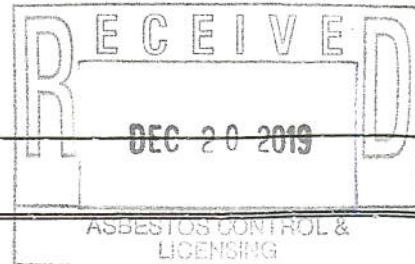


Inv-16899

Proj. #: 20-01

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)Date of Notification (1)
12/17/19

Name of Building Owner/Operator (2)

Max Roberts

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #:

☐ Emergency
(including justification)☐ Cancellation

Street Address

City, State, Zip Code

BERNARDSVILLE, NJ 07924

Name of Contact

Colleen DiFiglia

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

BERNARDSVILLE, NJ 07924

County (6)

Somerset

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

10,084 SF

of Floors

03

Bldg. Age

112

Current Use (Prior if being demolished)

Residential

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

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Start Date (10)

01/03/2020

Sched. Completion Date (11)

01/06/2020

Occupancy Status During Abatement (Check only one)

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

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Renovation☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation of
asbestos-containing
material (acm) to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)R
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

First floor

Pipe Insulation

18 LF

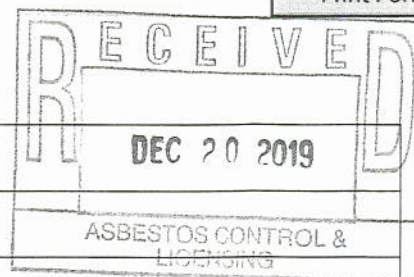
☒☐☐☐Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
1 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
Hopatcong, NJ 07843Disposal Date
TBDCity, State
TULLYTOWN, PACompleted by (Print or Type)
Paige BoylanTitle
Owner

Signature

Date
12/17/19

Inv-16894
CK 5425

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



| | | | |
|--|---|---|------------------|
| Date of Notification (1) 12/16/2019 | | Name of Building Owner/Operator (2) Lauren Incitti | |
| 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 Short Hills, NJ 07078 | |
| | | Name of Contact Lauren Incitti | Telephone Number |

FACILITY INFORMATION

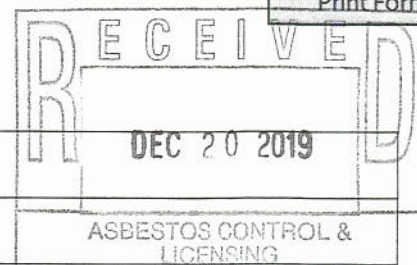
| | | | |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Short Hills | Square Feet N/A | # of Floors N/A | Bldg. Age N/A |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Apartment Building | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) D&S Abatement, Inc. | |
| City, State, Zip Code | | Street Address 11 Rosengren Avenue | |
| Project Manager for Monitoring Firm | | Telephone No. 973358685 | License No. 01311 |
| Start Date (10) 12/27/2019 | Scheduled Completion Date (11) 12/28/2019 | Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

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

| Location of Asbestos-Containing Material (ACM) <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 |
| Crawl Space | | X | | Transit Panels | 140 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. 26085 | Cubic Yards of Waste TBD | Name of Registered Landfill Grand Central | |
| City, State Wayne, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | |
| Completed by Oliver Hegedis | | Title Project Manager | Signature | Date 12/16/2019 | |

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



CK 2278

Date of Notification (1)
12/16/2019 **Inv-16894**

Name of Building Owner/Operator (2)
Roger Krivant

Agencies Notified

| | |
|---|--|
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amended |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment # |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation |

Street Address
[REDACTED]

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Roger Krivant

Telephone Number
[REDACTED]

FACILITY INFORMATION

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

Street Address
12 South Mountain Avenue

City (5)
Montclair

County (6)
Essex

County Code (7)
(STATE USE ONLY)

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.) |

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
Apartment Building

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

ASCM No.

Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973358685

License No.
01311

Start Date (10)
12/26/2019

Scheduled Completion Date (11)
12/27/2019

Name of OSHA Monitor
D&S Abatement, 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: Occupied |

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <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 |
| Unit # 12 | | X | | VAT | 650 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
26085

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central

City, State
Wayne, NJ

Disposal Date
TBD

City, State
Pen Argyl, PA

Completed by
Oliver Hegedis

Title
Project Manager

Signature

Date
12/16/2019

CK# 5405

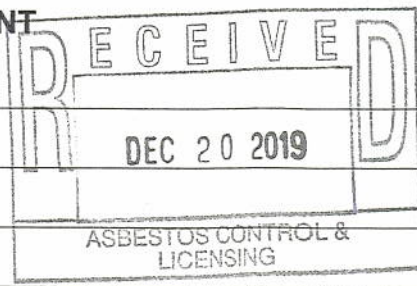
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED
DEC 20 2019
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|---|--|---|---|---|----------------|---------|--------|-------------|-----------|
| Date of Notification (1) 12/18/19 INV-16892 | | Name of Building Owner/Operator (2) Sheri Daknis | | | | | | | |
| Agencies Notified <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 | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Toms River Name of Contact Mike Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Daknis 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 3000 | # of Floors 1 | | | | | | |
| City (5) Toms River | | Bldg. Age 55+ | | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) 08757 | Current Use (Prior if being demolished) Gymnasium Studio | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | 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, New Jersey 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732 294 1757 | License No. 00029 | | | | | | |
| Start Date (10) 12/22/19 | | Scheduled Completion Date (11) 1/3/20 | | | | | | | |
| 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: Jan - Feb | | Name of OSHA Monitor Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| exterior | | | X | roofing | 4,000 | X | | | |
| exterior - | | | X | window caulk | 10 windows | X | | | |
| interior - | | | X | floor tile w/m.c.f.c | 1500 sf | X | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 15 | Name of Registered Landfill Fairless | | | | | |
| City, State Colts Neck, New Jersey | | | Disposal Date 1/3/20 | City, State Morrisville, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | Signature Bree McGuire | Date 12/18/19 | | | | | |

INV-16830
CK 30912

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



| | | | |
|--|--|---|--|
| Date of Notification (1) 12/17/2019 | | Name of Building Owner/Operator (2) PNC Realty Services | |
| 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 1 Garret Mountain Plaza City, State & Zip Code Woodland Park, New Jersey 07424 Name of Contact Mr. Jack Januszkiewicz Telephone Number 973-881-5170 | |

FACILITY INFORMATION

| | | | | | |
|--|---|--|---|--|------------------------|
| Name of Facility Where Abatement is Taking Place (3) PNC Bank-Basement | | | 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 89 Main Street | | | Square Feet 3,400 | # of Floors 3 (including basement) | Bldg. Age 92 |
| City (5) Little Falls | County (6) Passaic | County Code (7) | Current Use (Prior if being demolished) Commercial | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | ASCM No. | Name of Abatement Contractor (9) Resource Management Group, LLC. | | |
| Street Address P.O. Box 365 | | Street Address 2115 Hamilton Avenue, Suite 202 | | | |
| City, State & Zip Code Berlin, NJ 08009/ | | City, State & Zip Code Trenton, NJ 08619 | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone Number 856-839-2432 | Telephone Number 609-914-4279 | License Number 01185 | |
| Scheduled Start Date (10) 12/23/2019 | Scheduled Completion Date (11) 12/24/2019 | | Name of OSHA Monitor J&S Environmental Laboratories, Inc. | | |
| 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 Hours Describe: 5pm to 11pm <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf ≥ 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 |

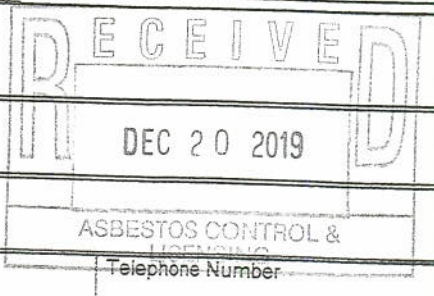
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Elbows/Fittings | 15 Each | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Duct Insulation | 2 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 Resource Management Group, LLC. | | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | | City, State Morrisville, PA | |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | Signature | | Date 12/17/2019 |

Inv-16775
B & G proj. #: 2019-272

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

Check # 9788



Date of Notification (1)
12/13/19

Name of Building Owner/Operator (2)
Arzlen Beavers

Street Address
[REDACTED]

City, State, Zip Code
East Orange, NJ 07018

Name of Contact
Arzlen Beavers

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Arzlen Beavers

Street Address
[REDACTED]

City (5)
East Orange, NJ 07018

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
[REDACTED]

Phone Number

Scheduled Start Date (10)
12/16/2019

Sched. Completion Date (11)
12/17/2019

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ wrap & cut
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | 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 | | | | | | |
| basement | | | | pipe insulation | 40 lf | | | | |
| basement | | | | pipe | 60 lf | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/17/2019

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/13/2019

Inv 16804

B & G proj. #: 2019-276

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

Check # 9796

Date of Notification (1)

12/16/19

Name of Building Owner/Operator (2)

Sigfredo Garcia

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Newark, NJ 07104

Name of Contact

Sigfredo Garcia

RECEIVED
DEC 20 2019

ASBESTOS CONTROL &

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Sigfredo Garcia

Street Address

City (5)

Newark, NJ 07104

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

12/17/2019

Sched. Completion Date (11)

12/18/2019

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ wrap & cut☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

| R | R | E | E |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| e | e | n | n |
| m | p | c | c |
| o | a | a | a |
| v | i | p | p |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <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"/> |

basement

basement

basement

pipe insulation

fiberglass pipe insulation

pipe

40 lf

33 lf

12 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
12/18/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

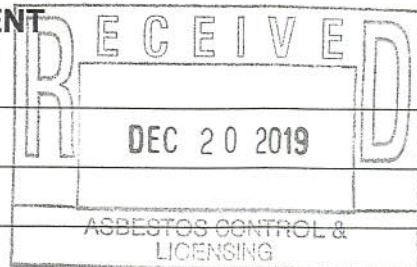
Signature

Gordana Luna

Date
12/16/2019

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

PAID



| | | | |
|---|---|--|--|
| Date of Notification (1) 12/13/2019 | | Name of Building Owner / Operator (2) Marilyn Dayton | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Bridgeton, NJ 08302 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Marilyn Dayton | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|---|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential-Crawlspace | | | 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 1,888 | | |
| City (5) Bridgeton | | | County (6) Cumberland | | County Code (7) 99 |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | | Name of Abatement Contractor (9) Resource Management Group, LLC. | | |
| Street Address P.O. Box 365 | | | Street Address 2115 Hamilton Avenue, Suite 202 | | |
| City, State & Zip Code Berlin, NJ 08009 | | | City, State & Zip Code Trenton, NJ 08619 | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone Number 856-839-2432 | Telephone Number 609-914-4279 | | License Number 01185 |
| Scheduled Start Date (10) 12/17/2019 | | Scheduled Completion Date (11) 12/20/2019 | | Name of OSHA Monitor J&S Environmental Laboratories, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed: Operating hours- 9am to 5pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West | | |
| | | | City, State & Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

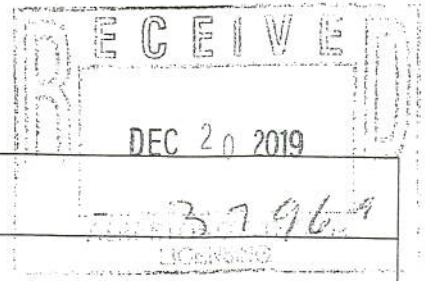
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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 | Encapsulate | Enclosure |
| Crawlspace | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Duct Insulation | 85 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"/> |
| | <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 Resource Management Group, LLC | | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA | | |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | Signature <i>Brian Haney</i> | | Date 12/13/2019 |

Inv# 16885
CK 37969 PAID

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



| | | | |
|---|--|--|----------------------------------|
| Date of Notification (1) 12 / 16 / 19 | | Name of Building Owner/Operator (2) Mattia Building Contracting | |
| 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 1702 A Grand Central Avenue City, State, Zip Code Lavallette, NJ 08735 | |
| | | Name of Contact Gina | Telephone Number 732-606-7188 |

FACILITY INFORMATION

| | | | |
|---|--|--|----------------------|
| 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 and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Lavallette | | Square Feet 600 | # of Floors 1 |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 65 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Current Use (Prior if being demolished) Residence | |
| ASCN No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 12 / 26 / 19 | Scheduled Completion Date (11) 12 / 27 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | |
| 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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | |

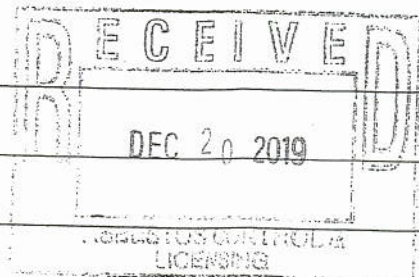
Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <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 |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 600 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 Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | | Disposal Date 12/27/19 | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 12/16/19 | |

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



CK 128 Inv# 10810 PAID

| Date of Notification (1) 12/16/2019 | | Name of Building Owner/Operator (2) Johnny Woo | | | | | | | |
|--|---|---|---|---|--|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Franklin Lakes NJ 07417 | | | | | | | |
| | | Name of Contact Johnny Woo | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Franklin Lakes | | Square Feet | # of Floors | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Rizov LLC | | | | | | |
| Street Address | | Street Address 246 Gaston Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Garfield NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. (862)262-8006 | | | | | | |
| Start Date (10) 12/26/2019 | | Scheduled Completion Date (11) 12/31/2019 | License No. 01369 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Rizov LLC | | | | | | | |
| <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 246 Gaston Ave. | | | | | | | |
| | | City, State, Zip Code Garfield NJ 07026 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| Living room- lower level | | x | | Popcorn Ceiling | 600 SF | x | | | |
| Bedroom- lower level | | x | | Popcorn Ceiling | 300 SF | x | | | |
| Dining room- upper level | | x | | Popcorn Ceiling | 300 SF | x | | | |
| Living room- upper level | | x | | Popcorn Ceiling | 400 SF | x | | | |
| Name of Registered Waste Hauler Rizov LLC | | NJDEP Waste Hauler ID No. 0037825 | | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Hills Landfill | | | | |
| City, State Garfield NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Aleksandra Rizova | | Title Owner | | Signature | | Date 12/16/2019 | | | |

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

CK 9080

| | | | | | | | |
|---|---|---|-------------------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 12/16/19 | | Name of Building Owner/Operator (2) MR. CHRISTOPHER HARRIS III | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code WEST MILFORD, N.J. 07480 Name of Contact MR. HARRIS III Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. CHRISTOPHER HARRIS III | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | | | | | |
| City (5) WEST MILFORD | | # of Floors 2 | | | | | |
| County (6) PASSAIC | | Bldg. Age 1945 | | | | | |
| 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) Best Removal Inc | | | | | |
| Street Address | | Street Address 450 South River St | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | | | | | |
| Telephone No. | | License No. 00388 | | | | | |
| Start Date (10) 12/30/19 | | Scheduled Completion Date (11) 1/6/20 | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM | | Name of OSHA Monitor Omega Environmental | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | Street Address 280 Huyler St | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code S. Hackensack, N.J. 07606 | | | | | |
| <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) BASEMENT | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 900 SF | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| | | VAT & MASTIC | | X | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 5.7 | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 1/6/20 | City, State NEWBURGH, PA. 17240 | | | | |
| Completed by J. MAIORANO | Title Estimator | Signature [Signature] | Date 12/16/19 | | | | |

ASB-41

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

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

Inv# 16887 PAID

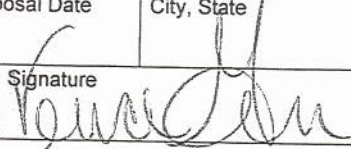
Check# 4000

| | | | | | | | | | | | | |
|--|--|--|---|---|---|--|--|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 16 / 19 | | | Name of Building Owner/Operator (2) Lockheed Martin, Inc. | | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 20 2019 </div> | | | | | | |
| 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 199 Borton Landing Road | | | | | | | | |
| | | | | City, State, Zip Code Moorestown, NJ 08057 | | | | | | | | |
| | | | | Name of Contact Brad Heim | | | | | Telephone Number 856-722-4657 | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Lockheed Martin | | | | | | 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 199 Borton Landing Road | | | | | | | | | | | | |
| City (5) Moorestown | | | | | | Square Feet 530,000 | # of Floors 2 | Bldg. Age 54 years | | | | |
| County (6) Burlington | | | County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) commercial/private/offices/labs | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental | | | ASCM No. | | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | | |
| Street Address 760 Pulaski Highway | | | | | Street Address 923 Haws Ave | | | | | | | |
| City, State, Zip Code Bear, DE 19701 | | | | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm Charles Styles | | | Telephone No. 302-326-2333 | | Telephone No. 610-239-9920 | | License No. 00398 | | | | | |
| Start Date (10) 1 / 1 / 20 | | Scheduled Completion Date (11) 12 / 31 / 20 | | | Name of OSHA Monitor Plymouth Environmental Co., Inc. | | | | | | | |
| 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 Time of Abatement: 7:00AM-11:00PM/____PM-____AM | | | | | Street Address 923 Haws Ave | | | | | | | |
| | | | | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| Bldgs. 101 102 103 104 105 108 109 127 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | floor tile/linoleum/mastic | | 30,000SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldgs. 101 102 103 104 105 108 109 127 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | pipe/fitting insulation | | 5,000LF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldgs. 101 102 103 104 105 108 109 127 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | fireproofing | | 5,000SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldgs. 101 102 103 104 105 108 109 127 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | transite | | 5,000SF | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management of Camden, Inc. | | | NJDEP Waste Hauler ID No. 39126 | | Cubic Yards of Waste 80 | | Name of Registered Landfill G.R.O.W.S. North Landfill / Fairless Landfill | | | | | |
| City, State Camden, NJ | | | | | Disposal Date various | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) James M. Kelly | | | Title Vice President | | Signature | | | | Date 12/16/19 | | | |

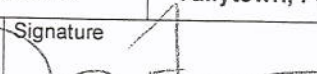
Inv # 16561
CK1099 PAID

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

ck # 158

| | | | | | | | | | |
|---|---|--|---|--|---|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 11 / 28 / 19 | | Name of Building Owner/Operator (2) Jay Johnson | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 20 2019 </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | |
| | | City, State, Zip Code Ventnor NJ | | | | Name of Contact Bob Mc Caughin | | | |
| | | | | | | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Resident | | | | 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 <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | | | | | |
| City (5) Ventnor | | | | Square Feet 1,500 | # of Floors 2 | | | | |
| County (6) Atlantic | | | | Bldg. Age 1952 | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC. | | | | | |
| Street Address | | | | Street Address 958 Jackson Rd | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Mays Landing, NJ 08330 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 609-561-1901 | License No. 01158 | | | | |
| Start Date (10) 12 / 09 / 19 | | Scheduled Completion Date (11) 12 / 30 / 19 | | Name of OSHA Monitor Graham-Tech Environmental Services, LLC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ _____ PM- _____ AM | | | | Street Address 958 Jackson Rd | | | | | |
| | | | | City, State, Zip Code Mays Landing, NJ 08330 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Front Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos Plaster Wall | 200SqFt | <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 Graham-Tech Environmental Service | | NJDEP Waste Hauler ID No. 0034500 | | Cubic Yards of Waste 30 | Name of Registered Landfill Pioneer Crossing | | | | |
| City, State | | | | Disposal Date | City, State | | | | |
| Completed By (Print or Type) Vernice Graham | | Title President | | Signature  | | Date 11-28-19 | | | |

RECEIVED
DEC 20 2019
- 37971
LUMINUS

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">12 / 17 / 19</div> | | Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc. | | DEC 20 2019 <div style="font-size: 2em; font-weight: bold;">37971</div> | | | | | | | |
| 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 P O Box 188 City, State, Zip Code Spring Lake, NJ 07762 Name of Contact Richard Hyde Telephone Number 732-762-7365 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| 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 and commercial buildings, homes, etc.) | | | | | | | | |
| Street Address [REDACTED] | | | Square Feet 2000 # of Floors 2 Bldg. Age 65 | | | | | | | | |
| City (5) Ship Bottom | | | County (6) Ocean County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residence | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCN No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-349-9932 License No. 00624 | | | | | | | |
| Start Date (10) <div style="text-align: center;">12 / 27 / 19</div> | | Scheduled Completion Date (11) <div style="text-align: center;">12 / 30 / 19</div> | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| 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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | |
| 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) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | asbestos siding | | 2200 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 Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 4 | | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | | | Disposal Date 12/30/19 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | | Date 12/17/19 | | | |

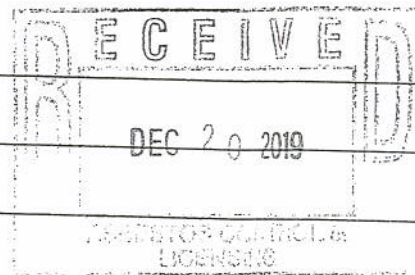
Inv# 16890 PAID

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

ck 9081

| | | | | | |
|---|--|---|---|--|-------------------|
| Date of Notification (1) 12/17/19 | | Name of Building Owner/Operator (2) GWS | | RECEIVED DEC 20 2019 | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 105 FRESH POND RD City, State, Zip Code JAMESBURG, NJ. 08831 Name of Contact MS. DARLENE BILU Telephone Number 732-297-4847 | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FP SCHMIDT MANUFACTURING | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 143 LEUNING ST. | | | Square Feet 6000 | | |
| City (5) S. HACKENSACK | | | # of Floors 1 | | Bldg. Age 1945 |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) MANUFACTURING Bldg | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Best Removal Inc | |
| Street Address | | | | Street Address 450 South River St | |
| City, State, Zip Code | | | | City, State, Zip Code Hackensack, N.J. 07601 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-329-7444 | |
| Start Date (10) 12/27/19 | | Scheduled Completion Date (11) 12/27/19 | | 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: 8:00 AM TO 5:00 PM | | | Name of OSHA Monitor Omega Environmental | | |
| 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 280 Huyler St | | |
| <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | City, State, Zip Code S. Hackensack, N.J. 07606 | | |
| <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) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| OUTSIDE BLDG | | ✓ | | TRANSITE PIPE | |
| | | | | Amount (Specify SF or LF) 25 LF | |
| | | | | Abatement Type Removal Repair Encapsulate Enclosure | |
| | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | | Cubic Yards of Waste 407 | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 12/30/19 | | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | |
| City, State NEW BURG, PA. 17240 | | Signature J. Maiorano | | Date 12/17/19 | |
| Completed by J. MAIORANO | | Title Estimator | | | |

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



| | | | | | | | | |
|--|--|---|--|--|----------------|---------|--------|-------------|
| Date of Notification (1) 12-16-2019 | | Name of Building Owner/Operator (2) Saint Peter's University | | | | | | |
| Agencies Notified | Type Notification | Street Address 2641 Kennedy Boulevard | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07306 | | | | | | |
| | | Name of Contact Anna DePaula | Telephone Number 201-761-7450 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) | | | | | | |
| Street Address 762 Montgomery 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) Jersey City, NJ 07306 | | Square Feet 50000 | # of Floors 2 | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Bldg. Age 75+ | | | | | | |
| 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 07306 | | | | | | |
| Telephone No. | | Telephone No. 201-333-8855 | License No. 01174 | | | | | |
| Start Date (10) 12-26-2019 | Scheduled Completion Date (11) 1-10-2020 | Name of OSHA Monitor Green Environmental services, LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 235 Virginia Avenue | | | | | | |
| <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 Jersey City, NJ 07306 | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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 |
| First Floor Throughtout | | X | Pipe Insulation | 143 LF | X | | | |
| First Floor Throughtout | | X | VAT | 4970 SF | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental services | | NJDEP Waste Hauler ID No. 0034889 | Cubic Yards of Waste 60 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Jersey City, NJ | | Disposal Date 1-10-2020 | | City, State Morrisville, PA | | | | |
| Completed by Liliana Serrano | | Title Office Manager | Signature <i>Liliana Serrano</i> | Date 12-16-2019 | | | | |

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

RECEIVED

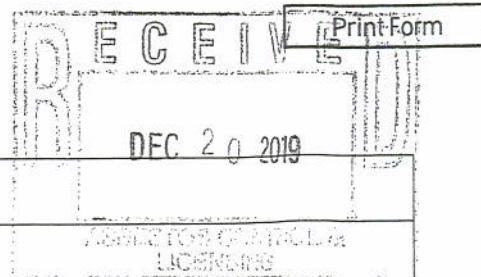
DEC 20 2019

INV # 10760
PAID
CK 3504

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|--|--|---|----|---|---------------------------|---|---------|--------|-------------|-----------|--|
| Date of Notification (1) 12/13/2019 | | Check#3504 | | Name of Building Owner/Operator (2) St John the Baptist Church | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 239 Anderson Avenue City, State, Zip Code Fairview, NJ 07022 Name of Contact Fr. Jose Gamba Telephone Number 201-945-4865 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St John the Baptist Church | | | | 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 239 Anderson Avenue | | | | Square Feet 6,000 | | | | | | | |
| City (5) Fairview, NJ | | | | # of Floors 2 | | | | | | | |
| County (6) BERGEN | | | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) Church | | | | | | | |
| 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 Gutenberg, NJ 07093 | | | | | | | |
| City, State, Zip Code | | Telephone No. 201-295-1700 | | License No. 01074 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Same as above | | | | | | | |
| Start Date (10) 12/13/2019 | | Scheduled Completion Date (11) 12/16/2019 | | Street Address | | | | | | | |
| 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: 5 PM | | | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 | |
| Church Corridor | | | x | | 9x9 Floor Tile-No Mastic- | 1,700 SF | x | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler EA Services Corporation | | NJDEP Waste Hauler ID No. 101278 | | Cubic Yards of Waste tbd | | Name of Registered Landfill Minerva Enterprises, Inc | | | | | |
| City, State Gutenberg, NJ | | Disposal Date tbd | | City, State Waynesburg, OH | | | | | | | |
| Completed by Gina Betances | | Title Office Manager | | Signature <i>Gina Betances</i> | | Date 12/13/2019 | | | | | |

Inv# 10811
CK 3508 PAID

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



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|---|--|---|--|---|--|
| Date of Notification (1) 12/16/2019 | | Check # 3508 | | Name of Building Owner/Operator (2) Windsor Bergen Academy | |
| Agencies Notified | | Type Notification | | Street Address 56 Passaic Street | |
| <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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Ridgewood, NJ 07450 | |
| Name of Contact Chris | | | | Telephone Number 201-312-8789 | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Windsor Bergen Academy | | | 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 56 Passaic Street | | | Square Feet 60,000 | | |
| City (5) Ridgewood | | | # of Floors 3 | | Bldg. Age 50+ |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) | | 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. | | License No. 01074 | |
| Start Date (10) 12/26/2019 | | Scheduled Completion Date (11) 12/28/19 | | Name of OSHA Monitor Same as above | |
| 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: AM | | | | Street Address | |
| | | | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Corridor | | x | | Pipe Ins-Wrap & Cut | 30 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|-------------------------------------|-------------------------|-----------------------------|---------------|---|------------------|
| Name of Registered Waste Hauler EA Services Corporation | | NJDEP Waste Hauler ID No. 101278 | | Cubic Yards of Waste tbd | | Name of Registered Landfill Minerva Enterprises, Inc | |
| City, State Guttenberg, NJ | | | | Disposal Date tbd | | City, State Waynesburg, OH | |
| Completed by Gina Betances | | | Title Office Manager | | Signature | | Date 12/16/19 |

12/13/2019 01:29PM 2013297440

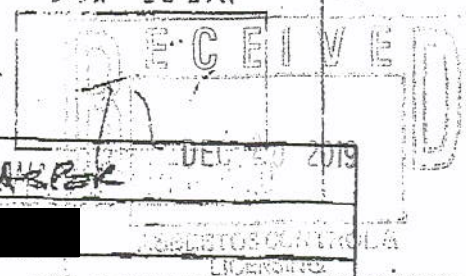
BEST REMOVAL INC

DOL - 10 DAY PAGE 02/04

CK 9078

Inv# 16764
OK 9078 PAID

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



| | | | | | |
|---|--|---|--|---|---|
| Date of Notification (1) 12/13/19 | | Name of Building Owner/Operator (2) MR. RUSSELL ASPER | | DECEMBER 2019 | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> ADOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Disposition | Street Address [REDACTED] Garfield, NJ, 07020 | | ASBESTOS CONTROL AGENCY | |
| Name of Contact MR. ASPER | | Telephone Number | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. RUSSELL ASPER | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 2100 | | |
| City (5) GARFIELD | | | # of Floors 2 | | |
| County (6) BERGEN | | | State Age 1935 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) RESIDENCE | | |
| Name of Abatement Firm Hired by Building Owner (8) | | ASBESTOS No. | | Name of Abatement Contractor (9) | |
| Street Address | | | | Best Removal Inc | |
| City, State, Zip Code | | | | 450 South River St Hackensack, N.J. 07601 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-329-7444 | |
| Start Date (10) 12/17/19 | | Scheduled Completion Date (11) 12/17/19 | | 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"/> Closed - Occupancy: 8:00 AM TO 5:00 PM | | Name of CM/PA Inspector Omega Environmental | | Street Address 280 Huyler St S. Hackensack, N.J. 07606 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 0-5 of or > 3 ft <input checked="" type="checkbox"/> > 100 of or > 200 ft | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Flexible Procedures | |
| Location of Asbestos-Containing Material (ACM) IN BASEMENT [REDACTED] (13) | Is Location Marked by Identification/Controlled Area? (12) | | Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LB) | Abatement Type Removal Repair Enclosure Enclosure |
| | Yes | No | | | |
| BASEMENT | | | THEMAL SYSTEM INSULATION | 40LF | |
| BASEMENT | | | THEMAL SURFACING | 48SF | |
| Name of Registered Waste Handler Best Removal Inc | | NJAS Waste Handler ID No. 17109 | | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 12/18/19 | | City, State NEWBURGH, PA. 17240 | |
| Completed by J. MAIORANO | | Estimator J. MAIORANO | | Date 12/13/19 | |

* Do not use this form for asbestos removal or abatement activities.

Inv# 116779

Proj. #: 19-276

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



| | | | |
|---|--|--|--|
| Date of Notification (1) 12/11/19 | | Name of Building Owner/Operator (2) Jackeline Dinas | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code elizabeth, NJ 07201 | |
| Name of Contact Jackeline Dinas | | Telephone Number [REDACTED] | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|-------------------|
| Name of facility where abatement is taking place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,900 SF | | |
| City (5) elizabeth, NJ 07201 | | | County (6) union | | # of Floors 02 |
| | | | County Code (7) (State use only) | | Bldg. Age 100 |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | | Current Use (Prior if being demolished) Residential | | |

| | | | | | |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 833-455-6629 | |
| Start Date (10) 12/14/19 | | Sched. Completion Date (11) 12/20/2019 | | License Number 02007 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor KLOMAX, LLC | |
| | | | | Street Address 309 W. End Ave | |
| | | | | City, State, Zip Code Hopatcong, NJ 07843 | |

Scope of Work (check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | 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 | | | | | | |
| Basement Boiler Room | | <input checked="" type="checkbox"/> | | Pipe Insulation | 30 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"/> |

| | | | |
|--|-----------------------------|-------------------------------|---|
| Registered Waste Hauler KLOMAX, LLC | NJDEP Hauler ID# 0038241 | Cubic Yards of Waste 1 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State Hopatcong, NJ 07843 | Disposal Date TBD | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) Paige Boylan | Title Owner | Signature [Signature] | Date 12/13/19 |

Pro. #: 19-276

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

DOL - 10 DAY

DEC 20 2019

Date of Notification (1)
12/13/19

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

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

Name of Building Owner/Operator (2)
Jackeline Dinas

Street Address
[REDACTED]

City, State, Zip Code
Elizabeth, NJ 07201

Name of Contact
Jackeline Dinas

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
Elizabeth, NJ 07201

County (6)
Union

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
1,900 SF

of Floors
02

Bldg. Age
100

Current Use (Prior if being demolished)
Residential

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
12/14/19

Sched. Completion Date (11)
12/20/2019

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
 Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ ≥ 3 sf or ≥ 3 ft
☐ ≥ 180 sf or ≥ 200 ft

☒ Renovation
☐ Demolition

Full Containment w/negative pressure
☒ Miniclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-Friable procedure

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Location of
asbestos-containing
material (acm) to be
abated in facility (13)

Is location normally used solely
by maintenance/custodial
staff (12)

Yes No N/A

Description of asbestos-containing
material (ACM)

Amount
(Specify SF or
LF)

| R | R | R | E |
|---|---|---|---|
| m | e | e | N |
| o | p | p | C |
| v | a | a | L |
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Basement Boiler Room

Pipe Insulation

30 LF

Registered Waste Hauler
KLOMAX, LLC

NJ DEP Hauler ID#
0038241

Cubic Yards of Waste
1 yds

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

Hopatcong, NJ 07843

Disposal Date

TBD

City, State

TULLYTOWN, PA

Completed by (Print or Type)

Paige Boylan

Title

Owner

Signature

Date

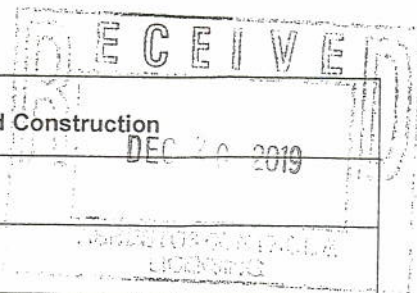
12/13/19

Do not use this form for asbestos [REDACTED] exempted activities.

NOCK

PAID

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



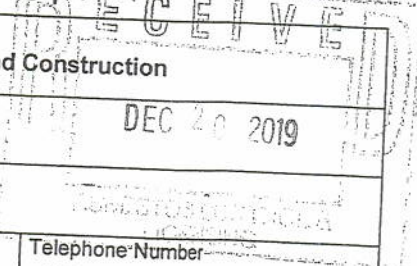
| | | | | | | | |
|--|---|---|-----------------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 2 / 19 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-12/16/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-New Residential College | | 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 Elm Drive & South Drive | | Square Feet # of Floors Bldg. Age 70 | | | | | |
| City (5) Princeton | | County (6) MERCER | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Office/Classrooms | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | | ASCM No. | | | | | |
| Street Address 1253 North Church Road | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | Street Address 1123 BEAVER STREET | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Telephone No. 609-386-8800 | | Telephone No. 215-788-6040 | | | | | |
| License No. 00509 | | Start Date (10) ON HOLD | | | | | |
| Scheduled Completion Date (11) / / | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: 7:00AM-6:30PM/ PM- AM | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code BRISTOL, PA 19007 | | Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Steam Pipe Insulation-Wrap & Cut | 1000 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill FAIRLESS LANDFILL | | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | City, State FAIRLESS HILLS, PA | | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature Brian Scafiro | Date 12-16-19 | | | | |

ASB-41
MAY 11 BS19151

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

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

Ch# 3658



| | | | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 2 / 19 | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 3084 <input checked="" type="checkbox"/> DOLWD 3060 <input checked="" type="checkbox"/> DHSS 3077 <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 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number 609-258-1841 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-New Residential College | | 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 Elm Drive & South Drive | | Square Feet | # of Floors | | | | | | |
| City (5) Princeton | | Bldg. Age 70 | | | | | | | |
| County (6) MERCER | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Office/Classrooms | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 1253 North Church Road | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 12 / 17 / 19 | Scheduled Completion Date (11) 12 / 31 / 19 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: 7:00AM-6:30PM/ PM- AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steam Pipe Insulation-Wrap & Cut | 1000 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill FAIRLESS LANDFILL | | | | | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State FAIRLESS HILLS, PA | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature Brian Scafiro / gr | | Date 12-2-19 | | | |

ASB-41
MAY 11 6519151

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

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

Date of Notification (1)

11 / 19 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & comml. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 N LABS

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

ASCM No.

104

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

12 / 3 /19
Month Day Year

Sched. Completion Date (11)

10 / 30 /20
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|---|--|------------------|--------|----------|----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| 1ST FLOOR ROOM C25, C25A, C25B | | | X | VAT & MASTIC | 650 SF | X | | | |
| 1ST FLOOR ROOM C25 | | | X | PIPE INSULATION/PIPE SADDLES | 5 LF | X | | | |
| 1ST FLOOR C25 | | | X | DUCT MASTIC | 2 SF | X | | | |
| 1ST FLOOR ROOM B37 | | | X | VAT & MASTIC | 145 SF | X | | | |
| 1ST FLOOR ROOM C29 | | | X | VAT & MASTIC | 80 SF | X | | | |
| 1ST FLOOR ROOM C19A | | | X | VAT & MASTIC | 140 SF | X | | | |
| 1ST FLOOR ROOM C19 | | | X | SOUND PROOFING PAPER BATTING | 100 SF | X | | | |
| 1ST FLOOR ROOM C19 & C19A | | | X | PIPE INSULATION/PIPE SADDLES | 9 LF | X | | | |
| 1ST FLOOR ROOM C25 | | | X | BENCH TOP | 150 SF | X | | | |
| 1ST FLOOR ROOM B37 | | | X | SINK MASTIC COATING | 35 SF | X | | | |
| 1ST FLOOR ROOM B37 | | | X | PIPE INSULATION | 8 LF | X | | | |
| 1ST FLOOR ROOM C31 | | | X | PIPE INSULATION/PIPE SADDLES | 5 LF | X | | | |
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY | NJDEP Waste Hauler ID No. 15939 | | | Cubic Yards of Waste 30 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752 | | | | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | | | Disposal Date 11/25/19-10/30/2020 | Signature | Date 11/19/19 | | | |

Inv 16902
CK Blaga

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

PAID

RECEIVED
DEC 20 2019
ASBESTOS CONTROL & LICENSING
Telephone Number
732-431-7760

| | | | |
|---|---|--|--|
| Date of Notification (1) 12/17/19 | | Name of Building Owner / Operator (2) County of Monmouth | |
| Agencies Notified | Type Notification | Street Address Special Services Complex, 2nd Flr, 300 Halls Mill Road | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State & Zip Code Freehold, NJ 07728 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Casey Hornstra | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Emergency | Telephone Number 732-431-7760 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|-------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Monmouth County Courthouse | | | Type of Facility (4) | | |
| Street Address 71 Monument Road | | | <input type="checkbox"/> School (K-12) | | |
| City (5) Freehold | | | <input type="checkbox"/> Subchapter 8 (Other than K-12) | | |
| County (6) Monmouth | | | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| County Code (7) | | | Square Feet 45000 | # of Floors 3 | Bldg. Age 55+ |
| Current Use (Prior it being demolished) | | | | | |

| | | | | |
|--|---|--|--|--------------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) NV5 | | ASCM No. 00030 | Name of Abatement Contractor (9) Bristol Environmental, Inc. | |
| Street Address 850 Bear Tavern Road | | Street Address 1123 Beaver Street | | |
| City, State & Zip Code Trenton, NJ 08628 | | City, State & Zip Code Bristol, PA 19007 | | |
| Project Manager for Monitoring Firm Ryan Broadwater | | Telephone Number 609-323-2555 | Telephone Number (215) 788-6040 | License Number 00509 |
| Scheduled Start Date (10) 12/27/19 | Scheduled Completion Date (11) 12/28/19 | | Name of OSHA Monitor Bristol Environmental Inc. | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 1123 Beaver Street | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | City, State & Zip Code Bristol, PA 19007 | |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:00pm-1:00am | | | | |
| <input type="checkbox"/> Facility Occupied During Abatement | | | | |

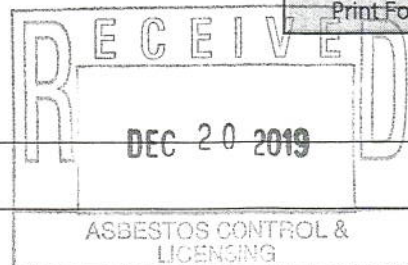
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥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) <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 SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Fifth Floor Mechanical Loft, West Side | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation fittings | 9 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"/> |
| | <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 Service Transport Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 1/4 Cu Yd | Name of Registered Landfill Minerva Landfill | |
| City, State Yardley, PA | | Disposal Date 12/28/19 | City, State Waynesburg, OH | | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni</i> | | Date 12/17/19 |

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



| | | | |
|--|---|---|----------------------------------|
| Date of Notification (1) 12/17/19 <i>Inv 16901</i> | | Name of Building Owner/Operator (2) TFE Properties | |
| Agencies Notified | Type Notification | Street Address 399 Monmouth Street | ASBESTOS CONTROL & LICENSING |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code East Windsor, NJ 08520 | |
| | | Name of Contact TFE Properties | Telephone Number 609-944-4023 |

FACILITY INFORMATION

| | | | |
|--|--|---|---------------------|
| Name of Facility Where Abatement is Taking Place (3) The Jewelry Exchange, 1 Woodbridge Center | | 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 1 Woodbridge Center | | Square Feet | # of Floors |
| City (5) Woodbridge | | 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) | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | |
| Street Address | | Street Address 6 WHITE DOVE COURT | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 |
| Start Date (10) 12/31/19 | Scheduled Completion Date (11) 1/3/20 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | |
| 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: _____ | | Street Address 6 WHITE DOVE COURT | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | |

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" 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) 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 |
| 1ST FLOOR BATHROOM | | | | SPRAY ON INSULATION | 30SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---------------------------|-------------------------------------|
| Name of Registered Waste Hauler NEWARK CARTING | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill IESI |
| City, State NEWARK, NJ | | Disposal Date 1/3/20 | City, State BETHLEHEM PA |
| Completed by JOSEPH PERLSTEIN | Title OWNER | Signature | Date 12/17/19 |

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

| |
|------------------------------|
| Print Form |
| RECEIVED |
| DEC 20 2019 |
| ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | |
|--|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/17/19 <i>Inv-16900</i> | | Name of Building Owner/Operator (2) Homeshield Solutions LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 585 Prospect Street, Unit 301A | | | | | | | |
| <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 Lakewood, NJ 08701 | | | | | | | |
| | | Name of Contact Homeshield Solutions LLC | Telephone Number 732-226-3000 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Passaic | County (6) Passaic | County Code (7) (STATE USE ONLY) <i>07055</i> | Current Use (Prior if being demolished) home | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732-668-9078 | | | | | | |
| | | | License No. 1200 | | | | | | |
| Start Date (10) 12/27/19 | Scheduled Completion Date (11) 12/30/19 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| 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: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| INTERIOR | | | | PIPE INSULATION | 40LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 12/30/19 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 12/17/19 | | | |

CK 1315

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:26)

| |
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| Print Form |
| RECEIVED |
| DEC 20 2019 |
| ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | |
|--|--|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/17/19 <i>Inv-14828</i> | | Name of Building Owner/Operator (2) Anthony Garbarini | | | | | | | |
| 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 North Plainfield, NJ | | | | | | | |
| | | Name of Contact Anthony Garbarini | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) North Plainfield | | Bldg. Age | | | | | | | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 12/17/19 | Scheduled Completion Date (11) 12/18/19 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| 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: | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| 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 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 |
| INTERIOR | | | | PIPE | 10SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 12/18/19 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 12/17/19 | | | |