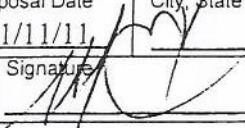
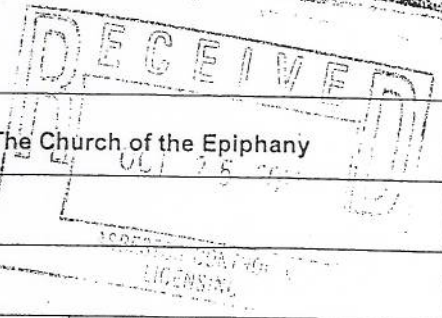


Date of Notification (1) 10/18/11		Name of Building Owner/Operator (2) Kristen Haley							
Agencies Notified	Type Notification	Street Address 145 Constitution Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Kristen Haley	Telephone Number [REDACTED]						
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 checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 145 Constitution Drive		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address P.O. Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm William Weisgarber Jr.	Telephone No. (609) 298-4070	Telephone No. (609) 259-9688	License No. 00493						
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/11/11	Name of OSHA Monitor MECS							
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: 8AM- 4:30PM		Street Address P.O. Box 341							
		City, State, Zip Code Crosswicks, NJ 08515							
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) 2400 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile		X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 4 CU	Name of Registered Landfill T.R.R.F., Inc. Landfill					
City, State Allentown, NJ		Disposal Date 11/11/11	City, State Tullytown, PA						
Completed By Mahlon E. Stevens		Title Project Manager	Signature 				Date 10/18/11		

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



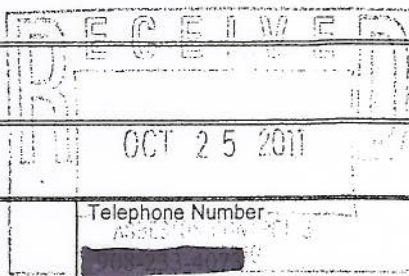
Date of Notification (1) <div style="text-align: center;">10 / 19 / 11</div>		Name of Building Owner/Operator (2) The Episcopal Diocese of Newark / The Church of the Epiphany							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 105 Main Street						
			City, State, Zip Code Orange, NJ 07050						
		Name of Contact The Reverend Miguelina Howell	Telephone Number 201-327-3344						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Church of the Epiphany		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 105 Main Street		Square Feet 20,309	# of Floors 2						
City (5) Orange		Bldg. Age 154 years							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00411						
Start Date (10) <div style="text-align: center;">10 / 18 / 11</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 24 / 11</div>	Name of OSHA Monitor Superior Abatement, Inc.							
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: Weekdays and Saturday 7:00 AM-6:00PM/		Street Address 2 Henderson Drive, Ste A							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Basement and Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting	500 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 Insulation	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Dots	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 10/24/11	City, State Waynesburgh OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 10-19-11			

007 25 301

Date of Notification (1) 10/18/11		Name of Building Owner/Operator (2) JOHNSON + JOHNSON					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 199 GRANOVUE ROAD City, State, Zip Code SKILLMAN, NJ 08558					
		Name of Contact TONY TUFANO	Telephone Number 708-704-3100				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) JOHNSON + JOHNSON		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 199 GRANOVUE ROAD		Square Feet 1600	# of Floors 1				
City (5) SKILLMAN		Bldg. Age 40					
County (6) COMENSET		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CONFERENCE CENTER				
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) JW HEATH & CONST. SERVICES INC				
Street Address 655 WEST SHINE TRAIL		Street Address PO BOX 372					
City, State, Zip Code SPARTA, NEW JERSEY		City, State, Zip Code HACKETTSTOWN, NJ 07840					
Project Manager for Monitoring Firm PAUL KENBEL		Telephone No. 908-453-3355	License No. 00768				
Start Date (10) 11/7/11	Scheduled Completion Date (11) 11/10/11		Name of OSHA Monitor EHI				
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 City, State, Zip Code					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 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) 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
Basement		✓	VAT	1080 sq ft			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 14723	Cubic Yards of Waste 40	Name of Registered Landfill GROWS			
City, State ELWIG, NJ		Disposal Date		City, State MORRISVILLE, PA			
Completed by JOHN WASHAM		Title President	Signature John Washam	Date 10/18/11			

ASB-41

* Do not use this form for asbestos licensure exempt activities

Date of Notification (1) 10/1/19/11		Name of Building Owner/Operator (2) CAROL ANN WILSON		
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 154 22ND AVENUE		
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code PATERSON, NJ		
		Name of Contact CAROL ANN WILSON		
Telephone Number [REDACTED]				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL ANN WILSON			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 154 22ND AVENUE			Square Feet # of Floors Bldg. Age		
City (5) PATERSON, NJ	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 10/20/11		Sched. Completion Date (11) 10/31/11	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >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	29 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/21/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/19/11

This form for asbestos licensure exempted activities.

Date of Notification (1) 10/1/11		Name of Building Owner/Operator (2) CAROL ANN WILSON		Signature (Signature) Date: 10/1/11 Time: 2:00 PM	
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 154 22ND AVENUE City, State, Zip Code PATERSON, NJ Name of Contact CAROL ANN WILSON Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL ANN WILSON Street Address 154 22ND AVENUE City (5) PATERSON, NJ County (6) PASSAIC County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 10/20/11 Sched. Completion Date (11) 10/31/11 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		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 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >2 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		<input checked="" type="checkbox"/>		PIPE INSULATION	29 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/21/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/19/11

ASB-41

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

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) CITY OF ELIZABETH	
Agencies Notified	Type Notification	Street Address 24 SO. BROAD STREET	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code ELIZABETH, NJ 07205	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact ANTHONY BATTITTA	
<input checked="" type="checkbox"/> DOL	Amendment #: 1	Telephone Number 908-262-1885	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

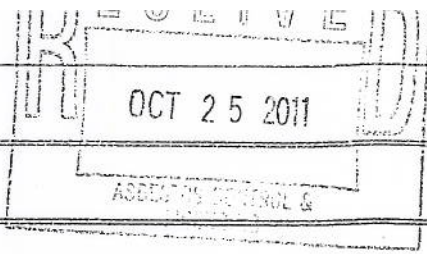
Name of facility where abatement is taking place (3) CITY OF ELIZABETH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 24 SO. BROAD STREET			Square Feet # of Floors Bldg. Age		
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 10/25/11	Sched. Completion Date (11) 10/31/11		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: 4:00 PM					

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE (WRAP & CUT)	100 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 10/25/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/20/11

Date of Notification (1) 10/11/11		Name of Building Owner/Operator (2) CITY OF ELIZABETH					
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 24 SO. BROAD STREET	
						City, State, Zip Code ELIZABETH, NJ 07205	
		Name of Contact ANTHONY BATTITTA				Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CITY OF ELIZABETH			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) _____		
Street Address 24 SO. BROAD STREET					
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)			

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 10/24/11		Sched. Completion Date (11) 10/31/11		
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 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	<10 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 10/25/11		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature [REDACTED]		Date 11/12/11

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CH 24589

Date of Notification (1) <u>10/25/11</u>		Name of Building Owner/Operator (2) <u>Borough of Mount Ephraim</u>	
Agencies Notified WAIVER APPROVED		Street Address <u>121 S. Blackhorse Pike</u>	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <u>Mt. Ephraim, NJ 08059</u>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <u>Terry Shannon</u>	Telephone Number <u>[REDACTED]</u>

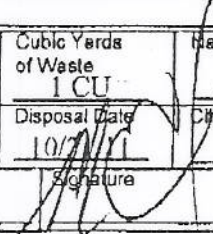
FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) <u>Mt. Ephraim Police Station</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>121 S. Blackhorse Pike</u>		Square Feet	# of Floors
City (5) <u>Mt. Ephraim</u>		Bldg. Age	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Police Station</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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/28/11</u>	Scheduled Completion Date (11) <u>10/28/11</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

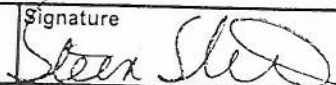
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>basement mechanical room</u>			X	<u>transite flue pipe</u>	<u>6 LF</u>	X			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/28/11</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/25/11</u>

<u>Agencies Notified</u> (x) EPA () DEP (x) DOL (x) DOH (x) DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> Rt 130 <u>City, State, Zip Code</u> Deepwater, NJ 08069		<div style="text-align: right; font-size: small;">OCT 25 2011</div> <u>Name of Contact</u> Bryan Mumink		<u>Tel. Number</u> [REDACTED]	
FACILITY INFORMATION									
<u>Name of Facility Where Abatement is Taking Place (3)</u> Chambers Works					<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)				
<u>Street Address</u> Route 130					Sq. Feet _____ # of Floors _____				
<u>City (5)</u> Deepwater		<u>County (6)</u> Salem		<u>County Code (7)</u> (State Use Only)		<u>Bldg. Age</u> Outside Current Use (prior if being demolished) Chemical Manufacture			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Harvard Environmental Inc.				<u>ASCM No.</u>		<u>Name of Contractor (9)</u> County Environmental			
<u>Street Address</u> 760 Pulaski Highway					<u>Street Address</u> 461 New Churchmans Rd.				
<u>City, State, Zip Code</u> New Castle, DE 19720					<u>City, State, Zip Code</u> New Castle, DE 19720				
<u>Project Manager for Monitoring Firm</u> Wesley Morrison		<u>Telephone Number</u> (302) 326-2333		<u>Telephone Number</u> (302) 322-8946		<u>License Number</u> 00578			
<u>Scheduled Start Date (10)</u> 10/20/2011		<u>Scheduled Completion Date (11)</u> 12/31/2011		<u>Name of OSHA Monitor</u> County Environmental Co.					
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Work hours are 7:00 am to 3:30 pm					<u>Street Address</u> 461 New Churchmans Rd				
Other - Describe Area will be demarcated					<u>City, State, Zip Code</u> New Castle, DE 19720				
<u>Source of Work (Check all that apply)</u> () Demolition (x) Renovation () Large Proj. (>160 SF or >260 LF ACM) (x) SM Proj. (>25<160 SF or >10 <260 LF ACM) (x) Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure () Mini-Enclosure (x) Glovebag Procedure									
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>		<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA		<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		<u>Amount (Specify SF or LF)</u>		<u>Abatement Type</u>	
Thru-out plant		X		Thermal Systems		350 LF/SF		Rem. Rep. Encap. Enclose X	
Thru-out plant		X		Thermal Systems		1900 LF		X	
Thru-out plant		X		Floor Tile / Mastic		1500 SF		X	
<u>Name of Reg. Waste Hauler</u> DuPont Company		<u>NJDEP Waste Hauler ID #</u>		<u>Cubic Yards of Waste</u>		<u>Name of Reg. Landfill</u> DuPont Chambers Works			
<u>City, State</u> Deepwater, NJ						<u>Disp. Date</u>		<u>City, State</u> Deepwater, NJ	
<u>Completed by (Print or Type)</u> Greg Godwin		<u>Title</u> Project Manager		<u>Signature</u> <i>Greg Godwin</i>		<u>Date</u> 10/20/2010			

Mail to: NJDEP-DSHW-BRRTPT Telephone 609-984-6620 C:\WORD\MYDOCS\ASBESTOS

401 E. State St., PO 4149/18/00
 Trenton, NJ 08625-0414

Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 213 WASHINGTON STREET City, State, Zip Code NEWARK, NJ 07102 Name of Contact GARY MCKNIGHT Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL Street Address 213 WASHINGTON STREET City (5) NEWARK County (6) ESSEX County Code (7)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) Square Feet 200,000 # Of Floors 14 Building Age 45+ Current Use (Prior if being demolished) OFFICE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET Street Address 28 PENNELL ROAD City, State, Zip Code MEDIA, PA 19063 Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT Telephone Number 908-218-1108 Scheduled Start Date (10) 11 / 05 / 11 Sched. Completion Date (11) 11 / 07 / 11			ASCM NO Name of Abatement Contractor (9) LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011 Telephone Number 973-772-3660 License Number 00117		
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM-3:30PM			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <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 </div> </div>					
Location of Asbestos Containing <u>TO BE ABATED</u> 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)	
6TH FL TV STUDIO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		FIXTURE CORD Amount (Specify SF or LF) 30 LF	
[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		[REDACTED]	
[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		[REDACTED]	
[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		[REDACTED]	
Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ		NJDEP Waste Hauler ID No. 4509 Cubic Yards of Waste		Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER		Signature  Date 10/24/11	

Date of Notification (1)
10/12/11

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

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

Name of Building Owner/Operator (2)
BEN PENA

Street Address
23 RIDGELAND ROAD

City, State, Zip Code
PARAMUS, NJ

Name of Contact
BEN PENA

Telephone Number
[REDACTED]

DOL - 10 DAY
OCT 25 2011
WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
BEN PENA

Street Address
23 RIDGELAND ROAD

City (5)
PARAMUS

County (6)
BERGEN

County Code (7) (State use only)
[REDACTED]

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

Square Feet
[REDACTED]

of Floors
[REDACTED]

Bldg. Age
[REDACTED]

Current Use (Prior if being demolished)
[REDACTED]

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

ASCM No.
[REDACTED]

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
10/26/11

Sched. Completion Date (11)
11/07/11

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

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ 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		X		BOILER INSULATION	30 SQ FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature
[REDACTED]

Disposal Date
10/27/11

Date
10/25/11

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

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) JOHN LEAHY		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DOL - 10 DAY WAIVER APPROVED </div>
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 168 MAIN STREET		City, State, Zip Code WOODBIDGE, NJ		
Name of Contact JOHN LEAHY		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN LEAHY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 168 MAIN STREET					
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 10/26/11			License Number 00159		
Sched. Completion Date (11) 11/07/11			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		

- ☐ 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	35 L FT	<input checked="" 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 10/27/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/25/11

ASB-41

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

10/21/11		Jonathan Cass	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address		416 Evans Avenue	
City, State, Zip Code		Haddonfield, NJ 08033	
Name of Contact		Jonathan Cass	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Residence		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address		Square Feet	
416 Evans Avenue		# of Floors	
City (5)		Bldg. Age	
Haddonfield			
County (6)		County Code (7) (STATE USE ONLY)	
Camden			
Current Use (Prior if being demolished)		residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
MECS		Stevens Environmental Services, Inc.	
Street Address		Street Address	
PO Box 341		PO Box 322	
City, State, Zip Code		City, State, Zip Code	
Crosswicks, NJ 08515		Allentown, NJ 08501	
Project Manager for Monitoring Firm		Telephone No.	
William Weisgarber Jr.		(609) 298-4070	
Start Date (10)		License No.	
11/1/11		00493	
Scheduled Completion Date (11)		Name of OSHA Monitor	
11/2/11		MECS	
Occupancy Status During Abatement (Check only one)		Street Address	
<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: 8 AM-4:30 PM		PO Box 341	
		City, State, Zip Code	
		Crosswicks, NJ 08515	
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) 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			boiler insulation
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
Stevens Environmental Services, Inc.		18292	1 CU
City, State		Disposal Date	Name of Registered Landfill
Allentown, NJ		11/2/11	T.R.R.F., Inc. Landfill
Completed By		Signature	Date
Mahlon E. Stevens		Project Manager	10/21/11

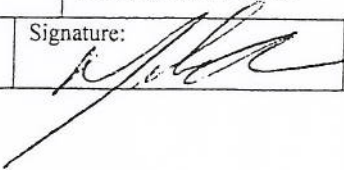
REQUEST FOR WAIVER

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 10-25-2011		Name of Building Owner/Operator (2) MS. SCOLANO		DOL - 10 DAY	
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 145 ST JOSEPH BLVD. City, State, Zip Code LODI, NJ 07644 Name of Contact MS. SCOLANO	
Name of Facility Where Abatement is Taking Place (3) MS. SCOLANO				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 145 ST. JOSEPH BLVD.		Square Feet 2100		# of Floors 2	
City (5) LODI		Bldg. Age 80 YRS		Current Use (Prior if being demolished) RESIDENCE	
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (8) Best Removal Inc	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Street Address 450 South River St	
Street Address		City, State, Zip Code Hackensack, N.J. 07601		Telephone No. 201-329-7444	
City, State, Zip Code		License No. 00388		Name of OSHA Monitor Omega Environmental Services	
Project Manager for Monitoring Firm		Telephone No.		Street Address 280 Huyler St	
Start Date (10) 10-27-2011		Scheduled Completion Date (11) 10-28-2011		City, State, Zip Code South Hackensack, N.J. 07606	
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: 8AM 5PM					
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 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-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)
	Yes	No	N/A		
BASEMENT			X	THERMAL INSULATION	55 SF
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393		Name of Registered Landfill Cumberland County Landfill	
City, State South Kearny N.J. 07032		Cubic Yards of Waste 1 CU YD		City, State Newburgh PA, 17242	
Disposal Date 10-28-2011		Signature R. Veldran		Date 10-25-2011	
Completed by R. VELDRA		Title Estimator			

10/20/11		RD ELMOOD ASSOCIATES PL	
Agencies Notified	Type Notification	Street Address:	
(X) EPA	(X) Initial Notification	1311 MAMARONECK AVE.	
(X) DEP	() Amendment Notification	City, State, Zip Code:	
(X) DOL	() Emergency	WHITE PLAINS NY 10605	
(X) DOH	() Cancellation	Name of Contact:	Telephone Number:
() DCA		GUY SACCENTO	

OCT 25 2011

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3):		Type of Facility (4):							
COMMERCIAL		() School (K-12)							
Street Address: 100 BROADWAY		() Subchapter 8 (Other than K-12)							
City & State (5): ELMWOOD PARK, NJ		(X) Other (i.e., private & commercial buildings, homes, etc.)							
County (6):	County Code (7)	Square Feet: NA	# of Floors: 2						
BERGEN	(STATE USE ONLY)	Bldg. Age: NA							
Current Use (Prior if being demolished):									
COMMERCIAL									
Name of Monitoring Firm Hired by Building Owner(8):		Name of Abatement Contractor (9):							
CNS MANAGEMENT		S/M Enterprise of NJ, Inc.							
Street Address:		Street Address:							
208 NEWTOWN RD.		339 North 6 th Street							
City, State, Zip Code: PLAINVIEW NY 11803		City, State, Zip Code:							
		Prospect Park, NJ 07508							
Project Manager for Monitoring Firm:		Telephone No.:	License No.:						
MICHAEL NOLAN		516-932-3228	00641						
Start Date (10):	Scheduled Completion Date (11):	Name of OSHA Monitor:							
11/03/11	11/30/11	S/M Enterprise of New Jersey, Inc.							
Occupancy Status During Abatement (Check only one)		Street Address:							
() Facility Closed/vacated During Entire Period of Abatement		P.O. Box 8265							
(X) Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code:							
() Other - Describe:		Haledon, NJ 07538							
Scope of Work (Check all that apply):									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	140 LF	X			
BASEMENT		X		FLOOR TILES	2,385 SF	X			
BASEMENT		X		WALLBOARD COMPOUND	12,100 SF	X			
Name of Registered Waste Hauler:		NJDEP Waste Hauler ID No.:	Cubic Yards of Waste:	Name of Registered landfill:					
NEWARK CARTING, INC		18693		IESI					
City, State:	Disposal Date:	City, State:							
NEWARK, NJ	11/30/11	IMPERIAL, PA 15126							
Completed By:	Title:	Signature:	Date:						
MIKE ALTADOUKA	PRESIDENT		10/20/11						