

NO CK

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

D&S Proj. #: 2014-281-B epa

RECEIVED

Date of Notification (1) 10/19/14		Name of Building Owner/Operator (2) CHURCH OF THE SCIENTIST		2014 OCT -1 PM 3:28	
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 211 BROAD STREET City, State, Zip Code RED BANK, NJ 07701	
Name of Contact TOM MINDEN				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHURCH OF THE SCIENTIST Street Address 211 BROAD STREET City (5) RED BANK			County (6) MONMOUTH		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.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code			ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. 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) 10/06/14			Sched. Completion Date (11) 10/30/14		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503			
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								

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						
CHURCH SANCTUARY		<input checked="" type="checkbox"/>		CEILING PLASTER	3,036 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"/>
						<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 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/22/14

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

RECEIVED

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) NATIONAL RESTORATION AND FACILITY SERVICES, INC.							
Agencies Notified	Type Notification	Street Address 1001 LOWER LANDING ROAD, SUITE 604-605							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code BLACKWOOD, NJ 08012							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 41 NORMONT LANE		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.)							
City (5) WILLINGBORO, NJ		Square Feet 1000	# of Floors 1						
County (6) BURLINGTON COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/19/14	Scheduled Completion Date (11) 10/20/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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 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
INTERIOR OF HOME				FLOOR TILE	1000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/20/14		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 9/9/14		

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

RECEIVED

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) PARKVIEW REAL ESTATE, LLC	
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 1209 79TH STREET	
		City, State, Zip Code NORTH BERGEN, NJ 07047	
		Name of Contact THALIA FONTAINA	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 1209 79TH STREET		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.)	
City (5) NORTH BERGEN, NJ		Square Feet 3000	# of Floors 3
County (6) HUDSON COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078
Start Date (10) 10/7/14		Scheduled Completion Date (11) 10/7/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
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) 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			ACM PIPE INSULATION
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3
City, State NEWARK, NJ		Name of Registered Landfill IESI	
		Disposal Date 10/7/14	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature Date 9/9/14

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

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RECEIVED

Date of Notification (1) <div style="text-align: center;">9 / 24 / 14</div>		Name of Building Owner/Operator (2) St Francis Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamilton Ave							
		City, State, Zip Code Trenton NJ 08629							
		Name of Contact Chuck Lawson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 601 Hamilton Ave		Square Feet 70,000	# of Floors 3						
City (5) Trenton		Bldg. Age 60+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08010		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rick Beach		Telephone No. 609-392-4200	Telephone No. 215-788-6040						
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) <div style="text-align: center;">10 / 6 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 8 / 14</div>								
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 Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/8:00PM-6:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 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) 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) 35 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 5 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date 10/9/14		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>				Date 9/24/14	

OK 3454

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

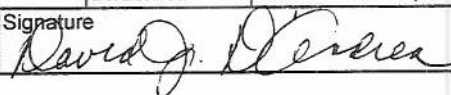
RECEIVED

Date of Notification (1) 9-29-14		Name of Building Owner/Operator (2) NATE ELVINS BUILDERS		2014 OCT -1 PM 2:24				
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 1001 SHUNPIKE RD. ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code CAPE MAY N.J. 08204						
Name of Contact NATE			Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				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 282 87TH ST.				Square Feet 1000	Bldg. Age 50+			
City (5) STONE HARBOR		County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE						
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NJ 08052						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 10/13/14	Scheduled Completion Date (11) 10/21/14		Name of OSHA Monitor JOSEPH KUMM					
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 type="checkbox"/> Other - Describe:			Street Address 369 S. SPRUCE AVE					
			City, State, Zip Code MAPLE SHADE N.J. 08052					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> Glovebag Procedure				
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SIDING			X	TRANSITE		X		
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C MCDA				
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOOD BINE NJ					
Completed By JOSEPH KUMM	Title PROJ.	Signature Joseph K	Date 9-29-14					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

CK#24492

Date of Notification (1) 9/29/2014		Name of Building Owner/Operator (2) MERCER COUNTY					
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 300 SCOTCH ROAD					
		City, State, Zip Code WEST TRENTON, NJ -8690					
		Name of Contact DAVID J. D'ANDREA	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCER COUNTY COMMUNITY GUIDANCE CENTER		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)					
Street Address 2300 HAMILTON AVENUE		Square Feet	# of Floors Bldg. Age				
City (5) TRENTON, NJ							
County MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC.		ASCM No. 00102	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.				
Street Address 515 GROVE STREET, STE. 1B		Street Address 15 BLACK FOREST ROAD					
HADDON HEIGHTS, NJ 08035		City, State, Zip Code HAMILTON, NJ 08691					
Project Manager for Monitoring Firm JOSEPH ANELLO, JR.	Telephone No. 856-547-0505	Telephone No. 609-890-7110	License No. 00676				
Start Date (10) 10/10/2014	Scheduled Completion Date (11) 10/12/2014	Name of OSHA Monitor AMERITECH					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours ESSENTIAL PERSONNEL ONLY		Street Address 1 A ST. LAWRENCE AVENUE					
		City, State, Zip Code SEASIDE PARK, NJ 08752					
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BOILER PACKING	1 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"/>
Name of Registered Waste Hauler CARNEVALE DISPOSAL CO., INC.		NJDEP Waste Hauler ID No. 17297	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN			
City, State HAMILTON, NJ		Disposal Date 10/13/2014	City, State TULLYTOWN, PA.				
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 	Date 9/29/2014				

ASB-41

* Do not use this form for asbestos licensure exempted activities

PK 006239

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

D&S Proj. #: 2014-392

RECEIVED
2014 OCT -1 PM 5:27
ENVIRONMENTAL CONTROL
& LICENSING

Date of Notification (1) 10/19/12/16/14		Name of Building Owner/Operator (2) patricia and steven augustuwicz	
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 131 brookfield avenue City, State, Zip Code nutley, nj 07109	
		Name of Contact patricia and steven augustuwicz	Telephone Number 1-3609

FACILITY INFORMATION

Name of facility where abatement is taking place (3) patricia and steven augustuwicz			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 131 brookfield avenue			Square Feet # of Floors Bldg. Age		
City (5) nutley	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) 10/14/14	Sched. Completion Date (11) 10/30/14		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
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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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	1901 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/15/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/26/2014

CK 006238

D&S Proj. #: 2014-391

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

RECEIVED
2014 OCT -1 PM 5:26
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/12 16/11/14		Name of Building Owner/Operator (2) ELISA SUDOL	
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 366 SHELBOURNE TERRACRE		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact ELISA SUDOL		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ELISA SUDOL			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 366 SHELBOURNE TERRACRE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 10/08/14		Sched. Completion Date (11) 10/24/14	License Number 01169	
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) <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 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		X		DUCT INSULATION	32 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"/>
						<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 10/09/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 09/26/14

RECEIVED

2014 OCT -1 PM 5:26

ENVIRONMENTAL CONTROL
& LICENSING

Date of Notification (1) 10/19/12/16/1/14		Name of Building Owner/Operator (2) george polICASTRO	
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 195 airmount road City, State, Zip Code MAHWAH, NJ 07430	
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 george polICASTRO	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) george polICASTRO			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 195 airmount road			Square Feet # of Floors Bldg. Age		
City (5) MAHWAH			County (6) bergen		
			County Code (7) (State use only)		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 09/29/14		Sched. Completion Date (11) 10/10/14		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	
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					

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 checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	200 L FT	X			
BASEMENT		X		transide panels	304 sq ft	X			
BASEMENT		X		VINYL asbestos TILE	66 sq ft	X			
BASEMENT		X		chimney packing	2 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 7 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/30/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/26/14	

State of New Jersey
Check #24156
(Pursuant to NJAC 8:60 and 12:120)

Check#24491

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ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 9/26/2014		Name of Building Owner/Operator (2) COMMUNITY REDEVELOPMENT GROUP	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1540 KUSER ROAD SUITE A-4	
	CITY, STATE MERCERVILLE, NJ 08619		
	Name of Contact VINCENT CIVALE		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER WACHOVIA BANK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 532-536 HAMILTON AVENUE		Square Feet	# of Floors Bldg. Age
City (5) TRENTON, NJ		Current Use (Prior if being demolished)	
County MERCER	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 9/30/2014	Scheduled Completion Date (11) 10/8/2014	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input 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 type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure
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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)			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
THROUGHOUT		<input checked="" type="checkbox"/>		VCT	5314 SQ. FT.	<input checked="" type="checkbox"/>			
EXTERIOR WINDOWS		<input checked="" type="checkbox"/>		CAULK	900 LIN FT.	<input checked="" type="checkbox"/>			
EXTERIOR SIDING		<input checked="" type="checkbox"/>		TRANSITE PANELS	780 S.F.	<input checked="" type="checkbox"/>			


Name of Registered Waste Hauler JACK ROBINSON WASTE DISPOSAL		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill GROWS	
City, State WEST CREEK, NJ		Disposal Date 10/9/2014		City, State MORRISVILLE, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>		Date 9/29/2014	

ASB-41

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

CR# 2467
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2014 OCT -1 PM 5:24
SOLIDIFICATION & ENCLOSURE
& LICENSING

Date of Notification (1) <u>9/29/14</u>		Name of Building Owner/Operator (2) <u>Karch</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>115 Jefferson Street</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Eric Karch</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>115 Jefferson Rd.</u>		Square Feet <u>2200</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ 08540</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>10/9/14</u>	Scheduled Completion Date (11) <u>10/10/14</u>	Name of OSHA Monitor <u>MECS</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: <u>8am - 4pm</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)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>120 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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/10/14</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/29/14</u>

State of New Jersey
Check #24156
(Pursuant to NJAC 8:60 and 12:120)

Check#24490

Date of Notification (1) 9/26/2014		Name of Building Owner/Operator (2) JOE FILOON (OWNER REP)	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 BARTLETT AVE.	
	City, State, Zip Code WEST CREEK, NJ 08092		
		Name of Contact JOE FILOON (OWNER REP)	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		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)	
Street Address 55 JOSHUA LANE		Square Feet	# of Floors Bldg. Age
City (5) MANAHAWKIN, NJ			
County OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 9/29/2014	Scheduled Completion Date (11) 9/29/2014	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input 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 type="checkbox"/> Non-Exempted (*) & 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	
EXTERIOR		X	TRANSITE SIDING
Name of Registered Waste Hauler TIMSTER TRUCKING	NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS
City, State WEST CREEK, NJ		Disposal Date 9/30/2014	City, State MORRISVILLE, PA
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar <i>David D'Andrea</i>	Date 9/26/2014

ASB-41

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