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

APR 30 2019
DOL - 10 DAY

ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

Date of Notification (1) 3/22/2019		Name of Building Owner/Operator (2) Rafi Gollan	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Rafi Gollan	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) Private		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	# of Floors
City (5) Fair Law		Bldg. Age	
County (6) Bergen	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) G S C Services Corp	
Street Address		Street Address 1465 Route 23 South, #111		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752	License No. 01253
Start Date (10) 3/22/2019	Scheduled Completion Date (11) 3/23/2019		Name of OSHA Monitor EnviroVision Consultants	

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 20-21 Wagaraw Road	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	460SF	X			

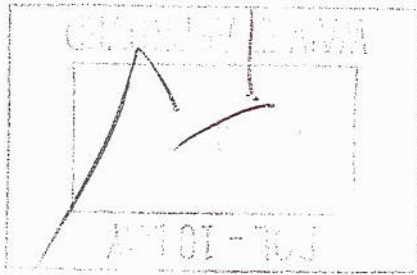
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF	
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA	
Completed by Daniela Antic	Title Owner	Signature 		Date 3/22/2019	

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

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 APR 30 2019
 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 2/21/2019		Name of Building Owner/Operator (2) Pelter Brody		
Agency Notified EPA DEP DOL DOH DCA		Street Address 144 Bergen Avenue City, State, Zip Code North Arlington, NJ		
Type of Notification Initial Amended Emergency (including notification) Cancellation		Telephone Number		
Name of Facility Where Abatement is Taking Place (3) Private				
Street Address 144 Bergen Avenue		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) North Arlington	Square Foot	# of Floors	Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) G S C Services Corp		Name of Abatement Contractor (9) G S C Services Corp		
Street Address		Street Address 1465 Route 23 South, #111		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	License No. 01253	
Start Date (10) 2/22/2019	Scheduled Completion Date (11) 2/23/2019			
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:				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Air-Enclosure <input type="checkbox"/> Encasement Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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 X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type	
			Amount (Specify SF or LF) 20LF	Enclosure Encapsulate Repair Removal
Name of Registered Waste Handler G S C Services Corp	NUDEP Waste Handler ID No. 0036309	Cubic Yards of Waste TRRF	Name of Registered Landfill	
City, State Wayne, NJ	Disposal Date	City, State Tullytown, PA	Date 2/21/2019	
Completed by Daniela Antic	Title Owner	Signature	Date	

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

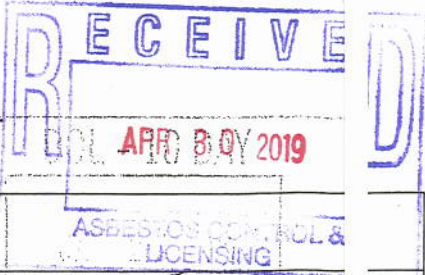
No. 1757 P. 2

FAMM 3:18PM 21. 2019

OK 1303

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



Date of Notification (1) <u>1</u> / <u>23</u> / <u>2019</u>		Name of Building Owner/Operator (2) Scott Holechek	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Scott Holechek	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private		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]			
City (5) Jersey City, NJ 07302		Square Feet	# of Floors
County (6) Hudson		County Code (7)(STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) G S C Services Corp
Street Address		Street Address 1465 Route 23 South, #111	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-750-0752	License No. 01253
Start Date (10) 01 / 24 / 19	Scheduled Completion Date (11) 01 / 25 / 19	Name of OSHA Monitor EnviroVision Consultants	
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 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		Enclosure
	Yes	No	N/A			Removal	Repair	
Second Floor Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	130sf	<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"/>

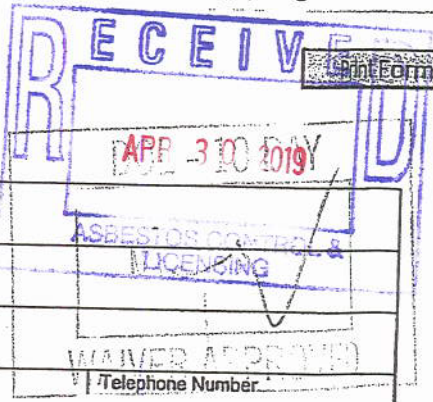
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF	
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Daniela Antic	Title Owner	Signature 		Date 1/23/2019	

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

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



Date of Notification (1) 3/6/2019		Name of Building Owner/Operator (2) Danielle Bennett								
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 [REDACTED] City, State, Zip Code Clifton, NJ 07013 Name of Contact Danielle Bennett								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private		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	# of Floors							
City (5) Clifton		Bldg. Age								
County (6) Passaic	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) G S C Services Corp							
Street Address		Street Address 1465 Route 23 South, #111								
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752							
Start Date (10) 3/7/2019		Scheduled Completion Date (11) 3/8/2019	License No. 01253							
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 EnviroVision Consultants								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410								
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	
Basement			X	TSI	90LF	X				
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF						
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA						
Completed by Daniela Antic		Title Owner	Signature 				Date 3/6/2019			

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

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 APR 30 2019

Date of Notification (1) 4/26/19		Name of Building Owner/Operator (2) Transcontinental Gas Pipeline Co, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 2400, MD 46	
		City, State, Zip Code Tulsa, OK 74102	
		Name of Contact N/A	Telephone Number 918-573-2000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Williams Transco Station 240		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, etc.)	
Street Address 718 Paterson Plank Rd		Square Feet 0	# of Floors 0
City (5) Carlstadt, NJ		Bldg. Age 0	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) LNG Tank Farm	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC
Street Address		Street Address 2400 Main Street Extension, Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00750
Start Date (10) 5/13/19	Scheduled Completion Date (11) 5/15/19	Name of OSHA Monitor Environmental Tactics Show Desktop.scf	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Outdoor Pine rack</u>		Street Address 64 Broad St	
		City, State, Zip Code Matawan, NJ 07747	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiloff Gas Pipe Tank 2			X	Thermal Insulation Mastic	12 LF	X		

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management	
City, State 609 N Union Ave, Hillside, NJ 07205		Disposal Date 5/15/19	City, State Morrisville NJ		
Completed by Michael Migliore		Title Sr Account Manager	Signature <i>Michael Migliore</i>	Date 4/26/19	

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

Check # 0092

Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER		<div style="border: 1px solid black; padding: 5px; text-align: center;"> R E C E I V E D APR 30 2019 ASBESTOS CONSULTING & LICENSING </div>				
Agencies Notified		Street Address 30 PROSPECT AVENUE					City, State, Zip Code HACKENSACK, NJ 07601	
Type of Notification		Name of Contact DONAL FERRELL					Telephone Number 551-996-3778	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) HUMC MAIN BUILDING			Type of Facility (4)					
Street Address 30 PROSPECT AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
City (5) HACKENSACK	County (6) BERGEN	County Code (7)	Square Feet 20,000	# Of Floors 3	Building Age 40 +			
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.					
Street Address 300 KIMBALL DR, 4TH FLOOR			Street Address 32 Williams Parkway					
City, State, Zip Code PARSIPPANY, NJ 07054			City, State, Zip Code East Hanover, NJ 07936					
Project Mngr. For Monitoring Firm BRIAN FEURY		Telephone Number 973-560-4857		Telephone Number 973-884-8682		License Number 00860		
Sched. Start Date (10) 05 / 20 / 19		Sched. Completion Date (11) 07 / 31 / 19						
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway					
			City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> >3sf or >3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos Containing <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				R	E	E
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WINDOW/INTEL CAULK		590 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GLAZING		600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK		165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING		800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards Of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA					
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 04/ /19			

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

CR # 0093

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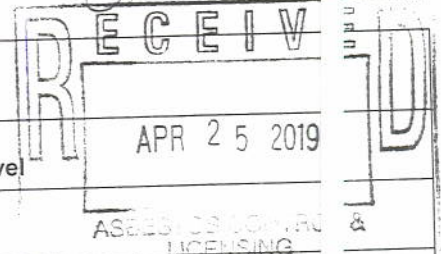
Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NJ 07601	
Name of Contact DONAL FERRELL		Telephone Number 551-996-3778	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HUMC LAUNDRY BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 10,000	
City (5) HACKENSACK		County (6) BERGEN	County Code (7)
Name of Monitoring Firm (8) LANGAN ENGINEERING		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 300 KIMBALL DR, 4TH FLOOR		Street Address 32 Williams Parkway	
City, State, Zip Code PARSIPPANY, NJ 07054		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm BRIAN FEURY		Telephone Number 973-560-4857	
Scheduled Start Date (10) 05 / 20 / 19		Sched. Completion Date (11) 07 / 31 / 19	
Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Street Address 32 Williams Parkway	
City, State, Zip Code East Hanover, NJ 07936		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf			
<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <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		R E M O V A L	E N C A P S U L
LAUNDRY EXTERIOR		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAPOR BARRIER/WATER PROOFING
1,160 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards Of Waste
Name of Registered Landfill FAIRLESS LANDFILL		City, State EAST HANOVER, NJ	Disposal Date
City, State EAST HANOVER, NJ		City, State MORRISVILLE, PA	
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
			Date 04/ /19

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

OK 35100

PAID

ch # 3510



Date of Notification (1) 4 / 22 / 19		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input 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 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon - Pleasantville Garage Work Center		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 2546 Fire Road		Square Feet	# of Floors
City (5) Egg Harbor Twp		Bldg. #	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 5 / 2 / 19	Scheduled Completion Date (11) 5 / 3 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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	Removal	Encapsulate	Enclosure
	Yes	No	N/A						
Shop Office, Tool Shop and Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY
City, State BRISTOL, PA	Disposal Date	City, State EGG HARBOR TWP, NJ	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / gm	Date 4-2-19

PAID

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

Check # 0090

Date of Notification (1) 04 / 24 / 19		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.		RECEIVED APR 25 2019 ASBESTOS CONTR BOERSONG				
Agencies Notified		Street Address ONE SQUIBB DRIVE						
Type of Notification		City, State, Zip Code NEW BRUNSWICK, NJ 08903						
		Name of Contact PHIL DESPIRITO						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 732-227-5000				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB				Type of Facility (4)				
Street Address ONE SQUIBB DRIVE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)				
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	Square Feet N/A	# Of Floors N/A	Building Age			
			Current Use (Prior if being demolished) DEMOLISHED		N/A			
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM NO 0104	NORTHSTAR CONTRACTING GROUP, INC.				
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway					
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936					
Project Mngr. For Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649		License Number 00860				
Scheduled Start Date (10) 05 / 06 / 19		Sched. Completion Date (11) 06 / 30 / 19		Telephone Number 973-884-8682				
Occupancy Status During Abatement (Check Only 1)				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM				Street Address 32 Williams Parkway				
				City, State, Zip Code East Hanover, NJ 07936				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos Containing <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			R E M O V A L	R E P A I R	E N C A P S U L
EXTERIOR UNDERGROUND	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE DUCT BANK	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 53/65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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 NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL				
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA					
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 04 / 19			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

CK 2020 PAID

DATE: MAR 1, 2019
APR 22-19

Date of Notification (1)
3/8/19

Name of Building Owner/Operator (2)
City of Vineland

Street Address
640 E Wood Street

City, State, Zip Code
Vineland, NJ 08362

Name of Contact
Matt DePalma

Telephone Number
856 809-1202

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Building #6

Street Address
111 Highland Avenue

City (5)
Vineland

County (6)
Cumberland

County Code (7)
(STATE USE ONLY) _____

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. _____

Name of Abatement Contractor (9)
Ricco Construction Corp

Street Address
282 Creek Road

City, State, Zip Code _____

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet _____ # of Floors _____ Bldg Age _____

Current Use (Prior if being demolished) _____

Project Manager for Monitoring Firm _____ Telephone No. _____

Start Date (10)
3/18/19

Scheduled Completion Date (11)
7/1/19

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

Scope of Work (Check All That Apply)
 ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition

Additional Payment

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 Contaminant (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
Exterior			X	Flashing	1200 SF	X	
Exterior			X	Roofing Material	5000 SF	X	
Exterior			X	Window Glazing	960 LF	X	
Interior			X	Drywall & Joint Compound	12,000 SF	X	

Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No.
28909

Cubic Yards of Waste
TBD

Name of Registered Landfill
Cumberland County

City, State
Bellmawr, NJ

Disposal Date
TBD

City, State
Millville, NJ

Completed by
Andrew Ricco

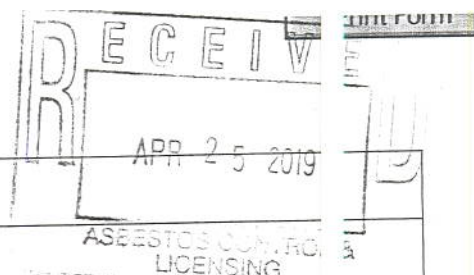
Title
President

Signature
[Signature]

Date
3/8/2019

* 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)



02002724

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State St. City, State, Zip Code Trenton, NJ Name of Contact Regina Bruno
			Telephone Number 609-433-8745

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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, etc.)
Street Address 36 Reid St.	Square Feet 2,000	# of Floors 2 1/2
City (5) South River, NJ	Bldg. Area 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES

Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.	
Street Address		Street Address 135 Kinnelon Rd.	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228

Start Date (10) 5/23/19	Scheduled Completion Date (11) 6/5/19	Name of OSHA Monitor Yannuzzi Group, 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 135 Kinnelon Rd. Suite 102
		City, State, Zip Code Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Interior			x	PLASTER WALLS	3,000 sf	x			
Basement			x	Thermal Pipe insulation	100 lf	x			

Name of Registered Waste Hauler Yannuzzi Group, Inc	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless
City, State Kinnelon, NJ		Disposal Date 6/6/19	City, State Morrisville, PA
Completed by John Mucha	Title AHERA Project Designer	Signature 	Date 4/17/19

RECEIVED
APR 25 2019

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

244014, 44093

PAID

Date of Notification (1)
4/18/19

Name of Building Owner/Operator (2)
Macerich

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
401 Santa Monica Blvd. Suite 700

City, State, Zip Code
Santa Monica CA 90401

Name of Contact
Aladdin Ghafari

Telephone Number
424-229-3387

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Sears Store

Street Address
1750 Deptford Center Road

City (5)
Deptford Township

County (6)
County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, hotels, etc.)

Square Feet
150000

of Floors
2

Bldg. Age
30+

Current Use (Prior if being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner (8)
Tabbara Corporation

ASCM No

Name of Abatement Contractor (9)
Associated Speciality Contracting Inc

Street Address
317 Morgan Hill Street

Street Address
98 La

City, State, Zip Code
Simi Valley CA 93065

City, State
Glen

Project Manager for Monitoring Firm
Mike Tabbarra

Telephone No.
805-484-3388

Telephone
610-3

Attn: Mia

Start Date (10)
5/7/19

Scheduled Completion Date (11)
6/28/19

Name
Syne

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Street
2206

City, State
Phila

Fee for additional areas

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Enclosure
	Yes	No	N/A					
Auto Center Roof	x			roofing	8400 sf	x		
Auto center sales area	x			vat	400sf	x		
Main Building	x			Duct Insulation	90sf	x		
Main Building 1st and 2nd	x			floor mastic	23500sf	x		

Name of Registered Waste Hauler
Mercer Group International

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
200

Name of Registered Landfill
Tulleytown Resources Recovery and fill

City, State
1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637

Disposal Date
as needed

City, State
Tulleytown, PA

Completed by
Jack Tomasura

Title
SR Estimator

Signature
Jack Tomasura

Date
4/18/19

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

ck 1401

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

Date of Notification (1) 4/11/2019		Name of Building Owner/Operator (2) Davanne Realty Co. c/o Mandelbaum & Mandelbaum						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Main Street, Suite 510		Telephone Number 973-325-0011			
			City, State, Zip Code West Orange, NJ 07052					
			Name of Contact Henry Szwed					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 7 Eleven Store			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 building etc.)					
Street Address 41 Central Avenue			Square Feet	# of Floors	Bldg. ge			
City (5) Jersey City		County (6) Hudson		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) G S C Services Corp					
Street Address		Street Address 1465 Route 23 South, #111						
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752	License No. 01253				
Start Date (10) 4/21/2019	Scheduled Completion Date (11) 5/6/2019		Name of OSHA Monitor EnviroVision Consultants					
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 20-21 Wagaraw Road					
			City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			Removal	Repair	Encapsulate	Enclosure
Roof		X	transite pipe	3LF	X			
Roof		X	roof	1200SF	X			
Roof		X	rooftop flashing	400SF	X			
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF				
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA				
Completed by Daniela Antic		Title Owner		Signature		Date 4/11/2019		

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 17:27a)

2/6/2019
 Name of Building Owner/Operator (2)
 Ticos Developers, LLC

Street Address
 820 Morris Turnpike
 City, State, Zip Code
 Short Hills, NJ 07078

Name of Contact
 Scott Lowenthal

Telephone Number
 973-467-6000 X1212

Agencies Notified
 EPA
 DEP
 DDC
 DCA
 DCA

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

Name of Facility (4)
 School (K-12)
 Other than K-12
 Other (i.e. private & commercial buildings, homes,
 etc.)

Square Foot
 # of Floors
 Bldg. Age

Name of Facility Where Abatement is Taking Place (3)
 Commercial/Industrial Complex

Street Address
 110 Ticos Lane

City (5)
 East Brunswick

County (6)
 Middlesex

County Code (7)
 (STATE USE ONLY)

Name of Abatement Consultant (8)
 G S C Services Corp.

Street Address
 1465 Route 23 South, #111

City, State, Zip Code
 Wayne, NJ 07470

Telephone No.
 973-750-0752

License No.
 01253

Name of OSHA Monitor
 EnviroVision Consultants

Street Address
 20-21 Wagaraw Road

City, State, Zip Code
 Fair Lawn, NJ 07410

Project Manager for Monitoring Firm
 Telephone No.

Start Date (10)
 2/18/2019

Scheduled Completion Date (11)
 4/1/2019

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Scope of Work (Check All That Apply)
 23 ft or 23 ft
 2180 sq ft or 2260 sq ft

Remediation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Gloving 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 Personnel Staff (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
Mezzanine	Yes	N/A				
Unit 4		X		X		
114C		X		X		

Name of Registered Waste Hauler
 G S C Services Corp

NJDEP Waste
 Hauler ID No.
 0036309

City, State
 Wayne, NJ

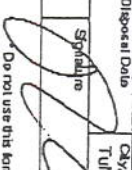
Disposal Date
 Tullytown, PA

City, State
 Tullytown, PA

Names of Registered Landfill
 TRRF

Completed by
 Tella Antic

Title
 Owner

Signature


Date
 2/6/2019

1 (R-08-08)

Do not use this form for asbestos licensure exempted activities.



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