

Inv 13385
CK37080

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

RECEIVED	
AUG - 5 2019	
37080	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 07 / 31 / 19		Name of Building Owner/Operator (2) Seminole Construction	
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 123 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 Name of Contact Joyce Corliss Telephone Number	

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED] 08008		Square Feet 1400	
City (5) Surf City		# of Floors 1	Bldg. Age 70
County (6) Ocean		County Code (7)(STATE USE ONLY) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code		Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 08 / 19 / 19	Scheduled Completion Date (11) 08 / 20 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

<input 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 checked="" 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 08/20/19	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]		Date 7/31/19	

PAID

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

Date of Notification (1)

7/31/2019

Name of Building Owner/Operator (2)

Jim Baker

Street Address

City, State, Zip Code

Westfield, NJ, 07090

Name of Contact

Jim Baker

Telephone Number

Agencies Notified

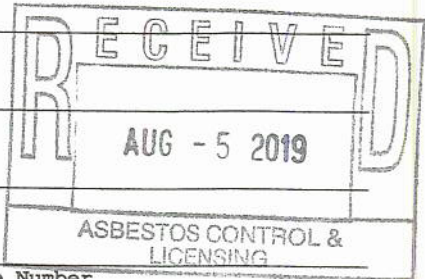
Type Notification

☐ EPA☒ Initial☐ DEP

Notification

☒ DOL☐ Amended

Notification

☒ DOH☐ EMERGENCY☐ DCA☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Jim Baker

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address

City

Westfield

County

Union

County Code (7)

(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

08 16 19

Month Day Year

Sched. Completion Date (11)

08 17 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ 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	ENCAPSULATION	ENCLOSURE
Basement			X	Pipe Insulation	8 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards

of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

08/19/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

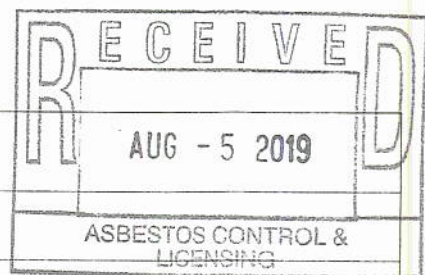
Signature

Constantine Vivian

Date

7/31/2019

150 Lincoln Ave



Date of Notification (1) 07 / 30 / 19		Name of Building Owner/Operator (2) Trinity Episcopal Church	
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 207 West Main Street City, State, Zip Code Moorestown, NJ 08057	
		Name of Contact Janet Murray	Telephone Number 856-904-4304



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Trinity Episcopal Church		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 207 West Main Street		Square Feet 52,000	# of Floors 3
City (5) Moorestown		Bldg. Age 91	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 08 / 12 / 19	Scheduled Completion Date (11) 08 / 16 / 19	Name of OSHA Monitor EMSL Analytical, 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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" 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 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
Lower Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,032 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 08/16/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 7/30/19	

ndk

Date of Notification (1) <u>07</u> / <u>30</u> / <u>19</u>		Name of Building Owner/Operator (2) The Village Charter School		 AUG - 5 2019 	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment <u>#1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Sullivan Way		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Trenton, NJ 08628			
		Name of Contact Paul DeWitt		Telephone Number 609-695-0110 x 116	

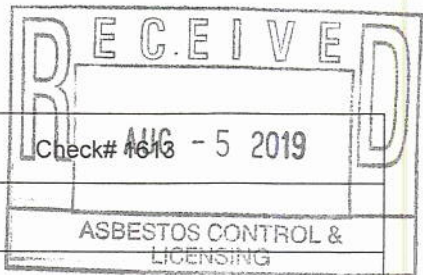
Name of Facility Where Abatement is Taking Place (3) The Village Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 101 Sullivan Way		Square Feet 6,000	# of Floors 2
City (5) Trenton		Bldg. Age 100	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCN No.	
Street Address 1930 Brown Road		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Newfield, NJ 08344		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Jim Eberts		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 856-205-1077		Telephone No. 856-755-0099	License No. 00842
Start Date (10) 08 / 19 / 19	Scheduled Completion Date (11) 08 / 22 / 19		
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		Name of OSHA Monitor EMSL Analytical, Inc.	
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077	

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ			Disposal Date 08/22/2019	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	Date 7/30/19

Ch1613

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

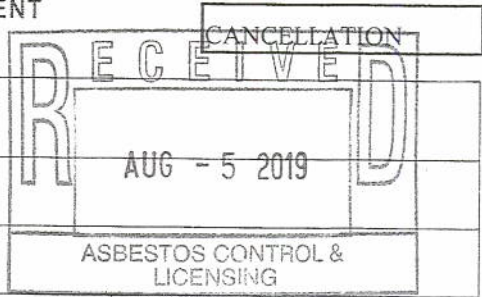


Date of Notification (1) 07/30/2019		Name of Building Owner/Operator (2) First Baptist Church of Asbury Park		Check# 1613 - 5 2019					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 508 Third Avenue City, State, Zip Code Asbury Park, New Jersey 07712 Name of Contact Tina Rogers (Church Administrator) Telephone Number 732-449-5147					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) College Achieve of Asbury Park Charter School			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 508 Third Avenue			Square Feet 16,000		# of Floors 3				
City (5) Asbury Park, New Jersey 07712			Bldg. Age 50+						
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No. 0045		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 64 Broad Street			Street Address 246 Union Boulevard						
City, State, Zip Code Matawan, New Jersey 07747			City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217		License No. 01104					
Start Date (10) 08/12/2019		Scheduled Completion Date (11) 08/16/19		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
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 2333 Route 22 West City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment Tent <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
Boiler Room	X			Boiler Insulation	150 SF	X			
Boiler Room	X			Boiler Gaskets	20 SF	X			
Boiler Room	X			Surfacing (16" Breaching)	15 LF	X			
Boiler Room	X			TSI (Pipe Joints 3"-6")	30 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 08/16/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 07/30/2019			

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

Check#3397

NOIC



Date of Notification (1) 07 / 31 / 19		Name of Building Owner/Operator (2) Saladeen Preston	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code South Plainfield, NJ 07080	
		Name of Contact Saladeen Preston	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) South Plainfield, NJ 07080		Square Feet	# of Floors
County (6) Middlesex		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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 07 / 31 / 19	Scheduled Completion Date (11) 08 / 01 / 19	Name of OSHA Monitor Envirovision Consultants, 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 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		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"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 07/31/19

ASB-41

MAY 11

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

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

Date of Notification (1)

7/30/2019

Name of Building Owner/Operator (2)

Robert Freese

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

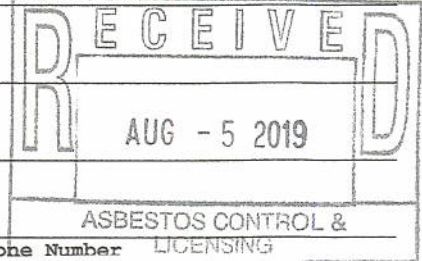
West Orange, NJ, 07052

Name of Contact

Robert Freese

Telephone Number

LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Robert Freese

Street Address

City

West Orange

County

Essex

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, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

08 19 19

Month Day Year

Sched. Completion Date (11)

08 21 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☐ Glovebag Procedure☐ 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			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	75 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

08/22/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

7/30/2019

41 Moore Terrace

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-1 and 12:120-7)

Inv 13378

Date of Notification (1)

7/30/2019

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Francisca Sanchez

Street Address

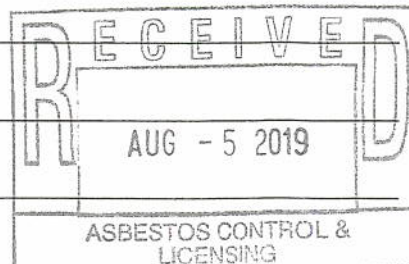
City, State, Zip Code

Guttenberg, NJ, 07093

Name of Contact

Francisca Sanchez

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Francisca Sanchez

Street Address

City

Guttenberg

County

Hudson

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, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

08 15 19

Month Day Year

Sched. Completion Date (11)

08 17 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript☐ Other - Describe: Other Occupancy Descript

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☐ Glovebag Procedure☐ 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	180 LD	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

08/19/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

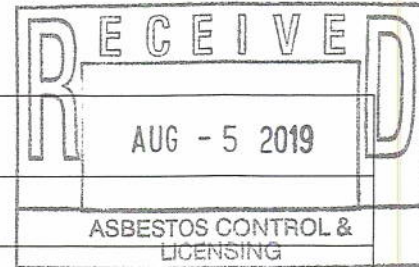
Date

7/30/2019

6812 Adams St

INV 13376
CK FILE 38

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



Date of Notification (1) <u>07</u> / <u>30</u> / <u>19</u>		Name of Building Owner/Operator (2) Brightview Hamburg, LLC	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>02</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 218 N. Charles St. Suite 220 City, State, Zip Code Baltimore, Md 21201	
		Name of Contact Ted Wies	Telephone Number 443 324-4731

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Cost Cutters (Vacant)		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 1139 Hamburg Turnpike			
City (5) Wayne	Square Feet 75,000	# of Floors 1	Bldg. Age ~ 50
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Cost Cutters Store	
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Environmental Health & Safety Ser.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 190 Park Ave.		Street Address 1100 Grosser Road	
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Gilbertsville, PA 19525	
Project Manager for Monitoring Firm David Tomsey	Telephone No. 973 538-1110	Telephone No. 610 933-4332	License No. 00836
Start Date (10) <u>8</u> / <u>12</u> / <u>19</u>	Scheduled Completion Date (11) <u>9</u> / <u>09</u> / <u>19</u>	Name of OSHA Monitor Neuber Environmental Services	
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 1100 Grosser Road City, State, Zip Code Gilbertsville, PA 19525	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" 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
See Attached Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Spreadsheet	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date Sept. 2019	City, State Waynesburg, Ohio		
Completed By (Print or Type) Pat Larney	Title Project Manager	Signature 	Date 7-30-19		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

INV 13375

CL # 3618

Date of Notification (1) 7/10/19		Name of Building Owner / Operator (2) County of Monmouth	
Agencies Notified	Type Notification	Street Address Special Services Complex, 2nd Flr, 300 Halls Mill Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Freehold, NJ 07728	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-7/31/19	Name of Contact Casey Hornstra	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 732-431-7760	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Division of Weights and Measures		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 1911 Wayside Road		Square Feet 3500	# of Floors 2
City (5) Tinton Falls	County (6) Monmouth	Bldg. Age 55+	
County Code (7) 07724		Current Use (Prior if being demolished) Office Space	
Name of Monitoring Firm Hired by Building Owner (8) NV5		ASCM No. 00030	
Street Address 850 Bear Tavern Road		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08628		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 8/2/19	Scheduled Completion Date (11) 8/2/19	Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf ≥ 260 lf

- ☐ Renovation
☒ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior window openings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulking	288 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Yardley, PA		8/2/19	City, State Waynesburg, OH
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 7/31/19

GI 19116

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

DE *CHW#3600*
AUG - 5 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/10/19		Name of Building Owner / Operator (2) County of Monmouth	
Agencies Notified	Type Notification	Street Address Special Services Complex, 2nd Flr, 300 Halls Mill Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>5906</i> <input checked="" type="checkbox"/> DOH <i>5913</i> <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Freehold, NJ 07728	
		Name of Contact Casey Hornstra	Telephone Number 732-431-7760

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Division of Weights and Measures			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 1911 Wayside Road			Square Feet 3500	# of Floors 2	Bldg. Age 55+
City (5) Tinton Falls	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Office Space		
Name of Monitoring Firm Hired by Building Owner (8) NV5		ASCM No. 00030	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 850 Bear Tavern Road		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08628		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-323-2555	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 8/1/19	Scheduled Completion Date (11) 8/2/19		Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

<input 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 ≥260 lf	<input checked="" type="checkbox"/> Demolition	<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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or 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	Enclose
Exterior window openings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulking	288 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State Yardley, PA	8/2/19		City, State Waynesburg, OH
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 7/10/19

23.07.2019 09:21 AM

A. Mac Contracting

2012620321

INV-13018

CK1212

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)RECEIVED
PAGE. 2 / 3
AUG -5 2019

Date of Notification (1) 7/23/19		Name of Building Owner/Operator (2) KATHERINE BOYLE		DOL - 10 DAY / 27 S	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Reinstatement (Justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
Name of Facility Where Abatement is Taking Place (3) HOUSE		City (6) SPRING LAKE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) etc.)	
Street Address [REDACTED]		City (6) SPRING LAKE		Squares Feet [REDACTED]	
Name of Monitoring Firm Hired by Building Owner (8) RES.		A/E/C/M No. [REDACTED]		Name of Abatement Contractor (5) A. Mac Contracting Inc.	
Street Address [REDACTED]		City, State, Zip Code [REDACTED]		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]		City, State, Zip Code Midland Park, NJ 07432	
Start Date (10) 7/23/19		Scheduled Completion Date (11) 7/30/19		Telephone No. 201-262-5841	
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: [REDACTED]		Name of OSHA Monitor Omega Environmental Services Inc.		License No. 00156	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> #3 of or #3 if #180 of or #240 if <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606	
Location of Abatement (Specify Area) (12) TO BE ABATED		Is Location Normally In Use (13) L Maintenance/Custodial Staff (12) Yes No N/A		Amount (Specify SF or LB) 1800 SF	
1ST FLOOR		X		X	
VAT		X		X	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. [REDACTED]		Cubic Yards of Waste [REDACTED]	
Name of Registered Landfill Pen Argyl, PA 08072		Signature R. McDonald		Date 7/23/19	

ASB-1 (R-04-00)

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

Inv13374
CH3029

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

RECEIVED	
AUG 5 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 7-31-2019		Name of Building Owner / Operator (2) James Robert McDonald	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Monmouth Junction, NJ	
		Name of Contact James Robert McDonald	Telephone Number

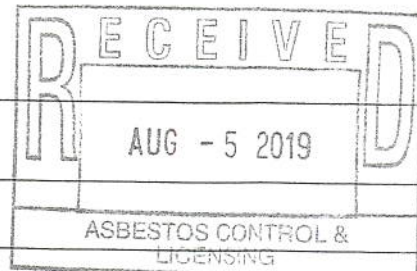
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,900	
City (5) Monmouth Junction, NJ		# of Floors 2	Bldg. Age 55
County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279
Scheduled Start Date (10) 8-13-2019		Scheduled Completion Date (11) 8-19-2019	License Number 01185
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am-5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Street Address 2333 Route 22 West		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl sheet flooring	134 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

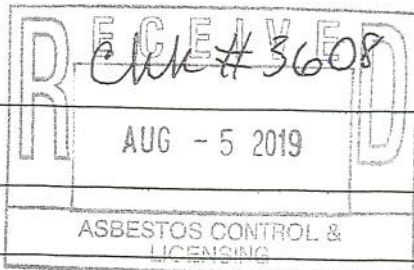
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 7/31/2019

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



Date of Notification (1) 7 / 19 / 19		Name of Building Owner/Operator (2) Housing Authority		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 5 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment # 1-7/31/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address Willard Dunham Drive City, State, Zip Code Edison, NJ 08837			
		Name of Contact N/A				Telephone Number N/A			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Housing Unit E6				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 Willard Dunham Drive				Square Feet +1000					
City (5) Edison				# of Floors 2					
County (6) Middlesex				Bldg. Age +30					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting Group		ASCN No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1600 Route 22 East				Street Address 1123 BEAVER STREET					
City, State, Zip Code Union, NJ 07083				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm TBD		Telephone No. TBD		Telephone No. 215-788-6040					
				License No. 00509					
Start Date (10) ON HOLD		Scheduled Completion Date (11) ____ / ____ / ____		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2 nd Floor & Staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer VAT/Mastic	362 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jl</i>		Date 7/31/19			

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



Date of Notification (1) <u>7</u> / <u>19</u> / <u>19</u>		Name of Building Owner/Operator (2) Housing Authority		RECEIVED # 3608 AUG - 5 2019 ASBESTOS CONTROL & LICENSING						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 4176 <input checked="" type="checkbox"/> DOH 4152 <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 Willard Dunham Drive City, State, Zip Code Edison, NJ 08837 Name of Contact N/A Telephone Number N/A				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Housing Unit E6				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 Willard Dunham Drive				Square Feet +1000 # of Floors 2 Bldg. Age +30						
City (5) Edison				County (6) Middlesex County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting Group				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1600 Route 22 East City, State, Zip Code Union, NJ 07083				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm TBD		Telephone No. TBD		Telephone No. 215-788-6040 License No. 00509						
Start Date (10) <u>8</u> / <u>5</u> / <u>19</u>		Scheduled Completion Date (11) <u>8</u> / <u>14</u> / <u>19</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: 7:00AM-3:30PM / _____ PM - _____ AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <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
2nd Floor & Staircase		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer VAT/Mastic	362 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA				Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillian DeCaro		Title Estimator		Signature <i>Dillian DeCaro</i>			Date 7-19-19			

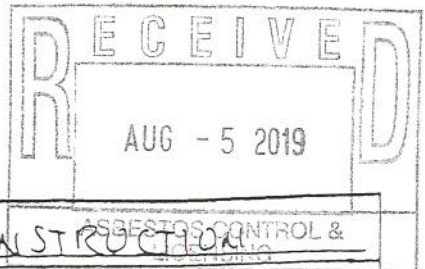
ASB-41
JAN 13 **DD19063**

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

CK# 4878

INV-133712

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

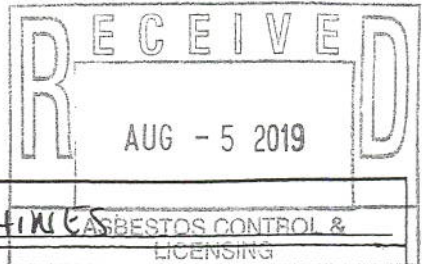


Date of Notification (1) 7-31-19		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77TH ST.		City, State, Zip Code SEA ISLE CITY N.J. 08243	
Name of Contact FORANIC		Telephone Number	
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 1500	
City (5) SEA ISLE CITY		# of Floors 1	
County (6) CAPE MAY		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	
Telephone No.		License No. 01371	
Start Date (10) 8-12-19		Scheduled Completion Date (11) 8-22-19	
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 N/A	
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	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Amount (Specify SF or LF) 2000 SF	
Abatement Type Removal Repair Encapsulate Enclosure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste	
NJDEP Waste Hauler ID No. 17904		Name of Registered Landfill C.M.C.M.U.A.	
City, State MAPLE SHADE N.J. 08052		Disposal Date WOODBINE N.J.	
Completed By WICHITA KLEMM		Signature [Signature]	
Title SUP.		Date 7-31-19	

CK# 4878

Inv 13371

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



Date of Notification (1) 7-31-19		Name of Building Owner/Operator (2) MEW & MACHINES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 225 FREMONT AVE		City, State, Zip Code WOODBINE N.J. 08270	
Name of Contact LIZ A		Telephone Number	
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 # of Floors Bldg. Age 1500 2 50+	
City (5) SEA ISLE CITY 08243		County Code (7) (STATE USE ONLY) CAPE MAY	
County (6) CAPE MAY		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEWCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 8-26-19		License No. 01371	
Scheduled Completion Date (11) 9-5-19		Name of OSHA Monitor N/A	
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	
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		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure 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)	
SIDING		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)	
TRANSITE		2250 SF	
Abatement Type			
Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE N.J.		Cubic Yards of Waste 3	
Name of Registered Landfill C.M.C.M.D.A		Disposal Date	
City, State WOODBINE		Signature [Signature]	
Completed By MICHAEL KLEWCO		Title SUP.	
Date 7-31-19			

Inv. 13370

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

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AUG - 5 2019
STREET CONTROL &
PARKING

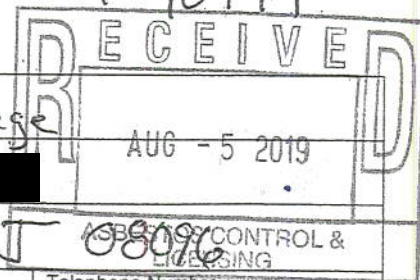
Date of Notification (1) 7-31-19		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 7TH ST.		City, State, Zip Code SEA ISLE CITY N.J. 08243	
Name of Contact KURANIC		Telephone Number	
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 1500	
City (5) OCEAN CITY		# of Floors 1	
County (6) CAPE MAY		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 8-26-19		License No. 01371	
Scheduled Completion Date (11) 9-5-19		Name of OSHA Monitor N/A	
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	
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		City, State, Zip Code	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Amount (Specify SF or LF) 2000 SF	
Abatement Type Removal Repair Encapsulate Enclosure X		Name of Registered Landfill C.N.C.M.U.A.	
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste	
City, State MAPLE SHADE N.J. 08052		Disposal Date	
Completed By MICHAEL KLEMM		Signature [Signature]	
Title SUP.		Date 7-31-19	

CK133209

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

Check

10747




Date of Notification (1) 8-1-19		Name of Building Owner/Operator (2) James George							
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 Woodbury NJ 08096 Name of Contact James George							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 2						
City (5) Woodbury NJ 0809		Bldg. Age 65+-							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-15-19	Scheduled Completion Date (11) 8-26-19	Name of OSHA Monitor EPC Technologies 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 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Extension Walls			X	Siding Shingles	2000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 8-26-19		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-1-19			

CK7496

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

Print Form	
RECEIVED	
AUG - 5 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 8/1/19 <i>Inv 13368</i>		Name of Building Owner/Operator (2) Scott Kanard Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Scott	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scott Kanard Private Home		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 1000+	# of Floors 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco 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. 856-753-9800	License No. 00727						
Start Date (10) 8/12/19	Scheduled Completion Date (11) 8/23/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2400 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 8/23/19	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 8/1/19			

INW13367
CH10746

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

Check

#10746
RECEIVED
AUG - 5 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-1-19		Name of Building Owner/Operator (2) Mark Franchi Demolition	
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 348 Huffville Greenloch Rd	
		City, State, Zip Code Sewell NJ 08080	
		Name of Contact Mark Franchi	
		Telephone Number 856-820-0295	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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]			
City (5) Pilesgrove NJ	County (6) Salem	Square Feet 08098	# of Floors 2
County Code (7) STATE USE ONLY		Bldg. Age 80+	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc.	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) 08-12-19		Scheduled Completion Date (11) 8-16-19	
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 EPC Technologies Inc	
		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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	
exterior walls		x	Siding Shingles
garage exterior walls		x	Siding Shingles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date 8-16-19		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker
		Date 8-1-19	

CK1517

Inv13332

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Repealed NJAC 8:26 and 12:120)RECEIVED
AUG - 5 2019
1517ASBESTOS CONTROL &
LICENSING

DOL - 10 DAY

DOL - 10 DAY

Date of Notification (1) July 31, 2019		Name of Building Owner/Operator (2) Carl & Cynthia Bonawitz	
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 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 Haddonfield, NJ 08033	
Name of Facility Where Abatement is Taking Place (3) house		Name of Contact Project Manager	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Haddonfield, NJ 08033		Square Feet	
County (6) Camden		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		Current Use (Prior if being demolished) house	
Street Address 2200 Paterson Plank rd # 7		Name of Abatement Contractor (9) The MACK Group, LLC	
City, State, Zip Code North Bergen, NJ 07047		Street Address 1500 Kings HWY N, STE 209	
Project Manager for Monitoring Firm Carmello Altomonte		City, State, Zip Code Cherry Hill, NJ 08034	
Start Date (10) 8/1/19		Telephone No. 201-864-8583	
Scheduled Completion Date (11) 8/31/19		Telephone No. (973) 759 - 5000	
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:		License No. 00781	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 ft <input type="checkbox"/> ≥160 sf or ≥260 ft		Name of OSHA Monitor The MACK Group, LLC.	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 1500 Kings HWY N, STE 209	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement 1 room		City, State, Zip Code Cherry Hill, NJ 08034	
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) floor tile & associated mastic	
Amount (Specify SF or LF) TBD		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Newark Carting		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frigible Procedure	
City, State Newark, NJ		NJ DEP Waste Hauler ID No. 4509	
Completed by Mike Cooper		Cubic Yards of Waste TBD	
Title President		Name of Registered Landfill IESI Bethlehem landfill	
Signature [Signature]		City, State Bethlehem, PA	
Date 7/31/19		Disposal Date 8/31/19	

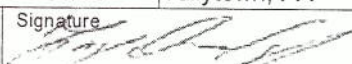
ASB-41 (R-05-08)

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

INV-133605

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

25835272255

Date of Notification (1) August 01, 2019		Name of Building Owner/Operator (2) The Hampshire Companies, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 5 2019 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address 22 Maple Avenue							
<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 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 Morristown, NJ 07960							
		Name of Contact Project Manager							
<div style="text-align: center;"> TELEPHONE NUMBER 201-336-0477 </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tulnoy Lumber Company			Type of Facility (4)						
Street Address 90 Raskulinecz Road #3			<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) Carteret			Square Feet	# of Floors	Bldg. Age				
County (6) Middlesex			County Code (7) (STATE USE ONLY) 07008		Current Use (Prior if being demolished) empty				
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.		Name of Abatement Contractor (9) Super, LLC					
Street Address 2200 Paterson Plank rd # 7				Street Address 203 Belmont Ave.					
City, State, Zip Code North Bergen, NJ 07047				City, State, Zip Code Haledon, NJ 07508					
Project Manager for Monitoring Firm Mr. Carmelo Altomonte		Telephone No. 201-864-6583		Telephone No. (201) 673-5392	License No. 01195				
Start Date (10) 8/15/19		Scheduled Completion Date (11) 12/31/19		Name of OSHA Monitor Super, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 203 Belmont Ave.					
<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 Haledon, NJ 07508					
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 checked="" 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)			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	<input checked="" type="checkbox"/>			Roofing	19,300 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Flashing	4,510 s/f	<input checked="" type="checkbox"/>			
siding	<input checked="" type="checkbox"/>			Transite siding	15,000 s/f	<input checked="" type="checkbox"/>			
roof	<input checked="" type="checkbox"/>			Metal Roofing w/Tar	14,000 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Super, LLC		NJ DEP Waste Hauler ID No. WH16329		Cubic Yards of Waste 528.1	Name of Registered Landfill Waste Management				
City, State Haledon, NJ		Disposal Date 12/31/19		City, State Tullytown, PA					
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 8/1/19			

Inv 13304
CK 1046

Proj. #: 19-154

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

PAID

RECEIVED
AUG - 5 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/17/13 11/11/19		Name of Building Owner/Operator (2) J&G Properties, LLC	
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 Lodi, NJ 07644	
Name of Contact Jared Laskin		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			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: 1,400 SF # of Floors: 02 Bldg. Age: 60 Current Use (Prior if being demolished): Residential		
City (5) Lodi, NJ 07644	County (6) Bergen	County Code (7) (State use only)	Name of Abatement Contractor (9) KLOMAX, LLC		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Street Address 309 W. End Ave		
Street Address			City, State, Zip Code Hopatcong, NJ 07843		
City, State, Zip Code			Telephone Number 833-455-6629		
Project Manager for Monitoring Firm			License Number 02007		
Phone Number			Name of OSHA Monitor KLOMAX, LLC		
Start Date (10) 08/13/19			Sched. Completion Date (11) 08/16/19		
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 checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

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 checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	78 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 KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 07/31/19

CK 3172

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

R	RECEIVED	D
	AUG - 5 2019	
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) 7-30-2019		Inv 13327		Name of Building Owner/Operator (2) Kara Dutkus	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Verona, NJ 07044	
Name of Facility Where Abatement is Taking Place (3) Residential				Name of Contact David Dutkus	
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.)				Telephone Number	
Street Address [REDACTED]		City (5) Verona, NJ 07044		Square Feet 1860	
County (6) Essex		County Code (7) (STATE USE ONLY)		# of Floors 2	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Bldg. Age 85+	
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC		Current Use (Prior if being demolished)	
City, State, Zip Code		Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm		Telephone No.		License No. 01174	
Start Date (10) 7-31-2019		Scheduled Completion Date (11) 7-31-2019		Name of OSHA Monitor Green Environmental Services, LLC	
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 235 Virginia Avenue	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <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 Jersey City, NJ 07304	
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)	
Kitchen		Yes No N/A X		Pipe Insulation- Wrap and Cut	
				Amount (Specify SF or LF) 16 LF	
				Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 1	
City, State Jersey City, NJ		Disposal Date 7-31-2019		Name of Registered Landfill Fairless Landfill	
Completed by Liliana Serrano		Title Office Manager		Signature Liliana Serrano	
				Date 7-30-2019	

5186

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

5186

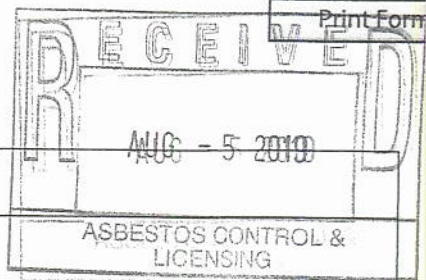
Date of Notification (1) 8-1-19 INV13363		Name of Building Owner/Operator (2) D. BIELER				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code TEANECK, NJ 07666 Name of Contact D. BIELER				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) D. BIELER		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 Bldg. Age 1900 2 FLOORS 69 YRS				
City (5) TEANECK		County Code (7) (STATE USE ONLY) BERGEN				
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address Best Removal Inc				
City, State, Zip Code		City, State, Zip Code 450 South River St				
Project Manager for Monitoring Firm		Telephone No. Hackensack, N.J. 07601				
Telephone No.		License No. 201-329-7444 00388				
Start Date (10) 8-13-19		Scheduled Completion Date (11) 8-14-19				
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: 8 AM 5 PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St				
City, State, Zip Code S. Hackensack, N.J. 07606						
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)	Abatement Type		
				Removal	Repair	Encapsulate
GARAGE	X	THERMAL INSULATION	115 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 8-14-19	City, State NEWBURGH, PA. 17240			
Completed by R. VELDRAAN	Title Estimator	Signature <i>R. Veldraan</i>	Date 8-1-19			

ASB-41

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

CK 0261

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

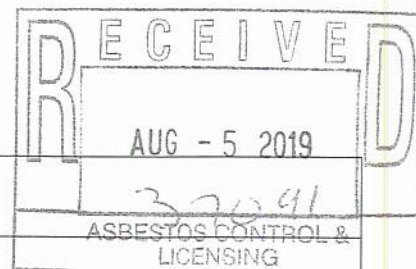


Date of Notification (1) 7/25/2019 CHECK#0261 Jnv 13362		Name of Building Owner/Operator (2) LAURIE A HEEB							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> 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 BLOOMFIELD, NJ 07003							
		Name of Contact LAURIE A HEEB							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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 (i.e. private & commercial buildings, homes, etc.)							
City (5) BLOOMFIELD, NJ 07003		Square Feet 50 X100	# of Floors 2						
		Bldg. Age 50 +							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OCCUPAID							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ALL SOLUTIONS CONTRACTING INC							
City, State, Zip Code		Street Address 24 CHURCH ST							
Project Manager for Monitoring Firm		City, State, Zip Code ELMWOOD NJ 07407							
Telephone No.		Telephone No. 201 8739418	License No. 01301						
Start Date (10) 08/12/2019	Scheduled Completion Date (11) 08/13/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: 7:30 AM TO 3:30 PM		City, State, Zip Code ELMWOOD NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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	60 LF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA, 18072			Disposal Date TBD	City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature			Date 7/25/2019			

CK37091

INV1336

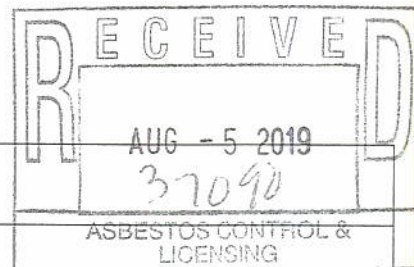
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 01 / 19		Name of Building Owner/Operator (2) Meridian Environmental Services							
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 24 Germania Station Road							
		City, State, Zip Code Toms River, NJ 08755							
		Name of Contact Chris Delucca	Telephone Number 732-281-1900						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Barnegat	County (6) Ocean	County Code (7) (STATE USE ONLY) 08005	Square Feet 1700 sf						
		Current Use (Prior if being demolished) Residence	# of Floors 1						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 08 / 13 / 19	Scheduled Completion Date (11) 08 / 15 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
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 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 08/15/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/1/19			

Inv 13360
CK 37090

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



Date of Notification (1) 08 / 01 / 19		Name of Building Owner/Operator (2) Carrie Neto	
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 [REDACTED] City, State, Zip Code Essex Fells, NJ 07021 Name of Contact Carrie Neto Telephone Number	

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3500	
City (5) Essex Fells		# of Floors 2	Bldg. Age 65
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 8 / 12 / 19	Scheduled Completion Date (11) 8 / 14 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	
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 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) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	45 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"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/14/19	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/1/19		

6602 - NJ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification
Check #: 7496

INV 13359

Date of Notification (1)
 08/01/1991

Name of Building Owner/Operator (2)
 County of Hudson
 Street Address
 567 Pavonia Ave., 3rd Floor
 City, State, Zip Code
 Jersey City, NJ 07306

Agencies Notified Type Notification

<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification
<input checked="" type="checkbox"/> IDOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	
<input type="checkbox"/> DCA	

Name of Contact
 Ralph Sax

Telephone Number
 201-369-2777 x.2987

RECEIVED
 AUG - 5 2019
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Meadowview Hospital Bldgs. 1, 2 & 3
 Street Address
 540 County Avenue
 City (5)
 Secaucus, NJ 07094

County (6)
 Hudson

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, homes, etc.)

Square Feet
 20000

of Floors
 2

Bldg. Age
 50

Current Use (Prior if being demolished)
 Hospital

Name of Monitoring Firm Hired by Building Owner (8)
 Whitman Companies, Inc.
 Street Address
 7 Pleasant Hill Rd.
 City, State, Zip Code
 Cranbury, NJ 08512

Project Manager for Monitoring Firm
 Kevin Lovely

Telephone Number
 (732) 390-5858

Name of Abatement Contractor (9)
 Four Strong Builders, Inc.
 Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013-1935

Telephone Number
 973-614-0377

License Number
 00807

Name of OSHA Monitor
 Four Strong Builders, Inc.
 Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013

Scheduled Start Date (10)
 08/12/1991

Sched. Completion Date (11)
 09/06/1991

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: occupied buildings

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ 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			R	E	N	E	
Building 1 - first and second floor	<input checked="" type="checkbox"/>		VAT & associated mastic	3,800 SF	<input checked="" type="checkbox"/>				
Building 2 - first and second floor	<input checked="" type="checkbox"/>		VAT & associated mastic	2,900 SF	<input checked="" type="checkbox"/>				
Building 2 - 2 bathrooms - 1st & 2nd floor	<input checked="" type="checkbox"/>		Pipe Insulation - wrap & cut	160 LF					
Building 3 - 2 bathrooms - 1st & 2nd floor	<input checked="" type="checkbox"/>		Pipe Insulation - wrap & cut	160 LF					

Name of Registered Waste Hauler
 Four Strong Builders, Inc.
 City, State
 Clifton, NJ

NJDEP Waste Hauler ID No.
 12609

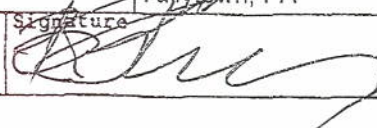
Cubic Yards of Waste

Name of Registered Landfill
 G.R.O.W.S., Inc.
 City, State
 Tullytown, PA

Disposal Date

Completed By (Print or Type)
 Bilyana Kulakovska

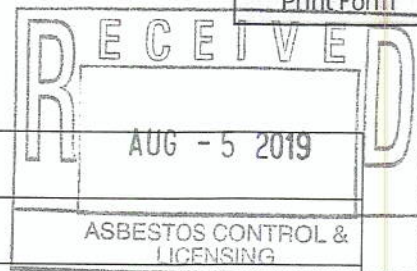
Title
 Office Administrator

Signature


Date
 8/1/19

ASB-41
 JUN 95

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



Date of Notification (1) July 31, 2019		Name of Building Owner/Operator (2) Sussex County Technical School							
Agencies Notified	Type Notification	Street Address 105 North Church Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ 07871							
		Name of Contact Andrew Italiano	Telephone Number 973-383-6700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sussex County Technical School Science Lab		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 & commercial buildings, homes, etc.)							
Street Address 105 North Church Road		Square Feet	# of Floors						
City (5) Sparta		Bldg. Age							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates Inc		ASCM No.	Name of Abatement Contractor (9) Osio Inc						
Street Address P. O. Box 645		Street Address 292 Main Street, #261							
City, State, Zip Code Shillington, PA 19607		City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm Michael Krisher		Telephone No. 610-856-7700	Telephone No. 610-400-8711						
License No. 01373									
Start Date (10) 08/01/2019	Scheduled Completion Date (11) 08/15/2019	Name of OSHA Monitor Schneider Laboratories Global 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 <input checked="" type="checkbox"/> Other - Describe: <u>Building Occupied</u>		Street Address 2512 West Cary Street							
		City, State, Zip Code Richmond, VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) <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
Room 118		X		Carpet	325SF	X			
Room 118		X		Floor tile w/mastic	1,900SF	X			
Room 118		X		Transite Tops	360SF	X			
Room 118		X		Green Board and Dots	50SF	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Carol Bradford		Title President		Signature <i>Carol Bradford</i>		Date July 31, 2019			

CH581

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

RECEIVED	
AUG - 5 2019	

Date of Notification (1) 7/23/19 JNV13357		Name of Building Owner/Operator (2) MS LINDA LICAMELI	
Agency Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 CLIFFSIDE PARK, NJ 07020	Name of Contact MS. LICAMELI
		Telephone Number	

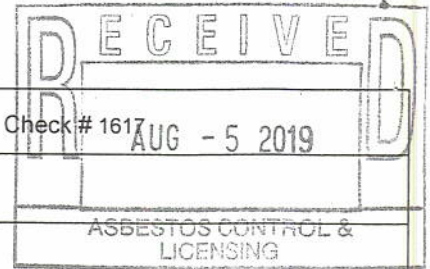
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS LINDA LICAMELI		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) CLIFFSIDE PARK	Square Feet 1800	# of Floors 2	Bldg. Age 1940
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)	
Street Address			Best Removal Inc	
City, State, Zip Code			Street Address 450 South River St	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 8/5/19	Scheduled Completion Date (11) 8/6/19	Name of OSHA Monitor Omega Environmental		
Occupancy Status During Abatement (Check only one)		Street Address 280 Huyler St		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		City, State, Zip Code S. Hackensack, N.J. 07606		

Scope of Work (Check all that apply)					<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				
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf					<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	70 LF	<input checked="" type="checkbox"/>			

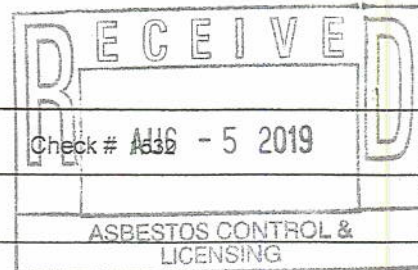
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State Hackensack, N.J. 07601			Disposal Date 8/6/19	City, State NEW BURG, PA. 17240	
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>			Date 7/23/19

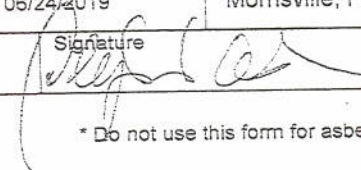
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



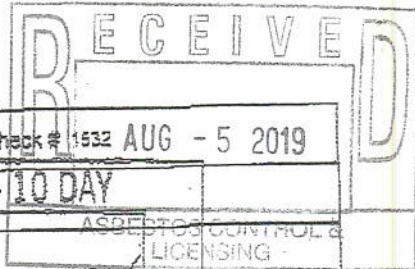
Date of Notification (1) 07/31/2019		Name of Building Owner/Operator (2) Montclair State University		Check # 1617 AUG - 5 2019					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Normal Ave City, State, Zip Code Montclair, NJ 07043 Name of Contact Amy Ferdinand Telephone Number 973-655-5546					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MSU, Bohn Hall				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 1 Normal Ave				Square Feet 20,000 # of Floors 2 Bldg. Age +55					
City (5) Montclair		County (6) Essex		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc			ASCM No.		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 300 Grand Ave			Street Address 246 Union Boulevard						
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Anthony Valentine			Telephone No 201-569-6708		Telephone No. 973-225-8400 License No. 01104				
Start Date (10) 08/05/2019		Scheduled Completion Date (11) 08/08/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
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 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent <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
Room 411		X		VAT and Mastic	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste .5	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 08/08/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 07/31/2019			

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



Date of Notification (1) 06/21/2019 PROJECT ON HOLD		Name of Building Owner/Operator (2) Montclair State University		Check # 446 - 5 2019	
Agencies Notified <input 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Normal Ave		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Montclair, NJ 07043			
			Name of Contact Amy Ferdinand		Telephone Number 973-655-5546
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MSU, Bohn Hall			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 1 Normal Ave					
City (5) Montclair			Square Feet 20,000	# of Floors 2	Bldg. Age +55
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 300 Grand Ave		Street Address 246 Union Boulevard			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6708	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 06/21/2019 On Hold		Scheduled Completion Date (11) 06/24/2019 On Hold		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent <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)
	Yes	No	N/A		
Room 411		X		VAT and Mastic	200 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste .5	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 06/24/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President		Signature  Date 06/21/2019	

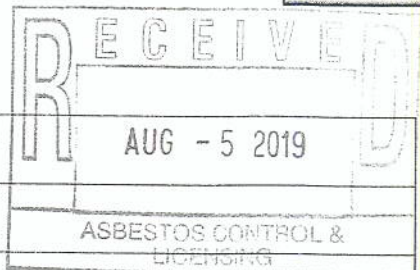
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 06/14/2019		Name of Building Owner/Operator (2) Montclair State University		Check # 1532 AUG - 5 2019	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> COL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Normal Ave City, State, Zip Code Montclair, NJ 07043 Name of Contact Amy Ferdinand Telephone Number 973-255-5548	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MSU, Bahn Hall				Type of Facility (4) <input checked="" type="checkbox"/> APPROVED	
Street Address 1 Normal Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
City (5) Montclair				Square Feet 20,000	# of Floors 2
County (6) Essex				Current Use (Prior if being demolished) Educational	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASDM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Ave		City, State, Zip Code Englewood, NJ 07631		Street Address 248 Union Boulevard City, State, Zip Code Totowa, New Jersey 07812	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-559-6708		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 06/21/2019		Scheduled Completion Date (11) 08/24/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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 2333 Route 22 West City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 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"/> Glove bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted ("") and Non-Frangible 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)	
Room 411		X		VAT and Mastic	
Name of Registered Waste Hauler Lilich Corporation		NJ DEP Waste Hauler ID No. 15724		Cubic Yards of Waste .5	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey		Disposal Date 06/24/2019		City, State Montville, PA	
Completed by Adriana Olejarova		Title President		Signature Date 06/14/2019	

Ch 2133

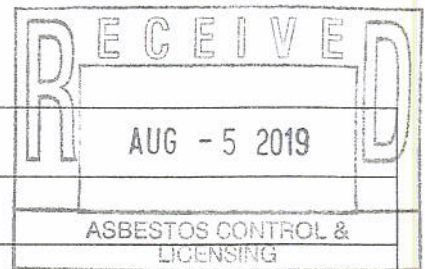
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07-31-19		Name of Building Owner/Operator (2) Melsy Builders LLC							
Agencies Notified	Type Notification	Street Address 5 Madden Ct.							
<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 Edison, NJ 08820							
		Name of Contact Fernando Luis	Telephone Number (908) 296-3758						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		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 (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
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.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 1119 East Grand St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07201							
Telephone No.		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 08-12-19	Scheduled Completion Date (11) 08-13-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.							
<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 Elizabeth, NJ 07201							
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 checked="" 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	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	120 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 08-14-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 07-31-19			

CKD132

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



Date of Notification (1) 07-31-19		Name of Building Owner/Operator (2) Melsy Builders 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 5 Madden Ct.		City, State, Zip Code Edison, NJ 08820	
Name of Contact Fernando Luis		Telephone Number (908) 296-3758	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		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	
City (5) Elizabeth		# of Floors	
County (6) Union		Bldg. Age	
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.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 1119 East Grand St.	
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07201	
Telephone No.		Telephone No. 201 216-9603	
Start Date (10) 08-09-19		License No. 01206	
Scheduled Completion Date (11) 08-13-19		Name of OSHA Monitor Delfa Contracting LLC	
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 1119 East Grand St.	
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		City, State, Zip Code Elizabeth, NJ 07201	
Full Containment with 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)	
		Yes No N/A	
Exterior		x	
Transite Siding		4,000 SF	
		x	
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	
Cubic Yards of Waste 20		Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 08-14-19	
City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager.	
Signature 		Date 07-31-19	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

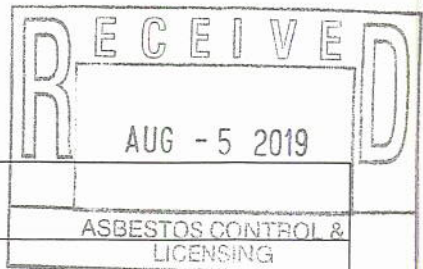


Date of Notification (1) July 31, 2019		Name of Building Owner/Operator (2)	
Agencies Notified X EPA X DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address Sisters of Saint Dominic		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code 3 Ryerson Avenue, Caldwell, NJ 07006		Name of Contact Mr. Vincent DeCroce	
Telephone Number 973.403.3331			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sisters of Saint Dominic- Building # 3		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 3 Ryerson Avenue		Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 80 years	
City (5) Caldwell NJ	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 35 E		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Butler, NJ 07405	
Telephone Number 973-636-9145		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 12, 2019		Scheduled Completion Date (11) September 6, 2019	
Name of OSHA Monitor EMSL inc.			
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: Occupied		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition	
Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler Room		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Duct Insulation Pipe Insulation		Amount (Specify SF or LF) 850 sf 267'	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 40		Name of Registered Landfill Fairless Landfill/ Grand Central Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. Newark, NJ 04509, NJ DEP # 19551		Disposal Date September 6, 2019	
City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#18072 GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072 Permit # 100265			
Completed by (Print or Type) Marin Graure		Title Sr. Project Manager	
Signature <i>Marin Graure</i>		Date July 31, 2019	

GAC # 2019-686

Inv 13346
MO25881224051

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



Date of Notification (1) 7 / 31 / 2019		Name of Building Owner/Operator (2) Andy Lohr	
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 [REDACTED] City, State, Zip Code Glenrock, New Jersey, 82637	
		Name of Contact Andy Lohr	Telephone Number

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED] 07452			
City (5) Glenrock	Square Feet 2,265	# of Floors 1.5	Bldg. Age 94
County (6) Bergen County	County Code (7) (STATE USE ONLY) 0222	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address N/A		Street Address 550 Rifle Camp Rd	
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 862-276-1024	License No. 02003
Start Date (10) 08 / 12 / 2019	Scheduled Completion Date (11) 08 / 19 / 2019	Name of OSHA Monitor Arsenije Adamov	
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 550 Rifle Camp Rd	
		City, State, Zip Code Woodland Park, NJ 07424	

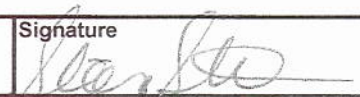
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked=""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

Location of Asbestos-Containing Material (ACM) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Pipe & fitting insulation	100LF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2 yards	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, NJ		Disposal Date 08/20/2019		City, State Morrisvilles PA	
Completed By (Print or Type) Arsenije Adamov	Title President	Signature Arsenije Adamov		Date 07/31/2019	

Inv # 133⁸⁰ PAIDSTATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 0138

Date of Notification (1) 06 / 19 / 19		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 5 2019 201-794-4000 </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 2211 Route 208 North	
						City, State, Zip Code Fairlawn, New Jersey, 07410	
				Name of Contact PETER VILLANO		Telephone Number 201-794-4000	
FACILITY INFORMATION						ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) Mondelez International				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 2211 Route 208							
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +		
			Current Use (Prior if being demolished) Bakery				
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.				
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway				
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936				
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		License Number 00860		
Scheduled Start Date (10) 06 / 24 / 19		Sched. Completion Date (11) 06 / 23 / 20		Telephone Number 973-884-8682			
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: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.			
				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 checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY MEZZANINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS			
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 08/02/19		

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
BAKERY 1ST FLOOR HALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY 3-D-DECLINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY OREO KITCHEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	2 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

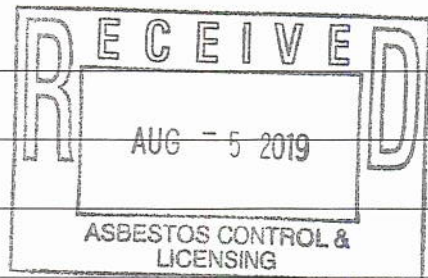
Inv # 13377

Check # 0137

Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG - 5 2019 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified		Street Address 30 PROSPECT AVENUE			
Type of Notification		City, State, Zip Code HACKENSACK, NJ 07601			
		Name of Contact DONAL FERRELL			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 551-996-3778	
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 +
			Current Use (Prior if being demolished) HOSPITAL		
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		
Scheduled Start Date (10) 06 / 17 / 19		Sched. Completion Date (11) 11 / 30 / 19		Telephone Number 973-884-8682	
				License Number 00860	
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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)	Abatement Type	
				R E M O V A L	E N C A P S U L
MAIN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW/LINTEL CAULK	590 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	GLAZING	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	CAULK	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAIN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF FLASHING	800 SF	<input checked="" 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 		Date 08/01/19

Inv # 13331
CK 4133 PAID

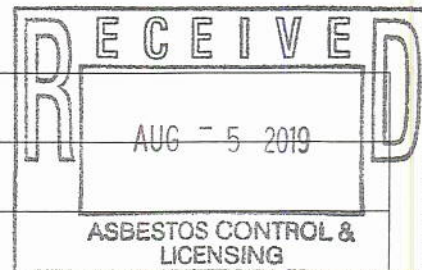
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/01/2019		Name of Building Owner/Operator (2) Newark Public Schools							
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali Ave.							
<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 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 Newark, NJ							
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-938-7544						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden Elementary School		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 & commercial buildings, homes, etc.)							
Street Address 281 Camden Street		Square Feet 48,400	# of Floors 3						
City (5) Newark		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) SMAC Corp.						
Street Address 1253 North Church Street		Street Address 431 North Midland Ave.							
City, State, Zip Code Moorestown, NJ 0857		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	License No. 01110						
Start Date (10) 08/02/2019	Scheduled Completion Date (11) 08/12/2019	Name of OSHA Monitor EMSL Analytical, 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 <input checked="" type="checkbox"/> Other - Describe: Facility occupied during abatement		Street Address 1056 Shelton Ave.							
		City, State, Zip Code Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Theater		X		Floor tile, mastic and wall base	3,025 SF	X			
Library		X		ACM Carpet mastic and wall base	2,900 SF	X			
Name of Registered Waste Hauler SMAC Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 10 yards	Name of Registered Landfill Grows Landfill					
City, State Saddle Brook, NJ 07663			Disposal Date 08/12/2019	City, State Morrisville, PA					
Completed by Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>			Date 08/01/2019			

Inv # 13330
CK 4134 PAID

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



Date of Notification (1) 08/01/2019		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali Ave.	
<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 Newark, NJ	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-938-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oliver Street School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 104 Oliver Street		Square Feet 72,430	# of Floors 3
City (5) Newark		Bldg. Age 104	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) SMAC Corp.	
City, State, Zip Code Moorestown, NJ 0857		Street Address 431 North Midland Ave.	
Project Manager for Monitoring Firm James Guillard		City, State, Zip Code Saddle Brook, NJ 07663	Telephone No. 201-791-6777
Start Date (10) 08/12/2019	Scheduled Completion Date (11) 08/26/2019	License No. 01110	
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: Facility occupied during abatement		Name of OSHA Monitor EMSL Analytical, Inc.	
		Street Address 1056 Shelton Ave.	
		City, State, Zip Code Piscataway, NJ 08854	

Scope of Work (Check All That Apply)		<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	
<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		

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
Rooms UN-37, UN-35, CST-102		X		Pipe and Pipe Fitting Insulation (including visible and within floor)	Appr. 110 LF	X			
Rooms UN-37, UN-35, CST-102		X		Nail Crete	Appr. 400 SF	X			

Name of Registered Waste Hauler SMAC Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 5 yards	Name of Registered Landfill Grows Landfill	
City, State Saddle Brook, NJ 07663		Disposal Date 08/12/2019		City, State Morrisville, PA	
Completed by Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>		Date 08/01/2019	

Inv# 133666
PAID

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

Ch # 3617

Date of Notification (1) 7 / 31 / 19		Name of Building Owner/Operator (2) PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 5 2019 DEPT. OF ENVIRONMENTAL CONTROL & LICENSING 609-258-1841 </div>
Agencies Notified <input 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 200 ELM DRIVE		
		City, State, Zip Code PRINCETON, NJ 08544		
		Name of Contact ROBERT ORTEGO		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) WALKER HALL		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 201 WILCOX HALL			
City (5) PRINCETON, NJ		Square Feet	# of Floors
County (6) MERCER		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC		ASCM No.	
Street Address 1253 NORTH CHURCH STREET		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code MOORESTOWN, NJ 08057		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm MICHAEL KEEHN		Telephone No. 856-840-8800	Telephone No. 215-788-6040
Start Date (10) 8 / 10 / 19		License No. 00509	
Scheduled Completion Date (11) 8 / 12 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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 312	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	1 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 FAIRLESS LANDFILL	
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro/jl</i>		Date 7/31/19	