

Date of Notification (1) 11/14/13

Agencies Notified

☐ EPA	☐ Initial
☐ DEP	☐ Amended
☒ DOL	☒ Amendment #:
☒ DOH	☒ Emergency (including justification)
☐ DOA	☐ Cancellation

Name of Building Owner/Operator (2) MICHAEL BRUNNHOFER

Street Address 722 GLEN AVENUE

City, State, Zip Code WESTFIELD, NJ 07090

Name of Contact MICHAEL BRUNNHOFER

Telephone Number 908-233-7583

Name of facility where abatement is taking place (3) MICHAEL BRUNNHOFER

Street Address 722 GLEN AVENUE

City (5) WESTFIELD

County (6) UNION

County Code (7) (State use only)

Name of Abatement Contractor (8) D & S RESTORATION, INC.

Street Address 20 California Ave.

City, State, Zip Code Paterson, NJ 07503

Telephone Number 01169

Name or USHA Monitor D & S Restoration, Inc.

Street Address 20 California Avenue

City, State, Zip Code Paterson, NJ 07503

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm

Phone Number

Sched. Completion Date (11) 11/28/13

Start Date (10) 11/19/13

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)

☒ > 9 sf or > 3 lf	☒ Renovation
☐ ≥ 160 sf or ≥ 260 lf	☐ Demolition

Full Containment w/negative pressure ☒

Gloving procedure ☒

Mini-enclosure ☒

Non-Exempted (*) and Non-Flammable procedure ☐

Location of asbestos-containing material (acm) to be abated in facility (13)

Yes	No	N/A
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Is location normally used solely by maintenance/custodial staff (12)

X		
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Basement

PIP INSULATION

106 L FT

Amount (Specify SF or LF)

Asbestos-containing material (ACM)

Description of asbestos-containing material (ACM)

Name of Registered Landfill TULLYTOWN, RESORCE RECOVERY

City, State TULLYTOWN, PA

Disposal Date 11/20/13

Signature

Title PRESIDENT

Completed by (Print or Type) BOGDAN JOLDZIC

ASR-41

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NOV. 14. 2013 (THU) 10:49

COMMUNICATION NO. 2

PAGE 1

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

Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Crystal Powell		Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA () Initial Notification () Amended () Amendment # () Emergency (including justification) () Cancellation		Name of Contact Robert City, State, Zip Code Newark, NJ 07112 Street Address 167 Osborne Terrace Tel. Number (908) 436-8403	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Newark Residence Street Address 167 Osborn Terrace - Basement City (5) Newark County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Square Feet # of Floors Bldg. Age							
Name of Monitoring Firm Hired by Bldg. Owner (8) GL Environmental Services		ASCM No.		Name of Contractor (9) CID & SONS, LLC		Street Address 365 River Drive City, State, Zip Code Garfield, NJ 07026 Telephone Number License Number 01191 "A"	
Project Manager for Monitoring Firm Greg Brown		Scheduled Completion Date 11/28/2013 (11)		Name of OSHA Monitor Testor Tech		Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: Long Island City, NY 11101	
Scheduled Start Date (10) 11/22/2013		Scheduled Completion Date 11/28/2013 (11)		Name of OSHA Monitor Testor Tech		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101	
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 if () ≥ 160 sf or ≥ 260 if (X) Renovation () Demolition () Mini-Enclosure () Glove bag Procedure () Non-Exempted (*) and Non-Friable Procedure () Full Containment with Negative Pressure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Basement		X		Pipe Insulation		120 LF	
						X	
Name of Reg. Waste Hauler CID & SONS, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD		Name of Reg. Landfill G.R.O.W.S., Waste Management	
City, State Garfield, NJ				Disposal Date TBD		City, State Morrisville, PA	
Completed by Roque Schipilli Jr		Title Project Manager		Signature 		Date 11/12/2013	

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

Date of Notification (1)		11/12/2013	
Name of Building Owner/Operator (2)	Crystal Powell	Name of Contact	Robert
	167 Osborne Terrace		
	City, State, Zip Code Newark, NJ 07112		
Agencies Notified		☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA ☐ Initial Notification ☐ Amended ☐ Amended # ☐ Emergency (including justification) ☐ Cancellation	

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)	
Newark Residence			☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
167 Osborn Terrace - Basement				
City (5)	Square Feet	# of Floors	Bldg. Age	
Newark				
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Essex				

Name of Monitoring Firm Hired by Bldg. Owner		ASCM No.	Name of Contractor (9)	
GL Environmental Services			CID & SONS, LLC	
Street Address		Street Address		
PO Box 753042		365 River Drive		
City, State, Zip Code		City State, Zip Code		
Bronx, NY 10475		Garfield, NJ 07026		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	License Number
Greg Brown		(347)307-1145		01191 "A"
Scheduled Start Date (10)		Scheduled Completion Date	Name of OSHA Monitor	
11/22/2013		11/28/2013	Testor Tech	
Occupancy Status During Abatement (Check only one)		Street Address		
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		10-59 Jackson Avenue		
		City, State, Zip Code		
		Long Island City, NY 11101		

Source of Work (Check all that apply)				
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ☐ Demolition ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Yes	No	N/A
Amount (Specify SF or LF)	Pipe Insulation	120 LF	X	Enclosure
Abatement Type				

Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #		Cubic Yards of Waste		Name of Reg. Landfill		City, State		Garfield, NJ	
CID & SONS, LLC		32905		TBD		G.R.O.W.S., Waste Management		Morrisville, PA		City, State	
Completed by		Title		Project Manager		Signature		Date		11/12/2013	
Roque Schipilli Jr											

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 11 / 15 / 13		Name of Building Owner/Operator (2) Community Asset Preservation Corporation	
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including ☐ justification) ☐ Cancellation	
Street Address 108 Church Street		City, State, Zip Code New Brunswick, NJ 08905	
Name of Facility Where Abatement is Taking Place (3) 84 Clinton Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Newark		Square Feet 4,000 # of Floors 3 Bldg. Age 80	
County (6) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	
Street Address 318 12th Street		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850 Telephone No. (973) 808-1616 License No. 00411	
Start Date (10) 11 / 25 / 13		Scheduled Completion Date (11) 11 / 27 / 13	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Name of OSHA Monitor Superior Abatement Inc	
Name of Abatement Contractor (9) Superior Abatement Inc		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Name of Abatement Contractor (9) Superior Abatement Inc	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 84 Clinton Avenue Street Address 84 Clinton Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Newark		Square Feet 4,000 # of Floors 3 Bldg. Age 80	
County (6) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 00117	
Street Address 318 12th Street		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850 Telephone No. (973) 808-1616 License No. 00411	
Start Date (10) 11 / 25 / 13		Scheduled Completion Date (11) 11 / 27 / 13	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Name of OSHA Monitor Superior Abatement Inc	
Name of Abatement Contractor (9) Superior Abatement Inc		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Name of Abatement Contractor (9) Superior Abatement Inc	
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 if ☐ ≥ 160 sf or ≥ 260 if ☐ Demolition ☒ Renovation ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type ☒ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure		Pipe Insulation 80 LF	
Name of Registered Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID No. SW2117 Cubic Yards of Waste 5 Disposal Date 11/27/13 City, State Waynesburgh, OH		City, State New Castle, DE Completed By (Print or Type) Nick Petrovski Title President Signature Date 11-15-13	

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ASB-41
MAY 11

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

Check # 6269

B & G proj. #: 2013-229

Date of Notification (1) 11/15/11		Name of Building Owner/Operator (2) Chris Glackin	
Type Notification ☒ Initial ☐ Amendment ☐ Cancellation		Name of Contact Chris Glackin	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		City, State, Zip Code Phillipsburg, NJ 08865	
Street Address 819 Wilbur Avenue		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chris Glackin		Street Address 819 Wilbur Avenue	
City (5) Phillipsburg		County (6) Warren	
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	
Current Use (Prior if being demolished) residential		Square Feet # of Floors Bldg. Age	
Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)			

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		Street Address	
City, State, Zip Code		Project Manager for Monitoring Firm	
Phone Number		Sched. Completion Date (11) 11/26/13	
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:		Scheduled Start Date (10) 11/25/13	
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
☐ wrap & cut
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13) ☐ Yes ☐ No ☐ N/A		Is location normally used solely by maintenance/custodial staff (12) ☐ Yes ☐ No ☐ N/A		Description of asbestos-containing material (ACM) pipe insulation		Amount SF or LF (Specify SF or LF) 120 lf		☒ R ☐ E ☐ A ☐ P ☐ L ☐ C ☐ N ☐ E	
basement		X							

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1 1/2		Name of Registered Landfill Tullytown Resource & Recovery Center		City, State Tullytown, PA		Disposal Date 11/26/2013	
City, State Lincoln Park, NJ 07035											
Title Secretary/Treasurer		Signature Gordana Luna		Date 11/15/2013							
Completed by (Print or Type) Gordana Luna											

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

Date of Notification (1) 11 / 08 / 13		Name of Building Owner/Operator (2) St. John Kanty Church / Job # 1311-1826 Chk. #3408	
Agencies Notified ☐ NJAC 5:23-8 ☐ DCA ☒ DHSS ☒ DOLWD ☒ EPA Type Notification ☐ Initial ☒ Amended ☐ Amendment #01 ☐ Emergency (including ☐ justification) ☐ Cancellation		Name of Contact Agnes Darley City, State, Zip Code Clifton, NJ 07013 Street Address 49 Speer Avenue Telephone Number NOV 19 2013	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. John Kanty - Convent Street Address 61 Wesley Street City (5) Clifton County (6) Passaic		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036 Telephone No. 609-702-0400 License No. 00862	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental City, State, Zip Code Linden, NJ 07036 Project Manager for Monitoring Firm Kelly Walton Telephone No. 908-862-4301		Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Scheduled Completion Date (11) 11 / 15 / 13 Start Date (10) 11 / 13 / 13	
Scope of Work (Check all that apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☒ Renovation ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Full Containment with Negative Pressure ☐ Non-Exempted (*) and Non-Friable Procedure		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes ☐ No ☒ N/A Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type Enclosure ☐ Encapsulate ☐ Repair ☐ Removal ☒	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes ☐ No ☒ N/A Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type Enclosure ☐ Encapsulate ☐ Repair ☐ Removal ☒		Name of Registered Waste Hauler Freehold Cartage, Inc. NJDEP Waste Hauler ID No. 02265 Cubic Yards of Waste 5 Name of Registered Landfill GROVS Landfill City, State Morrisville, PA 19067 Disposal Date 11/15/13	
City, State Freehold, NJ		Completed By (Print or Type) Kimberly A. Trumbetti Title Office Coordinator Signature Date 11-14-13	

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ASB-41
MAY 11

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

Date of Notification (1) 11 / 8 / 13		Name of Building Owner/Operator (2) Louis and Lisa Fermonite / Job # 1311-1825-Chk. #NA	
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☐ Initial ☒ Amended ☐ Amended #01 ☐ Emergency (including justification) ☐ Cancellation	
Street Address 12 East Vernon Avenue City, State, Zip Code Northfield, NJ 08225 Name of Contact Lisa Fermonite Telephone Number 		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 12 East Vernon Avenue City (5) Northfield County (6) Atlantic Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	

Name of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.) Type of Facility (4)		Square Feet 1056 # of Floors 2 Bldg. Age 60	
Street Address 16 West Elizabeth Avenue City, State, Zip Code Linden, NJ 07036 Project Manager for Monitoring Firm Kelly Walton Telephone No. 908-862-4301 Scheduled Completion Date (11) 11 / 21 / 13		Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM			
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 if ☐ ≥ 160 sf or ≥ 260 if ☒ Renovation ☐ 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 40 LF	Abatement Type ☐ Enclosure ☐ Encapsulate ☐ Repair ☒ Removal			
				Basement ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
Name of Registered Waste Hauler Freehold Cartage, Inc. NJDEP Waste Hauler ID No. 02265 Cubic Yards of Waste 5 Disposal Date 11/22/13 City, State Freehold, NJ		Name of Registered Landfill GROVS Landfill City, State Morrisville, PA 19067					

Completed By (Print or Type) Kimberly A. Trumbetti Title Office Coordinator Signature Date 11-11-13	ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.
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(Pursuant to NJAC 8:60 and 5:16)

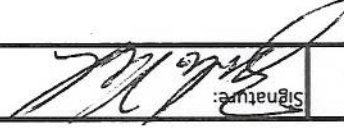
ASB-41
JAN 13

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

CONTINUATION SHEET

Abatement Type

Location of Asbestos-Containing Material (ACM) (13) 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) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m e d i a t i o n	R e p a i r	E n c l o s e	Abatement Type
Building #3	X				Floor Tile	600SF	X		X	
Building #3	X				Flashing	330LF	X		X	
Building #4	X				Flashing	410LF	X		X	
Building #4	X				Floor Tile	600SF	X		X	
Building #5	X				Flashing	670LF	X		X	
Building #6	X				Flashing	620LF	X		X	
Building #7	X				Flashing	350LF	X		X	
Building #7	X				Floor Tile	425SF	X		X	
Building #9	X				Window Caulking	384LF	X		X	
Building #9	X				Flashing	885LF	X		X	
Building #10	X				Window Caulking	56LF	X		X	
Building #10	X				Roofing Material	10,500SF	X		X	
Building #10	X				Flashing	410LF	X		X	
Building #14	X				Floor Tile	330SF	X		X	
Building #14	X				Flashing	500LF	X		X	
Building #16	X				Flashing	200LF	X		X	
Building #19	X				Flashing	200LF	X		X	
Building #23	X				Flashing	200LF	X		X	
Building #26	X				Floor Tile	1,230SF	X		X	
Building #26	X				Ceiling Tile	1,642SF	X		X	
Gas Station	X				Floor Tile	20SF	X		X	

Completed by: (Print or type) Zvonko Veskov	Title: President	Signature: 	Date: 11/14/13
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

EMERGENCY
REQUEST FOR WAIVER

Check: 4771

APPROVED
No Asbestos Abatement
Services

11-14-13	11-14-13	11-14-13
496 MARLBORO ROAD	496 MARLBORO ROAD	496 MARLBORO ROAD
M. J. POLLA	M. J. POLLA	M. J. POLLA
WOOD RIDGE, NJ 0707	WOOD RIDGE, NJ 0707	WOOD RIDGE, NJ 0707
11-14-13	11-14-13	11-14-13

496 MARLBORO ROAD	496 MARLBORO ROAD	496 MARLBORO ROAD
WOOD RIDGE	WOOD RIDGE	WOOD RIDGE
BERGEN	BERGEN	BERGEN
Best Removal, Inc.	Best Removal, Inc.	Best Removal, Inc.
450 S. River St	450 S. River St	450 S. River St
Hackensack, N.J. 07601	Hackensack, N.J. 07601	Hackensack, N.J. 07601
00388	00388	00388
Omega Environmental Inc	Omega Environmental Inc	Omega Environmental Inc
280 Huyler St	280 Huyler St	280 Huyler St
South Hackensack, N.J. 07606	South Hackensack, N.J. 07606	South Hackensack, N.J. 07606

11-20-13	11-20-13	11-20-13
11-21-13	11-21-13	11-21-13
Best Removal, Inc.	Best Removal, Inc.	Best Removal, Inc.
450 S. River St	450 S. River St	450 S. River St
Hackensack, N.J. 07601	Hackensack, N.J. 07601	Hackensack, N.J. 07601
00388	00388	00388
Omega Environmental Inc	Omega Environmental Inc	Omega Environmental Inc
280 Huyler St	280 Huyler St	280 Huyler St
South Hackensack, N.J. 07606	South Hackensack, N.J. 07606	South Hackensack, N.J. 07606

11-20-13	11-20-13	11-20-13
11-21-13	11-21-13	11-21-13
Best Removal, Inc.	Best Removal, Inc.	Best Removal, Inc.
450 S. River St	450 S. River St	450 S. River St
Hackensack, N.J. 07601	Hackensack, N.J. 07601	Hackensack, N.J. 07601
00388	00388	00388
Omega Environmental Inc	Omega Environmental Inc	Omega Environmental Inc
280 Huyler St	280 Huyler St	280 Huyler St
South Hackensack, N.J. 07606	South Hackensack, N.J. 07606	South Hackensack, N.J. 07606

11-20-13	11-20-13	11-20-13
11-21-13	11-21-13	11-21-13
Best Removal, Inc.	Best Removal, Inc.	Best Removal, Inc.
450 S. River St	450 S. River St	450 S. River St
Hackensack, N.J. 07601	Hackensack, N.J. 07601	Hackensack, N.J. 07601
00388	00388	00388
Omega Environmental Inc	Omega Environmental Inc	Omega Environmental Inc
280 Huyler St	280 Huyler St	280 Huyler St
South Hackensack, N.J. 07606	South Hackensack, N.J. 07606	South Hackensack, N.J. 07606

11-14-13

(Pursuant to NJAC 8:60 and 12:120)

FACILITY INFORMATION

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

[illegible]

(Pursuant to NJAC 8:60 and 12:120)

FACILITY INFORMATION

Scope of Work (Check all that apply)

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

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

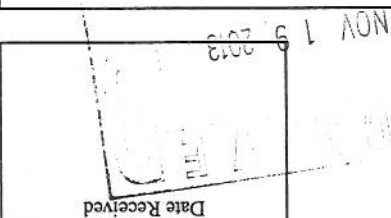
Date of Notification (1) November 15, 2013		Name of Building Owner/Operator (2) Carlyle Group	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA		Type of Notification Initial Notification [] Amended Notification [] Emergency (including Amendment #) [x] Cancellation []	
Street Address 9073 Nemo Street		City, State, Zip Code West Hollywood, CA 90069	
Name of Contact Sam		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Residence		Street Address 1762 Crown Point Road		City Burlington		County Code (7) (STATE USE ONLY)		Type of Facility (4) School (K-12) [] Subchapter 8 (other than K-12) [] Other (i.e., private & commercial buildings, homes, etc.) [x]	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 1889 Route 9, Unit 61		City, State, Zip Code Toms River, New Jersey 08755-1271		Telephone Number 732-349-9932		License Number 00624	
Name of Abatement Contractor (9) Guardian Contracting, Inc.		Street Address 1056 Stelton Road		City, State, Zip Code Piscataway, New Jersey 08854		Schedul Start Date (10) 11/15/13		Schedul Completion Date (11) 11/18/13	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe		Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure		[] Renovation [] Demolition		[] Asbestos siding [] Asbestos siding		Amount (Specify SF or LF) 100 SF	

Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED		Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type R E M O V A L I N S U L A T I O N V A T O T H E R	
Exterior		X		Asbestos siding		100 SF		X	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2		Name of Registered Landfill T.R.R.F.		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola		Title Project Manager		Signature M. Chaffin		Date 11/15/2013		* Do not use this form for asbestos licensure exempted activities.	

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

DEMOLITION / RENOVATION NOTIFICATION



Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): ☐ O					
II. IS ASBESTOS PRESENT? (Yes/No): ☒ Y					
III. FACILITY INFORMATION (Identify owner, removal contractor and other operator)					
OWNER NAME: Carlyle Group					
Address: 9073 Nemo Street					
City: West Hollywood		State: CA		Zip: 90069	
Contact: Sam					
Tel: 732-610-4347					
REMOVAL CONTRACTOR: Guardian Contracting, Inc.					
NJ License: 00624					
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fericola		Tel: 732-349-9932		NJ License:	
OTHER OPERATOR (if different)					
Address:					
City:		State:		Zip:	
Contact:		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): ☐ D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 1762 Crown Point Road					
City: West Deptford		State: New Jersey		County: Burlington	
Site Location: exterior					
Building Size: 1500 sf		# of Floors: 2		Age in Years: 60	
Present Use: Residence		Prior Use: Residence			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be removed		2. Category I ACM not removed		3. Category II ACM not removed	
RACM To Be Removed		LOCATION		Nonfriable Asbestos Material Not To Be Removed	
Pipes (Linear feet):		Surface Area (Square feet): 100 sf		Asbestos siding Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 11/15/13		Complete: 11/18/13	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-fragile procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordertown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):
xv.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRAGILE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)
	(Signature of Owner/Operator)
	November 15, 2013 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title)
	(Signature of Owner/Operator)
	November 15, 2013 (Date)

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 15, 2013		Name of Building Owner/Operator (2) Earnest Construction	
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA ☐ Initial Notification ☐ Amended Notification ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		Street Address 617 Union Avenue City, State, Zip Code Brielle, NJ 08730 Name of Contact John Clark Telephone Number 1 9 2013	

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than k-12) ☐ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 119 N Street	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2500 sf # of Floors 1 Bldg. Age 60
City Seaside Park		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm		Telephone Number 732-349-9932	
Schedul Completion Date (11) 12/2/13		Name of OSHA Monitor E.M.S.T. Analytical	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) ☐ > 3 sf or ≥ 3 If ☐ Renovation ☐ Demolition ☐ ≥ 160 sf or ≥ 260 If ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure			

Abatement Type		Amount (Specify SF or LF)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Exterior	
R E C O N S T R U C T I O N		R E P A I R		A S B E S T O S		X		2400 sf		X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		City, State		Completed by (Print or Type)	
Guardian Contracting, Inc.		20223		3		T.R.R.F.		Tullytown, Pennsylvania		Nicholas Fernicola	
Disposal Date		Title		Project Manager		Signature		Date		* Do not use this form for asbestos licensure exempted activities. 11/15/13	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 17:27 and 17:28)

68-4770

Date of Notification (3) 11-14-13		Agency Method ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	
Name of Building Owner/Operator (2) B. TERESHVAGET		Type Notification ☐ Initial ☐ Amendment ☐ Emergency (including notification) ☐ Correction	
Street Address 9. MAGNOLIA AVENUE KENNY, NJ 07032		Name of Center B. TERESHVAGET	
FACILITY INFORMATION			
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1800	
Number of Floors 2		Current Use (Enter if being demolished) RESIDENCE	
Name of Abatement Contractor (5) Best Removal Inc		County (6) STATE USE ONLY HUDSON	
Street Address 450 S. River St Hackensack, N.J. 07601		City (6) KENNY	
Name of Building Firm Hired by Building Owner ASCL No.		County (6) HUDSON	
Name of Abatement Contractor (5) Best Removal Inc		City (6) KENNY	
Street Address 280 Huyler St South Hackensack, N.J. 07606		City (6) SOUTH HACKENSACK	
Telephone No. 201-329-7444 License No. 000388		Scheduled Completion Date (11) 11-26-13	
Project Manager for Monitoring Firm Telephone No.		Start Date (10) 11-25-13	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 8am 5pm		Scope of Work (Check all that apply) ☐ Removal ☐ Remediation ☐ Full Containment with Negative Pressure ☐ Full Containment ☐ Covering Procedure ☐ Non-Encapsulated and Non-Fixable Procedure	
Name of Registered Waste Handler Best Removal Inc		Location of Asbestos-Containing Material (ACM) TO BE ABATED IN BASEMENT	
ID No. 17109		Is Location ☐ Normally Used Exclusively by Maintenance Staff ☐ Confined Space ☐ Other (Specify)	
Cubic Yards of Waste 1 YD		Description of Asbestos-Containing Material (ACM) f.e. thermal system insulation, other miscellaneous	
Name of Registered Lead Minerva Enterprises		Amount (lb or L) 130 LF X	
City, State Hackensack, N.J. 07601		Disposal Date 11-26-13	
Signature R. Veldman		City, State Hackensack, N.J. 07601	
Completed by R. Veldman		Date 11-14-13	

* Do not use this form for asbestos because asbestos abatement.

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

Date of Notification (1)		11-16-13	
Name of Building Owner/Operator (2)		Drew Duenkel	
Street Address		115 South First Street	
City, State, Zip Code		Surf City, NJ 08008	
Name of Contact		Drew Duenkel	
Telephone Number		N/A	
Type of Facility (3)		Single Family Where Abatement is Taking Place (3)	
Name of Facility		Single Family Shore House	
Street Address		115 South First Street	
City (5)		Surf City, NJ 08008	
County (6)		Ocean	
County Code (7)		STATE USE ONLY	
Name of Abatement Contractor (9)		EPC Technologies Inc	
Street Address		P.O. Box 337	
City, State, Zip Code		New Egypt, NJ 08533	
Telephone No.		609 758-3365	
License No.		00394	
Name of OSHA Monitor		EPC Technologies Inc	
Street Address		P.O. Box 337	
City, State, Zip Code		New Egypt, NJ 08533	
Project Manager for Monitoring Firm		Steve Schenker	
Telephone No.		609 758-3365	
Scheduled Completion Date (11)		12-6-13	
Occupancy Status During Abatement (Check Only One)		☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	
Scope of Work (Check All That Apply)		☒ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) (13)		☒ In Facility ☐ TO BE ABATED	
Is Location Normally Used Solely by Custodial Staff? (12)		☐ Yes ☐ No ☒ N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Siding Shingles	
Amount (Specify SF or LF)		3000 SF	
Abatement Type		☐ Enclosure ☐ Encapsulate ☐ Repair ☒ Removal	
Name of Registered Waste Hauler		EPC Technologies	
NJDEP Waste Hauler ID No.		17000	
Cubic Yards of Waste		12	
Name of Registered Landfill		Waste Management of PA	
City, State		Maurisville PA	
Disposal Date by		12-6-13	
Signature		Steve Schenker	
Title		President	
Completed by		Steve Schenker	
City, State		New Egypt NJ	
Date		11-16-13	

One day project (working window)

Check # 8784

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

NOV 19 2013

Handwritten signature

Print Form

Date of Notification (1) 11/8/13		Name of Building Owner/Operator (2) Diane Lembo		Agencies Notified		Type Notification	
☒ EPA	☒ DEP	☒ DOL	☒ DOH	☒ DCA	☐ Initial	☐ Amended	☐ Emergency (including Amendment #)
☐ Cancellation	Name of Contact Diane Lembo		City, State, Zip Code Leonia, NJ 07503		Street Address 200 Christie Street		
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 2200	# of Floors 2	Bldg. Age 50	County (6) Bergen
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC		Street Address 4 E Gate Drive, PO Box 483 Glenwood, NJ 07418		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703	Start Date (10) 11/18/13		
Scheduled Completion Date (11) 11/29/13		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 ☒ Other - Describe: _____			
Scope of Work (Check All That Apply)		☐ ≥ 3 sf or ≥ 3 if ☒ ≥ 160 sf or ≥ 260 if ☐ Renovation ☐ 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
laundry room		X		pipe insulation		12 LF	
storage room		X		pipe insulation		4 LF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste 10		Name of Registered Landfill GROWS	
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA		Date 11/8/13	
Completed by Andrew Scott Higgins		Title President		Signature		Date 11/8/13	

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

Check 12/9/05

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) John & Anna Delaney	
Agencies Notified		Type Notification	
☒ EPA	☒ Initial	Street Address 86 Melrose Ave	
☒ DEP	☒ Amended #	City, State, Zip Code North Arlington, NJ 07031	
☒ DOL	☒ Emergency (including	Name of Contact John & Anna	
☒ DOH	☐ Justification)	Telephone Number 1-201-261-1234	
☒ DCA	☐ Cancellation		
Name of Facility Where Abatement is Taking Place (3)			
House		Type of Facility (4)	
Street Address 86 Melrose Avenue		☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Arlington		Square Feet 2000	
County (6) Bergen		# of Floors 2	
County Code (7) (STATE USE ONLY)		Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
ASCM No.		Name of Abatement Contractor (9)	
Street Address		ABS Environmental Services, LLC	
City, State, Zip Code		4 E Gate Drive, PO Box 483 Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		973-583-8500	
Name of OSHA Monitor		License No. 703	
Start Date (10) 11/20/13		Scheduled Completion Date (11) 12/1/13	
Occupancy Status During Abatement (Check Only One)		Name of Abatement Contractor (9)	
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		Street Address	
Scope of Work (Check All That Apply)		City, State, Zip Code	
☐ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible Procedure		Name of Registered Waste Hauler	
Location of Asbestos-Containing Material (ACM) (13) In Facility TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes ☐ No ☐ N/A ☐	
basement		exterior boiler insulation	
basement		pipe insulation	
		120 LF ☒	
		30 SF ☒	
		Amount (Specify SF or LF)	
Removal		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Repair			
Encapsulate			
Enclosure			
Abatement Type		Name of Registered Landfill	
		GROWS	
		City, State	
		Morristown, NJ	
		Disposal Date	
		TBD	
		Cubic Yards of Waste	
		10	
		NJDEP Waste Hauler ID No.	
		15959	
		Title	
		President	
		Signature	
		Date	
		11/11/13	
		Completed by	
		Andrew Scott Higgins	
		City, State	
		Freehold NJ	

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

CK 4774

Date of Notification (1) 11-15-13		Name of Building Owner/Operator (2) Mrs. Roccatanova	
Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amendment ☐ Emergency (including justification) ☐ Cancellation	
Street Address 36 SENECA AVENUE		City, State, Zip Code EMERSON NJ 07630	
Name of Contact Mrs. Roccatanova		Telephone Number	
FACILITY INFORMATION			
Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1650	
☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		# of Floors 2 Est. Age 77 YRS	
Current Use (Prior if being demolished) RETAIL		County Code (7) (STATE USE)	
City (5) EMERSON		County Code (7) (STATE USE)	
Name of Facility Where Abatement is Taking Place (3) Mrs. Roccatanova		Street Address 36 SENECA AVENUE	

Name of Monitoring Firm Hired by Building Owner ASCL No.		Name of Abatement Contractor (6)	
Street Address 450 S. River St		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No.		Telephone No. 201-329-7444	
License No. 00388		Name of OSHA Monitor Omega Environmental Inc	
Street Address 280 Huyler St		City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Partial Containment ☐ Non-Encapsulated (?) and Non-Fixable Procedures ☐ Renovation ☐ Demolition			
Occupancy Status During Abatement (Check only one) ☐ Fully Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 8 AM - 5 PM		Start Date (10) 11-26-13	
Scheduled Completion Date (11) 11-27-13		Project Manager for Monitoring Firm	

Location of Asbestos-Containing Material (ACM) (19) IN FLOOR		Is Location Normally Used Solely by (20) Occupied Unoccupied Storage	
Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, roofing, V.P.I., or other miscellaneous)		Amount (Specify \$ or LB)	
☐ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure		Abatement Type 58 SF X	
Name of Registered Waste Handler Best Removal Inc		EPA No. 17109	
City, State Hackensack, N.J. 07601		Deposit Date 11-27-13	
City, State Waynesburg, Oh		Signature R. Roccatanova	
Completed by R. VERDRAH		Estimator R. VERDRAH	
Date 11-15-13		Do not use this form for asbestos license exemption activities.	

Do not use this form for asbestos licensure exempted activities.

A-89-11 (9-05-03)

Date of Notification (1) November 14, 2013		Name of Building Owner/Operator (2) Pine Hill School Public Schools		Check # 8186	
Type Notification		Street Address 1009 Turnersville Road		City, State, Zip Code Pine Hill, NJ 08021	
☐ Initial ☐ Amendment ☐ Emergency (including ☐ Cancellation)		Name of Contact Tom O'Donnell		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)					
Street Address 1200 Turnersville Road					
City (5) Pine Hill					
County (6) Camden					
Name of Monitoring Firm Hired by Building Owner (8)					
Epic Environmental					
Street Address 1830 Brown Road					
City, State, Zip Code Newfield, NJ 08344					
Project Manager for Monitoring Firm Jim Eberts					
Scheduled Completion Date (11) November 18, 2013 Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Other - Describe:					
Street Address 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply) ☐ 25 sq ft or less ☐ 250 sq ft or less ☐ Renovation ☐ Demolition					
Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED Normally Used Specially Maintained Curbed Slit (12) Yes ☐ No ☐ N/A					
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous) Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure Abatement Type					
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. 22253 Cubic Yards of Waste 2 City, State Tullytown, PA. Disposal Date 11/11/2013 Title Operations Manager Christina Lynch Completed by Date 11/14/2013					

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

DOL - 10 DAY

WAIVER APPROVED

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

CHECK # 3055

Date of Notification (1)		11/15/13	
Name of Building Owner/Operator (2)		PINELANDS CONSTRUCTION	
Street Address		300 77TH ST.	
City, State, Zip Code		SEA ISLE CITY, N.J. 08293	
Name of Contact		FAHAT EDDUDDI	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		RESIDENCE	
Street Address		827 SR JAMES PLACE	
City (5)		Ocean City	
County (6)		DAVE MAY	
ASCM No.			
Name of Monitoring Firm Hired by Building Owner (8)		N/A	
Street Address			
City, State, Zip Code			
Project Manager for Monitoring Firm			
Telephone No.			
Scheduled Completion Date (11)		12/3/13	
Start Date (10)		11/26/13	
Occupancy Status During Abatement (Check only one)			
☒ Facility Closed/Vacated During Entire Period of Abatement			
☐ Abatement Performed Outside of Normal Facility Hours			
☐ Other - Describe:			
Scope of Work (Check all that apply)			
☐ 23 ft or 23 ft			
☐ 2160 sq ft or 2260 sq ft			
☒ Renovation			
☐ Demolition			
☐ Full Containment with Negative Pressure			
☐ Glovebag Procedure			
☐ Non-Exempted (?) and Non-Frangible Procedure			
Is Location Normally Used Solely by Custodial Staff? (12)		N/A	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		SIDING	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		TRANSITE	
Amount (Specify SF or LF)		1500#	
Abatement Type		Repair	
		Removal	
Name of Registered Waste Hauler		K LEMCO INC.	
Hauler ID No.		17904	
Cubic Yards of Waste			
Disposal Date			
City, State		WOODBRIDGE, N.J.	
Name of Registered Landfill		C.M.C.M.V.A.	
Signature		V/P	
Date		11/15/13	
Completed By			
JOSEPH KLEMM			

11/15/2013 09:27 Two Brothers Contracting

05-44973 856 8811

P.002/004

STATE OF NEW JERSEY NOTIFICATION OF ABSENTEE VOTING (Pursuant to NAC 8:80 and 12:120)		Date of Notification (1) 11/14/2013		Agencies Notified EPA ☒ DEP ☒ DOL ☒ DCN ☒ BCA ☒	
Name of Building Owner/Operator (2) BILL ENDERLY		Type Notification Initial ☐ Amended ☐ Emergency (including Amendment # ☒ Certification ☐		Name of Building Owner/Operator (2) BILL ENDERLY	
Street Address 8 MAIR AVENUE		City, State, Zip Code TOTOWA, NJ 07612		Name of Contact BILL ENDERLY	
DOL - 10 DAY [Signature] NOV 14 2013		WAIVER APPROVED [Signature]		[Signature]	

STATE OF NEW JERSEY
NOTIFICATION OF ABSENCE ADJUSTMENT
(Pursuant to NJAC 8:05 and 12:12c)

DOE - 10 DAY

2013

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (6)		☐ School (K-12) ☐ Subchapter S (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)		☐ City (5) TOTOWA ☐ County (8) PASSAIC ☐ Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 6 MAIR AVENUE City (5) TOTOWA State (2) NJ Zip Code 07066		Street Address 250 RUTHERFORD BLVD. City, State, Zip Code CLIFTON, NJ 07014 Telephone No. 973-986-8700 License No. 00484		Scheduled Completion Date (11) 1/16/2013 Name of OSHA Monitor SAME AS (8) ABOVE Street Address City, State, Zip Code		☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____ Scope of Work (Check All That Apply)		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Gloved Bag Procedure ☐ Non-Exhausted (C) and Non-Permissible Procedure		Location of Asbestos-Containing Material (ACM) In Porosity (13) To Be Abated Location of ACM Normally Used Solely by Maintenance/Custodial Staff (12) Yes ☐ No ☐ N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal spraying insulation, surfacing, VAT, or other miscellaneous) Amount (Specify G or L)		Abatement Type Removal ☐ Repair ☐ Encapsulate ☐ Enclose ☐		Abatement Type Removal ☐ Repair ☐ Encapsulate ☐ Enclose ☐		Name of Registered Waste Handler TWO BROTHERS CONTRACTING NJ DEP Waste Hauler ID No. 18743 Cubic Yards of Waste 2 Disposal Date 1/20/2013 City, State MORRISVILLE, PA		Name of Registered Waste Handler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ		Title PROJECT COORDINATOR Signature _____ Date 1/14/2013		Completed By VIVECA RAMOS	
--	--	----------------------	--	--	--	--	--	---	--	---	--	---	--	---	--	--	--	---	--	---	--	--	--	--	--	--	--	---	--	--	--	---------------------------	--

* Do not add (y) or (w) for initials if accompanied by full name.

A98841 (R-08-08)

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

Print Form

Date of Notification (1) 11/14/2013		Name of Building Owner/Operator (2) BILL ENDERLY		Street Address 6 MAIR AVENUE		City, State, Zip Code TOTOWA, NJ 07512		Name of Contact BILL ENDERLY		Telephone Number			
Agencies Notified		Type Notification		Initial		Amended #		Emergency (including		Justification)			
☒ EPA	☒ DOL	☒ DCA	☒ DPH	☒ Initial	☒ Amended #	☒ Emergency (including	☒ Justification)	☒ Cancellation					
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)		School (K-12)		Subchapter 8 (Other than K-12)		Other (i.e. private & commercial buildings, homes, etc.)			
RESIDENCE				☐		☐		☒					
Street Address 6 MAIR AVENUE				Square Feet		# of Floors		Bldg. Age		City (5) TOTOWA			
County (6) PASSAIC				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.		Street Address 250 RUTHERFORD BLVD.		City, State, Zip Code CLIFTON, NJ 07014			
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-956-8700		License No. 00494		Name of OSHA Monitor SAME AS (9) ABOVE			
Start Date (10) 11/16/2013				Scheduled Completion Date (11) 11/20/2013		Street Address		City, State, Zip Code		Occupancy Status During Abatement (Check Only One)			
☒ Facility Closed/Vacated During Entire Period of Abatement				☐ Other - Describe:									
☒ Abatement Performed Outside of Normal Facility Hours													
Scope of Work (Check All That Apply)				☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED				Is Location Normally Used Solely by Custodial Staff? (12) Yes ☐ No ☒ N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
BASEMENT				X		BOILER INSULATION		30 SF		X			
								PIPE INSULATION		18 LF		X	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 2		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.		City, State MORRISVILLE, PA			
City, State CLIFTON, NJ				Disposal Date 11/20/2013		City, State MORRISVILLE, PA		Completed by VIVECA RAMOS		Title PROJECT COORDINATOR			
Signature <i>[Signature]</i>				Date 11/14/2013									

ASB-41 (R-06-08)

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

P0002/002

Nov 14 2013 10:17am

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

Date of Notification (1)		11/14/13	
Type Notification		☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	
☐ Initial ☐ Amended ☒ Emergency (including justification) Amendment #: _____		☐ Cancellation	
Name of Building Owner/Operator (2)		Jennie Mario	
Street Address		46 Fenner Avenue	
City, State, Zip Code		CLIFTON, NJ 07012	
Name of Contact		Jennie Mario	
Telephone Number			

FACILITY INFORMATION

Name of facility where abatement is taking place (3)		Jennie Marto		Street Address		46 Fenner Avenue		City (5)		County (6)		PASSAIC		County Code (7) (State use only)		Current Use (Prior if being demolished)	
Type of Facility (4)		☐ School (K - 12) ☐ Subchapter S (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		Square Feet		# of Floors		Bldg. Age									

Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503		Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Name of Abatement Contractor (9) D & S RESTORATION, INC.		Name of OSHA Monitor D & S Restoration, Inc.	
Telephone Number 973-343-8020 License Number 01169		Telephone Number 973-343-8020	

[illegible]

Y. State ATKINSON, NJ 07503	Disposal Date 11/22/13	City, State TULLYTOWN, PA	Signature	PRERIDENT	Date 11/14/2013
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount SF or LF (Specify SF or LF)	Remove	Repair	Enclose				
		☒	☒	☒									
BASEMENT (2 rms. & crawl space)	☒	☒			PIPE INSULATION	100 L Ft	☒	☐	☐				
BASEMENT BOILER	☒	☒			BOILER INSULATION	55 sq ft	☒	☐	☐				
	☐	☐					☐	☐	☐				
	☐	☐					☐	☐	☐				
	☐	☐					☐	☐	☐				
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill		City, State	Disposal Date	D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	2 yds	TULLYTOWN, RESOURCE RECOVERY	City, State TULLYTOWN, PA	Title PRESIDENT	Completed by (Print or Type) BOGDAN JOLDZIC
Signature _____ Date 11/14/2013													

Name of facility where abatement is taking place (3)		Jennie Marto		Street Address		46 Fenner Avenue		City (5)		CLIFTON		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 Abatement Contractor (9)		D & S RESTORATION, INC.		Street Address		20 California Ave.		City, State, Zip Code		Paterson, NJ 07503					
Telephone Number		973-345-8020		License Number		01169		Name of OSHA Monitor		D & S Restoration, Inc.		Street Address		20 California Avenue		City, State, Zip Code		Paterson, NJ 07503		Scope of Work (check all that apply)		☐ Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☐ Non-Exempted (*) and Non-triable procedure					
Project Manager for Monitoring Firm		Phone Number		Sched. Completion Date (11)		11/28/13		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		Start Date (10)		11/21/13		Name of Monitoring Firm Hired by Bldg. Owner (8)		CLIFTON		County (6)		PASSAIC		County Code (7)		(State use only)	

APPROVED
MAY 13 2013
Time: 3:06 PM
Signature: [Signature]
NJ Dept. of Health & Senior Services

Date of Notification (1) 11/13/13
Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
☐ Cancellation (Justification)
Amendment #: [Blank]
☐ Amended
☐ Initial
Type Notification

Name of Building Owner/Operator (2) Mrs. Gwen Allen
Street Address 728 SO. 15TH STREET
City, State, Zip Code Newark, NJ 07106
Name of Contact Mrs. Gwen Allen
Telephone Number [Blank]

Name of facility where abatement is taking place (3) Mrs. Gwen Allen
Street Address 728 SO. 15TH STREET
City (5) Newark
County (6) Essex
County Code (7) BSSRX
Name of Monitoring Firm Hired by Bldg. Owner (8) [Blank]
ASCM No. [Blank]
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
Name of OSHA Monitor [Blank]
License Number 01169

Street Address [Blank]
City, State, Zip Code [Blank]
Project Manager for Monitoring Firm [Blank]
Phone Number [Blank]
Start Date (10) 11/14/13
Sched. Completion Date (11) 11/26/13
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 ft or > 3 ft
☐ ≥ 160 sq ft or ≥ 280 ft
☐ Demolition
☒ Renovation
Location of asbestos-containing material (acm) to be abated in facility (13)
Is location normally used solely for maintenance/custodial staff (12)
Yes
No
N/A
Description of asbestos-containing material (ACM)
Amount (Specify SF or LF)
32 L FT
40 SQ FT
2 sq ft
PIPE INSULATION
BOILER INSULATION (bricks)
chimney packing
BASEMENT BOILER
BASEMENT CHIMNEY
BASEMENT
BASEMENT BOILER
BASEMENT CHIMNEY
NUEP Hauler ID# 13506
Cubic Yards of Waste 2 YDS
Disposal Date 11/15/13
City, State TULLYTOWN, PA
Name of Registered Landfill TULLYTOWN RESOURCE RECOVERY
City, State TULLYTOWN, PA
Signature [Blank]
Title PRESIDENT
BOGDAN JOLDEZIO
Completed by (Print or Type)
PATTERSON, NJ 07503
City, State

Full Containment w/negative pressure
Mini-enclosure
Glovebag procedure
Non-Exempted (*) and Non-triable procedure
Amount (Specify SF or LF)
32 L FT
40 SQ FT
2 sq ft
PIPE INSULATION
BOILER INSULATION (bricks)
chimney packing
BASEMENT BOILER
BASEMENT CHIMNEY
BASEMENT
BASEMENT BOILER
BASEMENT CHIMNEY
NUEP Hauler ID# 13506
Cubic Yards of Waste 2 YDS
Disposal Date 11/15/13
City, State TULLYTOWN, PA
Name of Registered Landfill TULLYTOWN RESOURCE RECOVERY
City, State TULLYTOWN, PA
Signature [Blank]
Title PRESIDENT
BOGDAN JOLDEZIO
Completed by (Print or Type)
PATTERSON, NJ 07503
City, State

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

D&S Proj. #: 2013-433

APPROVED
NJ Dept of Health & Senior Services
11/13/13 3:59pm

Date of Notification (1)
11/13/13

Agencies Notified
EPA
DEF
DOL
DOH
DCA

Type Notification
Initial
Amended
Amendment #

Emergency (including justification)
Cancellation

Name of Building Owner/Operator (2)
FRANCES REIRET

Street Address
1118 THOMSON AVENUE

City, State, Zip Code
ROSELLE, NJ 07203

Name of Contact
FRANCES REIRET

Telephone Number
NOV 19 2013

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

FRANCES REIRET

Street Address

1118 THOMSON AVENUE

City (5)

County (6)

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

ASOM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

>3 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)

Yes

Basement

PIPE INSULATION

102 L FT

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Room

Room

Room

Room

Room

Room

Room

Room

Room

Room

Room

Room

City, State

Paterson, NJ 07503

Disposal Date

11/14/13

Cubic Yards of Waste

2 YDS

Name of Registered Landfill

TULLITOWN, RESOURCE RECOVERY

City, State

TULLITOWN, PA

Title

PRESIDENT

Signature

Date

11/13/2013

Completed by (Print or Type)

BOGDAN JOLJIC

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

D&S Proj. #: 2013-433

Date of Notification (1) 11/11/13		Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	
Type Notification ☐ Initial ☐ Amended ☒ Emergency (including justification) ☐ Cancellation		Amendment #:	
Name of Building Owner/Operator (2) FRANCES REJRET		City, State, Zip Code ROSELLE, NJ 07203	
Street Address 1118 THOMSON AVENUE		Name of Contact FRANCES REJRET	
Telephone Number			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANCES REJRET		Street Address 1118 THOMSON AVENUE	
City (5) ROSELLE		County (6) UNION	
County Code (7) (State use only)		Name of Monitoring Firm Hired by Bldg. Owner (8) UNION	
Square Feet		Type of Facility (4) ☐ School (K - 12) ☐ Subchapter S (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)	
# of Floors		Current Use (Prior if being demolished)	
Bldg. Age		Name of Abatement Contractor (9) D & S RESTORATION, INC.	

Street Address		Name of Monitoring Firm Project Manager for Monitoring Firm	
City, State, Zip Code		Phone Number	
Start Date (10) 11/16/13		Sched. Completion Date (11) 11/28/13	
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			
Street Address		Name of OSHA Monitor D & S Restoration, Inc.	
City, State, Zip Code		Telephone Number 973-345-8020	
License Number 01169		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
Telephone Number 973-345-8020		License Number 01169	
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		Name of Abatement Contractor (9) D & S RESTORATION, INC.	

Scope of Work (check all that apply) ☒ > 3 sf or > 3 lf ☐ > 160 sf or > 260 lf ☐ Demolition ☒ Renovation ☐ Glovebag procedure ☐ Full Containment w/negative pressure ☐ Mini-enclosure ☐ Non-Exempted (*) and Non-friable procedure		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)	

Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)	
BASEMENT		☒ Yes ☐ No ☐ N/A	
Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	
PIPE INSULATION		102 L FT	
Name of Registered Landfill		Cubic Yards of Waste	
TULLYTOWN, RESOURCE RECOVERY		2 YDS	
City, State		Disposal Date	
TULLYTOWN, PA		11/14/13	
City, State		Title	
PATTERSON, NJ 07503		PRESIDENT	
Signature		Date	
		11/13/2013	

Completed by (Print or Type) BOGDAN JOLDZIC		Do not use this form for asbestos license exempted activities.	
City, State		ASB-41	

Date of Notification (1) 11/14/13		Agencies Notified ☐ EPA ☒ Initial ☐ Amended ☐ Amendment #: ☐ Emergency (including justification) ☐ Cancellation	
Name of Building Owner/Operator (2) CHESTER WYSOCKI		Street Address 75 ELM STREET	
City, State, Zip Code Newark, NJ 07106		Name of Contact CHESTER WYSOCKI	
Telephone Number 			

FACILITY INFORMATION			
Name of facility where abatement is taking place (3)			
CHESTER WYSOCKI			
Street Address			
75 ELM STREET			
City (5)		County (6)	
Newark		ESSEX	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Name of Abatement Contractor (9)		D & S RESTORATION, INC.	
Street Address		20 California Ave.	
City, State, Zip Code		Paterson, NJ 07503	
Telephone Number		973-345-8020	
License Number		01169	
Name of OSHA Monitor		D & S Restoration, Inc.	
Street Address		20 California Ave.	
City, State, Zip Code		Paterson, NJ 07503	
Type of Facility (4)		Current Use (Prior if being demolished)	
☐ School (K - 12) ☐ Subchapter S (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		Square Feet # of Floors Bldg. Age	

Scope of Work (check all that apply)			
☐ ≥ 3 sf or > 3 ft ☒ Renovation ☐ Demolition ☐ ≥ 160 sf or ≥ 260 ft			
Full Containment w/negative pressure			
☐ Mini-enclosure ☐ Glovebag procedure ☐ Non-Exempted (*) and Non-triable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)	
Yes No N/A		Description of asbestos-containing material (ACM) Amount (Specify SF or LF) 30 sq ft	
BOILER INSULATION		30 sq ft	
BASEMENT		BOILER INSULATION	
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	
City, State PATERSON, NJ 07503		Disposal Date 11/26/13	
Title PRESIDENT		Signature	
Completed by (Print or Type) BOGDAN JOLDZIC		Date 11/14/2013	

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

D&S Proj. #: 2013-432

Date of Notification (1) 11/13/13		Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	
Type Notification ☐ Initial ☐ Amended ☒ Emergency (including justification) ☐ Cancellation		Name of Building Owner/Operator (2) Mrs. Gwen Allen	
Street Address 728 SO. 15TH STREET		City, State, Zip Code Newark, NJ 07106	
Name of Contact Mrs. Gwen Allen		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mrs. Gwen Allen		Street Address 728 SO. 15TH STREET	
City (5) Newark		County (6) ESSEX	
County Code (7) (State use only)		Current Use (Prior if being demolished) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)	
Square Feet		# of Floors	
Bldg. Age		Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)	

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		City, State, Zip Code [REDACTED]	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	
Start Date (10) 11/14/13		Sched. Completion Date (11) 11/26/13	
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			
Name of Abatement Contractor (9) D & S RESTORATION, INC.		Street Address 20 California Ave.	
City, State, Zip Code Paterson, NJ 07503		Telephone Number 973-345-8020	
License Number 01169		Name of OSHA Monitor D & S Restoration, Inc.	
Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		Name of OSHA Monitor D & S Restoration, Inc.	

Scope of Work (check all that apply) ☒ >3 sf or >3 lf ☐ Demolition ☐ Renovation ☐ Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☐ Non-Exempted (*) and Non-friable procedure		☐ ≥160 sf or ≥260 lf ☒ ≥3 sf or >3 lf ☐ Demolition ☒ Renovation ☐ 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) ☐ Yes ☐ No ☐ N/A		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) 32 L FT 40 SQ FT 2 sq ft		PIPE INSULATION BOILER INSULATION (bricks) chimney packing		BASEMENT BASEMENT BOILER BASEMENT CHIMNEY	
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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 TULLYTOWN, PA		Disposal Date 11/15/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) ROGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 11/13/2013		Do not use this form for asbestos licensure exempted activities		A-34-41			