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CKD212

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:12) Check 2212

ASBESTOS CONTROL &amp; LICENSING

NO. 2212  
4011  
OWNER APPROVED

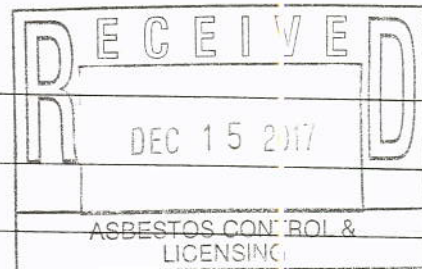
Date of Notification (1) 11/30/2017		Name of Building Owner / Operator (2) Delores Sweet	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code Trenton NJ	
Name of Contact Delores Sweet		[REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1200	
City (5) Trenton		# of Floors 2	Bldg. Age 50+
County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Alpha Environmental Services	
City, State & Zip Code		Street Address 2128 Route 33	
Project Manager for Monitoring Firm		Telephone Number 609-847-2958	License Number 01222
Scheduled Start Date (10) 12/2/2017	Scheduled Completion Date (11) 12/3/2017	Name of OSHA Monitor EMSL Analytical	
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 Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 100$ sf or $\geq 200$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code Westmont, NJ 08108	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation
Amount (Specify SF or LF)	Abatement Type		Enclosure
	Removal	Repair	
30lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 1
City, State Trenton, NJ		Name of Registered Landfill Grows Landfill	
Completed By (Print or Type)		Title	Signature
			Date



CK 2450

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



Date of Notification (1) 12-1-2017		Name of Building Owner/Operator (2) Marieliz Soler - Lesly Rodriguez	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032	
		Name of Contact Marieliz Soler	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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) Kearny, NJ 07032		Square Feet 2128	# of Floors 2
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 19
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC	
City, State, Zip Code		Street Address 235 Virginia Avenue	
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304	
Telephone No.		Telephone No. 201-333-8855	License No. 01174
Start Date (10) 12-2-2017	Scheduled Completion Date (11) 12-2-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	240 LF	X			

Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill Grows North Landfill	
City, State Jersey City, NJ		Disposal Date 12-2-2017		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager	Signature 	Date 12-1-2017	




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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:26-2.12)

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Date of Notification (1) 12/5/17		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input checked="" type="checkbox"/> Emergency	Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
		Name of Contact Ravi Jarecha	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	
		Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates		ASCN No.	Name of Contractor (9) Mansfield Industrial, Inc.
Street Address 3 Terri Lane, Burlington, NJ 08018		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm John Lutz	Telephone Number 609-479-8512	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 12/6/17	Scheduled Completion Date (11) 12/11/17	Name of OSHA Monitor Mansfield Industrial, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside area		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply)  <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure - PDA <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Tank 2685 base - EOM Unit	X	Gasket	Approx 205 SF
	X		
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 1 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc	Signature  Site Operations Supervisor	Date 12-5-17

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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	CHECK ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 11/30/17		Name of Building Owner/Operator (2) HUBERT HARRISON	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 HACKENSACK, N.J. 07601	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact HUBERT HARRISON Telephone Number	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3500	# of Floors 2
City (5) HACKENSACK		Bldg. Age +50	
County (6) BURGEN		Current Use (Prior if being demolished) RESIDENTIAL	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. 201-262-5841	License No. 00156
Start Date (10) 11/30/17	Scheduled Completion Date (11) 12/15/17	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 260 sf or 260 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code HACKENSACK, NJ 07608	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			PIPE INSULATION
			1,5 LF
Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105	Disposal Date 11/30/17	City, State Pen Argyl, PA 08702	
Completed by Joseph Vaccaro	Title Vice President	Signature [Signature]	Date 11/30/17



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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 (1) 12/5/17		Name of Building Owner/Operator (2) Frank & Lisa Connelly Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Wildwood NJ 08260							
		Name of Contact Frank							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Frank & Lisa Connelly Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) North Wildwood NJ 08260		Bldg. Age 35+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/15/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 siding			x	exterior siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ			Disposal Date 12/22/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 	Date 12/5/17					



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

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ASBESTOS CONTROL & LICENSING

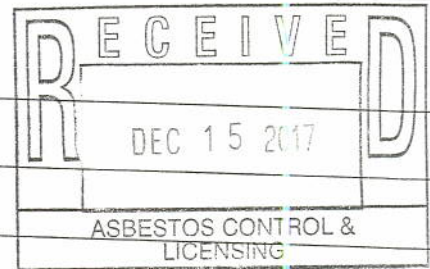
Date of Notification (1) 12/5/17		Name of Building Owner/Operator (2) James & Kathleen Dougherty Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 North Wildwood NJ 08260							
		Name of Contact Frank	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) James & Kathleen Dougherty Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) North Wildwood NJ 08260		Bldg. Age 35+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/15/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 siding			x	exterior siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 12/22/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/5/17			



CK 2447

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



Date of Notification (1) 12-1-2017		Name of Building Owner/Operator (2) Rendina Healthcare Real State		Street Address 50 Newark Avenue, Suite B-1		City, State, Zip Code Belleville, NJ 07109		Name of Contact Nathan Laskiewicz		Telephone Number	
Agencies Notified		Type Notification		FACILITY INFORMATION							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)			
Street Address 50 Newark Avenue, Suite 308				<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.)				Square Feet 60000		# of Floors 3	
City (5) Belleville, NJ 07109				County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		Bldg. Age 70+	
Name of Monitoring Firm Hired by Building Owner (8)				ASCN No.		Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address				City, State, Zip Code		Street Address 235 Virginia Avenue					
Project Manager for Monitoring Firm				Telephone No.		City, State, Zip Code Jersey City, NJ 07304					
Start Date (10) 12-4-2017				Scheduled Completion Date (11) 12-4-2017		Telephone No. 201-333-8855		License No. 01174			
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Same as above							
<input checked="" 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: night time work				Street Address							
Scope of Work (Check All That Apply)				City, State, Zip Code							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal Repair Encapsulate Enclosure			
Third Floor, Suite 308		X		VAT		80 SF		X			
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 2		Name of Registered Landfill Grows North Landfill					
City, State Jersey City, NJ		Disposal Date 12-4-2017		City, State Morrisville, PA							
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>				Date 12-1-2017			



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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 (1) 12/5/17		Name of Building Owner/Operator (2) John McG. II	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Howell, NJ 07731	
		Name of Contact Jim	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) McG. II Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Howell	Square Feet 1600	# of Floors 1	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)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 12/14		Scheduled Completion Date (11) 12/22/17	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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: 7am-7pm		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Kitchen			X floor tile
Name of Registered Waste Hauler Ace Insulation Co. Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2
City, State Colts Neck, NJ		Name of Registered Landfill Chen's Landfill	
Disposal Date 12/22/17		City, State Easton, PA	
Completed by Bree Mc Guire	Title Secretary Treasurer	Signature Bree	Date 12/5/17



12/01/2017 26:30

2012620321

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

<b>RECEIVED</b>	PAGE 02/03
	DEC 15 2017
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ASBESTOS CONTROL &  
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DEC 7

WAIVER APPROVED

Date of Notification (1) <b>12/01/17</b>		Name of Building Owner/Operator (2) <b>MT. CARMEL Holy CHURCH</b>						
Agencies Notified	Type Notification	Street Address <b>147-155 Bloomfield Ave</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>MONTCLAIR, NJ 07072</b>						
		Name of Contact <b>Gordon La Forge</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>CHURCH</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>147-155 Bloomfield Ave</b>		Square Feet <b>13,000</b>						
City (5) <b>MONTCLAIR</b>		# of Floors <b>2</b>						
County (6) <b>ESSEX</b>		Bldg. Age <b>+100</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>CHURCH</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>						
Street Address		Street Address <b>185 Vreeland Ave</b>						
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ 07432</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>						
Start Date (10) <b>12/01/17</b>		License No. <b>00158</b>						
Scheduled Completion Date (11) <b>12/10/17</b>		Name of OSHA Monitor <b>Omega Environmental Services 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 <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>						
		City, State, Zip Code <b>Hackensack, NJ 07608</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> a3 sf or a3 ff <input type="checkbox"/> a3 sf or a3 ff <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-Frangible 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
<b>Boiler Room</b>			<b>PIPE INSULATION</b>	<b>20LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>12/01/17</b>		City, State <b>Per Argy, PA 08702</b>				
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>		Signature <b>J. Vaccaro</b>		Date <b>12/01/17</b>		



# PAID

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

Check # 10178

Date of Notification (1) <b>12-6-17</b>		Name of Building Owner/Operator (2) <b>Luis Lucas</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>AVON by the Sea, NJ 07717</b> Name of Contact <b>Luis Lucas</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors <b>1</b>						
City (5) <b>Avon by the Sea, NJ 07717</b>		Bldg. Age <b>60+</b>							
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>003194</b>						
Start Date (10) <b>Dec 19, 2017</b>		Scheduled Completion Date (11) <b>Dec 29 2017</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	
Exterior Walls			X	Siding Shingles	2600 SF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 12/29/17</b>	City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>12/6/17</b>				



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

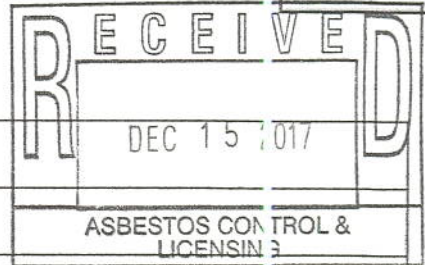
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Date of Notification 12/5/17 Type Notification		Name of Building Owner / Operator (2) <b>CTW, LLC</b>		<b>RECEIVED</b> DEC 15 2017 ASBESTOS ABATEMENT	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Street Address <b>699 Washington Street</b>			
<input checked="" type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		City, State & Zip Code <b>Hackettstown, NJ 07840</b>			
		Name of Contact <b>John Scelba</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>199 Main Street</b>			Square Feet <b>4,000</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>
City (5) <b>Hackettstown</b>	County (6) <b>Warren</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Eikon Planning</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>221 High Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Hackettstown, NJ 07840</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>John Scelba</b>		Telephone Number <b>908-813-2323</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>12/16/17</b>	Scheduled Completion Date (11) <b>12/18/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure					
Large Project <input checked="" type="checkbox"/> Mini-Enclosure					
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Glovebag Procedure					
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Other: <b>Non-Friable</b>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>		<b>N/A</b>	<b>VAT</b>	<b>36 SF</b>	<b>Removal</b>
<b>Basement</b>		<b>N/A</b>	<b>TSI Pipe</b>	<b>65 LF</b>	<b>Removal</b>
<b>Basement</b>		<b>N/A</b>	<b>Flue insulation</b>	<b>2 SF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>			Disposal Date <b>12/18/17</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>12/5/17</b>









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

Date of Notification (1) 12-07-17		Name of Building Owner/Operator (2) Daniel Howard							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wharton, NJ 07855							
		Name of Contact Daniel Howard	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Rockaway		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 12-19-17	Scheduled Completion Date (11) 12-21-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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: 7:00 Am - 5:00 Pm		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	80 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 12-22-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 12-07-17			

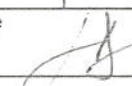


CK 1295

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

RECEIVED	DEC 15 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12-06-17		Name of Building Owner/Operator (2) Linda Carrington							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 09940							
		Name of Contact Linda Carrington	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Morristown		Block Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 12-18-17	Scheduled Completion Date (11) 12-20-17	Name of OSHA Monitor Delfa Contracting 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: 7:00 Am - 5:00 Pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	330 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 12-22-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 12-06-17			



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

RECEIVED  
DEC 15 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-09-17		Name of Building Owner/Operator (2) Howard Bowler & Mary Lopez	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601H0	
		Name of Contact Howard Bowler	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private 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) Hackensack	Square Feet	# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 522 7th St.	
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087	
Telephone No.		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 12-22-17	Scheduled Completion Date (11) 12-24-17	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<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: 7:00 Am - 5:00 Pm		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	1100 SF	x			

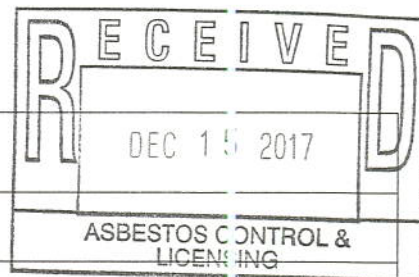
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 12-26-17		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 12-09-17



CK4468

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



Date of Notification (1) <b>12 / 05 / 17</b>		Name of Building Owner/Operator (2) <b>Richard Milovcich</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 [REDACTED] City, State, Zip Code <b>Collingswood, NJ 08108</b> Name of Contact <b>Richard Milovcich</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Milovcich Residence</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 [REDACTED]		Square Feet <b>2,500</b> # of Floors <b>3</b> Bldg. Age <b>70</b>							
City (5) <b>Collingswood</b>	County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00842</b>						
Start Date (10) <b>12 / 15 / 17</b>	Scheduled Completion Date (11) <b>12 / 18 / 17</b>	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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/18/2017</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>12/31/17</b>			



CK 3097

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

RECEIVED	
DEC 15 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) Dec 5-2017 Check # 3097		Name of Building Owner/Operator (2) J Ramos & Maria Ribeiro LLC							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 09936							
		Name of Contact Jose Ramos							
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) Residence at Kearny		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) Kearny, NJ		Square Feet 2,000	# of Floors 2						
County (6) HUDSON		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201295-1700	License No. 01074						
Start Date (10) 12/16/17	Scheduled Completion Date (11) 12/19/17	Name of OSHA Monitor Same as above							
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 checked="" type="checkbox"/> Other - Describe: Starting 8 AM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input 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) <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
Back and left side exterior			x	Transite Shingles	1,400 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Maanger		Signature <i>[Signature]</i>		Date Dec 5/ 017			



B &amp; G proj. #: 2017-180

**PAID**State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

Check # 8701

Date of Notification (1) <u>12/05/17</u>		Name of Building Owner/Operator (2) Michael Moss		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  DEC 15 2017  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Weehawken, NJ 07086		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michael Moss		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Moss			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Weehawken			County (6) Hudson		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 01378
Sched. Start Date (10) 12/06/2017			Sched. Completion Date (11) 12/08/2017		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure      ☐ Glove bag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☐ Non-fiable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
crawlspace			X	asbestos debris-cleanup	200 sqft	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/08/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/05/2017



B &amp; G proj. #: 2017-189

**PAID**

State of NJ  
 Notification of Asbestos Abatement  
 Pursuant to NJAC 8:60-7 and 12:120-7  
**\*\*\* EMERGENCY \*\*\***

<b>RECEIVED</b>
DEC 15 2017
Check # 8708
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/21/17		Name of Building Owner/Operator (2) Michael Moss	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DPH <input type="checkbox"/> OCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Weehawken, NJ 07086	
Name of Contact Michael Moss		Telephone Number	

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Michael Moss			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Weehawken	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)896-6869		License Number 00378
Scheduled Start Date (10) 12/06/2017		Sched. Completion Date (11) 12/06/2017		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >2 sf or >3 lf ☐ ≥160 sf or ≥280 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Encap	Encl
	Yes	No	N/A					
crawlspace			X	asbestos debris-cleanup	200 sqft	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19583	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/08/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/05/2017



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

CIC 4376

Date of Notification (1) 12/8/17		Name of Building Owner/Operator (2) MR. MARC WIESEL		<div>RECEIVED</div> <div>DEC 15 2017</div>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]	
		City, State, Zip Code TEANECK, NJ, 07666				Name of Contact MR. WIESEL	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. WIESEL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address [REDACTED]				Square Feet 2000			
City (5) TEANECK				# of Floors 2			
County (6) BERGEN				Blg. Age 1950			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc.			
Street Address				Street Address 450 South River Street			
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444			
Start Date (10) 12/19/17		Scheduled Completion Date (11) 12/20/17		License No. 00388			
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: 730AM TO 3:00 PM		Name of OSHA Monitor Omega Environmental		Street Address 280 Huyler Street			
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		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		City, State, Zip Code South Hackensack, NJ 07606			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)			
BASEMENT				24 LF			
BASEMENT				45 SF			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3 cys			
City, State Hackensack, NJ 07601		Disposal Date 12/20/17		Name of Registered Landfill Minerva Enterprises, LLC			
Completed by J. Maiorano		Title Estimator		City, State Waynesburg, OH 44688			
		Signature J. Maiorano		Date 12/8/17			



(K# 5002

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

RECEIVED
DEC 15 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/9/17		Name of Building Owner/Operator (2) Mary Joep							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Long Branch, New Jersey							
Name of Contact Frank		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mary Joep Property		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 1700	# of Floors 1						
City (5) Long Branch		Bldg. Age 20+							
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)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, NJ 07722							
Project Manager for Monitoring Firm		Telephone No. 732 2941757	License No. 00029						
Start Date (10) 12/18/17	Scheduled Completion Date (11) 12/29/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm		Street Address							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Crawlspace	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation	Amount (Specify SF or LF) 80 LF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Colts Neck, NJ 07722		Disposal Date 12/29/17		City, State Morrisville, PA					
Completed by Bree McGure		Title Secretary/Treasurer	Signature Bree McGure	Date 12/9/17					



12/11/2017 12:32 FAX

**PAID**

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

<b>RECEIVED</b>	0002/0004
	DEC 15 2017
ASBESTOS CONTROL & LICENSING	

**Date of Notification (1)**  
 12 / 11 / 17

**Name of Building Owner/Operator (2)**  
 NJ Dep of Military & Veterans Affairs/Bismark Construction Corp CR#5092

**Agencies Notified**  
☐ EPA  
☒ DOLV/D  
☒ DHSS  
☐ DCA  
 (NJAC 5:23-8)

**Type Notification**  
☒ Initial  
☐ Amended  
 Amendment # \_\_\_\_\_  
☐ Emergency (Including Justification)  
☐ Cancellation

**Street Address**  
 1010 Eggerts Crossing Road

**City, State, Zip Code**  
 Lawrenceville, New Jersey 0648

**Name of Contact**  
 Peter Youssef/Bismark Const. Corp.

**Telephone Number**

**Name of Facility Where Abatement is Taking Place (3)**  
 Teaneck Armory Guard

**Street Address**  
 1799 Teaneck Road

**City (5)**  
 Teaneck, New Jersey 07666

**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 and commercial buildings, homes, etc.)

**Square Feet**  
 \_\_\_\_\_

**# of Floors**  
 1

**Bldg. Age**  
 81 y.s.

**Current Use (Prior if being demolished)**  
 Private Commercial Building

**Name of Monitoring Firm Hired by Building Owner (5)**  
 The Whittman Companies

**Street Address**  
 7 Pleasant Hill Drive

**City, State, Zip Code**  
 Cranbury, New Jersey 08512

**Project Manager for Monitoring Firm**  
 Kevin, Lovely

**Telephone No.**  
 732-390-5558

**Name of Abatement Contractor (8)**  
 Lillich Corporation

**Street Address**  
 606 McBride Avenue

**City, State, Zip Code**  
 Woodland Park, New Jersey 07424

**Telephone No.**  
 973-225-8400

**License No.**  
 01104

**Start Date (10)**  
 12 / 12 / 17

**Scheduled Completion Date (11)**  
 12 / 13 / 17

**Occupancy Status During Abatement (Check only one)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement: 7AM-3:30PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

**Name of OSHA Monitor**  
 IRIS Environmental Labs LLC

**Street Address**  
 2333 Route 22 West

**City, State, Zip Code**  
 Union, NJ 07083

**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-Frangible 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	Enclosure	Enclosure
Behind Latrine Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (wrap & Cut)	8-8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Name of Registered Waste Hauler**  
 Lillich Corporation

**NJDEP Waste Hauler ID No.**  
 18724

**Cubic Yards of Waste**  
 2

**Name of Registered Landfill**  
 G.R.O.W.S. Landfill

**City, State**  
 Woodland Park, New Jersey

**Disposal Date**  
 12/13/2017

**City, State**  
 Morrisville, Pennsylvania

**Completed By (Print or Type)**  
 Adriana Olejarova

**Title**  
 President

**Signature**  
 [Signature]

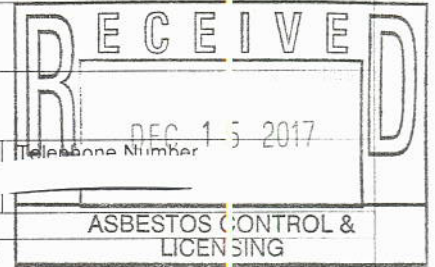
**Date**  
 12/11/17



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

Date of Notification (1) 12/11/2017		Name of Building Owner/Operator (2) Angie Romanick		Check # 5093	
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 Amendment # _____ Emergency (including Justification) _____ <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Pompton Lakes, New Jersey 07442 Name of Contact Angie Romanick	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)	
Street Address [REDACTED]				Square Feet 2500	
City (5) Pompton Lakes, New Jersey 07442				# of Floors 2	
County (6) Passaic				County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. _____	
Street Address [REDACTED]				Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code [REDACTED]				Street Address 606 McBride Ave	
Project Manager for Monitoring Firm _____				Telephone No. 973-225-8400	
Start Date (10) 01/03/2018				Scheduled Completion Date (11) 01/04/2018	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				Street Address 2333 Route 22 West	
				City, State, Zip Code Union, NJ 07083	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A				Abatement Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement				Boiler Jacket	
				80 SF	
				X	
Name of Registered Waste Hauler Lilich Corporation				NJDEP Waste Hauler ID No. 18724	
City, State Woodland Park, New Jersey				Cubic Yards of Waste 4	
Completed by Adriana Olejarova				Disposal Date 11/04/2018	
Title President				Name of Registered Landfill G.R.O.W.S Landfill	
Signature [Signature]				City, State Morrisville, PA	
				Date 12/11/2017	





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

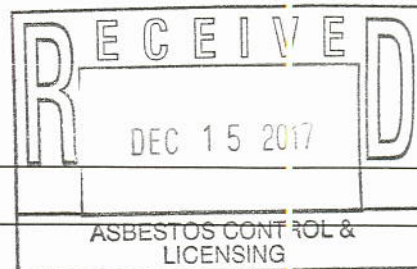
check  
2722

Date of Notification (1) <b>12/11/2017</b>		Name of Building Owner / Operator (2) <b>Trinity United Methodist Church</b>		<div>RECEIVED</div> <div>DEC 15 2017</div> <div>ASBESTOS LICENSING</div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address <b>1895 Pennington Road</b>	
						City, State & Zip Code <b>Ewing, NJ 08618</b>	
						Name of Contact <b>Ron Ettinger</b>	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>Trinity United Methodist Church</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address <b>1895 Pennington Road</b>				Square Feet <b>10000</b>			
City (5) <b>Ewing</b>		County (6) <b>Mercer</b>		# of Floors <b>2</b>			
		County Code (7)		Bldg. Age <b>50+</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Briggs Associates</b>				ASCM No. <b>00004</b>			
Street Address <b>3 Crosswicks St</b>				Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>			
City, State & Zip Code <b>Bordentown, NJ 08505</b>				Street Address <b>PO Box 8297</b>			
Project Manager for Monitoring Firm <b>Mike Hoodak</b>		Telephone Number <b>609 298 5520</b>		City, State & Zip Code <b>Trenton, NJ</b>			
Scheduled Start Date (10) <b>12/21/2017</b>		Scheduled Completion Date (11) <b>12/24/2017</b>		Telephone Number <b>609-847-2956</b>			
				License Number <b>01212</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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement				Name of OSHA Monitor <b>EMSL Analytical</b>			
				Street Address <b>107 Haddon Ave.</b>			
				City, State & Zip Code <b>Westmont, NJ 08108</b>			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED in Facility (13)</b>		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)			
<b>Boiler Room</b>				<b>Pipe Insulation</b>			
				Amount (Specify SF or LF) <b>200lf</b>			
				Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>			
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>		Cubic Yards of Waste <b>2</b>			
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>		Name of Registered Landfill <b>Grows Landfill</b>			
				City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>		Signature <i>Rod Richardson</i>			
				Date <b>12/11/2017</b>			



NO CK

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



Date of Notification (1) 12/08/17		Name of Building Owner/Operator (2) Martin Luccibello	
Agencies Notified	Type Notification	Street Address 73-87 Clay St	
<input checked="" 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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104	
		Name of Contact Martin Luccibello	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Legge Industries		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 73-87 Clay St		Square Feet 9,350+	# of Floors 2
City (5) Newark		Bldg. Age 1932	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 12/04/17	Scheduled Completion Date (11) 12/18/17	Name of OSHA Monitor Envirovision Consultants, 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 checked="" type="checkbox"/> Other - Describe: <u>7AM-4:30 PM</u>		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input 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"/> <input type="checkbox"/> <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
Roof		X		Black Roofing Material	9350 SF	X			
Roof		X		Roof Flashing	1,550 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 120	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD	City, State Morrisville, PA
Completed by Dimo Golcev	Title General Manager	Signature 	Date 12/08/17



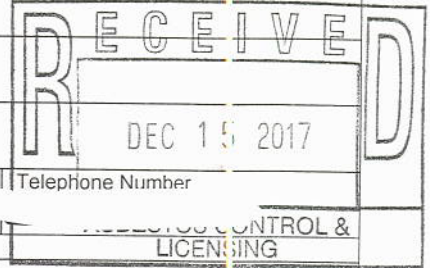
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CK# 026999

Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Timothy & Kristine Tubito							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Ms. Kristine Tubito	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 3,000 +							
City (5) Wayne		# of Floors 2	Bldg. Age 50						
County (6) Passaic	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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 12/26/17	Scheduled Completion Date (11) 01/20/18	Name of OSHA Monitor Enviro Vision Consultants, 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 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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
Exterior			X	Transite Siding	1,200 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Perryopolis, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 12/11/17			





CK 15099

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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	

Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) East Rutherford BOE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 100 Uhland St		City, State, Zip Code East Rutherford, NJ 07073	
Name of Contact Mr. Mark Kramer		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Alfred S. Faust Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 100 Uhland St			
City (5) East Rutherford	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Enviro Vision Consultants Inc.		ASCM No. 00079	
Street Address 20-10 Maple Ave Bldg 35E		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Fair Lawn NJ 07410		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Mr. Willie Morales		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 973.636.9145		Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 12/22/17		Scheduled Completion Date (11) 12/31/17	
Name of OSHA Monitor MTM Metro Corporation			
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 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source 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"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Crawl Space	<input checked="" type="checkbox"/>	Pipes, Elbows, Joints	1,100 LF
First Floor and Second Floor	<input checked="" type="checkbox"/>	Elbows & Joints	230 LF
Boiler Room, Maintenance	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA	
Completed by (Print or Type) Mike Damevski		Title Business Administrator	Signature Mike Damevski
Disp. Date 12/31/17		Date 12/11/17	

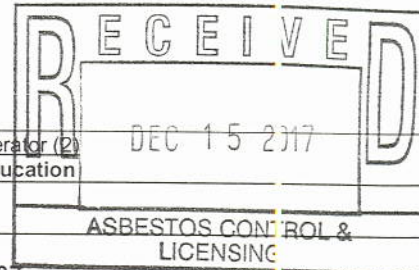
ASB-41

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



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State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) 12/12/17		ck# 27674		Name of Building Owner/Operator (2) Elmwood Park Board of Education		DEC 15 2017			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 60 E 53rd St City, State, Zip Code Elmwood Park, NJ 07407		ASBESTOS CONTROL & LICENSING			
				Name of Contact Vincent Benenati		Telephone			
FACILITY INFORMATION									
Elmwood Park High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: NA # of Floors: 2 Bldg. Age: 1961					
Street Address 375 River Drive									
City (5) Elmwood Park		County (6) Bergen		County Code (7) (State Use Only)		Current Use (prior if being demolished):			
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No.		Name of Contractor (9) Panoramic Window & Door Systems, Inc.			
Street Address				Street Address 712 Sergeantsville Road					
City, State, Zip Code				City, State, Zip Code Stockton, NJ 08559					
Project Manager for Monitoring Firm		Telephone Number		Telephone Number P (732)926-0900		License Number 01237			
Scheduled Start Date (10) 12/15/17		Scheduled Completion Date (11) 12/30/17		Name of OSHA Monitor IAQ GURU LLC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe  <input checked="" type="checkbox"/> Other - Describe: M-F 15:00 -23:00 Sat 0700-15:00				Street Address 87 Main Street  City, State, Zip Code Lincoln Park, NJ 07035					
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf</div><div><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</div><div><input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure</div></div>									
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)		Amount (Specify SF or LF)		Abatement Type Remove Repair Encap Enclose	
Exterior Windows in courtyard				Perimeter caulk		670 LF		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057		Cubic Yards of Waste >2		Name of Registered Landfill Chrin Landfill			
						Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic		Title Project Manager		Signature 		Date 12/12/17			



Ch6512

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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 (1) 12/11/17		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
Agencies Notified	Type Notification	Street Address 2 North High Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millville NJ 08332							
		Name of Contact Brian Nardone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Demo 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 632 East Plum Street		Square Feet 1000+	# of Floors 2						
City (5) Vineland NJ 08360		Bldg. Age 35+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 228 Moore St.		Street Address PO Box 329							
City, State, Zip Code Philadelphia PA 19148		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Drew McMahon		Telephone No. 215-755-2305	License No. 00727						
Start Date (10) 12/29/17	Scheduled Completion Date (11) 1/19/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding & Tar paper	2200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Elm NJ		Disposal Date 1/19/18		City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President		Signature 			Date 12/11/17		



CK 4509

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

RECEIVED	
DEC 15 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
Agencies Notified	Type Notification	Street Address 2 North High Street							
<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 Millville NJ 08332							
		Name of Contact Brian Nardone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Demo Residential		Type of Facility (4)							
Street Address 219 N 6th Street		<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) Vineland NJ 08360		Square Feet 1000+	# of Floors 2						
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35--						
Name of Monitoring Firm Hired by Building Owner (8) Synertech Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 228 Moore St.		Street Address PO Box 329							
City, State, Zip Code Philadelphia PA 19148		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Drew McMahon		Telephone No. 215-755-2305	License No. 00727						
Start Date (10) 12/29/17	Scheduled Completion Date (11) 1/19/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	exterior Siding	4320 SF	x			
Dinning Room			x	remnant Vinyl sheet flooring	100 SF	x			
				& mastic					
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 8	Name of Registered Landfill Cumberland County Landfill					
City, State Elm NJ		Disposal Date 1/19/18		City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President		Signature 		Date 12/11/17			




CK0514

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

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RECEIVED	DEC 15 2017
	ASBESTOS CONTROL & LICENSING


Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
Agencies Notified	Type Notification	Street Address 2 North High Street							
<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 Millville NJ 08332							
		Name of Contact Brian Nardone							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Demo Residential Rear garage		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 219 N 6th Street		Square Feet 1000+	# of Floors /						
City (5) Vineland NJ 08360		Bldg. Age 35+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Inc.		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 228 Moore St.		Street Address PO Box 329							
City, State, Zip Code Philadelphia PA 19148		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Drew McMahon		Telephone No. 215-755-2305	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 12/29/17	Scheduled Completion Date (11) 1/19/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic / Rear heater room			x	Duct Insulation	400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill					
City, State Elm NJ		Disposal Date 1/19/18		City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President		Signature 			Date 12/11/17		



CK1293 PAID

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

RECEIVED  
DEC 15 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-29-17		Name of Building Owner/Operator (2) Hamilton Peterson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Hamilton Peterson							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Short Hills		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 12-11-17	Scheduled Completion Date (11) 12-14-17	Name of OSHA Monitor Delfa Contracting 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: 7:00 Am - 5:00 Pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	670 LF	x			
Basement		X		VAT	620 SF	x			
1st Floor / Kitchen		X		Linoleum	150 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 12-15-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 11-29-17			

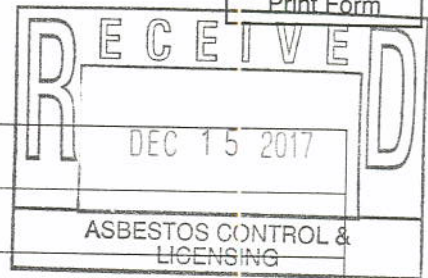


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) William Douma Private Home							
Agencies Notified	Type Notification	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 Long Beach Twp NJ 08008							
		Name of Contact Bill	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William Douma Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1.5						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 12/20/17	Scheduled Completion Date (11) 12/27/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 siding			x	exterior siding	1400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 12/27/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/11/17			

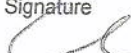


CK 6511

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

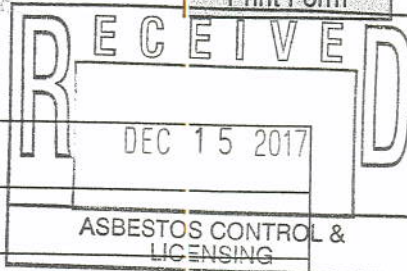
RECEIVED	DEC 15 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
Agencies Notified	Type Notification	Street Address 2 North High Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millville NJ 08332							
		Name of Contact Brian Nardone							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Demo Residential		Type of Facility (4)							
Street Address 638 East Plum Street		<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) Vineland NJ 08360		Square Feet 1000+	# of Floors 2						
County (6) Cumberland		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Inc.		Name of Abatement Contractor (9) Pernaco Inc.							
Street Address 228 Moore St.		Street Address PO Box 329							
City, State, Zip Code Philadelphia PA 19148		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Drew McMahon		Telephone No. 215-755-2305	License No. 00727						
Start Date (10) 12/29/17	Scheduled Completion Date (11) 1/19/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
APT. 1 Basement rear			x	Pipe Insulation	3LF	x			
APT. Basement near bilco door			x	Pipe Insulation	3LF	x			
APT. 1 Basement			x	Flue Packing	2LF	x			
APT. 2 Kitchen			x	Sheet Flooring all layers	200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill Cumberland County Landfill					
City, State Elm NJ		Disposal Date 1/19/18		City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President		Signature 			Date 12/11/17		



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

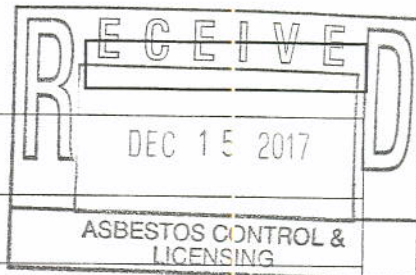


Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
Agencies Notified	Type Notification	Street Address 2 North High Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Millville NJ 08332							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brian Nardone	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Demo 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 604 East Plum Street		Square Feet 1000+	# of Floors 2						
City (5) Vineland NJ 08360		Bldg. Age 35+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Synertech Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 228 Moore St.		Street Address PO Box 329							
City, State, Zip Code Philadelphia PA 19148		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Drew McMahon		Telephone No. 215-755-2305	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 12/29/17	Scheduled Completion Date (11) 1/19/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 Siding			x	Exterior Siding	4000 SF	x			
Kitchen			x	Floor Tile	150 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 8	Name of Registered Landfill Cumberland County Landfill					
City, State Elm NJ			Disposal Date 1/19/18	City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President	Signature 			Date 12/11/17			



Check#2939

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


 Date of Notification (1)  
 12 / 05 / 17

Name of Building Owner/Operator (2)

Chris Stagg

Agencies Notified

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

Type Notification

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

Street Address

City, State, Zip Code

New Brunswick, NJ 08901

Name of Contact

Chris Stagg

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-1 2)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

City (5)

New Brunswick, NJ 08901

Square Feet

# of Floors

Bldg. Age

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

12 / 14 / 17

Scheduled Completion Date (11)

12 / 15 / 17

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	310 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State	Disposal Date	City, State	
Wayne, NJ 07470	TBD	Tullytown, PA	
Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner	<i>Nevtic Jevtic</i>	12/05/17

ASB-41

MAY 11

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

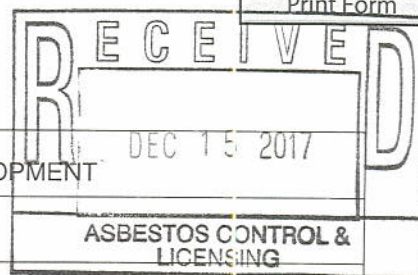


CL2213

**COPY**

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

Print Form



Date of Notification (1) 12/4/2017		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P.O. BOX 420 City, State, Zip Code TRENTON, NJ 08625						
		Name of Contact AL PAYNE	Telephone Number					
<b>FACILITY INFORMATION</b>								
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) PITTSBURGH TOWNSHIP		Square Feet	# of Floors					
County (6) SALEM		County Code (7) (STATE USE ONLY)	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING					
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE						
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700					
Start Date (10) 12/14/2017		Scheduled Completion Date (11) 12/27/2017	License No. 00494					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE						
<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: VACANT		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
SEE ATTACHED		X						
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 12/27/2017		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 12/4/2017				



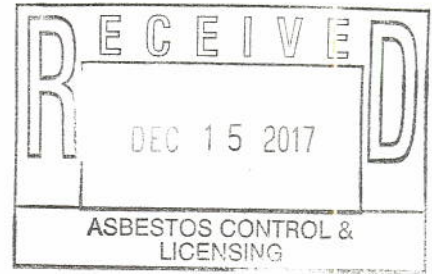
NJDEP

Parvin State Park

960 Parvin Mill Road

Pittsgrove Township, NJ

Material	Location	Qty	Method
Resilient Floor Coverings (9" and 1' Floor Tile) Multilayer	104, 104B, 105, 107, H101, 202, 202A, 203, 203A, 204, 204A, 205, 205A, H201	1,755 SF	Non-Friable
Gypsum Paper Drywall and Associated Joint Compound	S1, S2, 201, 201A, 202, 202A, 203, 203A, 204, 204A, 205, 205A, H201	2,200 SF	Limited Containment
White/Grey Sealant at Exterior Penetrations in Siding	Exterior Façade Penetrations	10 SF	Non-Friable

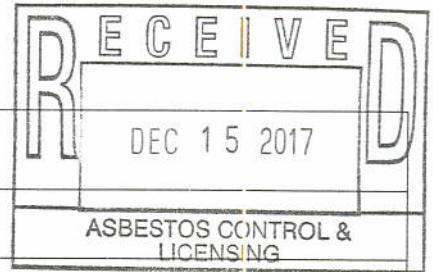




CK 44607

# PAID

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



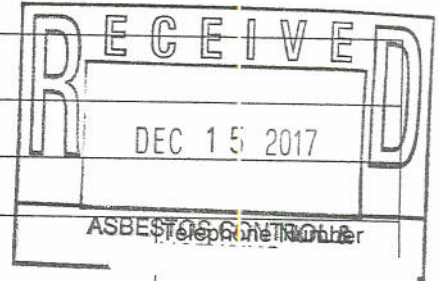
Date of Notification (1) <b>12 / 04 / 17</b>		Name of Building Owner/Operator (2) <b>West-Ward Pharmaceuticals</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	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>2 Esterbrook Lane</b> City, State, Zip Code <b>Cherry Hill, NJ 08003</b> Name of Contact <b>John Reber</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>West-Ward Pharmaceuticals</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>2 Esterbrook Lane</b>		Square Feet <b>50,000</b>							
City (5) <b>Cherry Hill</b>		# of Floors <b>2</b>	Edg. Age <b>70</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>1Source Health and Safety, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>140 South Village Avenue, Suite 130</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>	License No. <b>00842</b>						
Start Date (10) <b>12 / 15 / 17</b>	Scheduled Completion Date (11) <b>12 / 30 / 17</b>	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Corridor 1146/Line 407 and 408	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	6,000 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/30/2017</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>12/11/17</b>			



# PAID

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

Check 2216



Date of Notification (1) <b>11/30/2017</b>		Name of Building Owner / Operator (2) <b>Faine Higgins</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code <b>Belmar, NJ</b>	
Name of Contact <b>Faine Higgins</b>		Telephone Number [REDACTED]	

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2000</b>		
City (5) <b>Belmar</b>			County (6) <b>Monmouth</b>		# of Floors <b>2</b>
County Code (7)			Bldg. Age <b>50+</b>		
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) <b>Residential</b>		
Street Address			Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
City, State & Zip Code			Street Address <b>3525 Quakerbridge Rd Suite 903 C</b>		
Project Manager for Monitoring Firm			City, State & Zip Code <b>Hamilton, NJ 08619</b>		
Telephone Number			Telephone Number <b>609-847-2956</b>		
Scheduled Start Date (10) <b>12/9/2017</b>			License Number <b>01222</b>		
Scheduled Completion Date (11) <b>12/14/2017</b>			Name of OSHA Monitor <b>Briggs Associates</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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>3 Crosswicks St</b>		
			City, State & Zip Code <b>Bordentown, NJ</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or 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	Encapsulat	Enclosure
Basement Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Pipe Insulation	103 lf 80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>Various</b>		City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>		Signature <i>Rod Richardson</i>		Date <b>11/30/2017</b>



CK 11/10/17

PAID

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

RECEIVED	Print Form
DEC 15 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/06/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, N.J. 07203							
		Name of Contact Annie Wyche	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,416	# of Floors 2						
City (5) Roselle		Bldg Age 77							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 12/21/2017	Scheduled Completion Date (11) 12/29/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
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 PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipewrap	100 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>			Date 12/06/2017			