

PAID

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

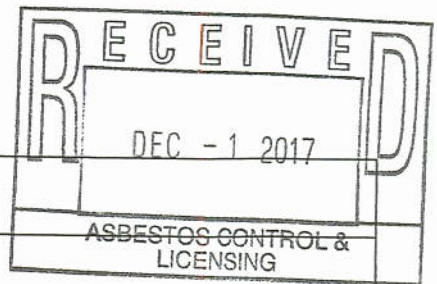
check # 11555

Date of Notification (1) 11 / 29 / 17		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact James Rizzo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1820 FILMORE STREET STRUCTURE		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 1820 FILMORE STREET STRUCTURE		Square Feet varies							
City (5) Camden		# of Floors varies							
County (6) CAMDEN		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Controlled Environmental Systems							
City, State, Zip Code		Street Address 1121 N. Bethlehem Pike - Suite 60							
Project Manager for Monitoring Firm		City, State, Zip Code Spring House, PA 19477							
Telephone No.		Telephone No. 215 542 7000							
Start Date (10) 11 / 30 / 17		License No. 00847							
Scheduled Completion Date (11) 1 / 31 / 18		Name of OSHA Monitor CES							
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-5:00PM/ PM- AM		Street Address 1121 N Bethlehem Pike -Suite 60							
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		City, State, Zip Code Spring House, PA 19477							
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 Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc		Name of Registered Landfill GROWS			
City, State Fairless Hills, PA		Disposal Date 1/31/18		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 11/29/2017			

CK 2324

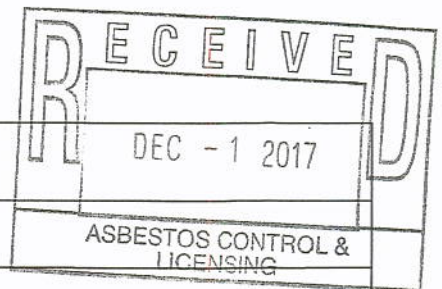
PAID

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



Date of Notification (1) 11 / 28 / 17		Name of Building Owner/Operator (2) Middlesex County College							
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2600 Woodbridge Avenue City, State, Zip Code Edison, NJ 08818 Name of Contact Donald Drost, Jr. Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Studio Theater		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 2600 Woodbridge Avenue		Square Feet # of Floors Bldg. Age							
City (5) Edison		County Code (7)(STATE USE ONLY)							
County (6) Middlesex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Estaquio		Telephone No. License No. 973-494-3762 1188							
Start Date (10) 11 / 29 / 17		Scheduled Completion Date (11) 01 / 12 / 18							
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 ALL PRO MANAGEMENT LLC							
Street Address 27 Outwater Lane		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 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
Old Studio Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Caravella Demolition		NJDEP Waste Hauler ID No. 109430		Cubic Yards of Waste As Needed		Name of Registered Landfill Waste Management			
City, State East Hanover		Disposal Date TBD		City, State Tullytown, NJ					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 11/28/17			

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



Date of Notification (1) 11 / 07 / 17		Name of Building Owner/Operator (2) Middlesex County College							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2600 Woodbridge Avenue							
		City, State, Zip Code Edison, NJ 08818							
		Name of Contact Donald Drost, Jr.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Studio Theater		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 2600 Woodbridge Avenue		Square Feet	# of Floors						
City (5) Edison		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Estaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 10 / 10 / 17	Scheduled Completion Date (11) 01 / 12 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		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 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
Old Studio Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Caravella Demolition		NJDEP Waste Hauler ID No. 109430	Cubic Yards of Waste As Needed	Name of Registered Landfill Waste Management					
City, State East Hanover		Disposal Date TBD		City, State Tullytown, NJ					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 11/7/17		

B & G proj. #:

2017-175

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

Check # 8705

Date of Notification (1)

11/12/17

Name of Building Owner/Operator (2)

Keith Kopacz

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Garfield, NJ 07026

Name of Contact

Keith Kopacz

Telephone Number

RECEIVED
DEC - 1 2017
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Keith Kopacz

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

City (5)

Garfield, NJ 07026

County (6)

Bergen

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

12/08/2017

Sched. Completion Date (11)

12/09/2017

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: _____

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material 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)Amount
(Specify SF or
LF)

R	R	E	E
em	em	nc	nc
ov	ov	ap	ap
er	er	cl	cl
<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"/>

boiler rm, laundry rm, main rm

pipe insulation

23 LF

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1

Name of Registered Landfill

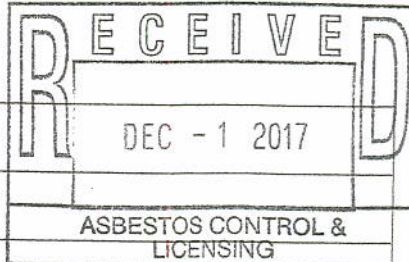
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJDisposal Date
12/11/2017City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
11/28/2017

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

Date of Notification (1)
11/28/17

Name of Building Owner/Operator (2)
Madison Board of Education

Agencies Notified

☐ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

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

Street Address
359 Woodland Road

City, State, Zip Code
Madison, NJ 07940

Name of Contact
Wayne Desjaton

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Madison High School

Street Address
170 Ridgedale Avenue

City (5)
Madison

County (6)
Morris

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
100,000

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis Inc.

ASCM No.

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
401 St. James Avenue

Street Address
265 Route 46 Suite 3D

City, State, Zip Code
Phillipsburg, NJ 08865

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm
Jon Gilbert

Telephone No.
908 434 6316

Telephone No.
973 256 7010

License No.
00666

Start Date (10)
12/08/17

Scheduled Completion Date (11)
12/10/17

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: FRI: 7:30PM-12:30AM/SAT: 8:00AM-5:00PM SUN:8AM-12

Street Address
265 Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

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
Wood Shop Hall Stair Landing		X		Pipe Insulation	36 LF	X			

Name of Registered Waste Hauler Bako Construction & Restoration, Inc.	NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Totowa, NJ	Disposal Date 12/11/17	City, State Tullytown, PA	
Completed by Goran Kojic	Title Project Manager	Signature: 	Date 11/28/17

PAID

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

CL # 3293

Date of Notification (1) 11 / 28 / 17		Name of Building Owner/Operator (2) Buckeye Partners, LP - Northeast District		<div>RECEIVED</div> <div>DEC - 1 2017</div> <div>ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 750 Cliff Road			
						City, State, Zip Code Port Reading, NJ 07064			
		Name of Contact John Philbin		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners, LP			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 123 Derousse Ave. (River Road Terminal)			Square Feet						
City (5) Pennsauken			# of Floors						
County (6) Camden			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Exterior						
Name of Monitoring Firm Hired by Building Owner (8) Vertex Engineering		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 700 Turner Way				Street Address 1123 BEAVER STREET					
City, State, Zip Code Aston, PA 19014				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		License No. 00509					
Start Date (10) 12 / 11 / 17		Scheduled Completion Date (11) 12 / 11 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 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"/> ≥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) 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
River Road Exterior Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	7 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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni / gm		Date 11-28-17			

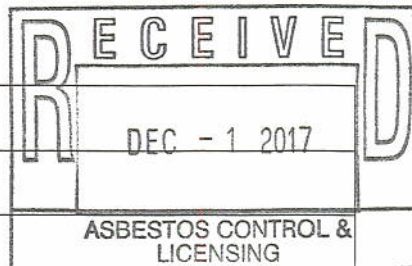
ASB-41
MAY 11 GI17239

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

PAID

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

Print Form



Date of Notification (1) 11/30/2017		Name of Building Owner/Operator (2) Borough of Roselle							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 210 Chestnut Street		City, State, Zip Code Roselle NJ 07203							
Name of Contact Robert Butkocy		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ralph Arminio		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 3750							
City (5) Roselle		# of Floors 1							
County (6) Union County		Bldg. Age 45							
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. N/A							
Street Address N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC							
City, State, Zip Code N/A		Street Address 1435 51st Street							
Project Manager for Monitoring Firm N/A		City, State, Zip Code North Bergen NJ 07047							
Telephone No. N/A		Telephone No. 201-552-9685							
Start Date (10) 12/4/2017		License No. 01320							
Scheduled Completion Date (11) 12/12/2017		Name of OSHA Monitor Iris Environmental Laboratories							
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							
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		City, State, Zip Code Union NJ 07803							
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			x	Roof Shingles	3750SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill ISES Bethlehem Rd Landfill			
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President		Signature Marcos Regato		Date 11/30/2017			