

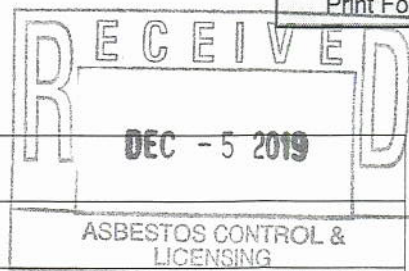
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 1271

CK# 1271

Date of Notification (1) 12/02/2019		Name of Building Owner/Operator (2) Elektra Yao		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  DEC - 5 2019  ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified		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							
Type Notification		City, State, Zip Code Bloomfield, NJ 07003		Telephone Number					
		Name of Contact Elektra							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield				Square Feet	# of Floors				
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) Removal Safety LLC					
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-400-8711	License No. 01332				
Start Date (10) 12/11/2019		Scheduled Completion Date (11) 12/18/2019		Name of OSHA Monitor Same as (9)					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			x	Floor tiles	320 SF	x		x	
Kitchen			x	Floor tiles	150 SF	x		x	
Basement			x	Floor tiles	119 SF	x		x	
Basement			x	Pipe insulation	89 LF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 5	Name of Registered Landfill Fairless				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>		Date 12/02/2019			

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



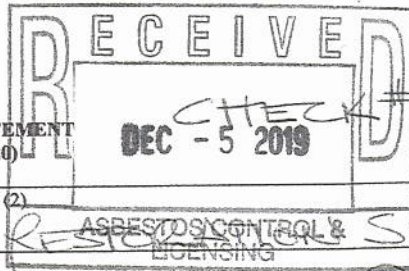
CK 1047

Date of Notification (1) Dec. 2, 2019		Name of Building Owner/Operator (2) Tom Carey							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, N.J.							
		Name of Contact Tom Carey							
		Telephone							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne	Square Feet 1800	# of Floors 2	Bldg. Age 60						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8) none		Name of Abatement Contractor (9) JRM Construction Services, LLC.							
Street Address ***		Street Address 500 Paterson Plank Road							
City, State, Zip Code ***		City, State, Zip Code Union City, NJ 07087							
Project Manager for Monitoring Firm ***		Telephone No. ***	License No. 01385						
Start Date (10) Dec. 18, 2019	Scheduled Completion Date (11) Dec. 31, 2019	Name of OSHA Monitor none							
Occupancy Status During Abatement (Check Only One)		Street Address ***							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code ***							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	65 lf	X			
			X			X			
			X						
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Enterprises Landfill					
City, State Newark, New Jersey			Disposal Date TBT	City, State Waynesburg, Ohio 44688					
Completed by Javier Mandez		Title President	Signature			Date 12/02/19			



Inv 116507

PAID

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

Date of Notification (1) 11.26.2019		Name of Building Owner/Operator (2) SUREKIAN RESTORATION & SVCS.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1809 N. BLACK HORSE PIKE							
		City, State, Zip Code WILLIAMSTOWN NJ 08094							
		Name of Contact JOE DRUDING							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MEDFORD		Square Feet 1500	# of Floors 1						
County (6) BURLINGTON		Bldg. Age 40+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ALPHA ENVIRONMENTAL							
City, State, Zip Code		Street Address PO BOX 8297							
Project Manager for Monitoring Firm		City, State, Zip Code TRENTON NJ 08650							
Telephone No.		Telephone No. 609 847 2956	License No. 01222						
Start Date (10) 12/5/2019	Scheduled Completion Date (11) 12/6/2019	Name of OSHA Monitor EMSL ANALYTICAL							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		200 ROUTE 130 NORTH							
Scope of Work (Check All That Apply)		City, State, Zip Code CINNAMINSON NJ 08077							
<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 Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
KITCHEN		X		VAT	135 SF	X			
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 5	Name of Registered Landfill GROWIS LANDFILL					
City, State TRENTON NJ		Disposal Date VARIOUS		City, State MORRISVILLE PA					
Completed by KELLY SISK		Title PROJECT MANAGER		Signature KELLY SISK		Date 11.26.19			



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

*Inv 16506*

*Chk #3658*

Date of Notification (1) <div style="text-align: center;">12 / 2 / 19</div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">DEC - 5 2019</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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego</b>		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> <b>ASBESTOS CONTROL &amp; LICENSING</b>          Telephone Number  <b>609-258-1841</b> </div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-New Residential College</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 and commercial buildings, homes, etc.)					
Street Address <b>Elm Drive &amp; South Drive</b>									
City (5) <b>Princeton</b>				Square Feet	# of Floors <b>70</b>				
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office/Classrooms</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 Road</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>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <div style="text-align: center;">12 / 17 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 19</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>						
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: <b>7:00AM-6:30PM</b> / ____ PM - ____ AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam Pipe Insulation-Wrap & Cut	1000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>				Disposal Date	City, State <b>FAIRLESS HILLS, PA</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro / gm</i>		Date <b>12-2-19</b>			



Inv# 10511  
CK5067 PAID

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

RECEIVED  
DEC - 5 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/22/19		Name of Building Owner/Operator (2) American Demolition Corp	
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 checked="" type="checkbox"/> Amended 12/2 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 English Ln	
	City, State, Zip Code Essex NJ 08234		
Name of Contact Bernard		Telephone Number 609 926 7373	
Name of Facility Where Abatement is Taking Place (3) Residence			
Street Address [REDACTED]		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) Buena		Square Feet	# of Floors
County (6) Atlantic		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) Am. Ice Abatement Demolition LLC
Street Address		Street Address 1212 Burlington Ave	City, State, Zip Code Delanco NJ 08015
City, State, Zip Code		Telephone No. 609-346-5916	License No. C1070
Project Manager for Monitoring Firm		Telephone No.	Name of OSHA Monitor
Start Date (10) 12/3/19		Scheduled Completion Date (11) 1/3/19	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) North Storage	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) Floor tile	Amount (Specify SF or LF) ~400 SF

Name of Registered Waste Hauler WME LLC	NJDEP Waste Hauler ID No. Z0847	Cubic Yards of Waste	Name of Registered Landfill WM of PA
State Delaware	City, State NJ	Disposal Date TBD	City, State Delanco PA
ated by Joseph T Hall	Title President	Signature [Signature]	Date 11/22/19

12/2/19



State of New Jersey

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

Check # 16773  
DEC - 5 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)

12/2/2019

Name of Building Owner/Operator (2)

Dawn Fulton

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☒ EMERGENCY  
☐ Cancellation

Street Address

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

Dawn Fulton

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Dawn Fulton

Type of Facility (4)

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

Street Address

City

South Orange

County

Essex

County Code (7)  
(STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12 03 19

Sched. Completion Date (11)

12 05 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely By Maintenance/Custodial Staff (12)  
Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type  
REMOVAL REPAIR ENCLOSURE

Basement

X

Duct and Furnace Insulation

75 SF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

12/06/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

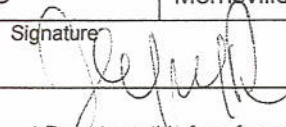


CK 1170

PAID

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

CHK # 1170

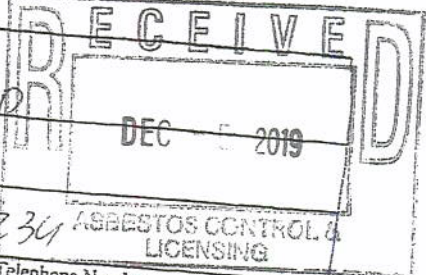
Date of Notification (1) 11/28/2019		Name of Building Owner/Operator (2) John Hokanson		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC - 1 2019  CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle Park, NJ 07204  Name of Contact John Hokanson  Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Roselle Park			Square Feet 1,486 sqft	# of Floors 2	Bldg. Age 1926				
County (6) Union		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) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123	License No. 01355					
Start Date (10) 12/07/2019		Scheduled Completion Date (11) 12/09/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED</u>			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 		Date 11/28/2019				



NOCK

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

Cancellation 12/1/19



Date of Notification (1)  
11/22/19

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

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

Name of Building Owner/Operator (2)  
American Demolition Corp

Street Address  
2 English Ln

City, State, Zip Code  
Egg Harbor NJ 08234

Name of Contact  
Bernard

Telephone Number  
609 926 7373

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

Street Address  
[REDACTED]

City (5)  
Longport

County (6)  
Atlantic

County Code (7)  
(STATE USE ONLY)

Square Feet  
# of Floors  
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)  
[REDACTED]

Street Address  
[REDACTED]

City, State, Zip Code  
[REDACTED]

Project Manager for Monitoring Firm  
[REDACTED]

Start Date (10)  
12/1/19

Scheduled Completion Date (11)  
11/1/20

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

Type of Work (Check All That Apply)  
☒ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf  
☐ Renovation  
☒ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
Outside

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)  
Siding

Amount (Specify SF or LF)  
2000 SF

Abatement Type  
 Removal Repair Encapsulate Enclosure

Registered Waste Hauler  
WJE LLC

NJDEP Waste Hauler ID No.  
20647

Cubic Yards of Waste

Name of Registered Landfill  
WM of PA

City, State  
[REDACTED]

Disposal Date  
12/1/19

Signature  
[Signature]

Title  
President

Date  
11/22/19

12/1/19



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

Date of Notification (1)

12/2/2019

Name of Building Owner/Operator (2)

Sarah Hodbinott

Street Address

City, State, Zip Code

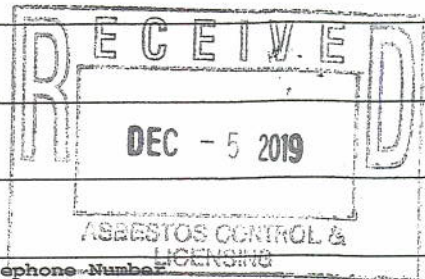
SouthOrange, NJ, 07079

Name of Contact

Sarah Hodbinott

Telephone Number

[REDACTED]



Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ EMERGENCY  
☐ Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Sarah Hodbinott

Street Address

[REDACTED]

City

SouthOrange

County

Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12 12 19

Month Day Year

Sched. Completion Date (11)

12 14 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility

Hours - Describe: «OffHours Descript»

☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ >160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	160 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste

1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

*Constantine Vivian*

Date

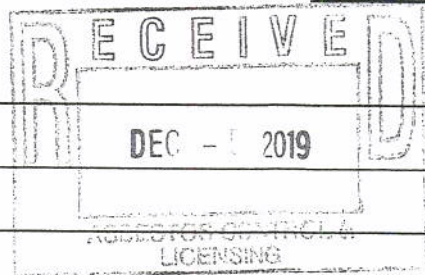
12/2/2019

184 S.Ridgewood Ave.



PAID

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



Date of Notification (1) 12/2/19		Name of Building Owner/Operator (2) Ken Schmid Private Home		DEC - 1 2019	
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 [REDACTED] City, State, Zip Code Little Egg Harbor NJ 08087 Name of Contact Ken Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Ken Schmid Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1000 + # of Floors 1 Bldg. Age 35+	
City (5) Little Egg Harbor NJ 08087		County (6) Ocean		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	
Start Date (10) 12/11/19		Scheduled Completion Date (11) 12/17/19		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior Siding			x	Exterior Siding	1000 sf
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	
City, State Elm NJ		Disposal Date 12/17/19		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 12/2/19	



Inv# 10380  
CK 9060

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:128)

RECEIVED  
NOV-10 DAY  
check 9/20/2019

Date of Notification (1) <b>11/27/2019</b>		Name of Building Owner/Operator (2) <b>MS RENEE MINTOR</b>	
Agency Method <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Renewal <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Correction	Street Address [REDACTED] City, State, Zip Code <b>MAPLEWOOD, NJ, 07040</b>	
		Name of Contact <b>MS. MINTOR</b>	Telephone Number [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MS RENEE MINTOR</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building, etc.)	
Street Address [REDACTED]		City (5) <b>MAPLEWOOD</b>	
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>1800</b>	Year Bldg. Age <b>1940</b>
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) <b>RESIDENCE</b>	
Street Address [REDACTED]		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
City, State, Zip Code [REDACTED]		Street Address <b>450 South River St</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Telephone No.		Telephone No. <b>201-329-7444</b>	Licence No. <b>00388</b>
Start Date (10) <b>11/29/19</b>	Estimated Completion Date (11) <b>11/29/19</b>	Name of CM/CA Monitor <b>Omega Environmental</b>	
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 - Duration: <b>8 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Range of Fiber (Check all that apply) <input checked="" type="checkbox"/> 0.5 or < 0.5 <input type="checkbox"/> 1.00 or > 1.00			
<input type="checkbox"/> Information <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Hot-Strip (7) and Hot-Plasma Processes			
Location of Asbestos-Containing Material (ACM) (12) <b>BASEMENT</b>	In Location Normally Used Exclusively by Maintenance/Construction Staff? (13) <b>U</b>	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, vermiculite, VET, or other miscellaneous)	Amount (Specify S.F. or L.F.) <b>50 L.F.</b>
Name of Registered Waste Handler <b>Best Removal Inc</b>		Waste Manifest No. <b>17109</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>
City, State <b>Hackensack, N.J. 07601</b>		Volume of Waste <b>2 1/2 yds</b>	City, State <b>NEWBURGH, PA. 17240</b>
Completed by <b>J. MAIORANO</b>		Signature <b>[Signature]</b>	Date <b>11/27/2019</b>
Estimator			

\* Do not use this form for asbestos removal regulated activities.