

1003913

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) MRS. HOLT	
Agencies Notified	Type Notification	Street Address 42 NEW STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MRS. HOLT	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<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) MRS. HOLT			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 42 NEW STREET			Square Feet		
City (5) MONTCLAIR			# of Floors		
County (6) ESSEX			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 11/03/11		Sched. Completion Date (11) 11/11/11	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	<10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	38 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 11/04/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/24/11



1003909

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) KIRKLAND RESIDENCE	
Agencies Notified	Type Notification	Street Address 42 HOFFMAN PLACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code IRVINGTON, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact KIRKLAND RESIDENCE	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<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) KIRKLAND 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 42 HOFFMAN PLACE			Square Feet # of Floors Bldg. Age		
City (5) IRVINGTON	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 11/03/11		Sched. Completion Date (11) 11/11/11	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: NORMAL HOURS					

## Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	36 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	20 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"/>

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 11/04/11		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/24/11



#003912

Date of Notification (1) 10/12/11		Name of Building Owner/Operator (2) MARION LOH	
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 122 HIGHLAND AVENUE		City, State, Zip Code JERSEY CITY, NJ 07306	
Name of Contact MARION LOH		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARION LOH			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 122 HIGHLAND AVENUE			Square Feet		
City (5) JERSEY CITY			County (6) HUDSON		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
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) 11/03/11			License Number 00159		
Sched. Completion Date (11) 11/11/11			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 type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		
			<input type="checkbox"/> Full Containment w/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)	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	86 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN		<input checked="" type="checkbox"/>		PIPE INSULATION	4 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"/>

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 11/11/11	City, State TULLYTOWN, PA	Date 10/24/10
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

Asbestos abatement activities.



#063910

Date of Notification (1) 1/10/12 4/11		Name of Building Owner/Operator (2) BRUCE ZAVETZ	
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 516 NORTH CHESTNUT STREET		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact BRUCE ZAVETZ		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) BRUCE ZAVETZ			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 516 NORTH CHESTNUT STREET			Square Feet		
City (5) WESTFIELD			County (6) UNION		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]		
Street Address [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code [REDACTED]			Street Address 20 California Ave.		
Project Manager for Monitoring Firm [REDACTED]			Phone Number [REDACTED]		City, State, Zip Code Paterson, NJ 07503
Start Date (10) 1/09/11			Sched. Completion Date (11) 11/18/11		
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			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)

- ☒ >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		PIPE INSULATION	55 L FT	X			
BASEMENT		X		PIPE FITTING INSULATION	10 ELBOWS	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 11/10/11	City, State TULLYTOWN, PA	Date 10/24/11
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

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



#003911

Date of Notification (1) 11/01/12 14/11		Name of Building Owner/Operator (2) JOHN TOMAN	
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 25 RUTLAND AVENUE	
	City, State, Zip Code KEARNY, NJ 07032		
	Name of Contact JOHN TOMAN		
	Telephone Number [REDACTED]		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN TOMAN			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 25 RUTLAND AVENUE			Square Feet # of Floors Bldg. Age		
City (5) KEARNY	County (6) HUDSON	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) 11/08/11		Sched. Completion Date (11) 11/18/11	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		

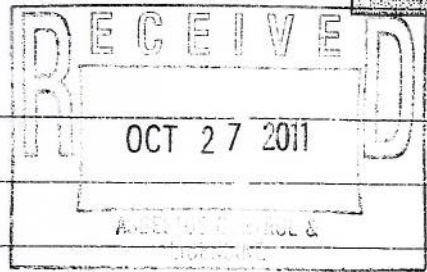
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	69 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 11/09/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/24/11



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



Date of Notification (1) <b>10/4/11</b>		Name of Building Owner/Operator (2) Town of Maplewood							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # <b>C1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 574 Valley St		City, State, Zip Code Maplewood, NJ 07040							
Name of Contact Thomas Malavasi		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Maplewood Municipal Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 574 Valley St.		Square Feet 50,000	# of Floors 2						
City (5) Maplewood		Bldg. Age 70							
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Municipal Building						
Name of Monitoring Firm Matrix New World		Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Niram Inc.						
Street Address 120 Eagle Rock Ave., STE 207		Street Address 91 Fulton St							
City, State, Zip Code East Hanover, NJ 07936		City, State, Zip Code Boonton, NJ 07005							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973.240-1800	Telephone No. 973-299-4455						
Start Date (10) <b>10/6/11</b>		Scheduled Completion Date (11) <b>11/31/11</b>	Name of OSHA Monitor EMSL						
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 <input checked="" type="checkbox"/> Other - Describe: <b>Exterior abatement</b>		Street Address 107 Haddon Ave.							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Westmont, NJ 08108							
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) 100 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rock			X	acm mortar under slate to be removed		X			
Name of Registered Waste Hauler Niram, Inc		NJDEP Waste Hauler ID No. NJ312	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Boonton, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Roman Graure		Title Project Manager		Signature 		Date <b>10/4/11</b>			



REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

OCT 27 2011

Date of Notification (1) <b>10/27/11</b>		Name of Building Owner/Operator (2) <b>MS. ANN DESMOND</b>	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1510NA PL.</b> City, State, Zip Code <b>GUEN ROCK NJ. 07450</b> Name of Contact <b>JEFF HELTON</b> Telephone Number	
Name of Facility Where Abatement is Taking Place (3) <b>MS. DESMOND</b> Street Address <b>1510NA PL</b> City (5) <b>GUEN ROCK</b> County (6) <b>BERGEN</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 & commercial buildings, homes, etc.) Square Feet <b>2200</b> # of Floors <b>2</b> Bldg. Age <b>1935</b> Current Use (Prior to being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b> Street Address <b>450 South River St</b> City, State, Zip Code <b>Hackensack, N.J. 07601</b> Telephone No. <b>201-329-7444</b> License No. <b>00388</b>	
Start Date (10) <b>10/29/11</b> Scheduled Completion Date (11) <b>10/30/11</b>		Name of OSHA Monitor <b>Omega Environmental Services</b> Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</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 <input checked="" type="checkbox"/> Other - Describe: <b>FROM 10:30 AM TO 5 PM</b>		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 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) <b>TO BE ABATED</b> 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)	Amount (Specify SF or LF)
<b>BASEMENT</b>		<b>THERMAL INSULATION</b>	<b>50 SF</b>
<b>BASEMENT</b>		<b>THERMAL SURFACING</b>	<b>50 SF</b>
Name of Registered Waste Hauler <b>DJM Transport, Inc</b> City, State <b>South Kearny N.J. 07032</b>		NJDEP Waste Hauler ID No. <b>22393</b> Cubic Yards of Waste <b>2 1/2</b> Disposal Date <b>10/30/11</b>	Name of Registered Landfill <b>Cumberland County Landfill</b> City, State <b>Newburgh PA, 17242</b>
Completed by <b>J. MAIORANO</b> Title <b>Estimator</b>		Signature <b>[Signature]</b> Date <b>10/27/11</b>	



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

Date of Notification (1) 10/27/11		Name of Building Owner/Operator (2) PM Color Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Elmora Ave.
			City, State, Zip Code Elizabeth NJ, 07202
			Name of Contact Patty Goldsmith
			Telephone Number [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Color Plaza		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 1001 Newark Ave.		Square Feet 50,000	# of Floors 2
City (5) Elizabeth		Bldg. Age 61	
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Industrial building
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address _____		Street Address 156 Maple Ave.	
City, State, Zip Code _____		City, State, Zip Code Wallington NJ, 07057	
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 973-406-7341
			License No. 01107
Start Date (10) 10/24/11		Scheduled Completion Date (11) 10/09/11	
Name of OSHA Monitor Leslaw Nalodka			
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 Other - Describe: _____		Street Address 156 Maple Ave	
		City, State, Zip Code Wallington NJ, 07057	
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 $\geq 250$ 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)		
	Yes	No	N/A
office			*
loading dock			*
roof			*
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type
transite panels		100	Removal <input checked="" type="checkbox"/>
floor tiles		600	Repair <input type="checkbox"/>
roofing material		5292	Encapsulate <input type="checkbox"/>
			Endorse <input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No 05409	Cubic Yards of Waste 60
City, State Newark NJ		Name of Registered Landfill GROWS	
Disposal Date 11/05/11		City, State Morrisville PA.	
Completed by Leslaw Nalodka		Title President	Signature 
			Date 10/27/11


ASB-41 (R-05-08)

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

WRONG STREET ADDRESS WHERE ABATEMENT IS TAKING PLACE



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

Date of Notification (1) 10/27/11		Name of Building Owner/Operator (2) PM Color Management							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #	1000 Elmora Ave.							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ, 07202							
		Name of Contact Patty Goldsmith	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Color Plaza		Type of Facility (4)							
Street Address 1001 Newark 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 buildings, homes, etc.)							
City (5) Elizabeth		Square Feet 50,000	# of Floors 2						
County (6) Union		Bldg. Age 61							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ, 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 10/24/11	Scheduled Completion Date (11) 10/09/11	Name of OSHA Monitor Leslaw Nalodka							
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 Other - Describe:		Street Address 156 Maple Ave							
		City, State, Zip Code Wallington NJ, 07057							
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 $\geq 250$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
office			*	transite panels	100	*			
loading dock			*	floor tiles	600	*			
roof			*	roofing material	5292	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No 05409	Cubic Yards of Waste 60	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 11/09/11		City, State Morrisville PA.					
Completed by Leslaw Nalodka		Title President		Signature 			Date 10/27/11		

WRONG STREET ADDRESS WHERE ABATEMENT IS TAKING PLACE



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to N.J.A.C. 8:60 and 12:120)**

Date of Notification (1) <b>10/27/2011</b>		Name of Building Owner / Operator (2) <b>Choice One Property Montclair</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>147 Pennsylvania Ave</b> City, State & Zip Code <b>Malvern, PA</b> Name of Contact <b>Sam Kucia</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>114 Valley Road</b>		Square Feet <b>10000</b>	# of Floors <b>1</b>
City (5) <b>Montclair</b>	County (6) <b>Essex</b>	Bldg. Age <b>50</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Commercial-Not in Use</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
Street Address		Street Address <b>2129 Rt 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>10/15/2011</b>	Scheduled Completion Date (11) <b>11/1/2011</b>	Name of OSHA Monitor <b>EMSL Analytical</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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 160 sf & ≥ 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"/> Glove Bag Procedures <input checked="" 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 or Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>2000sf</b> <b>1800sf</b>
Main Lower Area Rear Storage		VAT Wall Spray On	Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID No. <b>033330</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Freehold, NJ</b>		Disposal Date	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <b>Rod Richardson</b>
		Date <b>10/27/11</b>	



FROM : A. MAC

Fax:

Oct 27 2011 01:16pm P002

FAX NO. : 2012620321

Oct. 26 2011 05:30PM A1

Check # 7737

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) <b>10/26/11</b>		Name of Building Owner/Operator (2) <b>MR FRED HALDEN</b>		NJ Dept. of Health & Senior Services <b>C. [Signature]</b> Date: <b>10/26/11</b> Time: <b>8:15</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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		Street Address <b>45 CHRISTOPHER ST.</b> City, State, Zip Code <b>MATCLAIN NJ 07042</b> Name of Contact <b>JOE</b> Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>MR HALDEN</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 & commercial buildings, homes, etc.)						
Street Address <b>45 CHRISTOPHER ST</b>			Square Feet <b>1600</b>						
City (5) <b>MATCLAIN</b>			# of Floors <b>2</b>		Bldg. Age <b>56</b>				
County (6) <b>ESSEX</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>				
Street Address			Street Address <b>105 Lowell Road</b>						
City, State, Zip Code			City, State, Zip Code <b>Glen Rock, NJ 07452</b>						
Project Manager for Monitoring Firm			Telephone No. <b>201-262-5841</b>		License No. <b>00158 A</b>				
Start Date (10) <b>10/26/11</b>		Scheduled Completion Date (11) <b>10/27/11</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</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 <input type="checkbox"/> Other - Describe:				Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>Hackensack, NJ 07606</b>					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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	In-place	Enclosure
<b>Basement</b>			<b>X</b>	<b>Boil 6x</b>	<b>55 sf</b>	<b>X</b>			
<b>1'</b>			<b>Y</b>	<b>PIPE</b>	<b>140 lf</b>	<b>X</b>			
Name of Registered Waste Hauler <b>DJM Transport Inc.</b>			NJDEP Waste Hauler ID No. <b>29681</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>			
City, State <b>Kearny, New Jersey</b>			Disposal Date <b>10/26/11</b>		City, State <b>Newburg, PA 17242</b>				
Completed by <b>R. McDonald</b>			Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>10/26/11</b>		



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

APPROVED  
NJ Dept. of Health & Senior Services  
Date: 10/27/11 Time: 9:48 AM

Date of Notification (1) 10/27/11		Name of Building Owner/Operator (2) MS. ANN DESMOND	
Agencies Notified	Type Notification	Street Address 15 IONA PL.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DON <input type="checkbox"/> DCA	<input checked="" 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 GLEN ROCK, NJ, 07430	
		Name of Contact JEFF HELTON	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. DESMOND		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 15 IONA PL		Square Feet 2200	# of Floors 2
City (5) GLEN ROCK		Bldg. Age 1935	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J., 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 10/29/11	Scheduled Completion Date (11) 10/30/11	Name of OSHA Monitor Omega Environmental Services	
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: 7AM TO 3PM		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, N.J., 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> < 23 sf or < 23 lf <input type="checkbox"/> > 180 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-Frillable 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			THERMAL INSULATION
Basement			THERMAL SURFACING
Name of Registered Waste Hauler BJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 2 1/2
City, State South Kearny N.J., 07032		Disposal Date 10/30/11	Name of Registered Landfill Cumberland County Landfill
City, State Newburgh PA, 17242		Date 10/27/11	
Completed by J. MAIORANO		Title Estimator	Signature [Signature]



Fax:

Oct 27 2011 01:17pm\_P009/028

D&amp;S Proj. #: MS 11-428

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

*Scanned 10/27/11*

Date of Notification (1) 11/10/11 12/15/11		Name of Building Owner/Operator (2) JOE D'URSO		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 11/10/11 Time: 3:11
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> COH <input type="checkbox"/> DCA		Street Address 100 PASCACK ROAD		
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 PARK RIDGE, NJ		
		Name of Contact JOE D'URSO		
Telephone Number				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE D'URSO			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 100 PASCACK ROAD			Square Feet # of Floors Bldg. Age		
City (5) PARK RIDGE	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 10/27/11		Sched. Completion Date (11) 11/11/11	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l.
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	130 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/28/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/26/11



Fax:

Oct 27 2011 01:18pm PO13/028

State of New Jersey

Check #: 9656

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) <b>10/26/11</b>		Name of Building Owner/Operator (2) <b>Estate of Joseph B. Pecararo</b>		<p align="center"><b>APPROVED</b> NJ Dept. of Health &amp; Senior Services (signature) Date: <b>10/26/11</b> Time: <b>2:15 PM</b></p> <p align="center"><i>Scanned 10/27/11</i></p>
Agencies Notified	Type Notification	Street Address <b>509 N. 9<sup>th</sup> Street</b>		
<input type="checkbox"/> JEPH <input type="checkbox"/> JDEP <input type="checkbox"/> JDOH <input checked="" type="checkbox"/> JDOH <input type="checkbox"/> JUCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Newark, NJ 07107</b>		
		Name of Contact <b>Anita Iacullo</b>	Telephone Number .....	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</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 (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>509 North 9<sup>th</sup> Street</b>			Square Feet <b>1300</b>	# of Floors <b>2</b>	Bldg. Age <b>72</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>10/28/11</b> Month Day Year	Sched. Completion Date (11) <b>10/29/11</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: <i>OffHours Describe</i> <input type="checkbox"/> Other - Describe: <i>Other Occupancy Describe</i>		Street Address		
		City, State, Zip Code		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >250 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ 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)	Abatement Type				
	Yes	No	N/A			REMEDIATION	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>15 LF</b>	<b>X</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.50</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>10/31/11</b>	City, State <b>Morrisville PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>10/26/11</b>		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)

01322

**APPROVED**

NJ Dept. of Health & Senior Services

(signature)

Date: 10/26/11 Time: 1:47

Date of Notification (1): 10/26/11		Name of Building Owner/Operator (2): MR. JOSHUA B. EISENBERG	
Agencies Notified:  ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification: ( ) Initial Notification ( ) Amendment Notification (X) Emergency ( ) Cancellation	Street Address: 14 HARDING CT.	
		City, State, Zip Code: PASSAIC, NJ 07055	
		Name of Contact: JOSHUA	Telephone Number:

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter S (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: 14 HARDING CT.			
City & State (5): PASSAIC, NJ		Square Feet: NA	# of Floors: 1 Bldg. Age: NA
County (6): PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET		Street Address: 339 North 6 <sup>th</sup> Street	
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO VILLA		Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 License No.: 00641
Start Date (10): 10/26/11	Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Street Address: P.O. Box 8265  City, State, Zip Code: Haledon, NJ 07538	

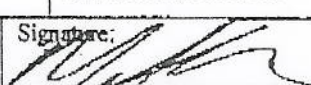
Scope of Work (Check all that apply):

(X)  $\geq 3$  sf or  $\geq 3$  lf  
( )  $\geq 160$  sf or  $\geq 260$  lf

(X) Renovation  
( ) Demolition

( ) Full Containment with Negative Pressure  
( ) Wrapping  
( ) Glovebag Procedure  
(X) 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)	Abatement Type			
	Yes	No	N/A			Removal	Cleaning	Encapsulation	Enclosure
BASEMENT		X		FLOOR TILES	25 SF	X			

Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: PO BOX 5670, NEWARK NJ 07105		Disposal Date: 10/28/11		City, State: IMPERIAL, PA 15126
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 	Date: 10/26/11




Fax:

Oct 27 2011 01:19pm P025/028

Print Form

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

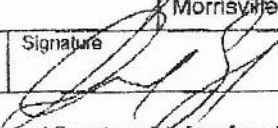
CHECK # 17930

Date of Notification (1) 10-25-11		Name of Building Owner/Operator (2) First Energy Corp.							
Agencies Notified	Type Notification	Street Address 265 Main Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	<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 Akron, OH 44308							
		Name of Contact Mr. John Greco	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address Hibernia/Green Pond Road, Morris Avenue & Ford Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rockaway Township	County (6) Morris	Square Feet N/A	# of Floors N/A						
County Code (7) (STATE USE ONLY)		Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health Inc.		Current Use (Prior if being demolished) Manhole							
Street Address 140 South Village Avenue, Suite 130		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
City, State, Zip Code Exton, PA 19341		Street Address 200 Broad Street							
Project Manager for Monitoring Firm Brian Hoverdon		City, State, Zip Code Carlstadt, NJ 07072							
Telephone No. 908-309-1021		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 10-27-11	Scheduled Completion Date (11) 11-04-11	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Underground Conduit: Elect. Cable			X	Cable Wrap	1,500LF	X			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Joe Patrick		Title Project Manager		Signature 		Date 10-25-11			



CHECK# 1646

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

Date of Notification (1) 10/27/2011		Name of Building Owner/Operator (2) Kirk & Deborah Smith							
Agencies Notified	Type Notification	Street Address 5 Byrne Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code West Orange, NJ 07052							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kirk & Deborah Smith	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5 Byrne Road		Square Feet 2500	# of Floors 2						
City (5) West Orange		Bldg. Age 70							
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 78 Fenner Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 11/06/2011		Scheduled Completion Date (11) 11/07/2011							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:00pm		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2160 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
Basement		X		Pipe Insulation and Fittings	85 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Clifton, NJ 07013		Disposal Date		City, State Morrisville, PA					
Completed by Dimo Golcev		Title V. President		Signature 		Date 10/27/2011			



Fax: 201-261-1100

Oct 27 2011 01:18pm P021/028  
PAGE 03/03

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)

*Scanned*  
**10/27/11**

Date of Notification (1): 10/26/11		Name of Building Owner/Operator (2): MR. JOSHUA R. EISENBERG							
Agencies Notified: <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification	Street Address: 14 HARDING CT.							
	<input type="checkbox"/> Initial Notification	City, State, Zip Code: PASSAIC, NJ 07055							
	<input type="checkbox"/> Amendment Notification	Name of Contact: JOSHUA							
	<input checked="" type="checkbox"/> Emergency	Telephone Number: [REDACTED]							
<input type="checkbox"/> Cancellation									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address: 14 HARDING CT.									
City & State (5): PASSAIC, NJ		Square Feet: NA	# of Floors: 1 Bldg. Age: NA						
County (6): PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.						
Street Address: 71 ARCH STREET		Street Address: 339 North 6 <sup>th</sup> Street							
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm: FERNANDO VILLA		Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 License No.: 00641						
Start Date (10): 10/26/11	Scheduled Completion Date (11): 10/27/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265							
		City, State, Zip Code: Haledon, NJ 07538							
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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"/> Wrapping <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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)	Abatement Type			
	Yes	No	N/A			Removal	Cleaning	Encapsulat	Enclosure
BASEMENT		X		FLOOR TILES	25 SF	X			
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 18693	Cubic Yards of Waste:	Name of Registered Landfill: IESJ					



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

Date of Notification (1) <b>10/27/2011</b>		Name of Building Owner/Operator (2) <b>PGV DEVELOPMENT LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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>249 LEONA AVE</b> City, State, Zip Code <b>BOGOTA, NJ 07603</b> Name of Contact <b>GLENN VANAS</b> Telephone Number <b>[REDACTED]</b>	
Name of Facility Where Abatement is Taking Place (3) <b>298 NEWARK POMPTON TURNPIKE</b> City (5) <b>WAYNE</b> County (8) <b>PASSAIC</b> County Code (7) (STATE USE ONLY) <b>PASSAIC</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 (i.e., private & commercial buildings, homes, etc.)		Squre Feet <b>VACANT</b> # of Floors <b>VACANT</b> Bldg. Age <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b> Street Address <b>N/A</b> City, State, Zip Code <b>N/A</b>		Name of Abatement Contractor (9) <b>VMC COMPANY INC</b> Street Address <b>208 PIAGET AVE</b> City, State, Zip Code <b>CLIFTON, NJ 07011</b> Telephone No. <b>(973) 253-8828</b> License No. <b>00704</b>	
Start Date (10) <b>10/24/2011</b> Scheduled Completion Date (11) <b>10/28/2011</b>		Name of OSHA Monitor <b>N/A</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 <input type="checkbox"/> Other - Describe:		Street Address: <b>N/A</b> City, State, Zip Code <b>N/A</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
EXTERIOR HOUSE		SIDING SHINGLES	1600SF
EXTERIOR GARAGE		SIDING SHINGLES	500SF
BASEMENT		PIPE INSULATION	110LF
Name of Registered Waste Hauler <b>NEWARK CARTING INC</b> City, State <b>NEWARK, NJ</b>	NIDEP Waste Hauler ID No. <b>05409</b>	Cubic Yards of Waste <b>GROWS</b>	Name of Registered Landfill <b>MORRISVILLE, PA</b>
Completed By <b>NOYER BOSZKOWSKI</b> Title <b>PRESIDENT</b>	Signature <b>J. Boszowski</b>	Date <b>10/14/2011</b>	

ASB-11

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



APPROVED  
NJ Dept. of Health & Senior Services  
Paul C. Hagedorn  
(Signature)  
Date: 1/25/14 Time: 1:27 PM

ASB-41 (R-05-00)

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



# REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

OCT 27 2011  
Tou Voorn  
WAIVER APPROVED

Date of Notification (1) 10/27/2011		Name of Building Owner/Operator (2) Wal Mart Super Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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		Street Address 4900 US Highway 9 City, State, Zip Code Howell, NJ Name of Contact Mark Stewart Telephone Number						
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Wal Mart Super Center Street Address 4900 US Highway 9 City (5) Howell County (6) Monmouth County Code (7) (STATE USE ONLY)								
Name of Facility Where Abatement is Taking Place (3) Wal Mart Super Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age							
Street Address 4900 US Highway 9		Current Use (Prior if being demolished)							
City (5) Howell									
County (6) Monmouth									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address		Street Address 456 Highland Dr.							
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-377-6489      License No. 01134						
Start Date (10) 10/28/2011		Scheduled Completion Date (11) 11/11/2011							
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:		Name of OSHA Monitor West Chester Environmental							
		Street Address 307 N. Walnut St							
		City, State, Zip Code West Chester, Pa							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\leq 3$ sf or $\leq 3$ 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) <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
Roof			x	Roof Flashing/Tar	500 sf	x			
Name of Registered Waste Hauler Site Contractors, Inc		NJDEP Waste Hauler ID No. 22131	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Hammonton, NJ		Disposal Date 11/11/11		City, State Tullytown					
Completed by Joan Giordano		Title Administrator		Signature <i>Joan Giordano</i>		Date 10/27/2011			



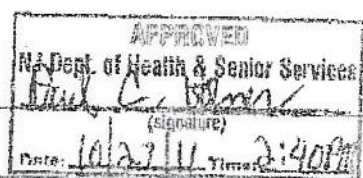
\* Emergency \*

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

CK 2238

Date of Notification (1) 10/27/11		Name of Building Owner/Operator (2) Hoboken Housing Authority		<div style="border: 1px solid black; padding: 5px;"> <p><b>DOL = 10 DAY</b></p> <p>OCT 27 2011</p> <p><i>Tan Vopch</i></p> <p><b>WAIVER APPROVED</b></p> </div>					
Agencies Notified		Type Notification				Street Address 400 Harrison St			
<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 Hoboken NJ 07030			
						Name of Contact Tom			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hoboken Housing Authority				Type of Facility (4)					
Street Address 400 Harrison St / Building 400 Basement Area				<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.)					
City (5) Hoboken NJ 07030				Square Feet 1000+	# of Floors 1+				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Permeco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/28/11		Scheduled Completion Date (11) 11/2/11		Name of OSHA Monitor Permeco Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 329					
<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>area closed</u>				City, State, Zip Code West Berlin NJ 08091					
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) <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 400 Building	x			Floor tile /mastic	700 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ		Disposal Date 11/2/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature <i>[Signature]</i>		Date 10/27/11			





Date of Notification (1)  
10/1/11

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

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

Name of Building Owner/Operator (2)  
OSCILOWSKI RESIDENCE

Street Address  
79 WEST 17TH STREET

City, State, Zip Code  
BAYONNE, NJ 07002

Name of Contact  
OSTILOWSKI RESIDENCE

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
OSCILOWSKI RESIDENCE

Street Address  
79 WEST 17TH STREET

City (5)  
BAYONNE

County (6)  
HUDSON

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter B (Other than K-12)  
☒ 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)  
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm  
Phone Number

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

Start Date (10)  
10/29/11

Sched. Completion Date (11)  
11/04/11

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 ≥280 lf

☒ Renovation  
☐ Demolition

☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☐ Glovebag procedure  
☐ Non-Exempted (\*) and Non-triable 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 s u l e	E x c l u d e
	Yes	No	N/A						
BASEMENT		X		BOILER INSULATION	40 SQ FT	X			

Registered Waste Hauler  
D & S RESTORATION, INC.

City, State  
PATERSON, NJ 07503

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 YD

Disposal Date  
10/31/11

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

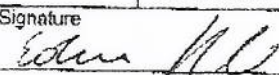
Date  
10/27/11

ASB-41

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



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

Date of Notification (1) 10/26/2011		Name of Building Owner/Operator (2) Parish Manor LLC							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 85 Longfellow Street  City, State, Zip Code Carteret NJ  Name of Contact Hanck D'orsi  Telephone Number 76						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 85 Long Fellow Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 85 Long Fellow Street		Square Feet 1800	# of Floors 2						
City (5) Carteret NJ		Bldg. Age +50							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567-52nd Street Suite #16							
City, State, Zip Code N/A		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No.	Telephone No. 201-758-7158						
Start Date (10) 11/9/2011		Scheduled Completion Date (11) 11/23/2011	License No. 001144						
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 Other - Describe: 8 Hours		Name of OSHA Monitor J&S Environmental Corp							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 2333 Route 22 West  City, State, Zip Code Union NJ 07083							
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
see Attachment				see Attachment		x			
						x			
						x			
						x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Cumberland PA					
City, State 109-113 Jacobus Ave		Disposal Date		City, State South Kearny NJ					
Completed by Edwin Precilla		Title Project Manager		Signature 		Date 10/26/2011			