

CK 17594

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

RECEIVED

2016 APR 19 PM 12:48

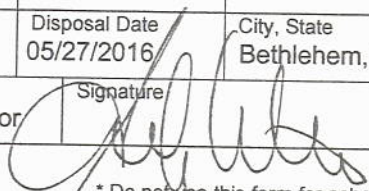
ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 04/15/2016		Name of Building Owner/Operator (2) Harris							
Agencies Notified	Type Notification	Street Address 77 River Road							
<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	City, State, Zip Code Clifton, NJ 07014							
		Name of Contact Angelo Ridente	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harris		Type of Facility (4)							
Street Address 77 River Road		<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) Clifton		Square Feet 300,000	# of Floors 2						
County (6) Passaic		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Research and Development							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.							
Street Address Raritan Plaza I 110 Fieldcrest Avenue		Name of Abatement Contractor (9) Degmor, Inc.							
City, State, Zip Code Edison, NJ 08837		Street Address 511 Canal Street							
Project Manager for Monitoring Firm Pat Hand		City, State, Zip Code New York, NY 10013	Telephone No. (212) 431-0696						
Start Date (10) 04/29/16	Scheduled Completion Date (11) 05/08/2016	License No. 01150							
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: _____		Name of OSHA Monitor EMSL Analytical, Inc.							
		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag <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
Lower Level Shipping & Receiving			X	VAT & Mastic	4,500 SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 25	Name of Registered Landfill Waste Management Grandcentral					
City, State Newark, New Jersey 07105			Disposal Date 05/09/2016	City, State Pen Argyl, PA 18072					
Completed by J. Robert Dombrowski		Title VP of Operations	Signature J. Robert Dombrowski	Date 4/15/16					

CK 9079123114

Print Form

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

Date of Notification (1) 03/02/2016		Name of Building Owner/Operator (2) IMTT - Bayonne							
Agencies Notified	Type Notification	Street Address 250 East 22nd Street							
<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	<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 Bayonne, New Jersey 07002							
		Name of Contact Aubrey Hotard	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) IMTT - Bayonne		Type of Facility (4)							
Street Address 250 East 22nd 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) Bayonne, New Jersey 07002		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Insulations, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 1101 Edwards Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Harahan							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 504-733-5033						
Start Date (10) 04/27/2016		Scheduled Completion Date (11) 05/27/2016	License No. 01120						
Name of OSHA Monitor Envirovision Consultants, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. 34A							
<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 unoccupied</u>		City, State, Zip Code Fair Lawn, New Jersey 07410							
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 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
5th Street		X		5th Street fitting abatement	4,700 lf	X			
				(items with tar paper)					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. S-2265	Cubic Yards of Waste 120	Name of Registered Landfill IESI					
City, State Dunmore, PA		Disposal Date 05/27/2016		City, State Bethlehem, PA					
Completed by Aubrey Hotard		Title Corporate Safety Director	Signature 	Date 04/18/2016					

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

CHECK# 9635

RECEIVED  
2016 APR 19 PM 12:44  
ASBESTOS CONTROL  
& LICENSE CONTROL

Date of Notification (1) 4/15/16		Name of Building Owner/Operator (2) BARSTON FABRICS						
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 <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 MIDLAND PARK, N.J. 07432 Name of Contact JOHN THOMPSON Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1,600						
City (5) MIDLAND PARK		# of Floors 2						
County (6) BERGEN		Bldg. Age 150						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.						
City, State, Zip Code		City, State, Zip Code Midland Park, NJ						
Project Manager for Monitoring Firm		Telephone No. (201)262-5841						
Telephone No.		License No. 00156						
Start Date (10) 4/25/16		Scheduled Completion Date (11) 5/10/15						
Name of OSHA Monitor Omega Environmental Services		Street Address 280 Huyler St.						
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: _____		City, State, Zip Code Hackensack, NJ 07606						
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 <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)  BASEMENT	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)  PIPE INSULATION	Amount (Specify SF or LF)  83 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2.		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State Newark, NJ		Disposal Date 4/25/16		City, State Bethlehem, PA				
Completed by Joseph Vocaturo		Title Vice President		Signature [Signature]		Date 4/15/16		

B &amp; G proj. #: 2016-48

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7788

Date of Notification (1) <u>10/14/15</u> / <u>11/16/16</u>		Name of Building Owner/Operator (2) Erin Sethachutkul	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact Erin Sethachutkul	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Erin Sethachutkul			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) Upper Montclair, NJ 07043	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/27/2016		Sched. Completion Date (11) 04/28/2016		Name of OSHA Monitor B & G Restoration, 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code LincolnPark, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material 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	90 lf	<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"/>
						<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 & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/28/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/15/2016

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-57

Check # 7787

Date of Notification (1) <u>04/15/16</u>		Name of Building Owner/Operator (2) <u>Donna &amp; Dale Caro</u>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Midland Park, NJ 07432</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Donna &amp; Dale Caro</u>	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Donna &amp; Dale Caro</u>			Type of Facility (4)			
Street Address [REDACTED]			<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.)			
City (5) <u>Midland Park, NJ 07432</u>		County (6) <u>Bergen</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. <u>n/a</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address [REDACTED]			Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>	
Scheduled Start Date (10) <u>04/26/2016</u>		Sched. Completion Date (11) <u>04/27/2016</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one)			Street Address <u>105 Ryerson Road</u>			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____						
<input type="checkbox"/> Other-Describe: _____						

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	duct wrap	1 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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>04/27/2016</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>	
				Date <u>04/15/2016</u>	

B &amp; G proj. #: 2016-58

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 7786

Date of Notification (1) 04/15/16		Name of Building Owner/Operator (2) Kate Murphy	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kate Murphy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kate Murphy			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) Montclair, NJ 07042			County (6) Essex		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/25/2016		Sched. Completion Date (11) 04/26/2016			
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: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material 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						
kitchen			<input checked="" type="checkbox"/>	pipe insulation	90 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/26/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/15/2016

CK 6724

D&amp;S Proj. #: 16-113

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

RECEIVED  
2016 APR 19 PM 12:39  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/14/11/13/16/1		Name of Building Owner/Operator (2) ANDREW PICKETT	
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 MONTCLAIR, NJ 07042	
Name of Contact ANDREW PICKETT		Telephone Number	

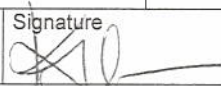
## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANDREW PICKETT			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) MONTCLAIR	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/28/16		Sched. Completion Date (11) 05/18/16	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	12 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 1/2 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/28/16		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 04/13/2016

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

Date of Notification (1) <b>4 / 15 / 16</b>		Name of Building Owner/Operator (2) <b>Camden County College</b>		Job #1604-2077 Chk. #4354					
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>200 College Drive</b> City, State, Zip Code <b>Blackwood, NJ 08012</b> Name of Contact <b>Chris Sabatino</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Truman Hall</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>200 College Drive</b>			Square Feet <b>32,900</b>						
City (5) <b>Blackwood</b>			# of Floors <b>2</b>		Bldg. Age <b>42</b>				
County (6) <b>Camden</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni-Asbestos Consulting Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>3859 Sylon Boulevard</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Thomas Adams</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>609-702-0400</b>					
License No. <b>00862</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Start Date (10) <b>4 / 27 / 16</b>		Scheduled Completion Date (11) <b>4 / 28 / 16</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: _____AM-_____PM/_____PM-_____AM					
Street Address <b>200 U.S. 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> Fl Mech Rm Elbows/Fittings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Fiberglass/Rubber Ins. w Mastic</b>	<b>40 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> Fl. Ventilation Systems (13)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe with asbestos Mastic</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>4/28/16</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>4-15-16</b>			

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

Date of Notification (1) <u>4</u> / <u>18</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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>PO Box 95120</b>							
		City, State, Zip Code <b>Camden, NJ 08101</b>							
		Name of Contact <b>John Bond</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BAILEY STREET RESIDENCE</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 [REDACTED]		Square Feet <b>varies</b>							
City (5) <b>Camden</b>		# of Floors <b>varies</b>							
County (6) <b>CAMDEN</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>						
License No. <b>00847</b>		Name of OSHA Monitor <b>CES</b>							
Start Date (10) <u>4</u> / <u>28</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>30</u> / <u>16</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 - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / _____ PM-_____ AM							
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"/> 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) <b>200 YD per res</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SEE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE ATTACHED</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>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>6/30/16</b>	City, State <b>Tullytown PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>			Date <b>4/18/16</b>			

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2008 APR 19 AM 8:52

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

2016 APR 19 AM 8:52  
Burlington County

Date of Notification (1) <div style="text-align: center;">3 / 11 / 16</div>		Name of Building Owner/Operator (2) <b>Mount Holly Twp. Board Of Education</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 checked="" type="checkbox"/> Amended Amendment # <b>3-4/15/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>331 Levis Dr</b> City, State, Zip Code <b>Mt. Holly, NJ 08060</b> Name of Contact <b>Bill Buffa</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FW Holbein Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>331 Levis Dr</b>		Square Feet	# of Floors Bldg. Age						
City (5) <b>Mt. Holly</b>		County (6) <b>Burlington</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS, Inc</b>		ASCM No.							
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-298-4070</b>		Telephone No. <b>215-788-6040</b>							
Start Date (10) <div style="text-align: center;">4 / 18 / 16</div>		License No. <b>00509</b>							
Scheduled Completion Date (11) <div style="text-align: center;">5 / 6 / 16</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: _____AM-_____PM/ <b>4:00PM-12:30AM</b>		Street Address <b>1123 BEAVER STREET</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 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		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
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
Room 210A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Foom Hood	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Drain Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 202-208	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue dots	1,760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>4/15/16</b>			

ASB-41  
MAY 11

**BS16010**

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

**\*\* BACK ON SITE 4/18/16**