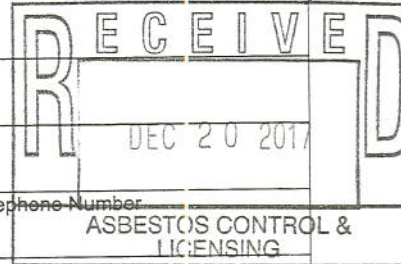


NO CK

PAID

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

CK# 1397 (credit)



Date of Notification (1) 12/14/17		Name of Building Owner/Operator (2) Kitty Koo Trust	
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 511 Durie Ave	
		City, State, Zip Code Closter, NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Educational Facility		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 511 Durie Ave		Square Feet 25,000	# of Floors 3	Bldg. Age 50--
City (5) Closter	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational Facility	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc	
Street Address n/a		Street Address 360 Palisade Ave		
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026	License No. 01255
Start Date (10) 12/23/17	Scheduled Completion Date (11) 1/31/18		Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO		Street Address 360 Palisade Ave		
		City, State, Zip Code Garfield, NJ 07026		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
UNSAFE PART OF STRUCTURE TO BE DEMOLISHED AND DISPOSED AS ACM				UNSAFE PART OF STRUCTURE TO BE DEMOLISHED AND DISPOSED AS ACM					

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 12/14/17

CK 4391

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

RECEIVED
DEC 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **12/15/17**

Name of Building Owner/Operator (2) **ANALA ROSSI**

Agency Notified: EPA, DEP, DOL, DOH, DCA

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

Street Address: [REDACTED]

City, State, Zip Code: **NORTH BRUNSWICK, NJ 07031**

Name of Contact: **MS. ROSSI**

Telephone Number: [REDACTED]

Name of Facility Where Abatement is Taking Place (3) **MS. ANALA ROSSI**

Street Address: [REDACTED]

City (3) **NORTH BRUNSWICK**

County (6) [REDACTED]

County Code (7) (STATE USE ONLY) [REDACTED]

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

ASCM No. [REDACTED]

Name of Abatement Contractor (9) **Best Removal Inc.**

Street Address: **450 South River Street**

City, State, Zip Code: **Hackensack, NJ 07601**

Project Manager for Monitoring Firm [REDACTED]

Telephone No. **201-329-7444**

License No. **00388**

Start Date (10) **12/18/17**

Scheduled Completion Date (11) **12/19/17**

Occupancy Status During Abatement (Check Only One): Other - Describe: **7:00 AM TO 5:00 PM**

Street Address: **280 Huyler Street**

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

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf, ≥160 sf or ≥240 lf

Renovation, Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
FLOOR/BATHROOM				THERMAL SURFACING	110 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: **Best Removal Inc**

NJDEP Waste Hauler ID No.: **17109**

Cubic Yards of Waste: **3.42**

Name of Registered Landfill: **Minerva Enterprises, LLC**

City, State: **Hackensack, NJ 07601**

Disposal Date: **12/19/17**

City, State: **Waynesburg, OH 44688**

Completed by: **J. Maiorano**

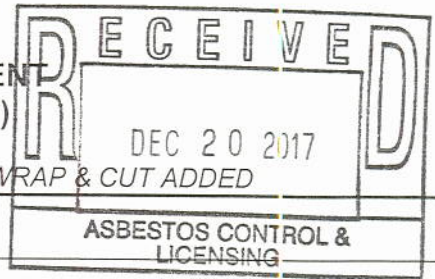
Title: **Estimator**

Signature: *J. Maiorano*

Date: **12/15/17**

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



ETS JOB # 4959/17 CHECK# 28377 AMENDMENT #5 - WORK HOURS & WRAP & CUT ADDED

Date of Notification (1) 12/06/2017		Name of Building Owner / Operator (2) NJIT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 323 DR. MARTIN LUTHER KING BLVD.	
		City, State & Zip Code NEWARK, NJ 07102	
		Name of Contact MR. TODD K. MILLER	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJIT - FACULTY MEMORIAL HALL			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 111 SUMMIT STREET AKA 120-142 BLEEKER STREET			Square Feet 92,516	# of Floors 5	Bldg. Age 51
City (5) NEWARK	County (6) ESSEX	County Code (7)	Current Use (Prior if being demolished) UNIVERSITY		


Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL		ASCM No. 00120	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 280 HUYLER STREET		Street Address 160 CLAY STREET			
City, State & Zip Code SOUTH HACKENSACK, NJ 07606		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm ALEX PALLETS		Telephone Number 201-310-9665	Telephone Number 718-706-6300	License Number 00511	

Scheduled Start Date (10) 10/11/2017	Scheduled Completion Date (11) 10/01/2018	Name of OSHA Monitor TESTOR TECH.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 3:00 PM - 11:30 PM <input type="checkbox"/> Other - Describe:		Street Address 10 59 JACKSON AVENUE			
		City, State & Zip Code LONG ISLAND CITY, NY 11101			

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment
<input checked="" type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
BASEMENT - BOILER ROOM	YES	PIPE INSULATION	150 LF	TENT/GLOVEBAG OR GLOVEBAG
BASEMENT - HALLWAY & ROOMS	NO	PIPE INSULATION	45 LF	TENT
1 ST FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 76 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
2 ND FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
3 RD FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES
4 TH FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	TENT EXTERIOR NON-FRIABLE PROCEDURES

				FRIABLE PROCEDURES	
PENTHOUSE		NO	PIPE INSULATION	213 LF	TENT/GLOVEBAG OR G_OVEBAG
Name of Registered Waste Hauler #1 JIMMY BYRNE T/A JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 90	Name of Registered Landfill #1 MINERVA ENTERPRISES, INC.	
City, State 1199 RANDALL AVENUE, BRONX, NY 10474			Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688	
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	Title Project Executive	Signature 		Date 12/06/2017	

