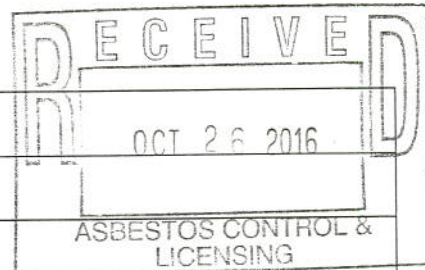


CK 4521

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



Date of Notification (1) 10/20/2016		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified	Type Notification	Street Address PO Box 95120							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<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 Camden, NJ 08101							
		Name of Contact James Rizzo	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 542 S. 7th 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.)							
Street Address 542 S. 7th Street		Square Feet Varies	# of Floors Varies						
City (5) Camden		Bldg. Age 30+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address		Street Address 6626 Delilah Road							
City, State, Zip Code		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm		Telephone No. 609-567-1250	License No. 01172						
Start Date (10) 10/21/2016	Scheduled Completion Date (11) 11/04/2016	Name of OSHA Monitor							
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: <u>vacant</u>		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 ≥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 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
See Attached Emergency			X	See Attached Emergency	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill					
City, State Egg Harbor Township, NJ			Disposal Date 10/28/2016	City, State Morrisville, PA 19067					
Completed by Eric Keys		Title OM	Signature 			Date 10/20/2016			

RECEIVED  
OCT 26 2016  
ASBESTOS CONTROL & LICENSING

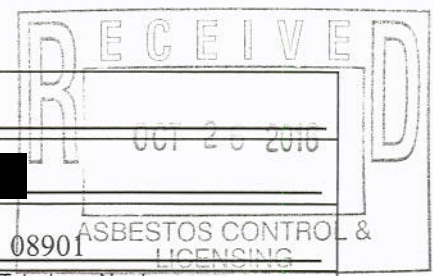
ASB-41

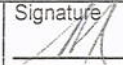
\*Do not use this form for asbestos licensure exempted activities



CK # 25307

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

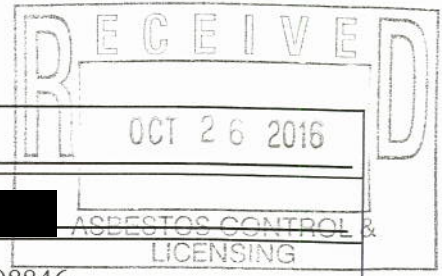


Date of Notification (1) <u>10/25/16</u>		Name of Building Owner/Operator (2) <u>De uriarte</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em;"></div>							
		City, State, Zip Code <u>New Brunswick, NJ 08901</u>							
		Name of Contact <u>Mr. Brian De uriarte</u>	Telephone Number <u></u>						
<b>FACILITY INFORMATION</b>									
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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>									
City (5) <u>New Brunswick, NJ</u>		Square Feet <u>2500</u>	# of Floors <u>2</u>						
		Bldg. Age <u>80+/-</u>							
County (6) <u>Midllesex</u>	County Code (7) (STATE USE ONLY) <u></u>		Current Use (Prior if being demolished) <u></u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>11/14/16</u>	Scheduled Completion Date (11) <u>11/18/16</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>8 am - 4 pm</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)	Amount (Specify SF or LF) <u>160 lf</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</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>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/18/16</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 			Date <u>10/25/16</u>		



CK# 25308

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



Date of Notification (1) <u>10/25/16</u>		Name of Building Owner/Operator (2) <u>Falco</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 _____	
		City, State, Zip Code <u>Middlesex, NJ 08846</u>	
		Name of Contact <u>Mrs. Falco</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 _____		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Middlesex, NJ</u>		Bldg. Age <u>75+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>
Start Date (10) <u>11/21/16</u>	Scheduled Completion Date (11) <u>11/25/16</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>8 am - 4 pm</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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

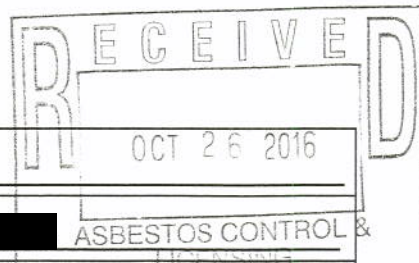
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>120 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Boiler Insulation</u>	<u>30 sf</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>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/25/16</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/25/16</u>		



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

CK # 25309



Date of Notification (1) <u>10/25/16</u>		Name of Building Owner/Operator (2) <u>Weiner</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 [REDACTED] City, State, Zip Code <u>Oceanport, NJ 07757</u>	
		Name of Contact <u>Zackary Weiner</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 [REDACTED]		Square Feet <u>850</u>	
City (5) <u>Oceanport, NJ</u>		# of Floors <u>1</u>	Bldg. Age <u>75+/-</u>
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>
Start Date (10) <u>11/4/16</u>	Scheduled Completion Date (11) <u>11/11/16</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>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

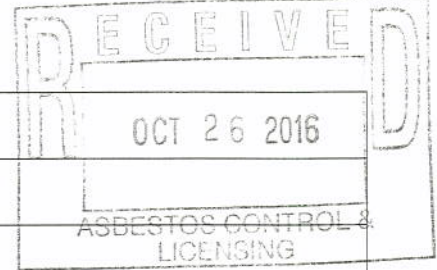
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) (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>Attic</u>	<input checked="" type="checkbox"/>			<u>Vermiculite Insulation</u>	<u>1000 sf</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>8 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/14/16</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/25/16</u>		

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

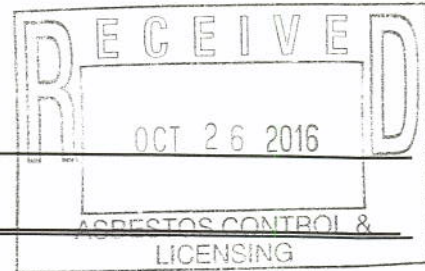


Date of Notification (1) 10/24/16		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code OldBridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 2-6 Glenwood Dr		Square Feet 2,000	# of Floors 2						
City (5) Old Bridge, NJ		Bldg. Age 65+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address _____		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code _____		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00693						
Start Date (10) 11/07/16	Scheduled Completion Date (11) 11/11/16	Name of OSHA Monitor DIA General Construction, Inc							
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 1360 Clifton Ave, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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 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) <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
2 A-D Poplar Ln	x			Pipe/Elbow Insulation	160 LF	x			
4 A-D Poplar Ln	x			Pipe/Elbow Insulation	155 LF	x			
6 A-D Poplar Ln	x			Pipe/Elbow Insulation	160 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 11/11/16	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title President	Signature 			Date 10/24/16			



D&S Proj. #: 16-318

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



Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) peter manto	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code BLOOMFIELD, NJ 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact peter manto	
<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) peter manto			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) BLOOMFIELD			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			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) 10/26/16		Sched. Completion Date (11) 11/09/16	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: NORMAL HOURS				

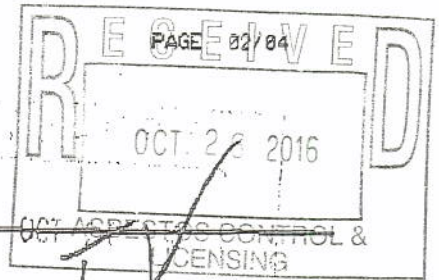
Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input 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		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	80 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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 10/27/16		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/20/2016



10/20/2016 08:44AM 9733458060

D&amp;E RESTORATIO



OK 6870

DAG Proj. #: 16-318

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

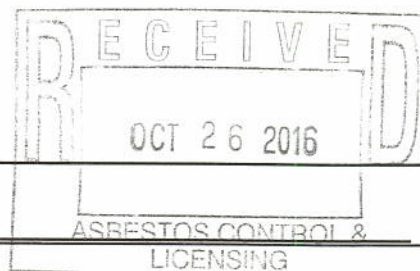
Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) peter manto		OCT 10 2016 CENSING
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
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 BLOOMFIELD, NJ 07003		
		Name of Contact peter manto		Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Peter manio</u>				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 <u>[REDACTED]</u>				Square Feet      # of Floors      Bldg. Age			
City (5) <u>BLOOMFIELD</u>		County (6) <u>ESSEX</u>		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) <u>D &amp; S RESTORATION, INC.</u>			
Street Address				Street Address <u>20 California Ave.</u>			
City, State, Zip Code				City, State, Zip Code <u>Paterson, NJ 07503</u>			
Project Manager for Monitoring Firm		Phone Number		Telephone Number <u>973-345-8020</u>		License Number <u>01169</u>	
Start Date (10) <u>10/26/16</u>		Sched. Completion Date (11) <u>11/09/16</u>		Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</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- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				Street Address <u>20 California Avenue</u>			
				City, State, Zip Code <u>Paterson, NJ 07503</u>			
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 ft <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)	
		Yes      No      N/A				Removal      Repair      Encap      Demol	
<u>BASEMENT</u>		<input checked="" type="checkbox"/>		<u>PIPE INSULATION</u>		<u>20 L FT</u>	
<u>BASEMENT</u>		<input checked="" type="checkbox"/>		<u>BARE HEATING PIPES</u>		<u>801 ft</u>	
Registered Waste Handler <u>D &amp; S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13306</u>		Cubic Yards of Waste <u>1 yd.</u>		Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>10/27/16</u>		City, State <u>TULLYTOWN, PA</u>			
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature		Date <u>10/20/2016</u>	



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



Date of Notification (1) 10/1/19/16		Name of Building Owner/Operator (2) LUCILLE COSENZA	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact LUCILLE COSENZA	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<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) LUCILLE COSENZA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Newark			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) [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	
Start Date (10) 10/25/16		Sched. Completion Date (11) 11/04/16		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 checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input type="checkbox"/> Demolition							

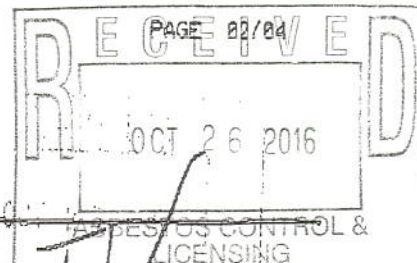
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION (fire box)	45 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 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/26/16		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 10/19/16	



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D&amp;S RESTORATIO

C160871  
D&S Proj. #: 16-336State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>10/13/16</u>		Name of Building Owner/Operator (2) <b>LUCILLE COSENZA</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <b>Newark, NJ 07104</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>LUCILLE COSENZA</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

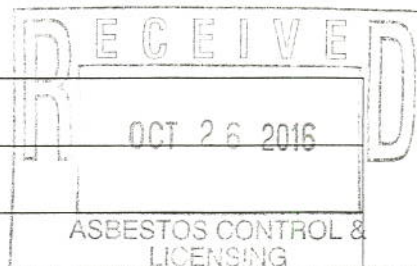
Name of facility where abatement is taking place (3) <b>LUCILLE COSENZA</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) <b>Newark</b>	County (6) <b>ESSEX</b>	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASOM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>		
Street Address			Street Address <b>20 California Ave.</b>		
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>973-345-8020</b>		License Number <b>01169</b>
Start Date (10) <b>10/23/16</b>		Schedule Completion Date (11) <b>11/04/16</b>			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address <b>20 California Avenue</b>		
<input type="checkbox"/> Abatement performed outside of normal facility hours.			City, State, Zip Code <b>Paterson, NJ 07503</b>		
Describe: <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>					
Scope of Work (check all that apply)			Full Containment w/negative pressure		
<input checked="" type="checkbox"/> >2 sf or >2 lf			<input checked="" type="checkbox"/> Mini-enclosure		
<input type="checkbox"/> >10 sf or >240 lf			<input checked="" type="checkbox"/> Glovebag procedure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Non-Exempted (*) and Non-liable procedure		
<input type="checkbox"/> Demolition					

Location of asbestos-containing material (acm) to be abated in facility (12)	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 l o s e	E n c l o s e
	Yes	No	N/A						
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>20 L FT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BASEMENT BOILER</b>		<input checked="" type="checkbox"/>		<b>BOILER INSULATION (fire box)</b>	<b>45 sq ft</b>	<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 <b>D &amp; S RESTORATION, INC.</b>	NJ DEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>2 yds.</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>10/26/16</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>10/19/16</b>



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

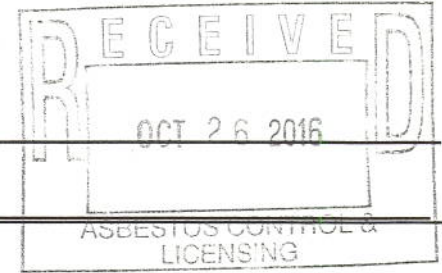


Date of Notification (1) 10/24/16		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 OldBridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)							
Street Address 23-25 Apple Tree Ln		<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) Old Bridge, NJ		Square Feet 2,000	# of Floors 2						
		Bldg. Age 65+							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 11/07/16	Scheduled Completion Date (11) 11/11/16	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
23 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	180 LF	x			
25A-D Apple Tree Ln	x			Pipe/Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 11/11/16	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title President	Signature 			Date 10/24/16			

CK 6874

D&amp;S Proj. #: 16-321

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



Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) arlene russo	
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 [REDACTED]	
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 UNION, NJ 07083	
		Name of Contact eveleyn kaiser	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) arlene russp			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) UNION	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/25/16	Sched. Completion Date (11) 11/10/16		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 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 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	135 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/21/2016

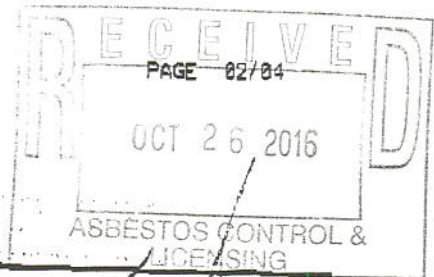


10/21/2016 02:22PM 9733450050

D&amp;S RESTORATIO

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

D&amp;S Proj. #: 16-321



Date of Notification (1) 10/1/16		Name of Building Owner/Operator (2) ariene russo	
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 [REDACTED] City, State, Zip Code UNION, NJ 07083	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact eveleyn kaiser	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ariene russo Street Address [REDACTED] City (5) UNION County (6) UNION County Code (7) (State use only)			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.) 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) 10/25/16 Sched. Completion Date (11) 11/10/16 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 Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥280 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					
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)	Remove	Repair	Encap	Encl
BASEMENT	Yes	No	PIPE INSULATION	1351 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"/>

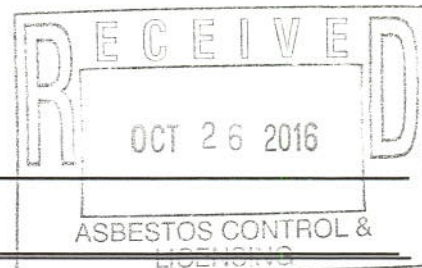
Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/21/2016



CK 6873

D&amp;S Proj. #: 16-320

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



Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) bill de vito	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code BLOOMFIELD, NJ 07003		
Name of Contact liz green		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) bill de vito			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) BLOOMFIELD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	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 01169
Start Date (10) 10/31/16	Sched. Completion Date (11) 11/11/16		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 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		<input checked="" type="checkbox"/>		PIPE INSULATION	60 ± 1 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"/>

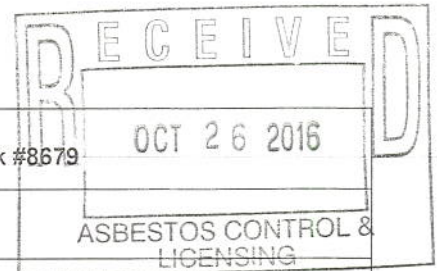
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/01/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 10/20/2016

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



CL 8679

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



Date of Notification (1) 10 / 24 / 16		Name of Building Owner/Operator (2) South Jersey Gas / Job #1610-5079 Check #8679	
Agencies Notified <input checked="" 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 1 South Jersey Plaza City, State, Zip Code Folsom, NJ Name of Contact Patrick Carr Telephone Number 	

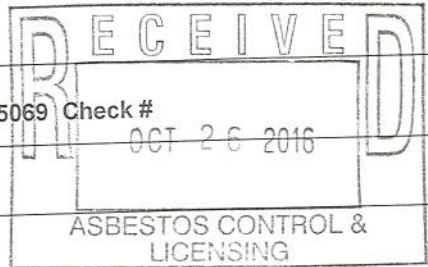
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) South Jersey Gas		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 111 N Franklin Blvd.		Square Feet	# of Floors
City (5) Pleasantville, NJ 08232		Bldg. Age	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former MGP Site	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-839-2432	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 11 / 2 / 16	Scheduled Completion Date (11) 11 / 11 / 16	Name of OSHA Monitor EMSL Analytical	
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: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	1,260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	39 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Sealant	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill
City, State Lumberton, NJ	Disposal Date 11/11/16	City, State Atlantic City, NJ	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 10/24/16



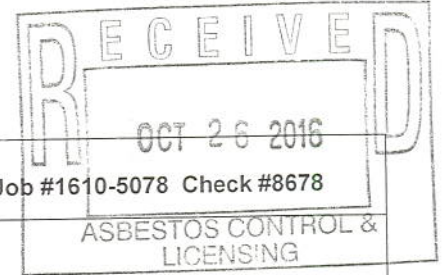
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>10 / 14 / 16</b>		Name of Building Owner/Operator (2) <b>JC Penney Corporation / Job #1609-5069</b>		Check # <b>OCT 26 2016</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>6501 Legacy Drive MS 2108</b>					
		City, State, Zip Code <b>Plano, Texas 75024</b>		ASBESTOS CONTROL & LICENSING					
		Name of Contact <b>Timothy Parks</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JC Penney- Woodbridge Center Store #1983</b>				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 <b>428 Woodbridge Center Drive</b>				Square Feet	Bldg. Age				
City (5) <b>Woodbridge, NJ 07095</b>				# of Floors					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Department Store</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting, LLC</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>1600 Route 22 East, Suite #107</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Thomas Rubino</b>		Telephone No. <b>908-688-7800</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <b>10 / 10 / 16</b>		Scheduled Completion Date (11) <b>10 / 17 / 16</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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: <b>PM 9:30PM-6AM</b>				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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
Upper Level Portrait Studio, East Side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Carpet Padding Mastic	640 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level Portrait Studio, West Side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carpet Padding Mastic	310 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"/>
	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>10/17/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>10/17/16</b>			



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



*CK 8078*

Date of Notification (1) <b>10 / 21 / 16</b>			Name of Building Owner/Operator (2) <b>Burlington County Bridge Commission / Job #1610-5078 Check #8678</b>						
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1300 Route 73 N PO Box 6</b>					
				City, State, Zip Code <b>Palmyra, NJ 08043</b>					
				Name of Contact <b>Bob S</b>					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Burlington Bristol Bridge- Toll Plaza</b>				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 <b>460 Veterans Drive</b>				Square Feet					
City (5) <b>Burlington, NJ 08016</b>				# of Floors					
				Bldg. Age					
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Toll Plaza</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>PO Box 365</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Berlin, NJ 08009</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>		Telephone No. <b>609-265-2107</b>					
				License No. <b>00529</b>					
Start Date (10) <b>10 / 22 / 16</b>		Scheduled Completion Date (11) <b>10 / 25 / 16</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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) <b>TO BE ABATED</b> 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) <b>150 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Galbestos</b>		<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>10/25/16</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gwendolyn Trumbetti</i>			Date <b>10/21/16</b>		



RECEIVED  
OCT 26 2016  
Job #1610-5078 Check #8678  
ASBESTOS CONTROL & LICENSING

ASB-41  
MAY 11

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



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

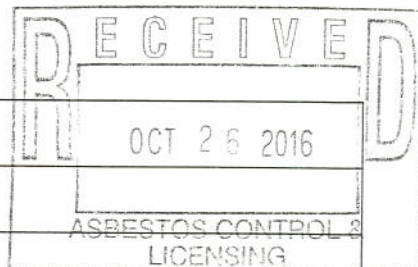
*check # 2764*

Date of Notification (1) 10 / 25 / 16		Name of Building Owner / Operator (2) PSE&G		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 26 2016 ASBESTOS CONTROL 2 </div>	
Agencies Notified		Street Address 4000 HADLEY ROAD			
Type of Notification		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080			
		Name of Contact MIKE PERCARPIO			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 186 VAN KEUREN AVE			<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.)		
City (5) JERSEY CITY	County (6) HUDSON	County Code (7)	Square Feet N/A	# Of Floors	Building Age
			Current Use (Prior if being demolished) N/A		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO \		
Street Address 907 Doolittle Drive			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code Bridgewater, NJ 08807			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108					
Scheduled Start Date (10) 11 / 08 / 16		Sched. Completion Date (11) 11 / 30 / 16		License Number 00860	
				Telephone Number 973-884-8682	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing  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	
				R E M O V A L	E N C A P S U L
				R E P A I R	E N C L O S U R
	YES NO N/A				
UNIT 1 STACK	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKETS	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"/>			<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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 10/25/16



CK39912

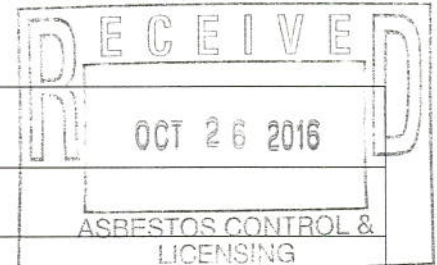
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/25/2016		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 Hadley Road - Second Floor							
		City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Thomas Laviano	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former PSE&G Facility		Type of Facility (4)							
Street Address 90 Duffield Street		<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) Jersey City		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
		Current Use (Prior if being demolished) Excavation Site - Abandoned							
Name of Monitoring Firm Hired by Building Owner		ASCM No.	Name of Abatement Contractor						
Street Address			Degmor Environmental Services LLC.						
City, State, Zip Code		Street Address 511 Canal Street							
		City, State, Zip Code New York, NY 10013							
Project Manager for Monitoring Firm		Telephone No. ( )	Telephone No. (212) 431-0696						
Start Date (10) 11/8/2016		Scheduled Completion Date (11) 12/15/2016	License No. 01314						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL Analytical, Inc.							
<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>Excavated pipe is outdoors in remote area</u>		Street Address 307 West 38th Street							
		City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply)									
<input 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 Procedure <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	Enclosure
Remote area of open lot			X	Coal Tar wrapped gas pipe	2,000 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by J. Robert Dombrowski		Title Senior Project Manager		Signature 			Date 10/25/2016		



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



Date of Notification (1) <b>10 / 25 / 16</b>		Name of Building Owner/Operator (2) <b>Bank Of America</b>							
Agencies Notified <input checked="" 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 <b>937 Broadway</b>							
		City, State, Zip Code <b>Bayonne, NJ 07002</b>							
		Name of Contact <b>Courtney Ostaszewski</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		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 <b>937 Broadway</b>		Square Feet <b>2,000</b>	# of Floors <b>1</b>						
City (5) <b>Bayonne, NJ</b>		Bldg. Age <b>45</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>New York Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>88 Harbor Road</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Port Washington, NY 11050</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Michael Baudo</b>		Telephone No. <b>516-944-9500</b>	License No. <b>00774</b>						
Start Date (10) <b>11 / 12 / 16</b>	Scheduled Completion Date (11) <b>12 / 31 / 16</b>	Name of OSHA Monitor <b>Testor Tech</b>							
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 - Describe Time of Abatement: <u>AM-1:00PM/9:00PM-Saturday and Sunday.</u> AM		Street Address <b>10- 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
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"/> 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	Enclosure
Drive Thru Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	30SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive Thru Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	5SF	<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"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>		Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>IESI</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>11//2016</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 		Date <b>10-25-16</b>			