill
City, State Newburg, PA 17242			
Completed by R. McDonald		Title President	Signature R. McDonald
Date 11/4/11			

November 4, 2011

Mr. Paul C. Horner

New Jersey Department of Health
P. O. Box 369
Trenton, NJ 08625

Dear Mr. Horner;

During the demolition permit application we needed an environmental survey. The survey revealed the presence of asbestos flooring in the basement.

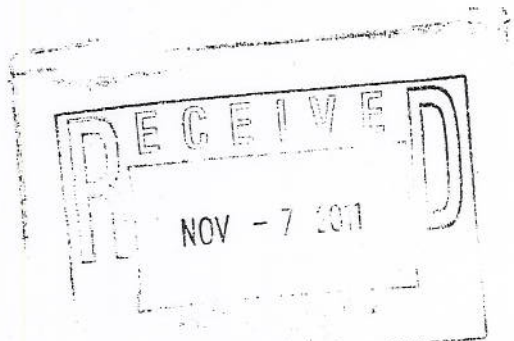
We request that the ten day notification for asbestos removal be waived.

We need A. Mac Contracting to remove asbestos so that we can proceed with demolition. The equipment is on site and we are ready to start demolition. We need to get the new house closed in so we can work through the winter. A. Mac is licensed for the asbestos work.

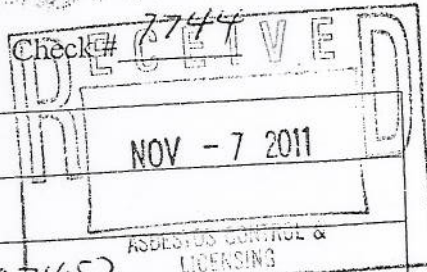
Job Site: 337 Altwood Road LLC
771 Charnwood Drive
Wyckoff, NJ 07481

Sincerely;
Frank Giussre

(01) 481-1-01

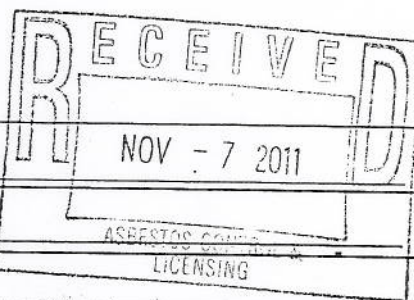


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



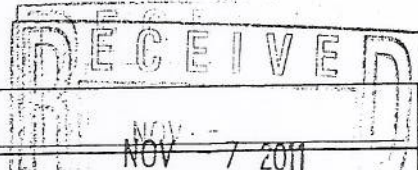
Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) MR + MRS VINCENTI						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 15 BELMONT ROAD		City, State, Zip Code GLEN ROCK, NJ 07452						
Name of Contact MR. VINCENTI		Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) VINCENTI		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 15 BELMONT ROAD		Square Feet 1650	# of Floors 2					
City (5) GLEN ROCK		Bldg. Age 56						
County (6) BERGEN		Current Use (Prior if being demolished) RES.						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road						
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452						
Telephone No.		Telephone No. 201-262-5841	License No. 00156 A					
Start Date (10) 11/16/11	Scheduled Completion Date (11) 11/18/11		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 Huyler Street					
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			City, State, Zip Code Hackensack, NJ 07606					
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED BASEMENT	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) VAT / MASTIC	Amount (Specify SF or LF) 800 SF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler DJM Transport Inc.		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 3	Name of Registered Landfill Cumberland County Landfill				
City, State Kearny, New Jersey		Disposal Date 11/16/11	City, State Newburg, PA 17242		Date 11/4/11			
Completed by R. McDonald		Title President		Signature [Signature]				

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



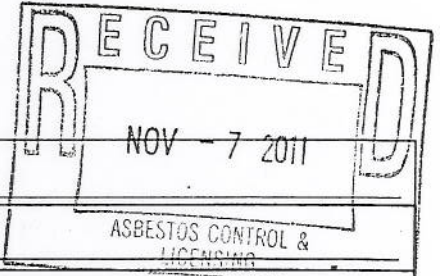
Date of Notification (1) 11/03/11		Name of Building Owner/Operator (2) U.S. Army - Chugach Industries Inc							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Bldg # B30							
		City, State, Zip Code							
		Picatinny Arsenal, NJ 07806							
		Name of Contact	Telephone Number						
		Jane Lisa (Owner's Rep)	[REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) U.S. Army Reserve Center		Type of Facility (4)							
Street Address Bldg # B225		<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.)							
City (5) Picatinny Arsenal		Square Feet	# of Floors						
		2,500 SF	1						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
			Office Building						
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Rt 22 West		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Sherry Galsomino		Telephone No. 908-206-0073	License No. 00693						
Start Date (10) 11/18/2011	Scheduled Completion Date (11) 11/20/2011	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one)		Street Address 1360 Clifton, Avenue, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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
Room with hood			X	Transite Panel	1 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 1/8	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/20/2011		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad		Title President		Signature 		Date 11/3/2011			

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



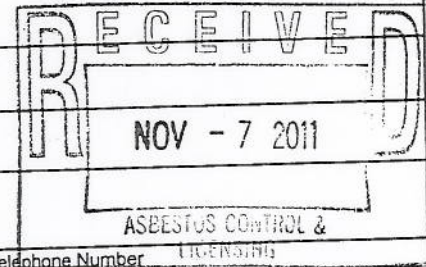
Date of Notification (1) 11/03/11		Name of Building Owner/Operator (2) U.S. Army - Chugach Industries Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Bldg # B30	
		City, State, Zip Code Picatinny Arsenal, NJ 07806	
		Name of Contact Jane Lisa (Owner's Rep)	
		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) U.S. Army Reserve Center		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 Bldg # B3208		Square Feet 4,500 SF	# of Floors 1
City (5) Picatinny Arsenal		Bldg. Age 60+	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.
Street Address 2333 Rt 22 West		Street Address 1360 Clifton, Avenue, PMB Suite 218	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Sherry Galsomino		Telephone No. 908-206-0073	Telephone No. 973-389-0089
Start Date (10) 11/19/2011		License No. 00693	
Scheduled Completion Date (11) 11/21/2011		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	
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 type="checkbox"/> Govebag 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)
	Yes	No	
Modular Testing Chamber			Floor tiles/Mastic
Amount (Specify SF or LF) 300 SF		Abatement Type	
		Removal	Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 11/21/2011	City, State Waynesburg, OH 44688
Completed By Krutarth Jagad	Title President	Signature 	Date 11/3/2011

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



Date of Notification (1) 11/03/11		Name of Building Owner/Operator (2) U.S. Army - Chugach Industries Inc							
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 Bldg # B30							
		City, State, Zip Code Picatinny Arsenal, NJ 07806							
		Name of Contact Jane Lisa (Owner's Rep)	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) U.S. Army Reserve Center		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 Bldg # B221B		Square Feet 2,500 SF	# of Floors 1						
City (5) Picatinny Arsenal		Bldg. Age 60+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Rt 22 West		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Sherry Galsomino	Telephone No. 908-206-0073	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 11/18/2011	Scheduled Completion Date (11) 11/20/2011	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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
Small room adjacent to entrance			X	Pipe/Elbow Insulation	7 SF	X			
Hallway			X	Pipe/Elbow Insulation	8 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/20/2011		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad		Title President		Signature 		Date 11/3/2011			

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



Date of Notification (1)

6 / 21 /11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code
WOODBIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1 HESS PLAZA

Square Feet 187,000 # of Floors 13 Bldg. Age 42

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MIKE NEHLSSEN

Telephone Number
908-377-5644

Telephone Number 845-369-7500 License Number 460

Expected State Date (10)
6 / 23 / 11

Sched. Completion Date (11)
5 / 30 / 12

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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: MON. - FRI. 6:00 PM - 2:30 AM

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclos.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE	X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE	X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE	X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE	X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE	X	TAR	25 SF	X			
3RD FLOOR - ENTIRE	X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE	X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE	X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE	X	TAR	25 SF	X			
2ND FLOOR - ENTIRE	X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR - ENTIRE	X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE	X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE	X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE	X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE	X	TAR	25 SF	X			
PLAZA-ENTIRE	X	PIPE FITTINGS INSULATION	200 LF	X			
PLAZA-ENTIRE	X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM	X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM	X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM	X	GASKETS	10 SF	X			
1ST FLOOR-MECHANICAL ROOM	X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM	X	PIPE FITTINGS INSULATION	240 SF	X			
1ST FLOOR-BOILER ROOM	X	DUCT INSULATION	3,000 SF	X			
1ST FLOOR - CAFETERIA	X	VAT & MASTIC	5,700 SF	X			
1ST FLOOR- CAFETERIA	X	JOINT COMPOUND	175 SF	X			
1ST FLOOR - CAFETERIA	X	COVE BASE MASTIC	25 LF	X			
1ST FLOOR - CAFETERIA	X	PIPE INSULATION					

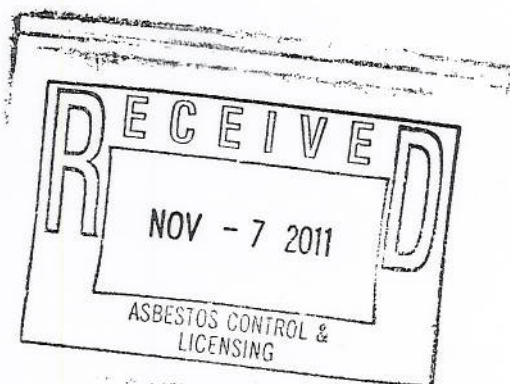
Name of Registered Waste Hauler
DUN TRANSPORT LLC

NJDEP Waste Hauler ID No.

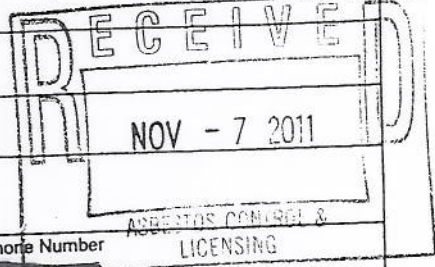
Cubic Yards of Waste
1

Name of Registered Landfill
GROWS LANDFILL

26981	City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 6/21/11



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



Date of Notification (1)

3 / 8 / 11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO

Telephone Number

[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Street Address
1 HESS PLAZA

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

ASCM No.
17

Street Address
1600 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm
MIKE NEHLSSEN

Telephone Number
908-377-5644

Expected State Date (10)

6 / 22 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

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: MON. - FRI. 6:00 PM - 4:00 AM

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
187,000

of Floors
13

Bldg. Age
42

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
460

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

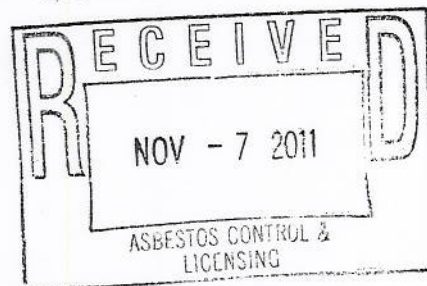
Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Encl.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
Name of Registered Waste Hauler	NJDEP Waste			Cubic Yards of Waste	Name of Registered Landfill				

JUM TRANSPORT, LLC		Hauler ID No. 26981	1	GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 6/22/11-05/15/2012		City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>BJS</i>	Date 6/8/11



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

Date of Notification (1)

11 / 4 / 11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification # 10
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

11 / 7 / 11

Month Day Year

Sched. Completion Date (11)

5 / 30 / 12

Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: MON. - FRI. 6 PM - 2:30 AM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR
☒ Renovation

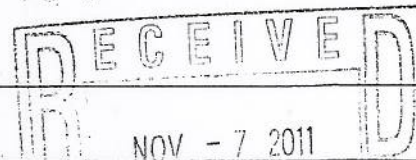
☐ Full Containment with Negative Pressure
☐ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			
1ST FLOOR HALLWAY			X	PIPE FITTINGS					

1ST FLOOR STORAGE ROOM			X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM			X	VAT & MASTIC	300 SF	X			
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL				
City, State KEARNEY, NEW JERSEY				Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 11/4/11			

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

D&S Proj. #: MS 11-446



Date of Notification (1) 11/1/10 13/1/11		Name of Building Owner/Operator (2) DANNY'S PUB	
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 54 SPEEDWELL AVENUE		City, State, Zip Code MORRISTOWN, NJ 07960	
Name of Contact DAN COLLINS		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAN COLLINS			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 54 SPEEDWELL AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MORRISTOWN	County (6) MORRIS	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 00159
Start Date (10) 11/05/11	Sched. Completion Date (11) 11/11/11		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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	30 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 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 11/07/11	City, State TULLYTOWN, PA	

Date: 11 / 3 / 11

D & S Restoration, Inc.
20 California Avenue
Paterson, N.J. 07503

Worksite
Address: 54 Speedwell Ave Morristown.

My concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

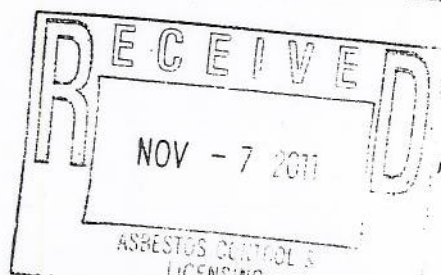
Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: 973-451-7415

Very truly yours,

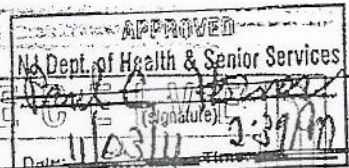
DAN COLLINS
Printed Name of owner
Dan Collins
Signature of owner



Fax:

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

D&S Proj. #: MS 11-446



Date of Notification (1)
11/11/11

Name of Building Owner/Operator (2)
DANNY'S PUB

Street Address
54 SPEEDWELL AVENUE

City, State, Zip Code
MORRISTOWN, NJ 07960

Name of Contact
DAN COLLINS

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☒ Emergency (including justification)
☐ Cancellation

Amendment #:

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
DAN COLLINS

Street Address
54 SPEEDWELL AVENUE

City (6)
MORRISTOWN

County (6)
MORRIS

County Code (7) (State use only)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-343-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Name of Monitoring Firm Hired by Bldg. Owner (6)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
11/05/11

Sched. Completion Date (11)
11/11/11

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
- ☒ Renovation
☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Govebag 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 a 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	30 L FT	X															
BASEMENT BOILER		X		BOILER INSULATION	35 SQ 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
TULLYTOWN, PA

Disposal Date
11/07/11

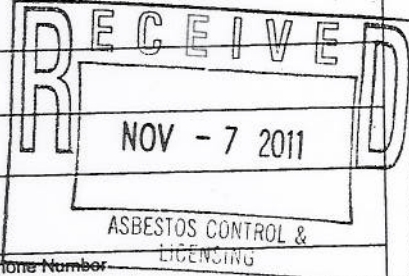
Signature

Date
11/03/11

Completed by (Print or Type)
RODAN JOLDZIC

Title
PRESIDENT

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



Date of Notification (1)

8 / 22 /11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1 HESS PLAZA

Square Feet 187,000 # of Floors 13 Bldg. Age 42

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MIKE NEHLSSEN

Telephone Number
908-377-5644

Telephone Number 845-369-7500 License Number 460

Expected State Date (10)
6 / 23 / 11
Month Day Year

Sched. Completion Date (11)
5 / 30 / 12
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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: MON. - FRI. 6:00 PM - 2:30 AM

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

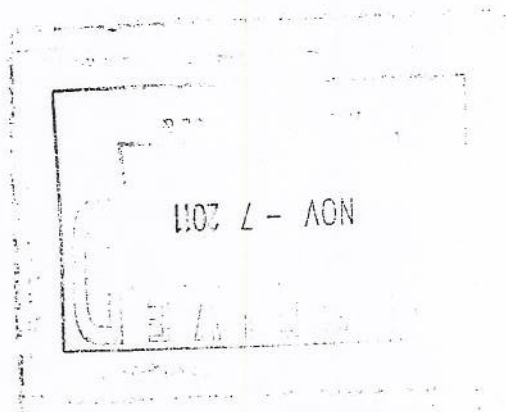
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
PLAZA-ENTIRE			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR-BOILER ROOM			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	Date 8/22/11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	

u



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

Date of Notification (1)

10 / 14 / 11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #9
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

[REDACTED]

ASBESTOS CONTROL & LICENSING

NOV - 7 2011

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Street Address

1 HESS PLAZA

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
187,000

of Floors
13

Bldg. Age
42

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Expected State Date (10)

6 / 23 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

☐ Full Containment with Negative Pressure

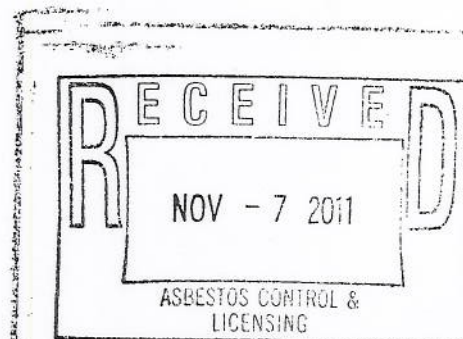
☐ Mini-Enclo.

☒ Glovebag Procedure

☐ Non-Friable Procedure

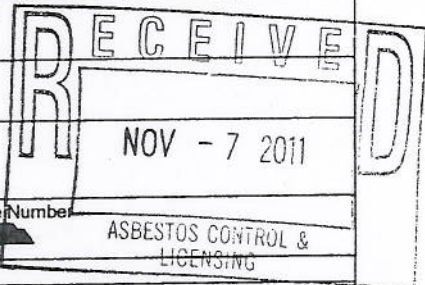
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE			X	TAR	25 SF	X			
2ND FLOOR- ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR- ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	5,700 SF	X			
1ST FLOOR- CAFETERIA			X	JOINT COMPOUND	175 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	25 LF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	1770 SF	X			

HALLWAY		X	PIPE FITTINGS	20 LF	X		
STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste			
JIM TRANSPORT, LLC		26981		1		Name of Registered Landfill	
City, State		Disposal Date		City, State			
KEARNEY, NEW JERSEY		6/23/11-05/15/2012		MORRISVILLE, PA			
Completed by (Print or Type)		Title		Signature		Date	
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS		<i>[Signature]</i>		10/14/11	



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

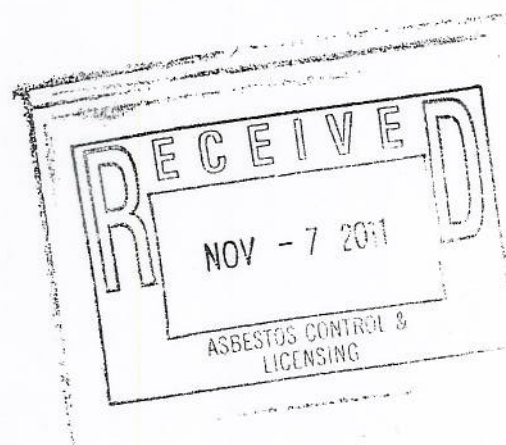
Date of Notification (1) 9 / 28 /11		Name of Building Owner/Operator (2) HESS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 HESS PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #8 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
		Name of Contact DAVID CERULO	Telephone Number [REDACTED]



Name of Facility Where Abatement is Taking Place (3) HESS PLAZA				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13	Bldg. Age 42	
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm MIKE NEHLSSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 6 / 23 /11 Month Day Year		Sched. Completion Date (11) 5 / 30 /12 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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: MON. - FRI. 6 PM - 2:30 AM SAT. & SUN 7AM-3:30PM		Street Address 1376 ROUTE 9 W			
		City, State, Zip Code WAPPINGERS FALLS, NY 12590			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR- ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE			X	TAR	25 SF	X			
2ND FLOOR- ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT, LLC		NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL			
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>BJS</i>	Date 9/28/11			



No check

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

Date of Notification (1)

9 / 26 /11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

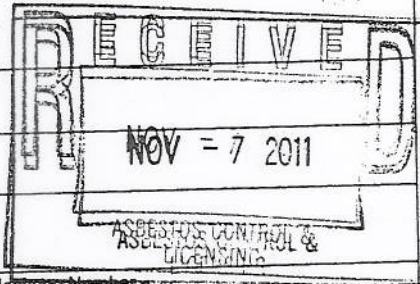
City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Street Address

1600 ROUTE 22

City, State, Zip Code

UNION, NEW JERSEY 07083

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Expected State Date (10)

6 / 23 /11
Month Day Year

Sched. Completion Date (11)

5 / 30 /12
Month Day Year

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: MON. - FRI. 6:00 PM - 2:30 AM

Square Feet

187,000

of Floors

13

Bldg. Age

42

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

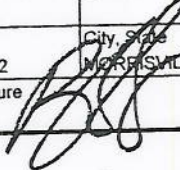
Scope of Work (Check all that apply)

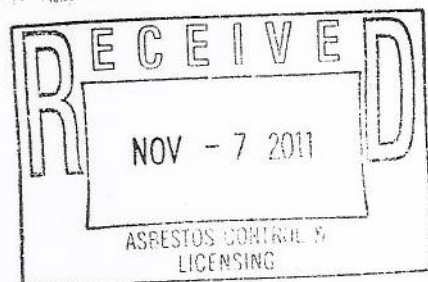
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini-Encl.
☒ Glovebag Procedure
☐ Non-Friable Procedure

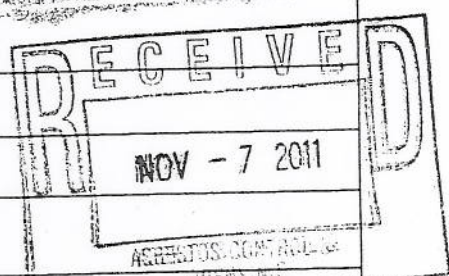
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE			X	TAR	25 SF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
1ST FLOOR - CAFETERIA			X	DUCT INSULATION	770 SF	X			

1ST FLOOR HALLWAY		X	PIPE FITTINGS	20 LF	X		
1ST FLOOR STORAGE ROOM		X	PIPE FITTINGS	13 LF	X		
1ST FLOOR STORAGE ROOM		X	VAT & MASTIC	300 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL		
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012		City, State MORRISVILLE, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 9/26/11	



No check

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



Date of Notification (1)

9 / 9 / 11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #5
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

6 / 23 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: MON. - FRI. 6:00 PM - 2:30 AM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

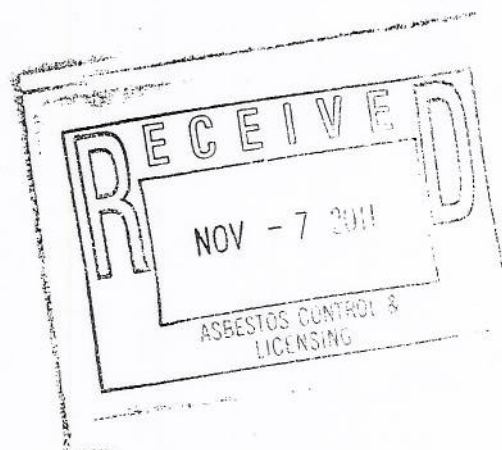
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

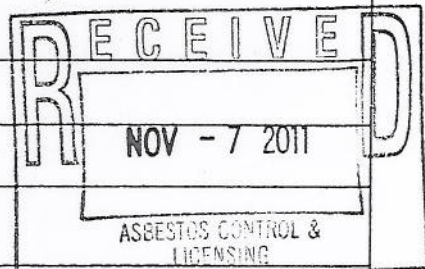
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	12,425 SF	X			
PLAZA-ENTIRE			X	VAT & MASTIC	495 SF	X			
PLAZA-ENTIRE			X	COVE BASE MASTIC	18,820 SF	X			
PLAZA-ENTIRE			X	JOINT COMPOUND	7,275 SF	X			
PLAZA-ENTIRE			X	ACCOUSTICAL PLASTER	25 SF	X			
PLAZA-ENTIRE			X	TAR	200 LF	X			
PLAZA-ENTIRE			X	PIPE FITTINGS INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	10 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	45 LF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	240 SF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	175 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	25 LF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	770 SF	X			
1ST FLOOR - CAFETERIA			X	DUCT INSULATION					

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 9-9-11



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



Date of Notification (1)

8 / 25 / 11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #5
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

6 / 23 / 11
Month Day Year

Sched. Completion Date (11)

5 / 30 / 12
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: MON. - FRI. 6:00 PM - 2:30 AM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

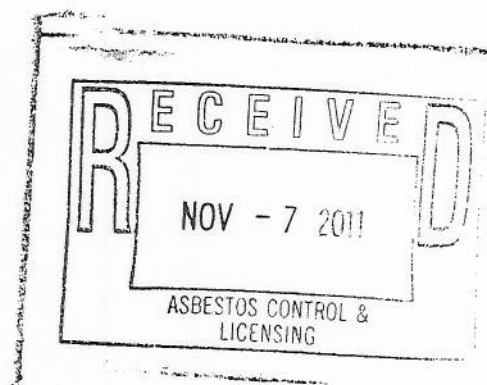
Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE			X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR - ENTIRE			X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR - ENTIRE			X	TAR	25 SF	X			
2ND FLOOR - ENTIRE			X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA - ENTIRE			X	VAT & MASTIC	12,425 SF	X			
PLAZA - ENTIRE			X	COVE BASE MASTIC	495 SF	X			
PLAZA - ENTIRE			X	JOINT COMPOUND	18,820 SF	X			
PLAZA - ENTIRE			X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA - ENTIRE			X	TAR	25 SF	X			
PLAZA - ENTIRE			X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR - MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR - MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR - MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR - MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR - BOILER ROOM			X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA			X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR - CAFETERIA			X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA			X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA			X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 8/25/11



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

Date of Notification (1)

7 / 22 /11

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

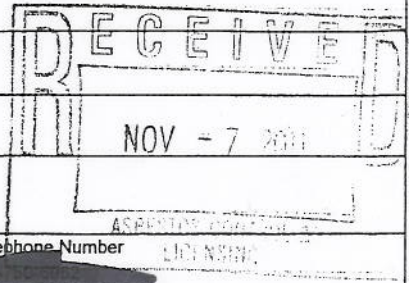
Name of Building Owner/Operator (2)
HESS CORPORATION

Street Address
1 HESS PLAZA

City, State, Zip Code
WOODBIDGE, NEW JERSEY 07095

Name of Contact
DAVID CERULO

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Street Address
1 HESS PLAZA

City (5)
WOODBIDGE

County (6)
MIDDLESEX

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
187,000

of Floors
13

Bldg. Age
42

Current Use (Prior if being demolished)
COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)
HILLMANN ENVIRONMENTAL

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1600 ROUTE 22

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
MIKE NEHLSSEN

Telephone Number
908-377-5644

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)

6 / 23 /11
Month Day Year

Sched. Completion Date (11)

5 / 30 /12
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

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: MON. - FRI. 6:00 PM - 2:30 AM

Street Address
1376 ROUTE 9 W

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

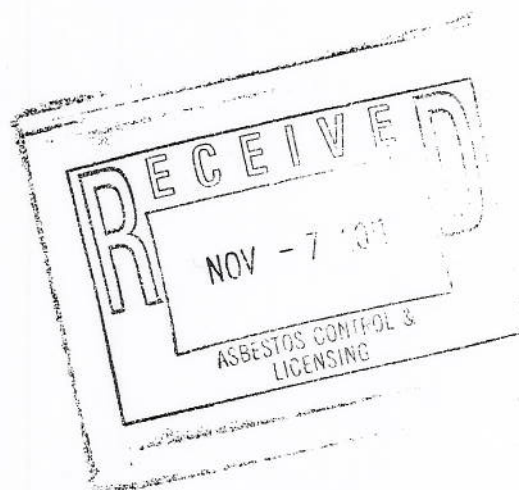
Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclor.
☒ Glovebag Procedure
☐ Non-Friable Procedure

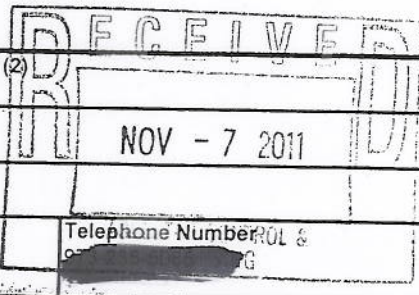
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR - ENTIRE		X	VAT & MASTIC	8,005 SF	X			
3RD FLOOR - ENTIRE		X	PIPE FITTINGS	75 LF	X			
3RD FLOOR - ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
3RD FLOOR - ENTIRE		X	COVE BASE MASTIC	495 SF	X			
3RD FLOOR - ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	VAT & MASTIC	8,005 SF	X			
2ND FLOOR- ENTIRE		X	COVE BASE MASTIC	495 SF	X			
2ND FLOOR- ENTIRE		X	JOINT COMPOUND	12,180 SF	X			
2ND FLOOR- ENTIRE		X	TAR	25 SF	X			
2ND FLOOR- ENTIRE		X	PIPE FITTINGS INSULATION	380 LF	X			
PLAZA-ENTIRE		X	VAT & MASTIC	12,425 SF	X			
PLAZA-ENTIRE		X	COVE BASE MASTIC	495 SF	X			
PLAZA-ENTIRE		X	JOINT COMPOUND	18,820 SF	X			
PLAZA-ENTIRE		X	ACCOUSTICAL PLASTER	7,275 SF	X			
PLAZA-ENTIRE		X	TAR	25 SF	X			
PLAZA-ENTIRE		X	PIPE FITTINGS INSULATION	200 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM		X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM		X	GASKETS	10 SF	X			
1ST FLOOR - BOILER ROOM		X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM		X	DUCT INSULATION	240 SF	X			
1ST FLOOR - CAFETERIA		X	VAT & MASTIC	3,000 SF	X			
1ST FLOOR- CAFETERIA		X	JOINT COMPOUND	5,700 SF	X			
1ST FLOOR - CAFETERIA		X	COVE BASE MASTIC	175 SF	X			
1ST FLOOR - CAFETERIA		X	PIPE INSULATION	25 LF	X			
13TH FLOOR - MER ROOM		X	DUCT INSULATION	770 SF	X			

Name of Registered Waste Hauler TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 1	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 6/23/11-05/15/2012	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 7/22/11



2495

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)



Date of Notification (1) 9 / 2 / 11		Name of Building Owner / Operator (2) HOFFMAN LAROCHE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 340 KINGSLAND AVENUE	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code NUTLEY, NJ 07110	
		Name of Contact BEHRAM IRANI	
		Telephone Number 973-729-5649	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE			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 bldgs., homes, etc.)		
Street Address 340 KINGSLAND AVENUE			Square Feet 74,000		
City (5) NUTLEY			County (6) ESSEX		Building Age 100+
County Code (7)			Current Use (Prior if being demolished) OFFICE/RESEARCH		
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 655 WEST SHORE TRAIL			Street Address 462 Getty Avenue		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm BILL KERBEL			Telephone Number 973-729-5649		
Sched. Completion Date (11) 10 / 03 / 11			Telephone Number 973-772-3660		License Number 00117
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00AM - 11:30PM - MON - FRI <input type="checkbox"/> Other - Describe: 7:00AM - 3:30PM - SAT			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
SEE ATTACHED	YES NO N/A						

Name of Registered Waste Hauler BY OWNER	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill BY OWNER
City, State	Disposal Date		City, State
Completed by (Print or Type) PETER DEMEROPOULOS		Title PRESIDENT	Signature <i>Peter Demeropoulos</i>
			Date 11/05/11

BLDG 105 BSMT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE	610 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WATERPROOFING	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 1ST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 BSMT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	3025 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 2ND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WATERPROOFING	4000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW CAULK	1500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF TAR	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 121 EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF TAR	1850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 121 EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF TAR	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 - LC ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING/TAR	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 - WEST ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING/TAR	315 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 105 - FAÇADE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXPANSION JOINT	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1355

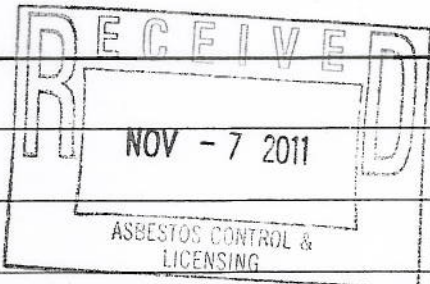
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60-12.120)

<u>Date of Notification (1)</u> 11/4/2011		<u>Name of Building Owner/Operator (2)</u> Rite Aid Corporation		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 7 2011 ASBESTOS [REDACTED] LICENSING </div>					
<u>Agencies Notified</u>	<u>Type Notification</u>	<u>Street Address</u>							
(X) EPA () DEP (X) DOL	() Initial (X) Amended Amendment # 3	30 Hunter Lane							
(X) DOH () DCA	() Emergency (including justification) () Cancellation	<u>City, State, Zip Code</u> Camp Hill, PA 17001							
		<u>Name of Contact</u> Karen Shriner	<u>Tel. Number</u>						
FACILITY INFORMATION									
<u>Name of Facility Where Abatement is Taking Place (3)</u> Rite Aid Surplus #34914 & #34915			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)						
<u>Street Address</u> 90-98 Broad Street									
<u>City (5)</u> Elizabeth, NJ 07201	<u>Sq. Feet</u> 10000	<u># of Floors</u> 2	<u>Bldg. Age</u> 25+/-						
<u>County (6)</u> Union	<u>County Code (7) (STATE USE ONLY)</u>	<u>Current Use (Prior if being demolished)</u> Commercial Building							
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Watterson Environmental Group		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Prism Response, Inc.						
<u>Street Address</u> 169 Main Street, Suite 103		<u>Street Address</u> 102 Technology Lane							
<u>City, State, Zip Code</u> Matawan, NJ 07747		<u>City, State, Zip Code</u> Export, PA 15632							
<u>Project Manager for Monitoring Firm</u> Peter Thompson	<u>Telephone No.</u> 732-583-3003	<u>Telephone No.</u> (724) 325-3330	<u>License No.</u> 01121						
<u>Start Date (10)</u> 11/14/2011	<u>Scheduled Completion Date (11)</u> 12/01/2011	<u>Name of OSHA Monitor</u> Watterson Environmental Group							
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours Describe: () Other Describe: _____		<u>Street Address</u> 169 Main Street, Suite 103							
		<u>City, State, Zip Code</u> Matawan, NJ 07747							
<u>Source of Work (Check all that apply)</u>									
() ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf		(X) Renovation () Demolition		(X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Exempted (*) and Non-Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</u>		<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement & First Floor		X		Plaster Base Coat	1500 SF	X			
Sub Floor Drain under 1 st Fir. Joists		X		Plaster Fitting	6 LF	X			
Basement, 1 st Fir, 2 nd Fir Sales Area		X		Floor Tile & Mastic	4150 SF	X			
<u>Name of Reg. Waste Hauler</u> Circle Rubbish	<u>NJDEP Waste Hauler ID #</u> 18816		<u>Cubic Yards of Waste</u> 3	<u>Name of Reg. Landfill</u> Tullytown Landfill					
<u>City, State</u> Linden, New Jersey			<u>Disp. Date</u> 12/01/2011	<u>City, State</u> Tullytown, PA					
<u>Completed by (Print or Type)</u> Jessica Busch		<u>Title</u> Administrative Support	<u>Signature</u> <i>Jessica Busch</i>			<u>Date</u> 11/04/2011			

7595

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

Date of Notification (1) [11] (03) / [11]		Name of Building Owner/Operator (2) Hoffmann-LaRoche	
Agencies Notified () EPA () DEP (x) DOL (x) DOH () DCA	Type Notification	Street Address 340 Kingsland Street	
	(x) Initial Notification	City, State, Zip Code Nutley, NJ 07110	
	() Amended Notification () Cancellation	Name of Contact Ed Gorka	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3) Building 46	Type of Facility (4) { } School (K-12) { } Subchapter 8 (other than K-12) { X } Other (i.e., private & commercial buildings, homes, etc.)
Street Address "same as above"	

City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors 2	Bldg. Age
			Current use (Prior if being demolished) offices and shop		

Name of Monitoring Firm Hired by Building Owner (8) Owner EHS Dept. or (EHI)	ASCM No.	Name of Abatement Contractor (9) POWR/SAVE Inc.
Street Address 340 Kingsland (655 West Shore Tr.)		Street Address 27 West Street
City, State, Zip Code Nutley, NJ (Sparta, NJ)		City, State, Zip Code Bloomfield, NJ 07003
Project Manager for Monitoring Firm 973-235-3286 (973-729-5649)	Telephone Number	License Number 357
Scheduled Start Date (10) [11] / [17] / [11]	Sched. Completion Date (11) [11] / [17] / [11]	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: _____ [x] Other - Describe: 7 am - 230 pm		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply) [] Full Containment with Negative Pressure w/ remote shower
[] Demolition [x] Renovation [x] Mini-Enclosure
[x] ≥ 3 sf or ≥ 3 lf (x) Glovebag Procedure
[] ≥ 160 sf or ≥ 260 lf [] Non-Friable Procedure

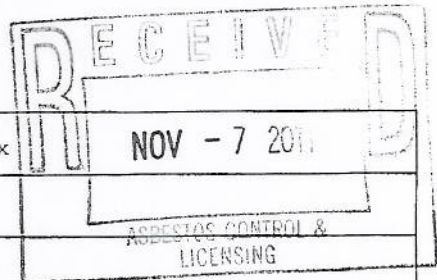
	Is Location Used Solely By Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
2nd floor hallway	Yes No NA	Ceiling tile glue	18 sf	x			

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery & Grand Central
City, State Morrisville PA		Disposal Date	City, State Tullytown, PA, Pen Argyl PA

Completed By (Print or Type) Sharon Hendee	Title SP/Trng	Signature [Signature]	Date 11/3/11
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18205

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



Date of Notification (1) 11/01/11		Name of Building Owner/Operator (2) Union County Justice Complex							
Agencies Notified	Type Notification	Street Address 10 Elizabethtown Plaza							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u>	City, State, Zip Code Elizabeth, NJ 07202							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lary Grafas	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Justice Complex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 Elizabethtown		Square Feet # of Floors Bldg. Age							
City (5) Elizabeth		Current Use (Prior if being demolished)							
County (6) Union	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group							
Street Address 65 Jackson Drive		Name of Abatement Contractor (9) Environmental Contractors, Inc							
City, State, Zip Code Cranford, NJ 07016		Street Address 235 Watchung Avenue							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900ex6228	Telephone No. 973-243-9872						
Start Date (10) 11/14/11		Scheduled Completion Date (11) 11/17/11	License No. 00559						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied / 7am-3:30pm</u>		Name of OSHA Monitor Long Island Analytical							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 110 Colin Drive							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Holbrook, NY 11741							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Women's Detention Center			N/A	Transite panels in window frames.	10 panels	X			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Linden, NJ		Disposal Date		City, State Tullytown/ Morrisville, PA					
Completed by Slawomir Kielczewski		Title President	Signature 			Date 11/01/11			

Fax:

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

D&S Proj. #: MS 11-443

Data of Notification (1) 11/11/10 12:11		Name of Building Owner/Operator (2) J. O'CONNER	
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 628 EMBREE CRESCENT		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact J. O'CONNER		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) J. O'CONNER			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 628 EMBREE CRESCENT			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	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 (NJ)159
Start Date (10) 11/02/11		Sched. Completion Date (11) 11/11/11	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: 12:00 PM			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

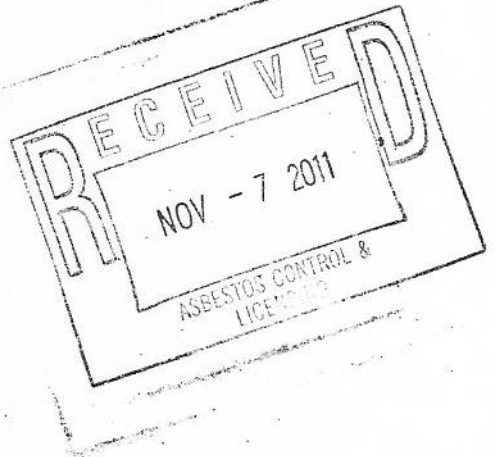
Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥180 sf or ≥260 lf ☐ Demolition
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

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 LP)	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	111 LFT	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 PATRSON, NJ 07503	Disposal Date 11/03/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/02/11

Date: 11/1/2011

D & S Restoration, Inc.
20 California Avenue
Paterson, NJ 07503



Worksite

Address: 628 Embree Crescent Westfield

To Whom It May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: _____

Very truly yours,

JOHN J. O'CONNOR
Printed Name of owner

[Signature]
Signature of owner

D&S Proj. #: MS 11-443

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

003943

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) J. O'CONNER	
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 628 EMBREE CRESCENT		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact J. O'CONNER		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) J. O'CONNER			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 628 EMBREE CRESCENT			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	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 00159
Start Date (10) 11/02/11		Sched. Completion Date (11) 11/11/11	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: 12:00 PM			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

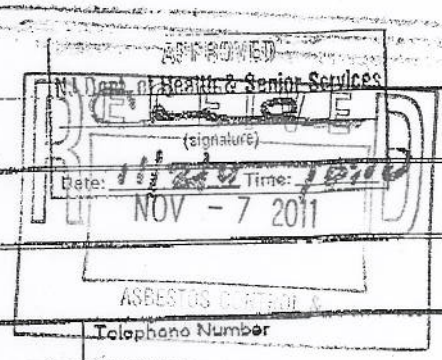
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	111 LFT	<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 11/03/11	City, State TULLYTOWN, PA	Date 11/02/11
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

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

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

D&S Proj. #: MR 11-444

Date of Notification (1) <u>11/11/10 12/11/11</u>		Name of Building Owner/Operator (2) <u>RONALD GONZALEZ</u>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOI <input type="checkbox"/> DCA		Street Address <u>618 VARSITY ROAD</u>		
Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <u>SO. ORANGE, NJ 07079</u>		
		Name of Contact <u>RONALD GONZALES</u>		
		Telephone Number <u>201-741-8039</u>		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>RONALD GONZALEZ</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>618 VARSITY ROAD</u>			Square Feet		
City (5) <u>SO. ORANGE</u>			# of Floors		
County (6) <u>ESSEX</u>			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address			Street Address <u>20 California Ave.</u>		
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm			Telephone Number <u>973-345-8020</u>		
Phone Number			License Number <u>00159</u>		
Start Date (10) <u>11/07/11</u>			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
Sched. Completion Date (11) <u>11/18/11</u>			Street Address <u>20 California Avenue</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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>		

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 o 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	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	30 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"/>

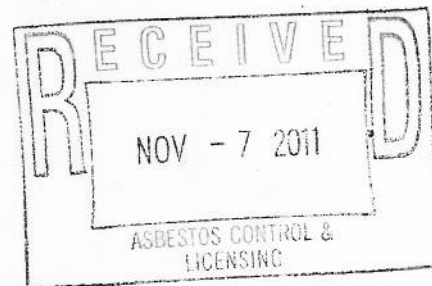
Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 YD</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>11/08/11</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>11/02/11</u>

ASB-41

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

Date: 10 / 31 / 11

D & S Restoration, Inc.
20 California Avenue
Paterson, NJ 07503



Worksite Address: 618 VARSITY RD., South Orange, N.J. 07079

To Whom It May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: 201-541-8039

Very truly yours,

RONALD GONZALEZ

Printed Name of owner

Ronald Gonzalez

Signature of owner

D&S Proj. #: MS 11-444

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

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) RONALD GONZALEZ	
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 618 VARSITY ROAD		City, State, Zip Code SO. ORANGE, NJ 07079	
Name of Contact RONALD GONZALES		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RONALD GONZALEZ			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 618 VARSITY ROAD			Square Feet		
City (5) SO. ORANGE			County (6) ESSEX		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 11/07/11			Sched. Completion Date (11) 11/18/11		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ 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		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	30 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 11/08/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/02/11

Fax:

Nov 2 2011 08:19am P001/001

D&S Proj. #: MS 11-441

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)

Date of Notification (1)
11/1/11

Name of Building Owner/Operator (2)
NORTH JERSEY DEVELOPMENTAL CENTER

Street Address
169 MINNISINK ROAD

City, State, Zip Code
TOTOWA, NJ

Name of Contact
STEVE SLAUGHTER

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

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

Date: 11/1/11 Time: 8:11
NOV - 7 2011
Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
HEALTH CARE CENTER BASEMENT RECREATION ROOM

Street Address
169 MINNISINK ROAD

City (5)
TOTOWA

County (6)
PASSAIC

County Code (7)
(State use only)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
[REDACTED]

ASGM No.
[REDACTED]

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
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
11/02/11

Sched. Completion Date (11)
11/06/11

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: 12:00 PM

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
- ☒ Renovation
☐ 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	R	E	E
	Yes	No	N/A			u	e	n	n
						m	p	c	l
						o	a	a	
						v	i	p	
						e	r	e	

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
11/01/11

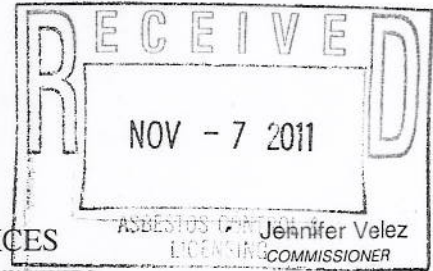
City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature
[REDACTED]

Date
11/01/11



CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

PO BOX 726
TRENTON, NJ 08625-0726

Visit us on the web at :
www.state.nj.us/humanservices/ddd

Dawn Apgar
Deputy Commissioner

TEL. (609) 631-2200

Husam E. Abdallah
Chief Executive Officer

TEL. (973) 256-1700
P.O. BOX 169
TOTOWA, NJ 07511

01 November 2011

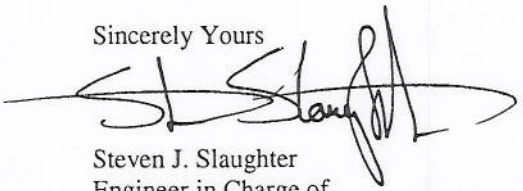
D&S Restoration, Inc.
20 California Ave.
Paterson, NJ 07503

Subject: Health Care Ctr. Basement break room

Dear NJDOL

I, Steven Slaughter (Engineer in Charge of Maintenance) am requesting an emergency abatement of 6 linear feet of ACM pipe insulation in break room ceiling to allow for steam leak repair. The bldg is currently without heat until repairs are completed.

Sincerely Yours


Steven J. Slaughter
Engineer in Charge of
Maintenance I

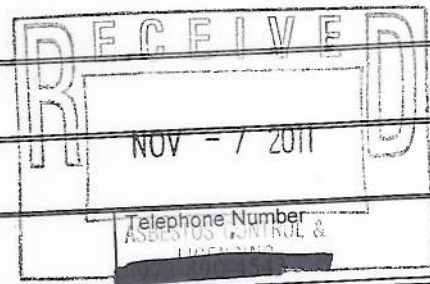
File

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

D&S Proj. #: MS 11-441

#003941

Date of Notification (1) 11/11/10 12/11/11		Name of Building Owner/Operator (2) NORTH JERSEY DEVELOPMENTAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 169 MINNISINK ROAD City, State, Zip Code TOTOWA, NJ	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact STEVE SLAUGHTER	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) HEALTH CARE CENTER BASEMENT RECREATION ROOM		
Street Address 169 MINNISINK ROAD		
City (5) TOTOWA	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) _____		ASCM No. _____
Street Address _____		
City, State, Zip Code _____		
Project Manager for Monitoring Firm _____	Phone Number _____	
Start Date (10) 11/02/11	Sched. Completion Date (11) 11/06/11	
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: 12:00 PM		

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 00159
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

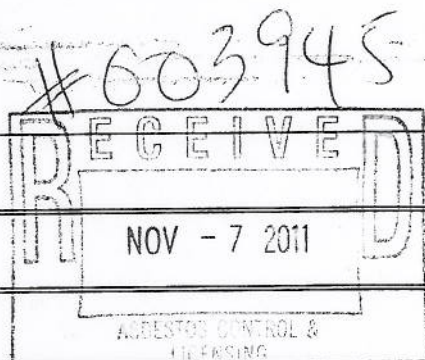
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT REC ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	<6 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	City, State TULLYTOWN, PA	Date 11/01/11
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

D&S Proj. #: MS 11-445

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



Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) LAWRENCE JADLOCKI	
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 682 RIVER ROAD	
		City, State, Zip Code HILLSBOROUGH, J	
		Name of Contact LAWRENCE JADLOCKI	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAWRENCE JADLOCKI			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 682 RIVER ROAD			Square Feet	# of Floors	Bldg. Age
City (5) HILLSBOROUGH	County (6) SOMERSET	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 00159
Start Date (10) 11/14/11	Sched. Completion Date (11) 11/28/11		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 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	230 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	26 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		WATER TANK INSULATION	30 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/15/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/02/11

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

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

RECEIVED
Date: 11/2/11 Time: 8:35
NOV 7 2011

ASBESTOS CONTROL &
LICENSING

ASB-41

Kuusela

From: Wanda Womack [womackwanda44@yahoo.com]
Sent: Tuesday, November 01, 2011 4:08 PM
To: Kuusela
Subject: Re: 143 arlington avenue

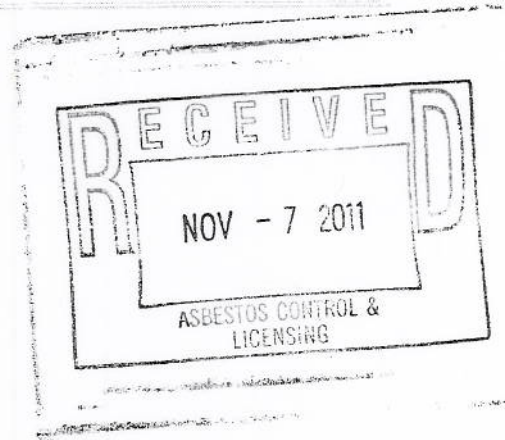
To Whom It May Concern
1,2011

November

I Wanda Womack Live at 143 Arlington Ave, Jersey City NJ 07305. I have absestos in my home and have No Heat in my home . I need to have the absestos removed immedialetly because I have children in my home and Im living there with no heat. I need immedialely attention Please so I can have heat and the absestos has to be removed .

Thank you ,
Ms Wanda Womack

From: Kuusela <residential@ds-restoration.com>
To: womackwanda44@yahoo.com
Sent: Tuesday, November 1, 2011 4:37 PM
Subject: 143 arlington avenue



11/1/2011

D&S Proj. #: MS 11-442

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

#003942

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) WANDA WOMACK	
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 143 ARLINGTON AVENUE		City, State, Zip Code JERSEY CITY, NJ	
Name of Contact WANDA WOMACK		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) WANDA WOMACK			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 143 ARLINGTON AVENUE			Square Feet		
City (5) JERSEY CITY			# of Floors		
County (6) HUDSON			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 11/03/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 11/11/11			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ 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	4 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 11/04/11	City, State TULLYTOWN, PA	Date 11/02/11
Completed by (Print or Type) ROGDAN JOLDZIC	Title PRESIDENT	Signature	

Asbestos licensure exempted activities.

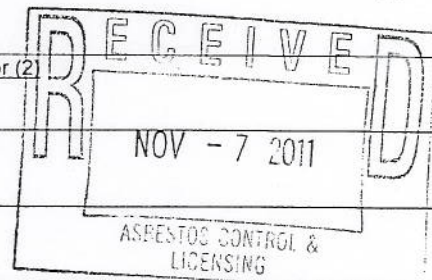
STEVENS ENVIRONMENTAL
SERVICES, INC.
Clerk #24534

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

Date of Notification (1) <u>11/3/11</u>		Name of Building Owner/Operator (2) <u>Hakeem Adebayo</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>941 Berkeley Ave.</u> City, State, Zip Code <u>Trenton, NJ 08618</u>						
		Name of Contact <u>Hakem Adebayo</u>	Telephone Number <u>[REDACTED]</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>941 Berkeley Ave.</u>		Square Feet # of Floors Bldg. Age						
City (5) <u>Trenton</u>		Current Use (Prior if being demolished) <u>Residence</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Street Address <u>PO Box 322</u>						
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
City, State, Zip Code <u>Crosswick, NJ 08515</u>		Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>						
Start Date (10) <u>11/14/11</u>	Scheduled Completion Date (11) <u>11/15/11</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>8AM - 4:30PM</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 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) <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) <u>30 LF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>basement</u>			<u>pipe insulation</u>	<u>30 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/15/11</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>			Date <u>11/3/11</u>			

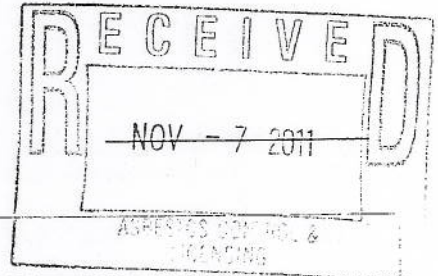
check 520117

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



Date of Notification (1) 10/25/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled	
Street Address 935 Mearns Road		City, State, Zip Code Warminster, PA 18974	
Name of Contact Lee Royal		Tel. Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 1298 NW Blvd.		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1298 Northwest Blvd.		Sq. Feet 27000 # of Floors 1	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	
Street Address 57 E. Willow Street		City, State, Zip Code Millburn, NJ 07041	
Project Manager for Monitoring Firm Steve Tappert		Telephone Number 973-564-6006	
Scheduled Start Date (10) 11/08/2011		Scheduled Completion Date (11) 01/13/2012	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Name of OSHA Monitor EMSL Analytical	
Describe Vacant Bldg. To Be Demolished Storage		Street Address 107 Haddon Ave	
Other - Describe		City, State, Zip Code Westmont, NJ 08108	
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Machine Shop	X	Fire proofing	3400 SF
Throughout	X	Window/Door Caulk	2020 LF
Office	X	VAT/Mastic	2600 SF
Corridor	X	VAT/Mastic	900 SF
Men's Room	X	Linoleum	200 SF
Furnaces (3)	X	Furnace Insulation	450 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 90
City, State New Castle, DE		Disp. Date 11/03/11	Name of Reg. Landfill G.R.O.W.S. Landfill
Completed by (Print or Type) Mark Griffin		Title Project Manager	Signature <i>Mark Griffin</i>
		Date 11/03/11	

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



Check # 1216

Date of Notification (1)

11/02/2011

Name of Building Owner/Operator (2)

Julio Mendez

Agency Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	229 Stewart Avenue City, State, Zip Code Kearny, NJ 07032	[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<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	Square Feet # of Floors Bldg. Age
229 Stewart Avenue	
City (5)	
Kearny, NJ 07032	
County (6)	Current Use (Prior if being demolished)
Hudson	

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No.
		973-638-1777 01127
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
11/11/2011	11/12/2011	Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one)		Street Address
<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:		20-21 Wagaraw Road, Bldg. # 34A
		City, State, Zip Code
		Fair Lawn, NJ 07410

Scope of Work (Check all that apply)				<input type="checkbox"/> Full Containment with 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) (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			X	Pipe insulation	45 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA
Completed by	Title	Signature	Date
N.Jevtic	Owner	<i>Julio Mendez</i>	11/02/2011
ASB-41	* Do not use this form for asbestos licensure exempted activities.		