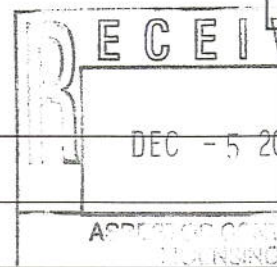


CH 1791

PAID

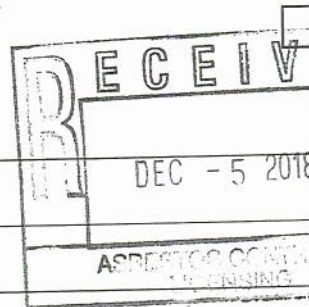
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Print Form

Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) John Farley		DEC - 5 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Clifton, NJ 07013 Name of Contact John Farley Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 etc.)		
Street Address [REDACTED]			Square Feet 1960		
City (5) Clifton			# of Floors 2		Bldg. # 70 +
County (6) Passaic			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home
Name of Monitoring Firm Hired by Building Owner (8) Project Manager			ASCM No.		Name of Abatement Contractor (9) All Stages Abatement
Street Address			Street Address 280 N. Midland Ave.		
City, State, Zip Code			City, State, Zip Code Saddle Brook, NJ 07663		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-600-3184 License No. 01305
Start Date (10) 12/5/18			Scheduled Completion Date (11) 12/9/18		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: 8 A.M. to 4 P.M.					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 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	
				Removal	Repair
Basement	Yes No N/A x	VAT	369 SF	x	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 12/3/18

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



Print Form

Ch 1792

Date of Notification (1)
12/3/18

Agencies Notified

- ☒ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type

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

Name of Building Owner/Operator (2)
Nelson Morales

Street Address

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Nelson Morales

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Home

Street Address

City (5)

Fair Lawn

County (6)

Bergen

Name of Monitoring Firm Hired by Building Owner (8)
Project Manager

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
1900

of Floors
2

Bldg. #
70 +/-

Current Use (Prior if being demolished)
Residential Home

Start Date (10)
12/10/18

Scheduled Completion Date (11)
12/13/18

Occupancy Status During Abatement (Check Only One)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 8 A.M. to 4 P.M.

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)

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)

VAT

Amount (Specify SF or LF)

181 SF

Abatement

Removal Repair Encapsulate Enclosure

x

Name of Registered Waste Hauler
All Stages Abatement

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol

NJDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
2

Disposal Date
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Penn Argyl, PA

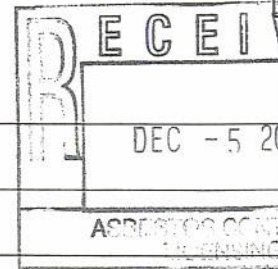
Title
President

Signature

Date
12/3/18

Ch 1793

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



Print Form

Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) Ira Stein		DEC - 5 2018	
Agencies Notified	Type of Notification	Street Address [REDACTED]		ASBESTOS CONTROL DIVISION	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410		Name of Contact Ira Stein	
		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 building, etc.)			
Street Address [REDACTED]		Square Feet 2100		# of Floors 2	
City (5) Fair Lawn		Bldg. 70 +			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement	
Street Address				Street Address 280 N. Midland Ave.	
City, State, Zip Code				City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	
Start Date (10) 12/12/18		Scheduled Completion Date (11) 12/15/18		License No. 01305	
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 A.M. to 4 P.M.		Street Address		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		x		VAT	
Laundry Room		x		VAT	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 2	
City, State Saddle Brook, NJ		Disposal Date TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Richard Cristofol		Title President		Signature 	
				Date 12/3/18	

Ch3477

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

PAID

RECEIVED

77

Date of Notification (1)
12 / 3 / 18

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

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

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

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number
609-258-1841

DEC - 5 018

ASBESTOS CO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Frestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

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

Square Feet
of Floors
Bldg Age
7

County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)
Office/Classrooms

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

ASCN No.
00003

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1253 North Church Rd

Street Address
1123 BEAVER STREET

City, State, Zip Code
Moorestown, NJ 08057

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
12 / 12 / 18

Scheduled Completion Date (11)
12 / 14 / 18

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, 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: 7:00 AM-5:30 PM / PM-AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Removal	Encapsulate
Exterior of Emeritus Room	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Window Caulk	320 LF	<input checked="" 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<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"/>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature
Brian Scafiro

Date
12-3-18

ASB-41
MAY 11 1818166

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

Check # 9015

Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Rikke Cumberbatch		RECEIVED DEC - 5 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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Clifton, NJ 07013 Name of Contact Rikke Cumberbatch Telephone Number	
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) Rikke Cumberbatch Street Address [REDACTED] City (5) Clifton, NJ 07013			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code		County (6) Passaic County Code (7) (State use only)		Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 License Number 003	
Project Manager for Monitoring Firm [REDACTED] Phone Number		Sched. Start Date (10) 12/13/2018 Sched. Completion Date (11) 12/14/2018		Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035	
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 type="checkbox"/> Other-Describe:					
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13) basement		Is location normally used solely by maintenance/custodial staff (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Description of asbestos-containing material (ACM) pipe insulation Amount (Specify SF or LF) 146 lf	
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2	
City, State Lincoln Park, NJ		Disposal Date 12/15/2018		Name of Registered Landfill Grand Central Landfill City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna Date 12/03/18	

PAID

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

B & G proj. #: 2018-249

Check # 9017

Date of Notification (1)

11/21/2018

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Marie Needham

Street Address

City, State, Zip Code

Glen Ridge, NJ 07028

Name of Contact

Marie Needham

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Marie Needham

Street Address

City (5)

Glen Ridge, NJ 07028

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)

Residential

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

0033

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/14/2018

Sched. Completion Date (11)

12/15/2018

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:

Scope of Work (check all that apply)

☐ Demolition☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Full Containment w/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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

basement

pipe insulation

110 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

12/17/2018

City, State

Pen Argyle, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/03/2018

018

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

B & G proj. #: 2018-248

Check # 9016

PAID

Date of Notification (1)
12/03/18

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
St. Theresa's Church

Street Address
306 Morris Avenue

City, State, Zip Code
Summit, NJ 07901

Name of Contact
Karen Imbach

RECEIVED

DEC - 5 2018

ASBESTOS CONTROL

Telephone Number
908-277-3700

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
St. Theresa's Church

Street Address
306 Morris Avenue

City (5)
Summit

County (6)
Union

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)

ASCM No.
n/a

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address

Street Address
105 Ryerson Road

City, State, Zip Code

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number
(973)696-6869

License Number
0033

Scheduled Start Date (10)
12/13/2018

Sched. Completion Date (11)
12/14/2018

Name of OSHA Monitor
B & G Restoration, Inc.

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Street Address
105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☒ Full Containment w/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)

Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Counting Room
bathroom

☒ ☐ ☒

pipe insulation
pipe insulation

30 lf
10 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/15/2018

City, State
Pen Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/03/2018

Repair	Encap	Encl
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAID

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

chk # 3416

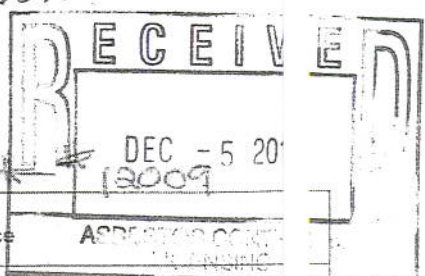
Date of Notification (1) 12 / 3 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 2018 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market C.O.		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.)		<div style="border: 1px solid black; padding: 5px;"> gs, ge </div>					
Street Address 95 Williams St.		Square Feet				# of Floors			
City (5) Newark		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Office			
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management				ASCM No.			
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Mark Jenkins		Firm BRISTOL ENVIRONMENTAL, INC.		Telephone No. 215-788-6040					
Start Date (10) 12 / 17 / 18		Scheduled Completion Date (11) 12 / 22 / 18		License No. 00509					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/5:00 PM-1:30 AM		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)					
		Yes	No	N/A	Amount (Specify SF or LF)	Abatement Type			
3rd Floor Hallway		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	945 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 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 19721		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 12-18			

ASB-41
MAY 11 1518160

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

NOCK Cancelled 12/3/18

fax # (609) 633-0661



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

Date of Notification (1) 11 / 15 / 18		Name of Building Owner/Operator (2) Atlantic City Electric - County Regional Office	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 Harding Wwy City, State, Zip Code Mays Landing, NJ 08330 Name of Contact Mark Peizenwater Telephone Number 609 625 6188	

Name of Facility Where Abatement is Taking Place (3) Lake Ave Substation		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 505 West Oak Ave		Square Feet 500	# of Floors 1
City (5) Wildwood, NJ 08260		Bldg. Age 50+	
County (6) Cape May		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ASCEN		Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm CANCER		Telephone No. 215 542 7000	License No. 00847
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 11 / 30 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00A-1:30PM/___PM-___AM		Name of OSHA Monitor CES	
Scope of Work (Check all that apply) <input 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		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Technique		
	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Transite	1400	<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 Geppert Recycling	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill
City, State Hatfield, PA	Disposal Date 11/30/18	City, State Birdsboro, PA 19508	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 11/15/18

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

PAID

CK 25742

CHECK # 25735

Date of Notification (1) 11-12-18		Name of Building Owner/Operator (2) Summit West Celgene, LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 556 Morris Avenue		City, State, Zip Code Summit, NJ 07901					
Name of Contact Janos Angeli		Telephone Number (732) 615 7374					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		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 & commercial buildings, etc.)					
Street Address 556 Morris Avenue		Square Feet 75,600 SF	# of Floors 5				
City (5) Summit, NJ		Bldg. A 1954					
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial				
Name of Monitoring Firm TRC Environmental Corporation		ASCN No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.				
Street Address 41 Spring Street		Street Address 200 Broad Street					
City, State, Zip Code New Providence, New Jersey 07974		City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Eric Gratson		Telephone No. 908 988-1700	Telephone No. 201-939-6655				
License No. 00756							
Start Date (10) TBD		Scheduled Completion Date (11) TBD					
Name of On-Site Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jacobus Avenue					
		City, State, Zip Code Long Island City, NY 11101					
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"/> Minor Enclosure <input checked="" type="checkbox"/> Glo Bag Procedure <input checked="" type="checkbox"/> Not 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		Enclosure
	Yes	No			N/A	Removal	
Basement			x	Toilet and Sink Caulking	8SF	x	
Basement			x	Mirror Glue Dollop	64SF	x	
Basement			x	Black Mastic	460SF	x	
Basement			x	All Stairs Floor Tile & Mastic	744SF	x	
Name of Registered Waste Hauler ATC, Inc. / JBT (5071) / PCC (107588)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY / Bronx NY		Disposal Date TBD		City, State Wynnesburg, OH 44688			
Completed by Richard Doran		Title Project Manager	Signature	Date 11-12-18			