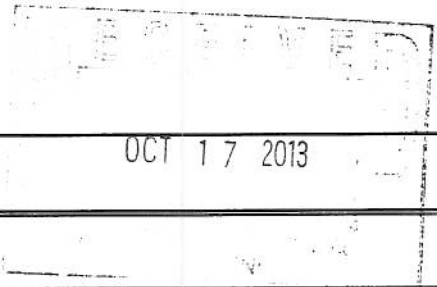


04505097

D&S Proj. #: 2013-375

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



Date of Notification (1) 10/10/13		Name of Building Owner/Operator (2) John Lynch	
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 507 10TH AVENUE		City, State, Zip Code BELMAR, NJ 07719	
Name of Contact John Lynch		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) John Lynch			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 507 10TH AVENUE			Square Feet		
City (5) BELMAR			County (6) MONMOUTH		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

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) 10/30/13		Sched. Completion Date (11) 11/08/13	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 type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	100 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/31/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/09/2013

OK 005093

D&S Proj. #: 2013-371

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

Date of Notification (1) 10/1/10/13		Name of Building Owner/Operator (2) RICHARD HALLETT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 357 MT. AIRY ROAD		City, State, Zip Code BASKING RIDGE, NJ	
Name of Contact RICHARD HALLETT		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICHARD HALLETT			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 357 MT. AIRY ROAD			Square Feet # of Floors Bldg. Age		
City (5) BASKING RIDGE			County (6) SOMERSET		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 10/10/13		Sched. Completion Date (11) 10/24/13		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	28 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/11/13		City, State TULLYTOWN, PA		Date 10/10/2013	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			

Oct 11 2013 10:00am

P001/002

D&S Proj. #: 2013-371

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

Date of Notification (1) 10/1/13		Name of Building Owner/Operator (2) RICHARD HALLETT		APPROVED NJ Dept. of Health & Senior Services Date: 10/1/13 Time: 8:46 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 357 MT. AIRY ROAD City, State, Zip Code BASKING RIDGE, NJ Name of Contact RICHARD HALLETT Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICHARD HALLETT Street Address 357 MT. AIRY ROAD City (5) BASKING RIDGE County (6) SOMERSET County Code (7) (State use only)				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 10/10/13 Sched. Completion Date (11) 10/24/13 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				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					
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT		Is location normally used solely by maintenance/custodial staff (12) Yes No N/A X		Description of asbestos-containing material (ACM) PIPE INSULATION		Amount (Specify SF or LF) 28 L FT		Removal Repair Encap Encl	
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA		Disposal Date 10/11/13	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/10/2013		ASR-41	

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

CK 005094
D&S Proj. #: 2013-376

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

Date of Notification (1) 10/1/13		Name of Building Owner/Operator (2) SHANNON WALSH	
Agencies Notified	Type Notification	Street Address 128 HARDENBURG AVENUE	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code HAWORTH, NJ 07641	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SHANNON WALSH	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SHANNON WALSH			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 128 HARDENBURG AVENUE			Square Feet		
City (5) HAWORTH			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		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) 10/11/13		Sched. Completion Date (11) 10/28/13		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 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 w/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)	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								
ATTIC		<input checked="" type="checkbox"/>		ATTIC INSULATION	310 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 4 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/14/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/10/2013	

OCT. 10. 2013 (THU) 12:11 BRISAR-DELVGO

19732784670

PAGE. 2/4

D&S Proj. #: 2013-376

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

DOL - 10 DAY

OCT 10 2013

WAIVER APPROVED

Date of Notification (1) 10/10/13		Name of Building Owner/Operator (2) SHANNON WALSH	
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		Street Address: 128 HARDENBURG AVENUE City, State, Zip Code HAWORTH, NJ 07641	
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 SHANNON WALSH	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SHANNON WALSH			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 128 HARDENBURG AVENUE			Square Feet # of Floors Bldg. Age		
City (5) HAWORTH	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code			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		
Start Date (10) 10/11/13			Sched. Completion Date (11) 10/28/13		
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			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)

- ☐ >2 sf or >2 lf ☒ Renovation
☒ ≥160 sf or ≥280 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 (18)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encaps.	E n c l
	Yes	No	NA						
ATTIC		X		ATTIC INSULATION	310 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/14/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/10/2013

APP-41

Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 10 / 16 / 13		Name of Building Owner/Operator (2) CAMPBELL'S SOUP COMPANY							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 1 CAMPBELL PLACE City, State, Zip Code CAMDEN, NJ 08103 Name of Contact MS. KERRIN DONNELLY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CAMPBELL'S		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 1 CAMPBELL PLACE									
City (5) CAMDEN		Square Feet 20,000	# of Floors 2						
		Bldg. Age 86							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HEADQUARTERS							
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 3370 PROGRESS DRIVE		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code BENSALEM, PA 19020		City, State, Zip Code SOUTHAMPTON PA							
Project Manager for Monitoring Firm ERIC WYSOCKI	Telephone No. 215 244-1300	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 10 / 26 / 13	Scheduled Completion Date (11) 11 / 16 / 13	Name of OSHA Monitor EHS							
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 Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM <i>Mon - Sat</i>		Street Address 411 SOUTH GATE SUITE E City, State, Zip Code MICKLETON NJ 08056							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)	Amount (Specify SF or LF) 8 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE OF BLDG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INS. CONSEALED IN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE. 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Damian Lavelle	Title PROJECT MGR.		Signature <i>Damian Lavelle</i>			Date 10-16-13			