

CK 107400

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

**RECEIVED**  
 DEC 2018  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-29-18		Name of Building Owner/Operator (2) JIM HANSON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of 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 AVALON NJ. 08202	
		Name of Contact JIM HANSON	Telephone Number

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 (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) AVALON	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ATTAS ENV. INSPECTIONS		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION	
Street Address PO BOX 11045		Street Address PO BOX 11587		
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116		
Project Manager for Monitoring Firm JASON	Telephone No. 267-784-4693	Telephone No. 267-784-4694	License No. 01276	
Start Date (10) 12-3-18	Scheduled Completion Date (11) 12-3-18	Name of OSHA Monitor		
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		

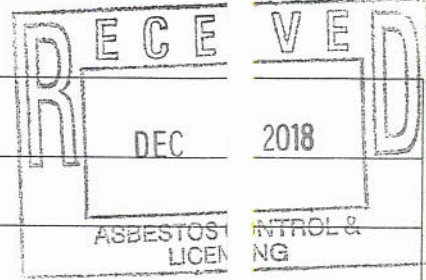
Scope of Work (Check All that Apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  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)	Removal	Abatement Type	
	Yes	No	N/A				Removal	Encapsulate
OUTSIDE SHINGLES				SHINGLES	800 SF	✓		

Name of Registered Waste Hauler FRYMAR CONSTRUCTION	NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS
City, State PHILA PA	Disposal Date 12-3-18	City, State BIRTSBORO	
Completed by EFFRAIM DUA	Title V.P.	Signature [Signature]	Date 11/29/18

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



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Date of Notification (1) <u>11</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Stevens Institute of Technology</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Castle Point Terrace</b>						
	City, State, Zip Code <b>Hoboken, NJ 07030</b>		Telephone Number <b>718-986-4027</b>					
	Name of Contact <b>Lisa Demarco</b>							
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Alexander House</b>	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 and commercial buildings, homes, etc.)		Bldg. Age <b>140</b>					
Street Address <b>1 Castle Point Terrace</b>	Square Feet <b>50,000</b>	# of Floors <b>3</b>						
City (5) <b>Hoboken</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Academic Offices</b>						
County (6) <b>Hudson</b>	Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>	ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>1253 N. Church Street</b>	Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>	City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Guilari</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>					
Start Date (10) <u>10</u> / <u>15</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>28</u> / <u>18</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>						
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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
		<input checked="" type="checkbox"/> Renovation <input 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	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> and 2<sup>nd</sup> Floors</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>280 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Ceiling Plaster</b>	<b>56 SF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>&lt;3 LF</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>	Disposal Date <b>12/28/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>	Signature 	Date <b>11.30.18</b>					

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Part 26 to NJAC 8:26 and 12:130)

**RECEIVED**  
DEC 2018  
CONTROL & MNG

Date of Notification (1) <b>11/30/18</b>	Name of Building Owner/Operator (2) <b>MS. PRINCESS LEIGH</b>
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 <b>MAPLEWOOD NJ 07040</b>
Name of Contact <b>MS. LEIGH</b>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>MS. PRINCESS LEIGH</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than X-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]	Square Feet <b>1800</b>	# of Floors <b>2</b>	Blgd. Age <b>1900</b>
City (5) <b>MAPLEWOOD</b>	County Code (7) <b>ESSEX</b>	County Code (7) <b>ESSEX</b>	Current Use (Prior if being demolished) <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	Best Removal Inc.
Street Address	Street Address	Street Address	Street Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	Licenses No.
Start Date (10) <b>11/3/18</b>	Scheduled Completion Date (11) <b>12/4/18</b>	Name of OSHA Advisor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Inhabited/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - <b>5:00AM TO 5:00PM</b>	Street Address	Street Address	Street Address
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or more SF <input type="checkbox"/> 2160 or more SF	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Enclosure with Negative Pressure <input checked="" type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glob Bag Procedure <input type="checkbox"/> Not Enclosed (*) and Non-Friable Procedure	

Asbestos Location 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, vermiculite, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Substances
	Yes	No	N/A			Removal	Repair	
<b>BASE COAT</b>			<input checked="" type="checkbox"/>	<b>PLUMBING SYSTEM, U.S. 100A</b>	<b>26 LF</b>	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2073</b>	Name of Registered Landfill <b>Minerva Enterprises LLC</b>
City, State <b>Hackensack, NJ 07601</b>	Disposal Date <b>12/4/18</b>	City, State <b>Waynesburg, OH 44681</b>	
Completed by <b>J. Matrano</b>	Title <b>Estimator</b>	Signature <i>J. Matrano</i>	Date <b>11/30/18</b>

\* Do not use this form for asbestos floorsure excepted activities.

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

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**PAID**

Date of Notification (1) 11/30/18		Name of Building Owner/Operator (2) MS. GIARGULO					
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 FORT LEE, NJ 07024					
		Name of Contact MS. GIARGULO	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) MS. GIARGULO		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 2000	# of Floors 2				
City (5) FORT LEE		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 Street					
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 12/13/18	Scheduled Completion Date (11) 12/17/18	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 Street					
		City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)		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	Repair	Encapsulate
2 Floor Living Room			PLASTER	225 SF			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/29	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 12/19/18		City, State Waynesburg, OH 4688			
Completed by J. Maiorano		Title Estimator	Signature [Signature]		Date 1/30/19		

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BEST REMOVAL IN

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PAGE 02/04

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

RECEIVED  
DEC 11 11 18 AM '18  
ASBESTOS CONTROL LICENSING

Date of Notification (1) 11/29/18		Name of Building Owner/Operator (2) MR. JIM FENZLEIN	
Agencies Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	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 [REDACTED]
	City, State, Zip Code PROSPECT PARK, NJ, 07508		Name of Contact MR. FENZLEIN
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. JIM FENZLEIN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-Family (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)	
Street Address [REDACTED]		Square Feet 1800	# of Floors 2
City (5) PROSPECT PARK		Building Address 194	
County (6) PASSAIC		County Code (7) STATE USE ONLY	
Name of Abatement Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address [REDACTED]		Best Removal Inc. Street Address 450 South River Street	
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, NJ 07601	
Project Manager or Site Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 11/30/18		Scheduled Completion Date (11) 12/31/18	
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 3:00 PM		Name of OSHA Monitor Omega Environmental Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 250 sq ft or more <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"/> Clean-up Procedures <input type="checkbox"/> Non-Regulated (8) and Non-Enforceable Procedures			
Location of Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
ASBESTOS [REDACTED]		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, ceiling, VAT, or other miscellaneous)	
[REDACTED]		[REDACTED]	
Amount (Specify SF or LF) 30LF		Abatement Type Removal Repair	
Name of Registered Waste Hauler Best Removal Inc. City, State Hackensack, NJ 07601		NDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 cys
Name of Registered Landfill Minerva Enterprises LLC City, State Waynesburg, OH 44688		Disposal Date 12/31/18	
Completed by J. Maiorano		Title Estimator	Signature [Signature]
		Date 11/29/18	

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BEST REMOVAL INC

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State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26B and 13:27B)

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 2018

Date of Notification (1) 11/30/18	Name of Building Owner/Operator (2) MR. WILLIAM HUNT
Agency Notification <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
Street Address [REDACTED]	City, State, Zip Code GLEN ROCK NJ 07452
Telephone Number [REDACTED]	Name of Contract MR HUNT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MR. WILLIAM HUNT	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-Family (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)
Street Address [REDACTED]	Square Feet 2100
City (5) GLEN ROCK	# of Floors 2
County (6) BERGEN	Blkg. A 19
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		450 South River Street Hackensack, NJ 07601
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No.
		201-324-7444 00388

Start Date (10) 12/3/18	Scheduled Completion Date (11) 12/4/18	Name of OSHA Monitor
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: 11:40 AM TO 5:00 PM <input type="checkbox"/> Other	Street Address	
	City, State, Zip Code	
	South Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 23 ft <sup>2</sup> or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 16 ft <sup>2</sup> or ≥ 200 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Enclosure
		<input checked="" type="checkbox"/> Cleanroom Procedure
		<input type="checkbox"/> Non-Enclosed ("") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (15)	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	
	Yes	No	N/A			Removal	Enclosure
Basement			✓	Thermal Systems Insulation	25 LF		X

Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises LLC
City, State Hackensack, NJ 07601		Disposal Date 12/4/18	City, State Waynesburg, OH 44
Completed by J. Miorano	Title Estimator	Signature [Signature]	Date 11/18

CK # 4686

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

RECEIVED  
DEC 2 2018

Date of Notification (1) <u>11-26-18</u>	Name of Building Owner/Operator (2) <u>REEL DEAL CONSTRUCTION</u>	ASBESTOS CONTROL & G
Agenies 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 <u>215 E 21ST ST</u> City, State, Zip Code <u>W WILDWOOD</u> Name of Contact <u>TONYA</u> Telephone Number

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 [REDACTED]	Square Feet # of Floors Bldg Age <u>1500 2 S 1</u>
City (5) <u>W WILDWOOD</u>	County (6) <u>CAPE MAY</u>
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>

Name of Monitoring Firm (8) <u>N/A</u>	Hired by Building Owner	ASCM No.	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 08022</u>		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>

Start Date (10) <u>12-6-18</u>	Scheduled Completion Date (11) <u>12-16-18</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)

>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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3500 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C M C MUA</u>
City, State <u>MAPLE SHADE W.J.</u>	Disposal Date	City, State <u>WOOD BINE W.J.</u>	
Completed By <u>MICHAEL KLEMC</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>11-26-18</u>

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

CK # 4686

PAID

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

RECEIVED  
DEC 4 2018

Date of Notification (1) 11-26-18		Name of Building Owner/Operator (2) HUMIT & SONS EXCAVATION			
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 561 SEASHORE RD		
			City, State, Zip Code CAPE MAY NJ 08204		
		Name of Contact JASON	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	# of Floors 2		
City (5) AVIALONI		Current Use (Prior if being demolished) VACANT			
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm (8) N/A			
Name of Monitoring Firm (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 08227			
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. # 00444		
Start Date (10) 12-6-18	Scheduled Completion Date (11) 12-16-18	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	
				Removal	Encapsulate/Enclosure
SIDING	Yes No N/A X	TRANSITE	1500 SF	X	
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C M C M U A	
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE NJ		
Completed By MICHAEL KLEMCO	Title PRES	Signature [Signature]	Date 11-26-18		

\* 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)

**RECEIVED**  
 DEC 4 018  
 ASBESTOS CO  
 LICENSING

**RECEIVED**  
 018  
 ROL &

CK 3222

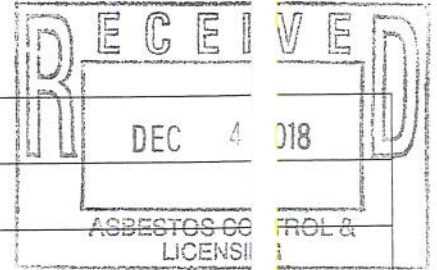
Date of Notification (1) 11/30/2018		Check # 3292		Name of Building Owner/Operator (2) Golden Door Charter School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <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 3040 Kennedy Blvd City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Affen		Telephone Number 201-344-4647	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Golden Door 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 & commercial buildings, homes, etc.)			
Street Address 3040 Kennedy Blvd		Square Feet 20,000		# of Floors 4	
City (5) Jersey City		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
County (6) HUDSON		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Name of Monitoring Firm		Name of Abatement Contractor (9) EA Services Corporation		Street Address 426 69th Street	
Street Address		City, State, Zip Code Guttenberg, NJ 07093		Telephone No. 201-295-1700	
City, State, Zip Code		Telephone No. 201-295-1700		License No. 01074	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same as above	
Start Date (10) 12/3/2018		Scheduled Completion Date (11) 12/5/2018		Street Address	
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: 3 PM		City, State, Zip Code			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 N/A		Amount (Specify SF or LF)	
Basement-Boiler Room		x		Boiler Breaching 300 SF	
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Name of Registered Landfill Minerva Enterprises Inc		Disposal Date TBD	
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	
				Date 11/30/1	

Abatement Type  
 Encapsulate  
 Enclosure

CK 3291

**PAID**

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



Date of Notification (1) 11/30/2018	Check # 3291	Name of Building Owner/Operator (2) Golden Door Charter School
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 3044 Kennedy Blvd
		City, State, Zip Code Jersey City, NJ 07306
Name of Contact Affen		Telephone Number 201-344-4647

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Golden Door 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 3044 Kennedy Blvd	Square Feet 30,000
City (5) Jersey City	# of Floors 2
County (6) HUDSON	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	Name of Abatement Contractor (9) EA Services Corporation
City, State, Zip Code	Street Address 426 69th Street
Project Manager for Monitoring Firm	City, State, Zip Code Guttenberg, NJ 07093
Start Date (10) 12/1/2018	Scheduled Completion Date (11) 12/4/2018
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: 8 AM	Name of OSHA Monitor Same as above
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	Telephone No. 201-295-1700
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	License No. 01074
<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 Pro	City, State, Zip Code

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)	Removal Type
	Yes	No	N/A			
Basement-Storage Room		X		Clea-up debris	500 SF	

Name of Registered Waste Hauler Tri-State Transfer Assoc	NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc
City, State Bronx, NY	Disposal Date TBD	City, State Waynesburg, OH	
Completed by Gina Betances	Title Office Manager	Signature <i>Gina Betances</i>	Date 11/30/18

s, homes,  
Age  
ature  
atement  
Type  
Repair  
Encapsulate  
Enclosure

APPROVED BY: *Tom Voorhees, NJ*  
*PAID*

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

CHK# 3415

\* 2nd Shift may be needed on Saturday, 12/1, 7:30am - 11:30pm

**RECEIVED**  
 DEC 4 2018  
 CONTROL & LICENSING

Date of Notification (1) 11 / 29 / 18	Name of Building Owner/Operator (2) Park Ridge Board of Education
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
Street Address 85 Pascack Road	City, State, Zip Code Park Ridge, NJ 07656
Name of Contact Robert Wright	Telephone Number 201-573-6000

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) East Brook 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 and commercial homes, etc.)
Street Address 167 Sibbald Drive	Square Feet +25,000
City (5) Park Ridge	# of Floors 2
County (6) Bergen	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) West Chester Environmental	ASCM No.
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	Current Use (Prior if being demolished) School

Street Address 1248 Wrights Lane	Street Address 1123 BEAVER STREET
City, State, Zip Code West Chester Pa 19380	City, State, Zip Code BRISTOL, PA 19007
Project Manager for Monitoring Firm Phillip Conteh	Telephone No. 267-235-5204
Telephone No. 267-235-5204	License No. 00509

Start Date (10) 11 / 30 / 18	Scheduled Completion Date (11) 12 / 2 / 18	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: AM- PM/3:30PM-11:30 PMAM	Street Address 1123 BEAVER STREET	
City, State, Zip Code BRISTOL, PA 19007	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
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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	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Classroom #12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	850 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 NEW CASTLE, DE	Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / gk	Date 11-30-18

ASB-41  
 JAN 13 DP18111

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

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



Check#3221

Date of Notification (1)  
12 / 01 / 18

Name of Building Owner/Operator (2)  
Dave Malczewski

Street Address  
[Redacted]

City, State, Zip Code  
Nutley, NJ 07110

Agencies Notified  
 EPA  
 DOLWD  
 DHSS  
 DCA (NJAC 5:23-8)

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

Name of Contact  
Dave Malczewski

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-1 2)  
 Other (i.e., private and commercial buildings, homes, etc.)

Street Address  
[Redacted]

City (5)  
Nutley, NJ 07110

Square Feet # of Floors Bldg. Age

County (6)  
Essex

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. License No.  
973-638-1777 01127

Start Date (10)  
12 / 10 / 18

Scheduled Completion Date (11)  
12 / 11 / 18

Name of OSHA Monitor  
Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

Scope of Work (Check all that apply)  
 >3 sf or >3 lf  
 > 160 sf or >260 lf

Renovation  
 Demolition

Clean up and decontamination with negative pressure  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  Tent with Negative Pressure  
 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, VAT, or other miscellaneous)

Abatement Type  
Removal Encapsulate Enclosure

Basement

Yes  No  N/A

Pipe insulation 60 LF

Removal  Encapsulate  Enclosure

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

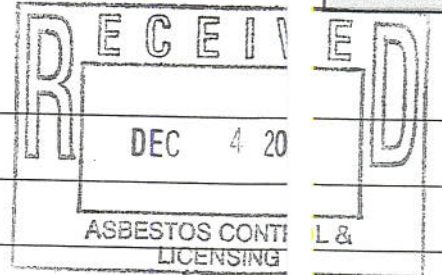
Title  
Owner

Signature  
N.Jevtic

Date  
12/01/18

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

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



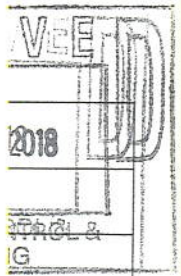
**WOCK**

Date of Notification (1) 11-26-18		Name of Building Owner/Operator (2) Omega Environmental Services				
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 280 Huyler St City, State, Zip Code South Hackensack, NJ 07606				
	Name of Contact Veronica Kero		Telephone Number 201-489-8700			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Willowbrook Mall	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.)		Age			
Street Address 50 Route 46	Square Feet N/A	# of Floors N/A	Age			
City (5) Wayne	Current Use (Prior if being demolished) Parking Lot					
County (6) Passaic	County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm N/A	Hired by Building Owner (8)	ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.			
Street Address N/A	Street Address 17 Old Dock Rd					
City, State, Zip Code N/A	City, State, Zip Code Yaphank, NY 11980					
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136			
Start Date (10) 11-28-18	Scheduled Completion Date (11) 12-27-18	Name of OSHA Monitor WRS Environmental Services, 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: Exterior / construction area	Street Address 17 Old Dock Rd					
Scope of Work (Check All that Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
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)	Removal	Encapsulation	Enclosure
Parking lot			Transite pipe	100 lf	X	
Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. SW24310	Cubic Yards of Waste 10	Name of Registered Landfill 110 Sand Company			
City, State Shirley, NY	Disposal Date TBD		City, State Melville, NY			
Completed by Raymond Tutiven	Title Supervisor	Signature <i>Raymond Tutiven</i>		Date 11-26-18		

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



Date of Notification (1) 11-19-18		Name of Building Owner/Operator (2) PSEG	
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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Rd.  City, State, Zip Code South Plainfield NJ  Name of Contact Jake Reid  Telephone Number 908-319-1126

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Sand Hill Substation		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 184 Harts Lane		Square Feet N/A	# of Floors N/A
City (5) East Brunswick		Current Use (Prior if being demolished) Switching yard	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____		

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.	
Street Address N/A		Street Address 17 Old Dock Rd	
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136

Start Date (10) 12-04-18	Scheduled Completion Date (11) 1-04-19	Name of OSHA Monitor WRS Environmental Services, 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: Electrical circuit cabinet		Street Address 17 Old Dock Rd  City, State, Zip Code Yaphank, NY 11980	

Scope of Work (Check All that Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 Process
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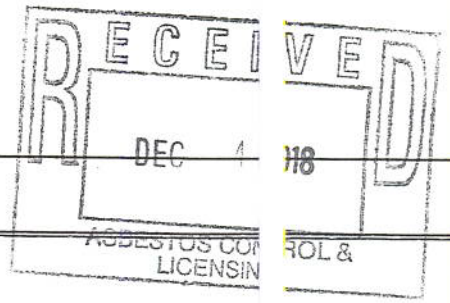
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatement Type	
	Yes	No	N/A				Encapsulate	Enclosure
Control House			X	Non-friable transite floor panels	38 SF	X		

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Elizabeth, NJ 07201		Disposal Date TBD	City, State Morrisville, PA 19067
Completed by Raymond Tutiven	Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 11-19-18

D&S Proj. #: 18-259

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

PAID



Date of Notification (1)  
11/1/18

Name of Building Owner/Operator (2)  
Pamela Ruibal

- Agencies Notified
- EPA
  - DEP
  - DOL
  - DOH
  - DCA
- Type Notification
- Initial
  - Amendment #:
  - Emergency (including justification)
  - Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
millburn, nj 07041

Name of Contact  
Pamela Ruibal

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Pamela Ruibal

Street Address  
[REDACTED]

City (5)  
millburn

County (6)  
essex

County Code (7) (State use only)

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)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)  
12/07/1818

Sched. Completion Date (11)  
12/20/18

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
019

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

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: NORMAL HOURS

Scope of Work (check all that apply)

- >3 sf or >3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (\*) and Non-free 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)
	Yes	No	N/A		
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	9 l ft
BASEMENT		<input checked="" type="checkbox"/>		TRANSITE PANEL	50 sq ft

R	E	E
p	n	n
a	c	c
i	a	L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
12/08/18

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

Date  
11/26/2018

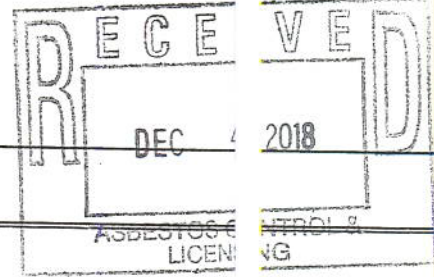
\* Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 18-258

CK 7405

PAID



Date of Notification (1)  
 11/1/18

Name of Building Owner/Operator (2)

leslie wiesner

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

- Type Notification
- Initial
  - Amendment
  - Amendment #:
  - Emergency (including justification)
  - Cancellation

Street Address

City, State, Zip Code

montclair, nj 07042

Name of Contact

leslie wiesner

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

leslie wiesner

Street Address

City (5)

montclair

County (6)

essex

County Code (7)  
 (State use only)

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)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/11/18

Sched. Completion Date (11)

12/31/18

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: NORMAL HOURS

Scope of Work (check all that apply)

- >3 sf or >3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

- Full Containment w/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)

Amount (Specify SF or LF)

BASEMENT

Yes No N/A

PIPE INSULATION

140 lf

R	E	E
e	n	n
p	c	c
a	a	a
i	p	p
r		

Registered Waste Hauler  
 D & S RESTORATION, INC

NJDEP Hauler ID#  
 13506

Cubic Yards of Waste  
 2 yds.

Name of Registered Landfill  
 TULLYTOWN, RESOURCE RECOVERY

City, State  
 PATERSON, NJ 07503

Disposal Date  
 12/12/18

City, State  
 TULLYTOWN, PA

Completed by (Print or Type)  
 BOGDAN JOLDZIC

Title  
 PRESIDENT

Signature

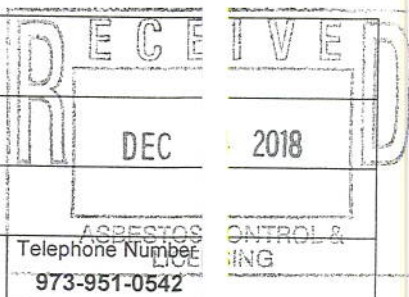
Date  
 11/26/18



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

Pg. 1

*NOCK*



Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.										
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 checked="" type="checkbox"/> Amended Amendment #4-11/30/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway										
	City, State, Zip Code Hillsdale, NJ 07642		Telephone Number 973-951-0542									
	Name of Contact Renzo Contreras											
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		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 homes, etc.)										
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3									
City (5) Hillsdale		Current Use (Prior if being demolished) Verizon Communications										
County (6) Hillsdale		County Code (7) (STATE USE ONLY)										
Name of Monitoring Firm TTI Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET										
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007										
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	Telephone No. 215-788-6040									
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 12 / 14 / 18	License No. 00509									
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: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC										
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 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		
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<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 NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH									
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>	Date 11-10-18								

ASB-41  
JAN 13 DD18079

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

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

Pg. 2

Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Westwood C.O.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-11/30/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>175 Broadway</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 RECEIVED DEC 4 2018 CONTROL &amp; LICENSING             </div>						
		City, State, Zip Code <b>Hillsdale, NJ 07642</b>							
		Name of Contact <b>Renzo Contreras</b>							
		Telephone Number <b>973-951-0542</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood C.O.</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>175 Broadway</b>		Square Feet <b>32,775</b>	# of Floors <b>3</b>						
City (5) <b>Hillsdale</b>		Current Use (Prior if being demolished) <b>Verizon Communications</b>							
County (6) <b>Hillsdale</b>		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <u>11</u> / <u>28</u> / <u>18</u>		Scheduled Completion Date (11) <u>12</u> / <u>14</u> / <u>18</u>	License No. <b>00509</b>						
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: <u>5:00PM-2:00AM</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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	Encapsulate
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>11-30-18</b>					

ASB-41  
JAN 13 DD18079

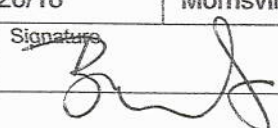
\* Do not use this form for asbestos licensure exempted activities.

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

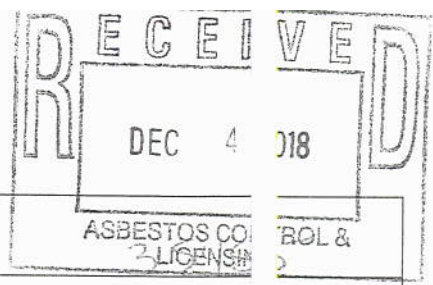
**RECEIVED**  
DEC 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/29/18		Name of Building Owner/Operator (2) Ocean Holdings Development, LLC			
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	Street Address			
	<input checked="" type="checkbox"/> Initial	111 John Street Suite 1806			
	<input type="checkbox"/> Amended	City, State, Zip Code			
	<input type="checkbox"/> Amendment # _____	New York, New York 10038			
<input type="checkbox"/> Emergency (including justification)	Name of Contact		Telephone Number		
<input type="checkbox"/> Cancellation	Bemba		7327725421		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Ocean Holdings Development, LLC Property		Type of Facility (4)			
Street Address 200 Ocean Ave		<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) Long Branch	Square Feet 10000	# of Floors 1	Building Age 5+		
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) retail stores			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc			
Street Address		Street Address 95 Montrose Rd			
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722			
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 294 1757	License No. 00029		
Start Date (10) 12/8/18	Scheduled Completion Date (11) 12/26/18	Name of OSHA Monitor			
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: <u>7am-7pm</u>		City, State, Zip Code			
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Particulate			
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)	Removal Type	
					Yes
exterior		roof felt	800 sf		
exterior		roofing material	8000 sf		
Name of Registered Waste Hauler FABCO		NJDEP Waste Hauler ID No. 18152 AB	Cubic Yards of Waste 60	Name of Registered Landfill Fairless	
City, State Tinton Falls, New Jersey		Disposal Date 12/26/18	City, State Morrisville, PA		
Completed by Bree McGuire	Title Secretary Treasurer	Signature 	Date 11/29/18		

CK 3548-5

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



Date of Notification (1) 11 / 23 / 18		Name of Building Owner/Operator (2) George Scott	
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]	Telephone Number [REDACTED]
	City, State, Zip Code Brick, NJ 08723		Name of Contact George Scott

**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 1000 sf	# of Floors 1
City (5) Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence

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.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) 12 / 10 / 18	Scheduled Completion Date (11) 12 / 11 / 18	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	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway, New Jersey 08854	

<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	
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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	Abatement Type	
	Yes	No	N/A				Removal	Encapsulate
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	950 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"/>

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 12/11/18	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/10/18

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

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

Check #10  
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59

Date of Notification (1) <b>11-28-18</b>		Name of Building Owner/Operator (2) <b>John Gibbons</b>	
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 [REDACTED]	DEC 2018
		City, State, Zip Code <b>Jackson NJ 08527</b>	Telephone Number
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors <b>2</b>
City (5) <b>Jackson NJ 08527</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	Telephone No. <b>609 758-3365</b>
Start Date (10) <b>12-11-18</b>		Scheduled Completion Date (11) <b>12-14-18</b>	License No. <b>00:94</b>
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor <b>EPC Technologies Inc</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	
		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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) TO BE ABATED In Facility (1)	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	
<b>Basement</b>	<b>X</b>		<b>Pipe Insulation 120 LF X</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>
City, State <b>New Egypt NJ</b>		Name of Registered Landfill <b>Waste Management of PA</b>	
Disposal Date <b>12-14-18</b>		City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>
Date <b>11-28-18</b>		Date <b>11-28-18</b>	

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	DEC 4 2018
	ASBESTOS CONTROL LICENSING

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**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 5:18)

Check#3220	Date of Notification (1) 11 / 29 / 18	Name of Building Owner/Operator (2) Thaila-Marie & Heeten Choxi
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLYD <input checked="" type="checkbox"/> OHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Montclair, NJ 07042 Name of Contact Steve Nadratowski Telephone Number

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address [REDACTED]	City (5) Montclair, NJ 07042	Square Feet # of Floors Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)	ASCOM No.	Name of Abatement Contractor (9)
Gr Tech LLC		Gr Tech LLC
Street Address		Street Address
576 Valley Rd #283		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
Wayne, NJ 07470		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No.
	973-638-1777	01127

Start Date (10) 11 / 30 / 18	Scheduled Completion Date (11) 12 / 01 / 18	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/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 ft <input type="checkbox"/> >160 sf or >250 ft	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <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
---	---	---

Location of Asbestos-Containing Material (ACM) IN Facility (3)	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	
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor - bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	60 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"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R. R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470		TBD	Tulltown, PA
Completed By (Print Name or Type)	Title	Signature	Date
N. Ievtic	Owner	<i>Steve Nadratowski</i>	11/29/18

ASB-41  
MAY 11

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

PAID

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

check # 007

Date of Notification (1) 11 / 06 / 18		Name of Building Owner / Operator (2) D&R HOBOKEN, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 570 COMMERCE BLVD City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact NICHOLAS DINALLO Telephone Number 201-487-5657	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 416 JEFFERSON STREET		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 416 JEFFERSON STREET		Square Feet 880	
City (5) HOBOKEN		# Of Floors 1	
County (6) HUDSON		Building Age	
County Code (7)		Current Use (Prior if being demolished) RESIDENCE/HOUSE	
Name of Monitoring Firm AET		Hired by Bldg. Owner (8) ASCM NO. _____	
Street Address 907 Doolittle Drive		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway	
Project Mng. For Monitoring Firm Eric Southerland		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 610-891-0114		Telephone Number 973-884-8682	
Sched. Start Date (10) 12 / 06 / 18		License Number 00860	
Sched. Completion Date (11) 12 / 21 / 18		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
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 <input checked="" type="checkbox"/> Other - Describe: <u>7:00AM - 3:30PM MON-FRI</u>		Street Address 32 Williams Parkway	
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 sf		City, State, Zip Code East Hanover, NJ 07936	
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Amount (Specify SF or LF)	
ROOF		880 SF	
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	
City, State EAST HANOVER, NJ 07936		Cubic Yards of Waste	
Completed by (Print or Type) Steve Stiles		Name of Registered Landfill FAIRLESS LANDFILL	
Title Project Manager		City, State MORRISVILLE, PA 10967	
Signature <i>Steve Stiles</i>		Date 2/02/18	

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ASBESTOS CONTROL & LICENSES

ENCLOSURE

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

Pg. 3

Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Westwood C.O.</b>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-11/30/18</u>		Street Address <b>175 Broadway</b>			
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>Hillsdale, NJ 07642</b>			
			Name of Contact <b>Renzo Contreras</b>	Telephone Number <b>973-951-0542</b>		
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood C.O.</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial homes, etc.)				
Street Address <b>175 Broadway</b>		Square Feet <b>32,775</b>	# of Floors <b>3</b>			
City (5) <b>Hillsdale</b>		County Code (7)(STATE USE ONLY)				
County (6) <b>Hillsdale</b>		Current Use (Prior if being demolished) <b>Verizon Communications</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>			
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>				
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>				
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>	Telephone No. <b>215-788-6040</b>			
Start Date (10) <u>11</u> / <u>28</u> / <u>18</u>		Scheduled Completion Date (11) <u>12</u> / <u>14</u> / <u>18</u>	License No. <b>00509</b>			
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: <u>5:00</u> PM- <u>2:00</u> AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address <b>1123 BEAVER STREET</b>				
		City, State, Zip Code <b>BRISTOL, PA 19007</b>				
		<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)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>		
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>			
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>11-10-18</b>			

ASB-41  
JAN 13 DD18079

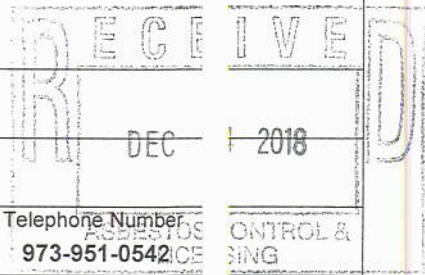
\* Do not use this form for asbestos licensure exempted activities.



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

Pg. 4

Date of Notification (1) 9 / 2 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.				
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 checked="" type="checkbox"/> Amended Amendment #4-11/30/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway City, State, Zip Code Hillsdale, NJ 07642				
	Name of Contact Renzo Contreras		Telephone Number 973-951-0542			
	<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		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 175 Broadway		Square Feet 32,775	# of Floors 3			
City (5) Hillsdale		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Verizon Communications				
County (6) Hillsdale		Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET				
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007				
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	Telephone No. 215-788-6040			
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 12 / 14 / 18	License No. 00509			
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: ___AM-___PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007				
		<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)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Repair	Encapsulate	Enclosure
Basement Meter Storage Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<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 NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 11-30-18			

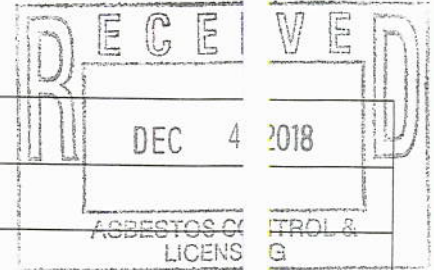


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JAN 13 DP18079

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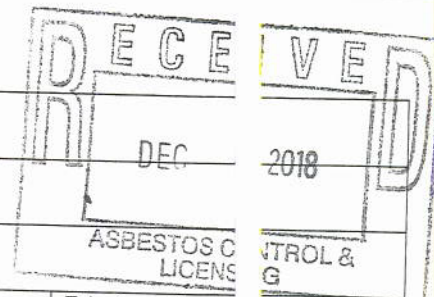
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



OK 177/4119820

Date of Notification (1) 11/28/2018		Name of Building Owner/Operator (2) Evan Danczuk			
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Oradell, NJ 07647			
	Name of Contact Evan Danczuk		Telephone Number		
<b>FACILITY INFORMATION</b>					
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.)		Age		
Street Address [REDACTED]	Square Feet N/A	# of Floors N/A	Bl. No.		
City (5) Oradell	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House		
County (6) Bergen	Name of Monitoring Firm N/A		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. 973-345-8685	License No. 01311		
Start Date (10) 12/11/2018	Scheduled Completion Date (11) 12/12/2018	Name of OSHA Monitor D&S Abatement, Inc.			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 Process	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [ ]				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 500 SF	Removal	Encapsulate	Enclosure
			X		
Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA		
City, State Totowa, NJ 07512	Disposal Date TBD	City, State Morrisville, PA			
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 11/28/2018		

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



CK 678 1002162

Date of Notification (1) 11/28/2018		Name of Building Owner/Operator (2) Barbara Kelley	
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	
Name of Facility Where House		Street Address	
Street Address		City, State, Zip Code Montclair, NJ 07042	
City (5) Montclair, NJ 07042		Name of Contact Barbara Kelley	
County (6) Essex		Telephone Number	
<b>FACILITY INFORMATION</b>			
Abatement is Taking Place (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.)	
City (5) Montclair, NJ 07042		Square Feet N/A	# of Floors N/A
County (6) Essex		Current Use (Prior if being demolished) House	
Name of Monitoring Firm N/A		Hired by Building Owner (8) 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. 973-345-8685	License No. 01311
Start Date (10) 12/10/2018	Scheduled Completion Date (11) 12/11/2018		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: Occupied		Street Address 11 Rosengren 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Totowa, NJ 07512	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation
			Amount (Specify SF or LF) 120 LF
			Removal X
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ 07512		Cubic Yards of Waste TBD	Disposal Date TBD
Completed by Ned Joksimovic		Title Project Manager	Signature <i>NJ</i>
		Date 11/28/2018	

CONTROL & LICENSING

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atement Type

Encapsulate

Enclosure

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

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DEC 4 2018  
Check # 9003  
ASBESTOS CONTROL & INSURING

CC 9003

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26-7 and 12:12-7)  
**Emergency**

Date of Notification (1) 11/1/18

Name of Building Owner/Operator (2)  
**Dumont Board of Education**

Street Address  
**25 Depew Street**

City, State, Zip Code  
**Dumont, NJ 07628**

Name of Contact  
**Paul Cordis**

Telephone Number  
**201-410-3169**

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
**Lovell Honis Elementary School (non sub 8)**

Street Address  
**31 Depew Street**

City (6)  
**Dumont, NJ**

County (8)  
**Bergen**

County Code (7)  
**07628**

Type of Facility (4)  
 School (K - 12)  
 Subchapter B (Other on K-12) **school**  
 Other (Private/Comm Bldgs./Homes, etc.)

Square Feet # of Floors  
**Blgd. Age**

Current Use (Prior if being de school (non sub 8)  
**school**

Name of Abatement Contractor (5)  
**B & G Restoration, Inc.**

Street Address  
**105 Ryerson Road**

City, State, Zip Code  
**Lincoln Park, NJ 07035**

Telephone Number  
**(973)896-8869**

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)  
**11/23/2018**

Sched. Completion Date (11)  
**11/25/2018**

Occupancy Status during Abatement (Check only one)  
 Facility closed/evacuated during entire period of abatement.  
 Abatement performed outside of normal facility hours.  
 Other-Describe:

Scope of Work (Check all that apply)  
 Demolition  
  $\geq 3$  sf or  $\geq 3$  lf  
 Renovation  
  $\geq 160$  sf or  $\geq 280$  lf  
 wrap & cut  
 Full Containment /negative pressure  
 Mini-enclosure  
 Glovebag procedure  
 Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove
	Yes	No	N/A			
Basement boiler room			X	pipe insulation	9 lf	<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Registered Waste Hauler  
**B & G Restoration, Inc.**

City, State  
**Lincoln Park, NJ**

Disposal Date  
**11/26/2018**

Name of Registered Landfill  
**Grand Central Landfill**

City, State  
**Pen Argyl, PA**

Completed by (Print)  
**Gordana Luna**

Title  
**Secretary/Treasurer**

Signature  
*Gordana Luna*

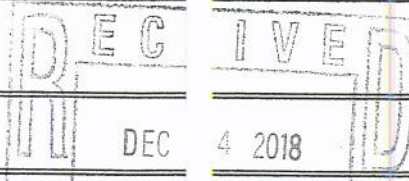
Date  
**11/21/2018**

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

B & G proj. #: 20 8-244

\*\*\* Emergency \*\*\*

Check # 900



Date of Notification (1)  
 11/21/18

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

- Agencies Notified
- EPA
  - DEP
  - DOL
  - DOH
  - DCA
- Type of Notification
- Initial
  - Amendment
  - Cancellation

Street Address  
 25 Depew Street

City, State, Zip Code  
 Dumont, NJ 07628

Name of Contact  
 Paul Cordts

ASBESTOS CONTROL & TESTING  
 Telephone Number  
 201-410-3111

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 Lovell Honiss Elementary School (non sub 8)

Street Address  
 31 Depew Street

City (5)  
 Dumont, NJ 07628

County (6)  
 Bergen

County Code (7)  
 (State use only)

Type of Facility (4)

- School (K - 12) other than K-12)
- Subchapter 8 commercial
- Other (Private Bldgs./Homes etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if building demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

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

Licence Number  
 378

Scheduled Start Date (10)  
 11/23/2018

Sched. Completion Date (11)  
 11/25/2018

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: \_\_\_\_\_

Name of OSHA Monitor  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 LincolnPark, NJ 07035

Scope of Work (check all that apply)

- Demolition
- >3 sf or >3 lf
- Renovation
- ≥160 sf or ≥260 lf
- wrap & cut
- Full Containment w/negative pressure
- Mini-enclosure
- Non-enclosure
- Glove bag procedure
- Non-enclosure procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
basement boiler room			X	pipe insulation	9 lf	X			

Registered Waste Hauler  
 B & G Restoration, Inc.

NJDEP Hauler ID#  
 19563

Cubic Yards of Waste  
 1/2

Name of Registered Landfill  
 Grand Central Landfill

City, State  
 Lincoln Park, NJ

Disposal Date  
 11/26/2018

City, State  
 Pen Argyl, PA

Completed by (Print or Type)  
 Gordana Luna

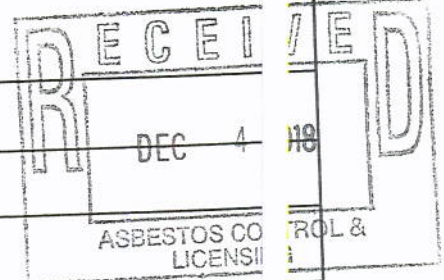
Title  
 Secretary/Treasurer

Signature  
*Gordana Luna*

Date  
 11/2018

WOCK

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



Date of Notification (1)  
 11 / 29 /18

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 of Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #2
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
 VERIZON

Street Address  
 1 VERIZON WAY

City, State, Zip Code  
 BASKING RIDGE, NJ 07920

Name of Contact  
 CHARLIE MESSING

Telephone Number  
 908-559-2001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 VERIZON

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (ie. private & commcl. bldgs., homes, etc.)

Street Address  
 216 LEXINGTON AVENUE

City (5)  
 LAKEWOOD

County (6)  
 OCEAN

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)  
 COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)  
 TTI ENVIRONMENTAL

Street Address  
 1253 NORTH CHURCH STREET

City, State, Zip Code  
 MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm  
 KRISTOPHER SMITH

Telephone Number  
 609-313-8218

Name of Abatement Contractor (9)  
 PAR ENVIRONMENTAL CORPORATION

Street Address  
 313 SPOOK ROCK ROAD

City, State, Zip Code  
 SUFFERN, NEW YORK 10901

Telephone Number  
 845-369-7500

License Number  
 1101

Expected State Date (10)  
 11 / 13 /18

Sched. Completion Date (11)  
 11 / 29 /18

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe:  
 MONDAY - FRIDAY 5 PM-1:30 AM

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR 60 LF

<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	Mini Encl.
<input type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		ENCLOSURE
	Yes	No	N/A			REMOVAL	REPAIR	
BASEMENT			X	VAT & MASTIC	173 SF	X		
ADDITION TO SCOPE: BASEMENT			X	VAT & MASTIC	220 SF	X		

Name of Registered Waste Hauler  
 NEWARK CARTING  
 369 RAYMOND BLVD.  
 City, State  
 NEWARK, NJ 07105

NJDEP Waste Hauler ID No.  
 913

Cubic Yards of Waste  
 20

Disposal Date  
 11/13-3/30/18

Name of Registered Landfill  
 GRAND CENTRAL SANITARY LANDFILL

City, State  
 PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
 BENJAMIN SANCHEZ

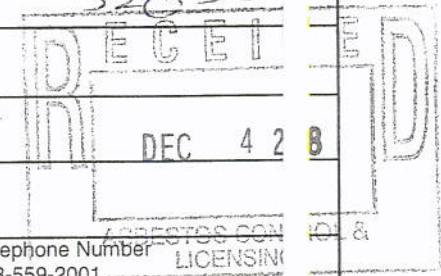
Title  
 DIRECTOR OF OPERATIONS

Signature

Date  
 11/27/18

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

32853



Date of Notification (1) 10 / 26 /18		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified		Street Address 1 VERIZON WAY	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Type	City, State, Zip Code BASKING RIDGE, NJ 07920	
<input type="checkbox"/> DEP	<input type="checkbox"/>	Name of Contact CHARLIE MESSING	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/>	Telephone Number 908-559-2001	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/>		
<input type="checkbox"/> DCA	<input type="checkbox"/>		
Notification		EMERGENCY NOTIFICATION	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 216 LEXINGTON AVENUE		Square Feet 29,255	# of Floors 2
City (5) LAKEWOOD		Bldg. Age 50	
County (6) OCEAN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL	ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm KRISTOPHER SMITH	Telephone Number 609-313-8218	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 11 / 13 /18	Sched. Completion Date (11) 3 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL
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: MONDAY - FRIDAY 5 PM-1:30 AM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION
BASEMENT			X	VAT & MASTIC	173 SF	X		

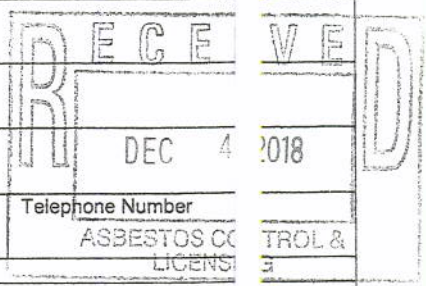
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NJ 07105	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/26/18

RECEIVED  
 ASBESTOS CONTROL LICENSING  
 DEC 4 2018  
 32853

**PAID**

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

Ck# 1951



Date of Notification (1) 11/28/18		Name of Building Owner/Operator (2) East Newark Town Center 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Passaic Ave City, State, Zip Code Newark, New Jersey Name of Contact Telephone Number ASBESTOS CONTROL & LICENSING
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) Building # 53a Street Address 900 Passaic Ave City (5) East Newark County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.) Square Feet 25,000 # of Floors 3 Bldg 50+
	Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address n/a City, State, Zip Code n/a		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Commercial Space Name of Abatement Contractor (9) Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026
Project Manager for Monitoring Firm n/a Telephone No. n/a		Telephone No. 973460.6026 License No. 01255	
Start Date (10) 12/07/18 Scheduled Completion Date (11) 01/31/19		Name of OSHA Monitor Harmony Contracting Inc Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026	
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: Scheduled for Demo			
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 Process			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 1st Floor Bathroom Roof		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x x	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile Roof Membrane Amount (Specify SF or LF) 100 SF 3,100 SF Removal x x Encapsulate Enclosure
Name of Registered Waste Hauler Rovic Transport City, State Riverdale, NJ		NJDEP Waste Hauler ID No. TBD Disposal Date TBD	Name of Registered Landfill ISEI Landfill City, State Bethlehem, PA
Completed by E. Cirovic Title Secretary		Signature E. Cirovic	Date 11/28/18



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

CK1950 PAID

CK # 1920  
 RECEIVED  
 DEC 4 2018  
 CONTROL & LICENSING

Date of Notification (1) 11/28/18		Name of Building Owner/Operator (2) East Newark Town Center 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Passaic Ave		
	City, State, Zip Code Newark, New Jersey		Telephone Number		
	Name of Contact		Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Building # 62		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, etc.)			
Street Address 900 Passaic Ave		Square Feet 25,000	# of Floors 3		
City (5) East Newark		Bldg 50-			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space		
Name of Monitoring Firm hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc		
Street Address n/a		Street Address 360 Palisade Ave			
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026		
			License No. 01255		
Start Date (10) 12/07/18		Scheduled Completion Date (11) 01/31/19	Name of OSHA Monitor Harmony Contracting 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: Scheduled for Demo		Street Address 360 Palisade Ave			
		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 Process					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Removal	Encapsulation
Roof	Yes No N/A	Flashing	500 SF	<input checked="" type="checkbox"/>	
Roof	Yes No N/A	Roof Membrane	8,500 SF	<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill	
City, State Riverdale, NJ		Disposal Date TBD	City, State Bethlehem, PA		
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>	Date 11/28/18	

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

CK 1950

**PAID**

CK # 195 L

Date of Notification (1) 11/28/18		Name of Building Owner/Operator (2) East Newark Town Center LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;">                 RECEIVED                  DEC 4 2018             </div>			
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				900 Passaic Ave	
				City, State, Zip Code			
				Newark, New Jersey			
				Name of Contact			
				Telephone Number ASBESTOS CONTROL & LICENSES			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Building # 20		Type of Facility (4)					
Street Address 900 Passaic Ave		<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) East Newark		Square Feet		# of Floors			
		25,000		3			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
				Commercial Space			
Name of Monitoring Firm n/a		Hired by Building Owner (8) ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc			
Street Address n/a				Street Address 360 Palisade Ave			
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026			
				License No. 01255			
Start Date (10) 12/07/18		Scheduled Completion Date (11) 01/31/19		Name of OSHA Monitor Harmony Contracting Inc			
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: Scheduled for Demo				360 Palisade Ave			
				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)			
		Yes No N/A					
Roof		x		Roof Membrane			
				300 SF			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste			
Rovic Transport				TBD			
City, State		Disposal Date		Name of Registered Landfill			
Riverdale, NJ		TBD		ISEI Landfill			
Completed by		Title		Signature			
E. Cirovic		Secretary		E. Cirovic			
				Date			
				11/28/18			

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 ASBESTOS CONTROL & LICENSES

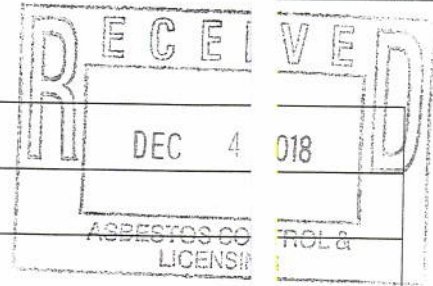
Age

Abatement Type	
Removal	Encapsulation
Enclosure	

CK32010

PAID

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



Date of Notification (1) 11/28/18		Check # 3290		Name of Building Owner/Operator (2) St. Bartholomew School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2032 Westfield AVE City, State, Zip Code Scotch Plains, NJ, 07076 Name of Contact Dave Triano Telephone Number 908-403-2248	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) St. Bartholomew 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.)		Square Feet 40,000+	
Street Address 2032 Westfield AVE		City (5) Scotch Plains		# of Floors 2	
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		Street Address 426 69th Street		City, State, Zip Code Guttenberg, NJ, 07093	
City, State, Zip Code N/A		Telephone No. N/A		Telephone No. 201-295-1700	
Project Manager for Monitoring Firm N/A		License No. 01074		Name of OSHA Monitor N/A	
Start Date (10) 12/07/18		Scheduled Completion Date (11) 12/08/18		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 <input type="checkbox"/> Other - Describe: _____	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
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 N/A		Amount (Specify SF or LF)	
1st Floor Hallway		X		ACM Pipe Insulation 1.5 Ln ft	
1st Floor Girls Bathroom		X		ACM Pipe Seams 1.5 In ft	
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Enterprise City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Clerk		Signature <i>mf</i> Date 11/28/18	

11/28/2018 09:14

012628321

AMAC

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1179  
DEC 4 2018  
10 DAY

CIC1179

PAID  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:26 and 12:12)

ASBESTOS CONTROL LICENSING

Date of Notification (1) 11/28/18

Name of Building Owner/Operator (2) JULIE RASCH

Street Address [REDACTED]

City, State, Zip Code TEANECK, N.J. 07666

Name of Contact JULIE RASCH

Facility Information

Agency Notified:  EPA DEP DCL,  DCN DCA

Type of Abatement:  Initial,  Recurrent,  Emergency (including difficult),  Modification

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL

Street Address [REDACTED]

City (4) TEANECK

County (5) BERGEN

County Code (7) STATE ONE ONLY

Type of Facility (6):  School K-12,  School K-12 (Other than K-12),  Other (e.g. public & commercial buildings, houses)

Square Feet 2,000, # of Floors 2, Bldg. Age 150

Current Use RESIDENTIAL

Name of Monitoring Firm (8) [REDACTED]

ASCM No. [REDACTED]

Name of Abatement Contractor (9) AMAC Environmental Services Inc.

Street Address 185 Woodland Ave

City, State, Zip Code Midland Park, NJ 07432

Telephone No. 201-262-5841, License No. 00155

Name of OSHA Monitor (10) Omega Environmental Services Inc.

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, NJ 07606

Start Date (11) 11/28/18

Scheduled Completion Date (11) 11/30/18

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

Scope of Work (Check All That Apply):  10' or less,  10' or more,  100' or more,  2000' or more

Renovation,  Demolition

Full Containment with Negative Pressure,  Partial Containment,  Other Non-Containment Procedure

Location of Asbestos-Containing Material to be Abated in Facility (12)	Is Location Immediately Used Daily by Maintenance/Construction Staff? (12)			Description of Asbestos-Containing Material (ACM) (e.g. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Approx. SF or LF)	Abatement Type	
	Yes	No	NA			Removal	Repair/Enclosure
<u>KITCHEN</u>			<u>/</u>	<u>VAT</u>	<u>240 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Registered Worker Newark Carding Inc.

Worker ID No. 04808

Cubic Yards of Waste 2

No. of Registered Leads Grand Central Sanitary Landfill

City, State Newark, NJ 07105

Discard Date 11/28/18 on 11/28/18

City, State Philly, PA 08702

Completed by Joseph Vocaturo, Title Vice President, Signature J. Vocaturo, Date 11/28/18

\* Do not use this form for asbestos enclosure examples.

**PAID**

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

*Check 18276*  
**RECEIVED**  
 DEC 4 2018

Date of Notification (1) 11/29/18		Name of Building Owner/Operator (2) Jane Dinan			
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 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 Pequannock, NJ Name of Contact Tom Pawlicki, Allstate Telephone Number [REDACTED]		
	<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) 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 1900	# of Floors 2 Bldg Age 63		
City (5) Pequannock		County Code (7) (STATE USE ONLY) _____			
County (6) Morris		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC		
Street Address		Street Address 4 E Gate Drive, PO Box 483			
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418			
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703		
Start Date (10) 12/3/18		Scheduled Completion Date (11) 12/10/18	Name of OSHA Monitor		
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 checked="" type="checkbox"/> Renovation <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Process					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Removal	Repair
basement	Yes No N/A	pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		floor tile	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA		
Completed by A. Scott Higgins		Title President	Signature 	Date 11/29/18	

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

Check 18375

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DEC 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/28/18	Name of Building Owner/Operator (2) JCM Investors
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
Street Address 449 East 18th Street	
City, State, Zip Code Paterson, NJ 07524	
Name of Contact Matthew Florio	Telephone Number 973-528-7690

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 2000
City (5) Paterson	# of Floors 2
County (6) Passaic	Bldg Age 73
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	Name of Abatement Contractor (9) ABS Environmental Services, LLC
City, State, Zip Code	Street Address 4 E Gate Drive, PO Box 483
Project Manager for Monitoring Firm	City, State, Zip Code Glenwood, NJ 07418
Telephone No.	Telephone No. 973-764-2276
Start Date (10) 12/7/18	License No. 703
Scheduled Completion Date (11) 12/18/18	Name of OSHA Monitor

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: exterior	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 <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

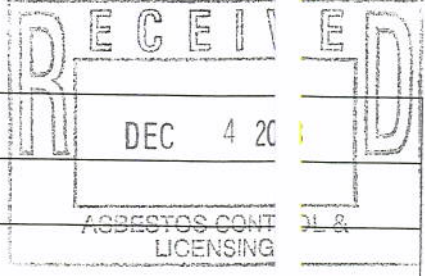
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
exterior			X	siding	2,800 SF	X	
front porch			X	roofing	300 SF	X	

Name of Registered Waste Hauler Tonys Cleanup & Hauling	NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill
City, State Bridgewater, NJ	Disposal Date TBD	City, State Easton PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 11/28/18

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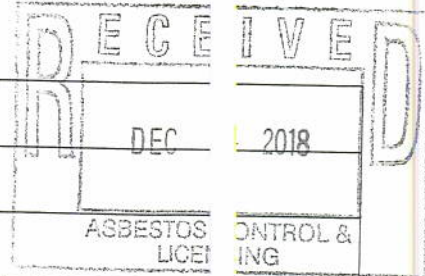
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/27/18		Check # 3286		Name of Building Owner/Operator (2) Our Lady Of Sorrows Church	
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 217 Prospect Street City, State, Zip Code South Orange, NJ, 07079	
		Name of Contact Marvin		Telephone Number 973-393-0121	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Our Lady of Sorrows 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 162 Academy Street		Square Feet 40,000+		# of Floors 3	
City (5) South Orange		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	
Name of Monitoring Firm N/A		Street Address N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		City, State, Zip Code N/A		Street Address 426 69th Street	
City, State, Zip Code N/A		Telephone No. N/A		City, State, Zip Code Guttenberg, NJ, 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	
Start Date (10) 11/28/18		Scheduled Completion Date (11) 11/30/18		License No. 01074	
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: 4p		Street Address N/A		City, State, Zip Code N/A	
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 Process	
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)	
Basement Nurse y Area		Yes No N/A		Amount (Specify SF or LF) 30 Ln ft	
		X		Wrap & Cut ACM Pipe Insulation	
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Entreprise	
Completed by Michael Fajardo		Title Office Clerk		Signature 	
				Date 11/27/18	

CK 32888 PAID

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



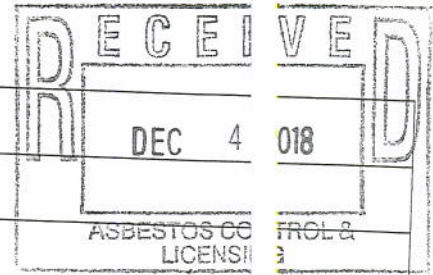
Date of Notification (1) 11/27/18		Check # 3288		Name of Building Owner/Operator (2) Trinity Academy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 235 Bloomfield Ave City, State, Zip Code Caldwell, NJ, 07006 Name of Contact Nick Telephone Number 973-885-4741	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Trinity Academy		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 building, homes, etc.)		Square Feet 40,000+	
Street Address 235 Bloomfield Ave		City (5) Caldwell		# of Floors 3	
City (5) Caldwell		County (6) Essex		Blk 5C	
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) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		City, State, Zip Code N/A		Street Address 426 69th Street City, State, Zip Code Guttenberg, NJ, 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700 License No. 01074	
Start Date (10) 12/08/18		Scheduled Completion Date (11) 12/11/18		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 N/A		City, State, Zip Code N/A	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement Area		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) ACM Elbows Amount (Specify SF or LF) 3 Ln ft	
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD Name of Registered Landfill Minerva Enterprise City, State Waynesburg, OH	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Clerk		Signature  Date 11/27/18	



CK 32857

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



Date of Notification (1)  
11/27/18

Agencies Notified

EPA  
 DEP  
 DOL

DOH  
 DCA

Check # 3287

Name of Building Owner/Operator (2)  
St. Leo Church

Type Notification

Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Street Address  
103 Myrtle Ave

City, State, Zip Code  
Irvington, NJ 07111

Name of Contact  
Patrick

Telephone Number  
973-373-3223

Name of Facility Where Abatement is Taking Place (3)  
Burch Charter School

Street Address  
100 Liden Ave

City (5)  
Irvington

County (6)  
Essex

Type of Facility (4)

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

Square Feet  
40,000+

# of Floors  
4

Building Age  
50

Current Use (Prior if being demolished)  
School

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.  
N/A

Name of Abatement Contractor (9)  
EA Services

Street Address  
426 69th Street

City, State, Zip Code  
Guttenberg, NJ, 07093

Project Manager for Monitoring Firm  
N/A

Telephone No.  
N/A

Telephone No.  
201-295-1700

License No.  
01074

Start Date (10)  
12/08/18

Scheduled Completion Date (11)  
12/10/18

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  
N/A

City, State, Zip Code  
N/A

Scope of Work (Check All That Apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition

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

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	
	Yes	No	N/A			Removal	Repair
Basement Server Room		X		ACM Pipe Insulation	3 Ln ft		X

Name of Registered Waste Hauler  
Tri-State Transfer Associates

NJDEP Waste Hauler ID No.  
19551

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Minerva Entreprise

City, State  
Bronx, NY

Disposal Date  
TBD

City, State  
Waynesburg, OH

Completed by  
Michael Fajardo

Title  
Office Clerk

Signature  
*[Signature]*

Date  
11/27/18

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