

EDS17-292

PAID

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

Page 1 of 1

Check # 3367

Date of Notification (1) 11/21/2017		Name of Building Owner/Operator (2) Orange Public Schools		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 27 2017 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & ABATEMENT </div>					
Agencies Notified	Type Notification	Street Address 451 Lincoln Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Orange, NJ 07050 Name of Contact A. James							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Heywood Avenue Elementary School			Type of Facility (4)						
Street Address 421 Heywood Avenue			<input checked="" 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.)						
City (5) Orange			Square Feet 20,000 +	# of Floors 2	Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1248 Wrights Lane			Street Address 140 Hamburg Tpke						
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725	License No. 01084					
Start Date (10) 11-22-2017 at 12.30 pm		Scheduled Completion Date (11) 11-26-2017 at 3.30 pm		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)			Street Address 140 Hamburg Tpke						
<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 Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</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
Boiler Room	X			Pipe Fitting Insulation	20 lf	X			
Crawl space	X			Pipe Fitting Insulation	80 lf	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>	Date 11/21/17				

2017-11-22 13:58:57 (GMT)

EDS17-292

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

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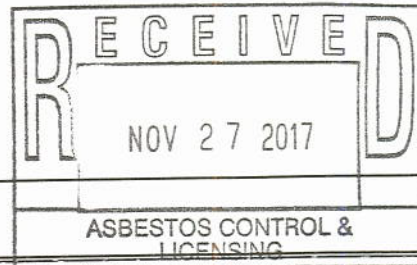
Check # 33650V 2-7-2017



Date of Notification (1) 11/21/2017		Name of Building Owner/Operator (2) Orange Public Schools	
Agencies Notified		Type Notification	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 451 Lincoln Ave		City, State, Zip Code Orange, NJ 07050	
Name of Contact A. James		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Haywood Avenue Elementary School		Type of Facility (4)	
Street Address 421 Haywood Avenue		<input checked="" 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.)	
City (5) Orange		Square Feet 20,000 +	# of Floors 2
County (6) Essex		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc
Street Address 1248 Wrights Lane		Street Address 140 Hamburg Tpke	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Phillip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725
License No. 01054			
Start Date (10) 11-22-2017 at 12.30 pm	Scheduled Completion Date (11) 11-26-2017 at 3.30 pm		Name of OSHA Monitor GL Group, Inc
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Tpke	
<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 Bloomingdale, NJ 07403	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 23 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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce 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)
Boiler Room	Yes X No N/A	Pipe Fitting Insulation	20 lf
Crawl space	Yes X No N/A	Pipe Fitting Insulation	80 lf
Name of Registered Waste Hauler GL Group, Inc	NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva
City, State Bloomingdale, NJ	Disposal Date TBD	City, State Waynesburg, OH	
Completed by Elena Solakov	Title President	Signature <i>Elena Solakov</i>	Date 11/21/17

D&S Proj. #: 17-322

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



CK 7181

Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) phyllis cerrato	
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 [REDACTED]		City, State, Zip Code montclair, nj 07042	
Name of Contact jack		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) phyllis cerrato			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 [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) montclair	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____		Street Address 20 California Ave.			
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/28/17		Sched. Completion Date (11) 12/15/17			
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)

- ☒ >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

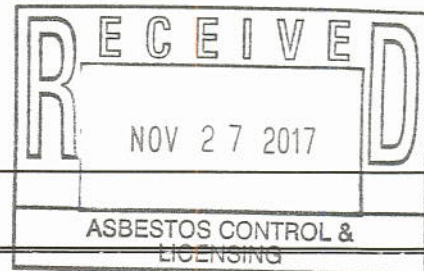
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	1101 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/29/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 11/17/2017

D&S Proj. #: 17-321

PAID

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



Date of Notification (1) 11/11/17		Name of Building Owner/Operator (2) gerald infantino	
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 [REDACTED]		City, State, Zip Code westfield, nj 07090	
Name of Contact gerald infantino		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) gerald infantino			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 [REDACTED]			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 01169
Start Date (10) 12/05/17		Sched. Completion Date (11) 12/29/17	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)

☒ >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	65 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 12/05/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 12/17/2017

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

RECEIVED	NOV 27 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/25/2017		Name of Building Owner/Operator (2) Energy Transfer Partners							
Agencies Notified	Type Notification	Street Address Route 295 & Route 130							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westville, New Jersey 08093							
		Name of Contact Steve Dipper							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Energy Transfer Partners Eagle Point		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 Route 295 & Route 130		Square Feet 20 Acres	# of Floors Bldg. Age						
City (5) Westville		Current Use (Prior if being demolished) Storage Facility / Terminal							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. N/A	Name of Abatement Contractor (9) Brand Energy Services, LLC						
Street Address 1005 Saint Georges Lane		Street Address 740 Veterans Drive							
City, State, Zip Code Landenberg, PA 19350		City, State, Zip Code Swedesboro, NJ 08085							
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217	Telephone No. 856-467-2850						
Start Date (10) 12/13/2017		Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor Total Environmental Solutions						
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: Regulated Area will be established		Street Address 1005 Saint Georges Lane							
		City, State, Zip Code Landenberg, PA 19350							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Site Wide	X			Pipe Insulation	250 LF	X			
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No. 27158	Cubic Yards of Waste 60	Name of Registered Landfill Gloucester County Solid Waste Complex					
City, State Camden, New Jersey			Disposal Date Various	City, State Swedesboro, New Jersey					
Completed by Chester Tocco		Title Project Manager	Signature 	Date 11/25/2017					