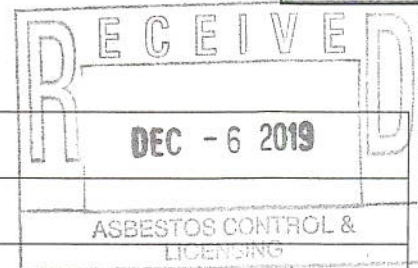


**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)



CK9103

Date of Notification (1) 11/2/2019		Name of Building Owner/Operator (2) Jerry Herbert	
Inu - 16520		Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mendham, NJ 07945	
		Name of Contact Same	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential Non-Occupied			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 ~3000		
City (5) Mendham			# of Floors 2		Bldg. Age 50+
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Active Environmental Technologies, Inc.	
Street Address		Street Address 203 Pine Street		City, State, Zip Code Mt. Holly, NJ 08060	
City, State, Zip Code		Telephone No. 609-702-1500		License No. 01299	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor	

Start Date (10) 12/9/2019	Scheduled Completion Date (11) 12/13/2019	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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	9x9 floor tile	800sqft	x			

Name of Registered Waste Hauler Active Environmental Technologies		NJDEP Waste Hauler ID No. 25704		Cubic Yards of Waste 3		Name of Registered Landfill GROWS Landfill	
City, State Mt. Holly, NJ				Disposal Date 12/13/2019		City, State Morrisville, PA	
Completed by Shannon Bach			Title Coordinator		Signature 		Date 11/27/2019

CK 3235

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

Print Form  
**RECEIVED**  
 DEC - 6 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
 11-21-2019 **Inv-16191**

Name of Building Owner/Operator (2)  
 Madison Heights Apartments, LLC

Street Address  
 25 Heights Rd, Suite A-4

City, State, Zip Code  
 Ridgewood, NJ 07450

Name of Contact  
 David Barthold

Telephone Number  
 201-481-1572

**FACILITY INFORMATION**

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

Street Address  
 [REDACTED]

City (5)  
 Ridgewood, NJ 07450

County (6)  
 Bergen

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  
 20000+

# of Floors  
 1

Bldg. Age  
 60+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
 \_\_\_\_\_

ASCM No.  
 \_\_\_\_\_

Name of Abatement Contractor (9)  
 Green Environmental Services, LLC

Street Address  
 235 Virginia Avenue

City, State, Zip Code  
 Jersey City, NJ 07304

Project Manager for Monitoring Firm  
 \_\_\_\_\_

Telephone No.  
 \_\_\_\_\_

Telephone No.  
 201-333-8/855

License No.  
 01171

Start Date (10)  
 11-22-2019

Scheduled Completion Date (11)  
 11-23-2019

Name of OSHA Monitor  
 Green Environmental Services, LLC

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  
 235 Virginia Avenue

City, State, Zip Code  
 Jersey City, NJ 07304

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Elbows / Fittings	140 LF	X			

Name of Registered Waste Hauler  
 Green Environmental Services, LLC

NJDEP Waste Hauler ID No.  
 00348889

Cubic Yards of Waste  
 2

Name of Registered Landfill  
 Fairless Landfill

City, State  
 Jersey City, NJ

Disposal Date  
 11-23-2019

City, State  
 Morrisville, PA

Completed by  
 Lilianna Serrano

Title  
 Office Manager

Signature  
*Lilianna Serrano*

Date  
 11-21-2019

INV-16177

CK41655

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)

VIA FAX

**PAID**

DEC 6 2019  
ASBESTOS CONTROL & LICENSING 120

Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) MR CHARIE LUKEMAN								
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code LYNDHUST N.J.							
		Name of Contact MR		Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) [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.)								
Street Address [REDACTED]		Square Feet 2000	# of Floors 2							
City (5) LYNDHUST N.J.		Bldg. Age 70								
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE								
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) NOVATECH							
Street Address [REDACTED]		Street Address P.O. Box 814								
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857								
Project Manager for Monitoring Firm		Telephone No. 732 238 7500	License No. 00806							
Start Date (10) 11/19/19	Scheduled Completion Date (11) 12/18/19	Name of OSHA Monitor NOVATECH								
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 P.O. Box 814								
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 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		City, State, Zip Code Old Bridge N.J. 08857								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT			X	BOILER INSULATION & 30 SF X STAIR						
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S						
City, State Old Bridge N.J. 08857		Disposal Date 12/19/19		City, State Horseshoe P.A.						
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature [Signature]		Date 11/18/19					

Inv 11695  
CK 4657

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

VIA FAX  
ch# 4657

**PAID RECEIVED**  
DEC 6 2019

Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) ST ELIAS BYZANTINE Catholic Church						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 42 COOK AVE City, State, Zip Code CARTERET, N.J. 07008					
	Name of Contact FATHER VITALE PORHAYEV		Telephone Number 908 486x6500					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 42 COOK AVE		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) CARTERET N.J. 07008		Square Feet 5000	# of Floors 1					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 70					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH					
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code Old Bridge N.J.						
Project Manager for Monitoring Firm		Telephone No. 732 232x7500	License No. 00806					
Start Date (10) 11/22/19	Scheduled Completion Date (11) 12/22/19	Name of OSHA Monitor NOVATECH						
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 P.O. Box 814						
		City, State, Zip Code Old Bridge N.J. 08857						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT		X	PIPE DUCT FROM FURNACE	12 S/F	X			
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S				
City, State Old Bridge N.J. 08857		Disposal Date 12/23/19	City, State P.A.					
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature Carlos Almeida	Date 11/21/19				

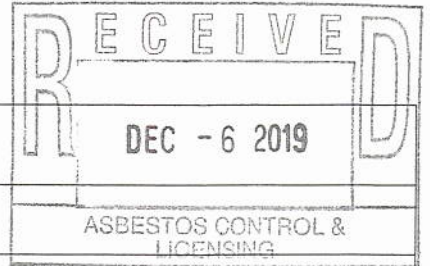
INV-14501  
CK1614

**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 17:27)

**RECEIVED**  
DEC - 6 2019 1614  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>December 03, 2019</b>		Name of Building Owner/Operator (2) <b>One Eighty Broadway, LLC</b>							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address <b>999 Riverview Drive</b>		City, State, Zip Code <b>Totowa, NJ 07511-0699</b>							
Name of Contact <b>Project Manager</b>		Telephone Number <b>973-641-1736</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former KMar</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 <b>180 Broadway</b>		Square Feet							
City (5) <b>Elmwood Park</b>		# of Floors							
County (6) <b>Bergen</b>		Bldg. Age							
County Code (7) <b>Bergen</b>		Current Use (Prior if being demolished) <b>empty</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L.</b>		ASCM No.							
Street Address <b>2200 Paterson Plank rd # 7</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>							
City, State, Zip Code <b>North Bergen, NJ 07047</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
Project Manager for Monitoring Firm <b>Carmelo Altomonte</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Telephone No. <b>201-864-6583</b>		Telephone No. <b>(973) 759-5000</b>							
Start Date (10) <b>12/4/2019</b>		License No. <b>00781</b>							
Scheduled Completion Date (11) <b>3/31/20</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</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 Other - Describe:		Street Address <b>1500 Kings HWY N, STE 209</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<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	Encapsulate	Enclosure
Exterior		X		transite panels	TBD	X			
Name of Registered Waste Hauler <b>Newark</b>		NJ DEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>TBD</b>		Name of Registered Landfill <b>IESI Bethlehem landfill / Minerva Ent.</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>3/31/20</b>		City, State <b>Bethlehem, PA / Waynesburg, OH</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 		Date <b>12/3/2019</b>			

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



*ADCK*

Date of Notification (1) <u>12</u> / <u>03</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>141 Kings Highway, LLC</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <b>141 W. Kings Highway</b>	
		City, State, Zip Code <b>Bellmawr, NJ 08031</b>	
		Name of Contact <b>John Krinis</b>	Telephone Number <b>610-365-1640</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</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>141 W. Kings Highway</b>			
City (5) <b>Bellmawr</b>	Square Feet <b>10,000</b>	# of Floors <b>1</b>	Bldg. Age <b>58</b>
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant Commercial Building</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Atlas Environmental Inspections</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>PO Box 11645</b>		Street Address <b>623 Cutler Avenue</b>		
City, State, Zip Code <b>Phialdelphia, PA 19116</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>		
Project Manager for Monitoring Firm <b>Jason Dua</b>	Telephone No. <b>267-784-4693</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>	

Start Date (10) <u>12</u> / <u>10</u> / <u>19</u>	Scheduled Completion Date (11) <u>12</u> / <u>24</u> / <u>19</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>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

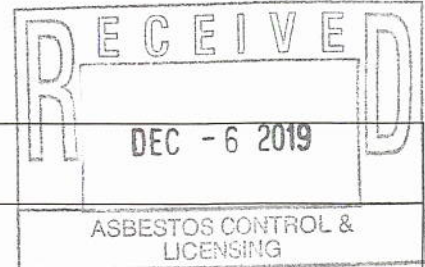
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Liquor Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	223 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	3,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	6 SF	<input checked="" 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>60</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>12/24/2019</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Fay</b>	Title <b>Vice President of Operations</b>	Signature <i>Christina Fay</i>	Date <b>12/3/19</b>

INV 16519  
 CLK0237

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



Date of Notification (1) 12 / 03 / 19		Name of Building Owner/Operator (2) John O'Beirne	
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]	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code Wall, NJ 07719	
		Name of Contact John O'Beirne	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) O'Beirne 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 2,804	# of Floors 2
City (5) Wall		Bldg. Age 55	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 12 / 12 / 19	Scheduled Completion Date (11) 12 / 13 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

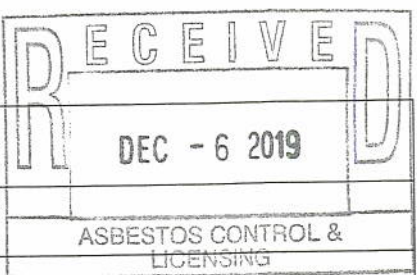
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	137 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 12/13/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>		Date 12/13/19	

Inv 16518  
CK 60230

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



Date of Notification (1) <u>12</u> / <u>02</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>New Jersey American Water</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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1025 Laurel Oaks Road</b>	
		City, State, Zip Code <b>Voorhees, NJ 08043</b>	
		Name of Contact <b>Joe Boland</b>	Telephone Number <b>609-704-1700</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>New Jersey American Water &amp; Haddonfield Public Works</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>555 Centre Street</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>
City (5) <b>Haddonfield</b>		Bldg. Age <b>58</b>	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY) <b>08033</b>	Current Use (Prior if being demolished) <b>Pump Houses</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>
Street Address <b>617 Stokes Road, Suite 4-318</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Medford, NJ 08055</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Mark Rubnitz</b>	Telephone No. <b>856-596-9994</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
Start Date (10) <u>12</u> / <u>18</u> / <u>19</u>	Scheduled Completion Date (11) <u>12</u> / <u>20</u> / <u>19</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>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

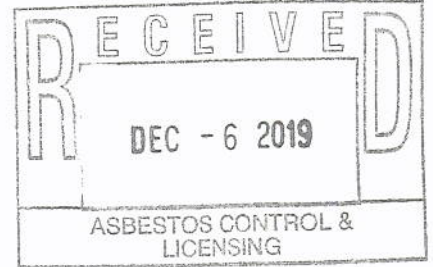
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulking	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Building 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulking	20 LF	<input checked="" 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>30</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/20/2019</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Christina Fay</b>	Title <b>Vice President of Operations</b>	Signature <i>Christina Fay</i>	Date <b>12/2/19</b>



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Exterior Building 3		X		Roofing	264 SF	X
Building 3		X		Door Caulking	20 LF	X



CK 7713

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

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/3/19 <i>Inv 16517</i>		Name of Building Owner/Operator (2) Winslow Township School District	
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 20 Cooper Folly Road	
		City, State, Zip Code Atco NJ 08004	
		Name of Contact Ken	Telephone Number 856-767-0995 Ext 8551

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) Winslow Township High 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 10 Cooper Folly Road		
City (5) Atco NJ 08004	Square Feet 10000 +	# of Floors 2
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+
		Current Use (Prior if being demolished) house

Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Ser. LLC	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 1930 Brown Road		Street Address PO Box 329	
City, State, Zip Code Newfield NJ 08344		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm James Eberts	Telephone No. 856-205-1077	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 12/13/19	Scheduled Completion Date (11) 12/16/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>FRIDAY NIGHT &amp; WEEK END WORK</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

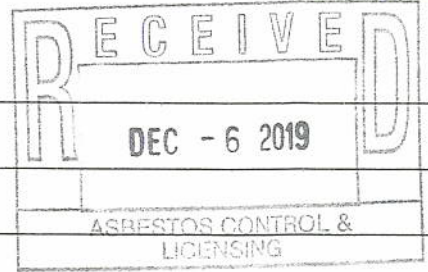
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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	Enclosure
small basement under Auditorium			x	Pipe insulation	40 LF sf	x			
Auditorium Stage area Bathrooms			x	Pipe insulation	32 LF	x			
				Wet wrap & Cut					

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 12/16/19	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 12/3/19

CK 3236

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:26 and 12:20)



Date of Notification (1) 11-21-2019		Name of Building Owner/Operator (2) Madison Heights Apartments, 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 25 Heights Rd, Suite A-4		City, State, Zip Code Ridgewood, NJ 07450	
Name of Contact David Barthold		Telephone Number 201-481-1572	

**FACILITY INFORMATION**

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 20000+		
City (5) Ridgewood, NJ 07450			# of Floors 1		Bldg. Age 60+
County (6) Bergen		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) Green Environmental Services, LLC		
Street Address		Street Address 235 Virginia Avenue			
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8/855		License No. 01171
Start Date (10) 11-22-2019		Scheduled Completion Date (11) 11-23-2019		Name of OSHA Monitor Green Environmental Services, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue		
			City, State, Zip Code Jersey City, NJ 07304		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Basement		X		Elbows / Fittings	100 LF	X			

Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 00348889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Jersey City, NJ		Disposal Date 11-23-2019		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 11-21-2019

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

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 ASBESTOS CONTROL & LICENSING

CK 1134

Date of Notification (1) 12.02.2019		Name of Building Owner/Operator (2) Middlesex County	
Agencies Notified	Type Notification	Street Address 75 Bayard Street	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____	City, State, Zip Code New Brunswick, NJ 08901	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joseph A. Valdes	
		Telephone Number (732) 745-7253	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Middlesex County Collage Building #216		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 2600 Woodbridge Ave, Building #216		Square Feet 80,000	# of Floors 1
City (5) Edison		Bldg. Age N/A	
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Renovations	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC
Street Address 24 Commerce Street, Suite 300		Street Address 164 Meriline Ave, Apt C	
City, State, Zip Code Newark, New Jersey 07102		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. (973) 265-9763	Telephone No. 973-807-6330
		License No. 01383	
Start Date (10) 12.12.2019	Scheduled Completion Date (11) 12.27.2019	Name of OSHA Monitor Spes Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave, Apt C	
		City, State, Zip Code Woodland Park, NJ 07424	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Purchasing Area, Floor-Throughout		X		Residual Mastic	7500 SF	X			

Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 20 CY	Name of Registered Landfill Fearless Landfill	
City, State Woodland Park, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Branislav Pavlov	Title project manager	Signature 	Date 12.02.2019		

INW 11/18/19  
 CK9035

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

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Date of Notification (1) 11/18/19		Name of Building Owner/Operator (2) MS. JUDITH WEINSTEIN						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code ENGLEWOOD, NJ, 07631						
		Name of Contact MS. WEINSTEIN						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. JUDY WEINSTEIN		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 2500	# of Floors 2					
City (5) ENGLEWOOD		Bldg. Age 1935						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 12/3/19	Scheduled Completion Date (11) 12/4/19		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St						
Scope of Work (Check all that apply) <input checked="" 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) 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	NA			Removal	Repair	Encapsulate
Attic			✓	THERMAL SYSTEM INSULATION	48 LF	✓		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2/207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601		Disposal Date 12/4/19	City, State NEWBURGH, PA. 17240					
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>			Date 11/18/19			

29.11.2019 09:24 AM

INV 14390  
CK1315

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PAGE. 27 3  
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ASBESTOS CONTROL & LICENSING

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

**Data of Notification (1)**  
11/29/19

**Name of Building Owner/Operator (2)**  
HUB REALTY LLC

**Street Address**  
186 MARKET STREET

**City, State, Zip Code**  
NEWARK NJ 07105

**Name of Contact**  
ANDREW GASPARRO

**Telephone Number**  
917-743-4789

**Name of Facility Where Abatement is Taking Place (3)**  
STORE FRONT

**Street Address**  
186 MARKET STREET

**City (3)**  
NEWARK

**County (3)**  
ESSEX

**County Code (7)**  
(STATE USE ONLY)

**Type of Facility (4)**  
 Other (i.e. private & commercial) buildings, homes, etc.)

**Square Feet**  
300

**# of Floors**  
1

**Blgd. Age**  
64

**Current Use (Prior if being demolished)**  
STORE

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.

**Name of Abatement Contractor (9)**  
A. Mac Contracting Inc.

**Street Address**  
188 Vreeland Ave.

**City, State, Zip Code**  
Midland Park, NJ 07432

**Telephone No.**  
201-282-5841

**License No.**  
00160

**Start Date (10)**  
11/29/19

**Scheduled Completion Date (11)**  
12/6/19

**Name of OSHA Monitor**  
Omega Environmental Services Inc.

**Occupancy Status During Abatement (Check Only One)**

Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other - Describe:

**Street Address**  
280 Huyler Street

**City, State, Zip Code**  
Hackensack, NJ 07606

**Scope of Work (Check All That Apply)**

AS or ASH  
 2160 or 2200 ft

Renovation Demolition

Full Containment with Negative Pressure  
Mini-Enclosure  
Gloving Procedure  
Non-Exhausted (N) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff			Description of Asbestos Containing Material (ACM) (i.e. Shingles) asbestos form of asbestos other miscellaneous	Amount	Abatement Type		
	Yes	No	N/A			Rem	Enc	Other
STORE FRONT			X	TILE	176 SF	X		
STORE FRONT			X	TILE	620 SF	X		

**Name of Registered Waste Hauler**  
Newark Carting Inc

**NJ DEP Waste Hauler ID No.**  
04808

**City, State**  
Newark, NJ 07105

**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**City, State**  
Newark, NJ 07105

**Disposal Date**  
11/29/19

**City, State**  
Pan Argy, PA 06072

**Completed by**  
R. McDonald

**Title**  
President

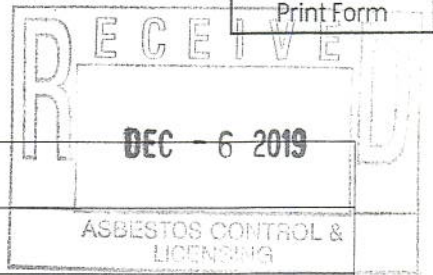
**Signature**  
*R. McDonald*

**Date**  
11/29/19

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

CK10439

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



Date of Notification (1) 12/03/19 <i>JNW 16531</i>		Name of Building Owner/Operator (2) Brookchester Apartments	
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 847 Berkley Street	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact Eric Prieto	Telephone Number 201-261-3674

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Brookchester Apartment		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 881 Boulevard		Square Feet 2,000	# of Floors 2
City (5) New Milford		Bldg. Age 60+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 12/20/2019	Scheduled Completion Date (11) 12/21/19	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

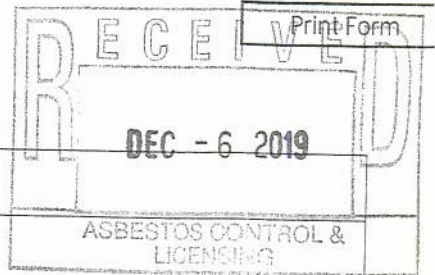
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <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
Boiler Room Storage	X			Pipe/Elbow Insulation	95 LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720			Disposal Date 12/21/19	City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature <i>[Signature]</i>	Date 12/03/19	

CK10438

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



Date of Notification (1)  
 12/03/19 **INV-16530**

Name of Building Owner/Operator (2)  
 Brookchester Apartments

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

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

Street Address  
 847 Berkley Street

City, State, Zip Code  
 New Milford, NJ 07646

Name of Contact  
 Eric Prieto

Telephone Number  
 201-261-3674

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 Brookchester Apartment

Street Address  
 319 Reichelt Rd

City (5)  
 New Milford

County (6)  
 Bergen

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

ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9)  
 DIA General Construction, Inc

Street Address  
 1360 Clifton Ave, PMB Suite 218

City, State, Zip Code  
 Clifton, NJ 07012

Project Manager for Monitoring Firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

Telephone No. 973-389-0089 License No. 00693

Start Date (10)  
 12/20/2019

Scheduled Completion Date (11)  
 12/21/19

Name of OSHA Monitor  
 DIA General Construction, Inc

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

Street Address  
 1360 Clifton Ave, PMB Suite 218

City, State, Zip Code  
 Clifton, NJ 07012

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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Storage	X			Pipe/Elbow Insulation	110 LF	X			

Name of Registered Waste Hauler  
 Service Transport Group

NJDEP Waste Hauler ID No.  
 20990

Cubic Yards of Waste  
 4 CY

Name of Registered Landfill  
 Minerva Landfill

City, State  
 New Castle, DE 19720

Disposal Date  
 12/21/19

City, State  
 Waynesburg, OH 44688

Completed by  
 Milan Njezic

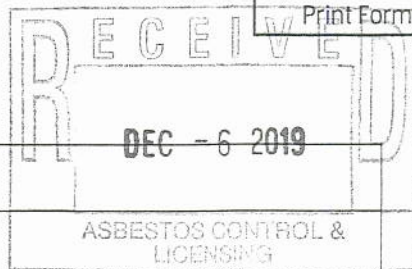
Title  
 Vice President

Signature

Date  
 12/03/19

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





CK10437

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

Date of Notification (1) 12/03/19		Name of Building Owner/Operator (2) Brookchester Apartments	
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 847 Berkley Street City, State, Zip Code New Milford, NJ 07646
	Name of Contact Eric Prieto		Telephone Number 201-261-3674

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Brookchester Apartment		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 905 River Dr		Square Feet 2,000	# of Floors 2
City (5) New Milford		Bldg. Age 60+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 12/20/2019	Scheduled Completion Date (11) 12/21/19	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Storage	X			Pipe/Elbow Insulation	60LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 12/21/19		City, State Waynesburg, OH 44688	
Completed by Milan Njetic		Title Vice President	Signature 		Date 12/03/19

CK 10434

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

Print Form  
**RECEIVED**  
 DEC - 6 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/03/19 <i>JNW/16528</i>		Name of Building Owner/Operator (2) Brookchester Apartments	
Agencies Notified  <input 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 847 Berkley Street	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact Eric Prieto	Telephone Number 201-261-3674

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Brookchester Apartment		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 210 Faller Dr		Square Feet 2,000	# of Floors 2
City (5) New Milford		Bldg. Age 60+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/14/19	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

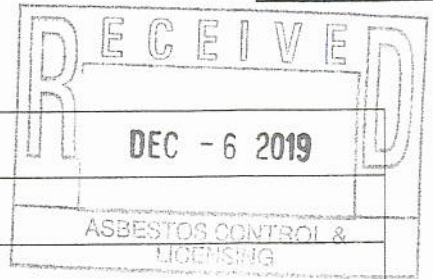
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <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
Boiler Room Storage	X			Pipe/Elbow Insulation	80LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 12/14/19	City, State Waynesburg, OH 44688		
Completed by Milan Njezic	Title Vice President	Signature <i>[Signature]</i>	Date 12/03/19		

INV-16527  
CK 10434

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



Date of Notification (1) 12/03/19		Name of Building Owner/Operator (2) Brookchester Apartments	
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 847 Berkley Street	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact Eric Prieto	Telephone Number 201-261-3674

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Brookchester Apartment		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 850 Berkley		Square Feet 2,000	# of Floors 2
City (5) New Milford		Bldg. Age 60+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/14/19	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Boiler Room Storage	X			Pipe/Elbow Insulation	80LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 12/14/19	City, State Waynesburg, OH 44688		
Completed by Milan Njezic		Title Vice President	Signature 	Date 12/03/19	

CK 10435

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

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/03/19 <i>JNV 16526</i>		Name of Building Owner/Operator (2) Brookchester Apartments	
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 847 Berkley Street	
		City, State, Zip Code New Milford, NJ 07646	
		Name of Contact Eric Prieto	Telephone Number 201-261-3674

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Brookchester Apartment		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 315 Faller Dr		Square Feet 2,000	# of Floors 2
City (5) New Milford		Bldg. Age 60+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/14/19	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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
Boiler Room Storage	X			Pipe/Elbow Insulation	80LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 12/14/19	City, State Waynesburg, OH 44688		
Completed by Milan Njezic	Title Vice President	Signature 	Date 12/03/19		

Inv 16498  
CK 2437

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

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Print Form  
DEC - 6 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/4/19		Name of Building Owner/Operator (2) Ruth Culmone	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857	
		Name of Contact Ruth Culmone	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Old Bridge	Square Feet 1750	# of Floors 2	Bldg. Age 65+/-
County (6) Middlesex	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. 201-600-3184	License No. 01305
Start Date (10) 12/7/19	Scheduled Completion Date (11) 12/11/19	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: 8 A.M to 4 P.M		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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	Enclosure
Bathroom		x		VAT	62 SF	x			
Storage Room		x		VAT	15 SF	x			
Living Room		x		VAT	168 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	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 12/7/19

INV 16525  
 CK 25728

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

Print Form  
**RECEIVED**  
 DEC 6 2019

Date of Notification (1) 12/5/2019		Name of Building Owner/Operator (2) Phares	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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 Princeton, NJ 08540	
		Name of Contact Jacqueline Phares	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Princeton, NJ 08540		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Square Feet 6000	# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493
Start Date (10) 12/16/2019	Scheduled Completion Date (11) 12/18/2019	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Chesterfield, NJ 08515	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

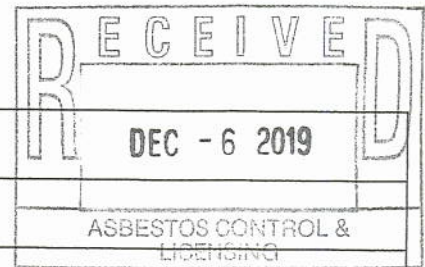
Scope of Work (Check All That Apply)

<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 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
Kitchen		X		Thermal Pipe Insulation	32 lf	X			
Living Room		X		Thermal Pipe Insulation	12 lf	X			

Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ		Disposal Date 12/18/2019		City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 12/5/2019	

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

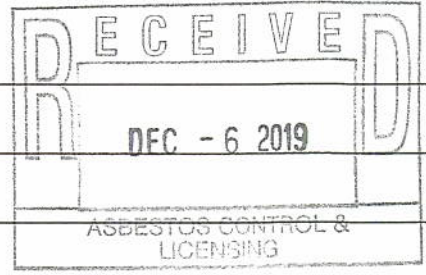


CK 874

Date of Notification (1) 12/02/2019 <i>Inv 10504</i>		Name of Building Owner/Operator (2) Natasha Zagoren							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Montclair, NJ, 07042							
		Name of Contact NATASHA ZAGOREN	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 5 Rosevelt Place apt #30		Square Feet N/A	# of Floors N/A						
City (5) Montclair		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOUSING							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm	Telephone No. 917-992-0081	Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/14/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
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: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
APT #30		x		VAT	60 SF	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date 0037095	City, State BRONX, NY						
Completed by Victor Espiritu		Title Project manager	Signature <i>[Signature]</i>			Date 12/02/2019			

CK 875

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



Date of Notification (1) 12/02/2019 <i>Inv 16523</i>		Name of Building Owner/Operator (2) East Orange Housing Authority	
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 7 Glenwood Avenue	
		City, State, Zip Code East Orange, NJ, 07017	
		Name of Contact Clive Williams	Telephone Number 917-992-0081

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Housing		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) East Orange		Bldg. Age N/A	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING	

Name of Monitoring Firm Hired by Building Owner (8) Lewis Consulting Group	ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address 2517 Highway 35th BLDG P, SUITE #202		Street Address 89 FRANKLIN STREET	

City, State, Zip Code Manasquan		City, State, Zip Code PATERSON, NJ, 07524	
Project Manager for Monitoring Firm Clive william	Telephone No. 917-992-0081	Telephone No. 973-333-5144	License No. 01274

Start Date (10) 12/16/2019	Scheduled Completion Date (11) 12/30/2019	Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 FRANKLIN STREET	
		City, State, Zip Code PATERSON, NJ, 07524	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
STAIR 1st to 3rd floor		x		VAT	400 SF	x			

Name of Registered Waste Hauler EHW ABATEMENT LLC	NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER		
City, State PATERSON, NJ		Disposal Date 0037095	City, State BRONX, NY		
Completed by Victor Espiritu	Title Project manager	Signature <i>[Signature]</i>	Date 12/02/2019		



CK 800

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (4) 11/14/2019		Name of Building Owner/Operator (2) La Casa De Don Pedro	
Agencies Notified		Street Address 317 Roseville Avenue	
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
City, State, Zip Code Newark, NJ, 07107		Name of Contact Chris Pagan	
Telephone Number			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private House		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) Orange		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private House		

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET		
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144	License No. 01274
Start Date (10) 11/16/2019	Scheduled Completion Date (11) 11/17/2019	Name of OSHA Monitor EHW ABATEMENT LLC		

Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET		
<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: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524		

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
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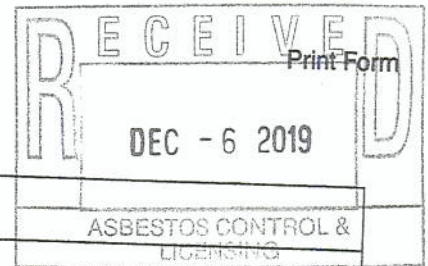
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	50 lf			X	

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBD	City, State BRONX, NY		
Completed by Victor Espiritu	Title Project	Signature <i>Victor Espiritu</i>	Date 11/14/2019		

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

CK817

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



Date of Notification (1)  
 11/11/2019 *Inh 15953*

Name of Building Owner/Operator (2)  
 La casa Don Pedro

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (Including justification)  
 Cancellation

Street Address  
 317 Roseville Avenue

City, State, Zip Code  
 Newark, NJ, 07107

Name of Contact  
 Chris Pagan

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
 PRIVATE HOUSE

Street Address  
 [REDACTED]

City (5)  
 Irvington

County (6)  
 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  
 N/A

# of Floors  
 N/A

Bldg. Age  
 N/A

Current Use (Prior if being demolished)  
 PRIVATE HOUSE

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

ASCM No.

Name of Abatement Contractor (9)  
 EHW ABATEMENT LLC

Street Address  
 89 FRANKLIN STREET

City, State, Zip Code  
 PATERSON, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
 973-333-5144

License No.  
 01274

Start Date (10)  
 11/14/2019

Scheduled Completion Date (11)  
 11/15/2019

Name of OSHA Monitor  
 EHW ABATEMENT LLC

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

Street Address  
 89 FRANKLIN STREET

City, State, Zip Code  
 PATERSON, NJ, 07524

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	30 LF	X			
KITCHEN		X		RADIATOR INSULATION	2 SF	X			

Name of Registered Waste Hauler  
 EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.  
 0037095

Cubic Yards of Waste  
 N/A

Name of Registered Landfill  
 TRI STATE TRANSFER

City, State  
 PATERSON, NJ

Disposal Date  
 TBD

City, State  
 BRONX, NY

Completed by  
 Victor Espiritu

Title  
 Project Maner

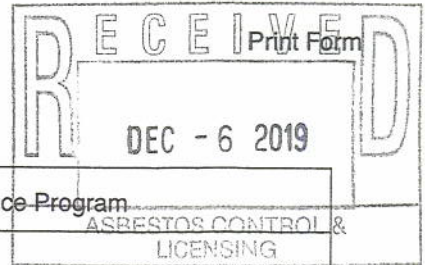
Signature  
*Victor Espiritu*

Date  
 11/11/2019

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

CK 819

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



Date of Notification (1) 11/12/2019 <i>Inv-15954</i>		Name of Building Owner/Operator (2) County Of Passaic Weatherization Assistance Program	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 930 Riverview Drive	
		City, State, Zip Code Totowa, NJ, 07512	
		Name of Contact Allen Stone	Telephone Number

**FACILITY INFORMATION**

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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Paterson <i>Clifton</i>		Current Use (Prior if being demolished) PRIVATE HOUSE		
County (6) Passaic	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) N/A		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET		
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524		
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274	
Start Date (10) 11/14/2019	Scheduled Completion Date (11) 11/15/2019	Name of OSHA Monitor EHW ABATEMENT LLC		
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: OCCUPIE		Street Address 89 FRANKLIN STREET		
		City, State, Zip Code PATERSON, NJ, 07524		

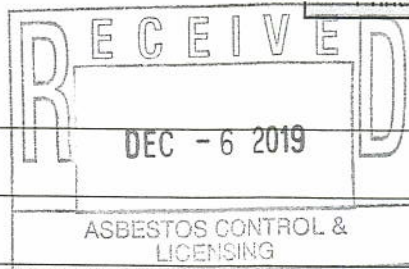
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
BAEMENT		X		PIPE INSULATION	80 LF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY	
Completed by Victor Espiritu		Title Project Manager	Signature <i>[Signature]</i>	Date 11/12/2019	

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



CK1002

Date of Notification (1) 12/05/19 <i>Inv 16522</i>		Name of Building Owner/Operator (2) Joan Hughes	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Essex Fells, NJ, 07021	
		Name of Contact John Haydu	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		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) Essex Fells	Square Feet	# of Floors 1	Bldg. Age 67
County (6) Essex	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) MTP Restoration LLC	
Street Address		Street Address 475 S Franklin Ave.	
City, State, Zip Code		City, State, Zip Code Belleville, NJ, 07109	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 551.556.6486	License No. 01376

Start Date (10) 12/13/19	Scheduled Completion Date (11) 12/16/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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	Enclosure
Attic		X		Vermiculite Insulation	1490 SF	X			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Pen Agryl, PA	
Completed by Fernando Mendoza	Title Manager	Signature	Date 12/05/19

CK 6899

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

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 ASBESTOS CONTROL & LICENSURE

Date of Notification (1) 12/3/19 <i>Inv 16501</i>		Name of Building Owner/Operator (2) Michael Foods	
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 847 North Avenue East	
		City, State, Zip Code Elizabeth, NJ 07201	
		Name of Contact Anita Castiblanco	Telephone Number 908-282-7523

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Michael Foods		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 847 North Avenue East		Square Feet 120000	# of Floors 2
City (5) Elizabeth		Bldg. Age 50	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 3 Terri Lane, Suite 4		Street Address 303 B National Road	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-479-8512	Telephone No. 484-872-8884	License No. 01161
Start Date (10) 12/14/19	Scheduled Completion Date (11) 12/14/19	Name of OSHA Monitor EMSL	
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 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
2nd floor utility mezzanine	X			Thermal System Insulation	25 LF	X			

Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Fairless Hills	
City, State Exton, PA		Disposal Date 12/14/19		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 12/3/19