

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 42:120)

RECEIVED
 AUG - 8 2019
 ASBESTOS CONTROL & LICENSING

CK 1262

Date of Notification (1)
7/27/2019 **JN 13202**

Name of Building Owner/Operator (2)
Chris Tacktikos

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

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

Street Address
[REDACTED]

City, State, Zip Code
West Westfield NJ 07090

Name of Contact
Chris Tacktikos

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chris Tacktikos's Private Residential

Street Address
[REDACTED]

City (5)
West Westfield NJ 07090

County (6)
UNION

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)
[REDACTED]

ASCM No.

Name of Abatement Contractor (9)
MKD PROPERTY MAINTENANCE LLC

Street Address
[REDACTED]

Street Address
105 VAN RIPER AVENUE

City, State, Zip Code
[REDACTED]

City, State, Zip Code
CLIFTON NJ 7011

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
2018999008

License No.
01336

Start Date (10)
07/27/2019

Scheduled Completion Date (11)
07/30/2019

Name of OSHA Monitor

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

Street 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-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	54LF	x			
Basement closet		x		VAT	14SF	x			

Name of Registered Waste Hauler
MKD PROPERTY MAINTENANCE LLC

NJDEP Waste Hauler ID No.
0037991

Cubic Yards of Waste
N/A

Name of Registered Landfill
Waste Management - Fairless Landfill

City, State
CLIFTON NJ 07011

Disposal Date
N/A

City, State
Morrisville, PA 19067

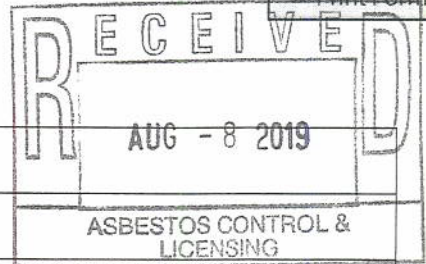
Completed by
Darko Raloski

Title
Project Manager

Signature

Date
7/27/2019

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



Date of Notification (1) 07/29/2019 INV 13500		Name of Building Owner/Operator (2) Michael Smilow							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Teaneck, NJ 07666							
		Name of Contact Michael Smilow							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A						
City (5) Teaneck		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. 01311						
Start Date (10) 08/12/2019	Scheduled Completion Date (11) 08/13/2019	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furnace room		X		Pipe insulation	45 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 08/02/2019					

Print Form

RECEIVED

AUG - 8 2019

ASBESTOS CONTROL & LICENSING

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

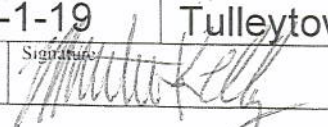
CH 196

Date of Notification (1) 08/02/2019		Name of Building Owner/Operator (2) Wilfredo Llorens							
Agencies Notified	Type Notification	Street Address							
<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 Woodbridge, NJ 07095							
		Name of Contact Lauren Zamparelli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Woodbridge		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 08/13/2019		Scheduled Completion Date (11) 08/14/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	90 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature	Date 08/02/2019					

CK 3548

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:26)

RECEIVED	
AUG - 8 2019	
Check # 3548	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) Inv 13498		Name of Building Owner/Operator (2) Macerich		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 Wilshire Boulevard, Suite 700	
		City, State, Zip Code Santa Monica, CA 90401		Telephone Number 310-394-6000	
		Name of Contact Sam Rinaldo			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Deptford Mall - Sunglass Hut				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 1750 Deptford Center Road					
City (5) Deptford Township				Square Feet 1,040,000	# of Floors 2
County (6) Gloucester				County Code (7) (STATE USE ONLY) _____	Bldg. Age 44 years
Name of Monitoring Firm Hired by Building Owner (8) Pennoni				Current Use (Prior if being demolished) Store	
Street Address 515 Grove Street, Suite 1B		ASCN No. _____		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 923 Haws Avenue			
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875		City, State, Zip Code Norristown, PA 19401	
Start Date (10) 8-19-19		Scheduled Completion Date (11) 9-1-19		Telephone No. 610-239-9920	License No. 00398
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Plymouth Environmental Co., Inc.	
				Street Address 923 Haws Avenue	
				City, State, Zip Code Norristown, PA 19401	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.A.T., or other miscellaneous)	
Sales area & back of house		X		mastic under floor tile	
				420 SF	
				X	
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 3	Name of Registered Landfill GROWS	
City, State Voorhees, NJ		Disposal Date 9-1-19		City, State Tulleytown, PA	
Completed by Matthew Kelly		Title Secretary		Signature 	Date 8-5-19

Print Form

RECEIVED

AUG - 8 2019

ASBESTOS CONTROL & LICENSING

CK 7499

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

Date of Notification (1) 8/5/19		Name of Building Owner/Operator (2) Joe Fragoso Private Home	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008	
		Name of Contact Joe	Telephone Number

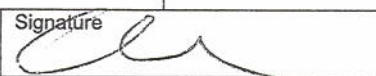
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Joe Fragoso Private Home		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) Surf City NJ 08008		Square Feet 1000 +	# of Floors 1
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 8/15/19	Scheduled Completion Date (11) 8/23/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<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	

Scope of Work (Check All That Apply)

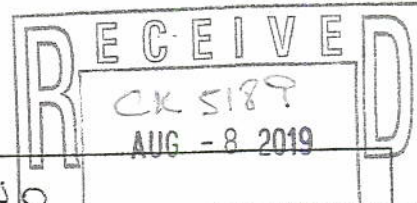
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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	1400 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	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 8/5/19

Inv 13496

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



Date of Notification (1) 8/5/19		Name of Building Owner/Operator (2) MS. DIANA NINO					
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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code NEW MILFORD, NJ, 07646					
		Name of Contact MS. NINO	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. DIANA NINO		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 1800	# of Floors 2				
City (5) NEW MILFORD		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) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8/19/19	Scheduled Completion Date (11) 8/20/19	Name of OSHA Monitor Omega Environmental					
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
FIRST FLOOR BEDROOM			VAT	1309 SF	X		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601		Disposal Date 8/20/19	City, State NEW BURG, PA. 17240				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 8/5/19				

CK4704

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

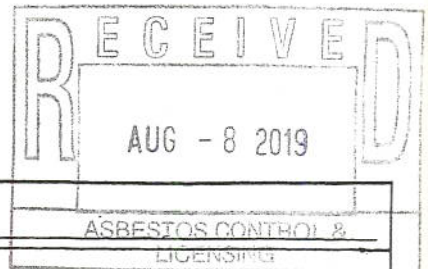
RECEIVED	
AUG - 8 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 08/05/2019		Name of Building Owner/Operator (2) Madison Board Of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 359 Woodland Avenue City, State, Zip Code Madison, NJ 07940 Name of Contact Mike Zulla Telephone Number 973-593-3157					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Torey J. Sabatini 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 Glenwild Circle			Square Feet 70,000						
City (5) Madison			# of Floors 2		Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School					
Name of Monitoring Firm Hired by Building Owner (8) Rk Occupational & Env. Analysis, Inc.			ASCM No. 090		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.				
Street Address 401 St. James Ave.			Street Address 265 A Route 46 Suite 3D						
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316		Telephone No. 973-256-7010					
License No. 0666									
Start Date (10) 08/12/2019		Scheduled Completion Date (11) 08/16/2019		Name of OSHA Monitor Bako Construction & Restoration, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 265 A Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level hall		x		Acoustical Ceiling Plaster	168 SF	x			
Name of Registered Waste Hauler Bako Constr. & Rest. Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill/Waste Management			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 08/05/2019			

CK# 4879

INV 13495

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



Date of Notification (1) 8-5-19		Name of Building Owner/Operator (2) BOB MOOSE		ASBESTOS CONTROL & LICENSING	
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			
		City, State, Zip Code BRIGANTINE N.J 08203			
		Name of Contact BOB		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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>					
City (5) BRIGANTINE 08203			Square Feet 1000	# of Floors 2	Bldg. Age 50+
County (6) ATLANTIC		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____	

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) KLEMCO 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	License No. 01371	

Start Date (10) 8-15-19	Scheduled Completion Date (11) 8-30-19	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 _____
		City, State, Zip Code _____

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

Location of Asbestos-Containing Material (ACM) 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
SIDING			X	TRANSITE	1250 SF	X			

Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA	
City, State MAPLE SHADE N.J		Disposal Date _____		City, State PLEASANTVILLE	

Completed By MICHAEL KLEMM	Title PRES	Signature MICHAEL KLEMM	Date 8-5-19
--------------------------------------	----------------------	-----------------------------------	-----------------------

CK# 4879
INV13494

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

RECEIVED
AUG 8 2019

Date of Notification (1) <u>8-5-19</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>	
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 <u>P.O. BOX 322</u>		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code <u>BRIGANTINE N.J 08203</u>		Telephone Number	
Name of Contact <u>BOB</u>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>		Square Feet <u>1000</u> # of Floors <u>2</u> Bldg. Age <u>50+</u>	
City (5) <u>BRIGANTINE</u>		Current Use (Prior if being demolished)	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>8-15-19</u>		License No. <u>01371</u>	
Scheduled Completion Date (11) <u>8-30-19</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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"/> 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>2500 SF</u>	
Abatement Type		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE N.J</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date		Name of Registered Landfill <u>ACUA</u>	
City, State <u>PLEASANTVILLE</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>	
Date <u>8-5-19</u>			

CK# 4879
Inv 13493

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

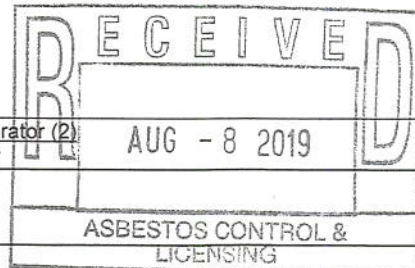
RECEIVED	AUG - 8 2019
	ASBESTOS CONTROL & TRAINING

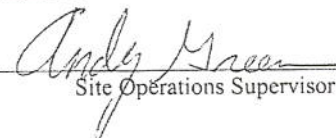
Date of Notification (1) 8-5-19		Name of Building Owner/Operator (2) BOB MOOSE		ASBESTOS CONTROL & TRAINING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 322 City, State, Zip Code BRIGANTINE N.J 08203 Name of Contact BOB 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 1000 # of Floors 2 Bldg. Age 50+		
City (5) BRIGANTINE			County Code (7) (STATE USE ONLY) 08203 Current Use (Prior if being demolished) _____		
County (6) ATLANTIC		Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address _____ City, State, Zip Code _____			
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) KLEMCO INC Street Address 369 S. SPRUCE AVE City, State, Zip Code MAPLE SHADE N.J 08052		Telephone No. 856-779-0472 License No. 01371	
Start Date (10) 8-5-19 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: _____		Scheduled Completion Date (11) 8-30-19 Name of OSHA Monitor N/A Street Address _____ City, State, Zip Code _____			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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) SIDING		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) TRANSITE	
Amount (Specify SF or LF) 1000 SF		Abatement Type Removal Repair Encapsulate Enclosure X _____ _____		_____	
Name of Registered Waste Hauler KLEMCO INC City, State MAPLE SHADE N.J		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 5 Disposal Date _____	
Name of Registered Landfill ACUA City, State PLEASANTVILLE		Completed By MICHAEL KLEMM Title PRES Signature [Signature] Date 8-5-19			

CH3001825

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 8/5/19		Inv 13467		Name of Building Owner/Operator (2) Paulsboro Refining Company		AUG - 8 2019	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled () Emergency		Street Address 800 Billingsport Rd		ASBESTOS CONTROL & LICENSING	
				City, State, Zip Code Paulsboro, NJ 08066			
				Name of Contact Ravi Jarecha		Tel. Number 856-224-4444	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
Street Address 800 Billingsport Rd				Sq. Feet N/A # of Floors N/A			
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)		Bldg. Age N/A			
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No.		Name of Contractor (9) Mansfield Industrial, Inc.	
Street Address				Street Address 26 Colonial Ave			
				City, State, Zip Code Woodbury NJ 08096			
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 856-224-4392		License Number 00857	
Scheduled Start Date (10) 8/19/19		Scheduled Completion Date (11) 8/23/19		Name of OSHA Monitor Mansfield Industrial, Inc.			
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area				Street Address 26 Colonial Avenue			
				City, State, Zip Code Woodbury NJ 08096			
Source of Work (Check all that apply) () Demolition (X) Renovation () Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure							
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) _ YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose			
Pipe Insul. Under Drums C&D - Coker Unit	X	TSI - Pipe	Approx 30 LF	X			
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste <3 CY	Name of Reg. Landfill Gloucester County Landfill				
City, State South Harrison, NJ	Disp. Date Various			City, State South Harrison, NJ			
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc	Signature  Site Operations Supervisor	Date 8-5-19				

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

INV 13508

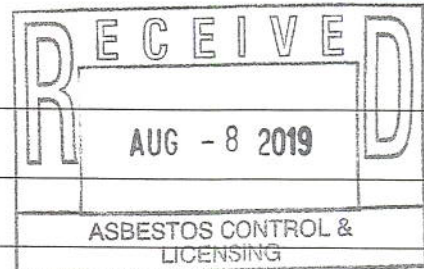
PAID



Date of Notification (1) 08/06/2019		Name of Building Owner/Operator (2) Rory Bell							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cliffside Park, NJ 07010							
		Name of Contact Rory							
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) Cliffside Park		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Removal Safety LLC							
City, State, Zip Code		Street Address 8 Crosby Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07502							
Telephone No.		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 08/16/2019	Scheduled Completion Date (11) 08/22/2019	Name of OSHA Monitor Same as (9)							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	220 LF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless					
City, State Paterson, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 08/06/2019			

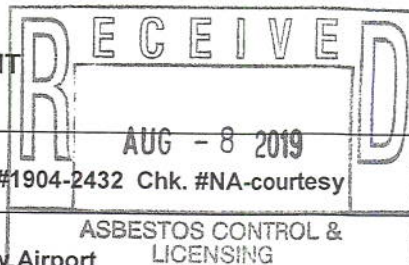
CK 1021

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



Date of Notification (1) 08/06/2019		Name of Building Owner/Operator (2) Laurgo Construction		AUG - 8 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 435 Hudson Street City, State, Zip Code South Hackensack N.J. 07066 Name of Contact Joe Gassib Telephone Number 201-440-3901	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home-Basement				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) New Milford N.J.	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Square Feet 1,309	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. _____		# of Floors 2	
Street Address 20-21 Wagaraw Rd		City, State, Zip Code Fair Lawn, NJ 07410		Bldg. Age 92	
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145		Current Use (Prior if being demolished) Residential Home	
Start Date (10) 08/26/2019		Scheduled Completion Date (11) 09/09/2019		Name of Abatement Contractor (9) Vel Construction, 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 230 Market Street City, State, Zip Code Garfield, NJ 07026			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)	
Basement		X		Floor tiles and mastic	
Basement		X		Pipe insulation	
Basement		X		Boiler insulation	
Amount (Specify SF or LF)		Abatement Type			
450 sf		Removal		X	
50 lf		Repair		X	
3 sf		Encapsulate		X	
		Enclosure			
Name of Registered Waste Hauler Atlantic Carting, Inc.		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 5 yards	
City, State Wayne, NJ		Disposal Date 03/03/2019		Name of Registered Landfill Grows Landfill	
Completed by Krste Veljanoski		Title Owner		Signature Krste Veljanoski	
				Date 08/06/2019	

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



NO CK

Date of Notification (1) 8 / 6 / 19		Name of Building Owner/Operator (2) Federal Aviation Admin. / Job #1904-2432 Chk. #NA-courtesy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address WJH Technical Center, Atlantic City Airport City, State, Zip Code Atlantic City, NJ Name of Contact Julie Deip							
		Telephone Number 609-485-4618							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 300 - Secure Room		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 WJ Hughes Technical Center									
City (5) Atlantic City		Square Feet 516,000	# of Floors 1						
County (6) Atlantic		County Code (7) (STATE USE ONLY) 08405	Bldg. Age 40						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08016		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 8 / 15 / 19	Scheduled Completion Date (11) 8 / 23 / 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: <u>End shift and night work</u> AM- PM/ PM- AM		Street Address 200 U.S. Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
		<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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	7700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Packing	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill ACUA					
City, State Lafayette, NJ			Disposal Date 8/23/19	City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Kim Trumbetti		Title Ops Coordinator	Signature 	Date 8-6-19					