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

CHECK# 1670

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & ING

Date of Notification (1) 12/16/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC	
Agencies Notified ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended Amendment #_____ ☑ Emergency (including justification) ☐ Cancellation	Street Address 2000 MAPLEWOOD DRIVE City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact MAUREEN WILLIAMS	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2000 MAPLEWOOD DRIVE			
City (5) MAPLE SHADE		Square Feet 800	# of Floors 1
			Bldg. Age 50+
County (6) CAMDEN	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS	

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.	ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA	Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145
Start Date (10) 12/19/2016	Scheduled Completion Date (11) 12/21/2016	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: UNIT VACANT DURING REMOVAL		Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
11D IVY			X	JOINT COMPOUND	120 SF	X			
48C MAPLEWOOD			X	JOINT COMPOUND	120 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ		Disposal Date 10/27/2016	City, State WAYNESBURG, OH

Completed by RON SWANSON	Title GENERAL MANAGER	Signature Ronald Swanson	Date 12/16/2016

ASB-41 (R-06-08)

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

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

CHECK# 1670

RECEIVED DEC 22 2016 CONTROL ENG

Date of Notification (1): 12/16/2016	Name of Building Owner/Operator (2): MAPLEWOOD III LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 2000 MAPLEWOOD DRIVE
	City, State, Zip Code: MAPLE SHADE NJ 08052
	Name of Contact: MAUREEN WILLIAMS — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PARK CROSSING APARTMENT HOMES		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 2000 MAPLEWOOD DRIVE			
City (5): MAPLE SHADE		Square Feet: 800	# of Floors: 1 — Bldg. Age: 50+
County (6): CAMDEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENTIAL APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8): ACER ASSOC.	ASCM No.	Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address: 1D12 INDUSTRIAL DRIVE		Street Address: 570 CLEMS RUN	
City, State, Zip Code: WEST BERLIN NJ 08091		City, State, Zip Code: MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm: MATT DEPALMA	Telephone No.: 856-809-1202	Telephone No.: 610-304-4676	License No.: 01145
Start Date (10): 12/19/2016	Scheduled Completion Date (11): 12/21/2016	Name of OSHA Monitor: EMSL	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: UNIT VACANT DURING REMOVAL		Street Address: 200 RT. 130 NORTH	
		City, State, Zip Code: CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf / ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
11D IVY			X	JOINT COMPOUND	120 SF	X			
48C MAPLEWOOD			X	JOINT COMPOUND	120 SF	X			

Name of Registered Waste Hauler: ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No.: 0034895	Cubic Yards of Waste: 12	Name of Registered Landfill: MINERVA LANDFILL
City, State: MULLICA HILL NJ		Disposal Date: 10/27/2016	City, State: WAYNESBURG, OH
Completed by: RON SWANSON	Title: GENERAL MANAGER	Signature: [signature]	Date: 12/16/2016

AB3-41 (R-05-03)

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

CL 38866

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/19/2016	Name of Building Owner/Operator (2): Slava Grigorian
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Little Silver, NJ, 07739
	Name of Contact: Slava Grigorian — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private House	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Little Silver	Square Feet: — # of Floors: — Bldg. Age:
County (6): Monmouth — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): House
Name of Monitoring Firm Hired by Building Owner (8): Brinkerhoff Environmental Services Inc. — ASCM No.: 00100	Name of Abatement Contractor (9): Savic Construction Corp
Street Address: 1805 Atlantic Avenue	Street Address: 205 Route 46 Suite 15
City, State, Zip Code: Manasquan, NJ 08736	City, State, Zip Code: Totowa, NJ 07512
Project Manager for Monitoring Firm: Jason P. Hooper — Telephone No.: 732-223-2225	Telephone No.: 973-339-9735 — License No.: 01034
Start Date (10): 12/21/2016 — Scheduled Completion Date (11): 12/22/2016	Name of OSHA Monitor: Savic Construction Corp
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: 205 Route 46 Suite 15 — City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf
☐ Renovation ☒ Demolition
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Kitchen			X	linoleum	260 SF	x			
Basement			X	linoleum	100 SF	X			

Name of Registered Waste Hauler: Savic Construction Corp	NJDEP Waste Hauler ID No.: 32253	Cubic Yards of Waste: 10 yr	Name of Registered Landfill: GROWS
City, State: Totowa NJ		Disposal Date	City, State: Morriseville, PA
Completed by: Milos Savic	Title: Project Manager	Signature: Milos Savic	Date: 12/19/2016

ASB-41 (R-06-08)

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

CK# 4129

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12-17-16	Name of Building Owner/Operator (2): PINELANDS CONSTRUCTION
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 300 77TH ST.
	City, State, Zip Code: SEA ISLE CITY N.J. 08243
	Name of Contact: FRANK C — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): SEA ISLE CITY	Square Feet: 1500 — # of Floors: 1 — Bldg. Age: 50 +
County (6): CAPE MAY — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 856-779-0472 — License No.: 00444
Start Date (10): 12-28-16 — Scheduled Completion Date (11): 1-5-16	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: — City, State, Zip Code:

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf — ☐ Renovation ☒ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
SIDING			X	TRANSITE	3000 SF	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C.M.U.-A.
City, State: MAPLE SHADE NJ 08052		Disposal Date:	City, State: WOODBINE N.J

Completed By: MICHAEL KLEMM	Title: SUP.	Signature:	Date: 12-17-16

ASB-41

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

CK # 4129

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12-17-16	Name of Building Owner/Operator (2): D. K. C CONTRACTORS
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 661 RT 9
	City, State, Zip Code: CAPE MAY N.J 08204
	Name of Contact: KIEL
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): STONE HARBOR	Square Feet: 1500 # of Floors: 2 Bldg. Age: 50+
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S. SPRUCE AVE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 856-779-0472 License No.: 00444
Start Date (10): 12-27-16 Scheduled Completion Date (11): 1-4-16	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: City, State, Zip Code:

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf
☐ Renovation ☒ Demolition
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-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
SIDING			X	TRANSITE	2750 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 2 YDS	Name of Registered Landfill: C. M. C. M. U. A
City, State: MAPLE SHADE N.J		Disposal Date:	City, State: WOODBINE

Completed By: MICHAEL KLEMM	Title: SUP.	Signature:	Date: 12-17-16

ASB-41

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

L

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check # 9303
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 12/15/16	Name of Building Owner/Operator (2): NOEL LOVE GROSS TRUSTEE U/W/O LAST WILL AND TESTAMENT OF NOEL GROSS TRUST
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment # ____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: C/O NIA NATIONAL REALTY INC 66 RT 17 NORTH
	City, State, Zip Code: PARAMUS, NJ 07652
	Name of Contact: ROGER GROSS — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): BINGHAMTON FERRY BOAT	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 5 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 715 RIVER ROAD	Square Feet: 8,800 — # of Floors: 1 — Bldg. Age: 112
City (5): ENGLEWATER	Current Use (Prior if being demolished): DEMO / BOAT
County (6): BERGEN — County Code (7) (STATE USE ONLY): ____	

Name of Monitoring Firm Hired by Building Owner (8) — ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address	Street Address: 155 Vreeland Ave.
City, State, Zip Code	City, State, Zip Code: Midland Park, N.J.
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 201-262-5841 — License No.: 00156
Start Date (10): 12/21/16 — Scheduled Completion Date (11): 3/31/17	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____	Street Address: 280 Huyler Street
	City, State, Zip Code: Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
ROOF			X	ROOFING	8,800 SF	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 120	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date: 12/16 ou	City, State: Pen Argyl, PA 08072
Completed by: R. McDonald	Title: President	Signature: R McDonald	Date: 12/15/16

ABB-41 (R-05-03)

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

L

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check # 9305
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 12/16/16	Name of Building Owner/Operator (2): ESTATE OF WARREN NELSON SR.
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Lodi NJ 07644
	Name of Contact: WAYNE
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOUSE	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): FAIRLAWN	Square Feet: 1400 # of Floors: 2 Bldg. Age: 62
County (6): BERGEN	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): RES

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address		Street Address: 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code: Midland Park, N.J.	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5941	License No.: 00156
Start Date (10): 12/16/16	Scheduled Completion Date (11): 12/20/16	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: ____		Street Address: 260 Huyler Street	
		City, State, Zip Code: Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
BASEMENT			X	VAT	444SF	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 2	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date: 12/16/16	City, State: Pen Argyl, PA 08072
Completed by: R. McDonald	Title: President	Signature: R. McDonald	Date: 12/16/16

ASB-41 (R-06-02)

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

CK2950

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/14/16 Check #2950	Name of Building Owner/Operator (2): Windsor Prep School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 60 West Midland Avenue
	City, State, Zip Code: Paramus, NJ 07652
	Name of Contact: Andre — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Windsor Prep School	Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 60 Midland Avenue	
City (5): Paramus	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
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): N/A — ASCM No.:	Name of Abatement Contractor (9): EA Services Corpotation
Street Address:	Street Address: 426 69th Street
City, State, Zip Code:	City, State, Zip Code: Guttenber, NJ 07093
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 201-295-1700 — License No.: 01074
Start Date (10): 12/30/2016 — Scheduled Completion Date (11): 12/31/2016	Name of OSHA Monitor: Same as above
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address: ____ City, State, Zip Code: ____

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
Basement-Boiler Room		X		Pipe Insulation	8 SF		X		
Janitor Closet-2nd Floor		X		Pipe Ins	6 LF		X		

Name of Registered Waste Hauler: Freehold Carting	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: tbd	Name of Registered Landfill: Cumberland Landfill
City, State: Freehold, NJ		Disposal Date: tbd	City, State: Newburg, PA

Completed by: Gina Betances	Title: Office Manager	Signature: [signature]	Date: 12/14/2016

ASB-41 (R-06-08)

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

Ck 2949

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/14/16 Check #2949	Name of Building Owner/Operator (2): St Peter Prep School
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 144 Grand Street
	City, State, Zip Code: Jersey City, NJ 07302
	Name of Contact: Kevin Arvind — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): St Peter Prep School			Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 144 Grand Street			
City (5): Jersey City		Square Feet	# of Floors / Bldg. Age
County (6): HUDSON	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EA Services Corpotation	
Street Address:		Street Address: 426 69th Street	
City, State, Zip Code:		City, State, Zip Code: Guttenber, NJ 07093	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-295-1700	License No.: 01074
Start Date (10): 12/29/2016	Scheduled Completion Date (11): 12/30/2016	Name of OSHA Monitor: Same as above	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: / City, State, Zip Code:	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☒ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
Hallway		x		Pipe Insulation	3 LF		X		
Pantry-Basement		x		Pipe Ins	3 LF		X		

Name of Registered Waste Hauler: Freehold Carting	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: tbd	Name of Registered Landfill: Cumberland Landfill
City, State: Freehold, NJ		Disposal Date: tbd	City, State: Newburg, PA

Completed by: Gina Betances	Title: Office Manager	Signature: BDuas	Date: 12/14/2016

ASB-41 (R-06-08)

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

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

Date of Notification (1): 12/16/16	Name of Building Owner/Operator (2): c/o JHC Industrial Services LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 96 Porete Ave *
	City, State, Zip Code: North Arlington, NJ 07031
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 3 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 233 Canoe Brook Rd	
City (5): Short Hills, NJ	Square Feet: 10,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Union	County Code (7) (STATE USE ONLY): _____ / Current Use (Prior if being demolished): Commercial Bldg

Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): Harmony Contracting Inc
Street Address: n/a		Street Address: 360 Palisade Ave
City, State, Zip Code: n/a		City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973460.6026 / License No.: 01255
Start Date (10): 12/19/16	Scheduled Completion Date (11): 01/10/16	Name of OSHA Monitor: Harmony Contracting Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 360 Palisade Ave
		City, State, Zip Code: Garfield, NJ 07026

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
ENTIRE STRUCTURE TO BE DISPOSED AS ACM				ENTIRE STRUCTURE TO BE DISPOSED AS ACM					

Name of Registered Waste Hauler: Rovic Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TBD	Name of Registered Landfill: TBD
City, State: Riverdale, NJ		Disposal Date: TBD	City, State: TBD

Completed by: Kristina Caporino	Title: Secretary	Signature: Kristina Caporino	Date: 12/16/16

ASB-41 (R-06-08)

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

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

Date of Notification (1) 12/16/16	Name of Building Owner/Operator (2) 210 MAIN URBAN RENEWAL, LLC
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address PO BOX 627
	City, State, Zip Code RIDGEWOOD NJ 07451
	Name of Contact DAVID WILLIAMS — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 210 MAIN URBAN RENEWAL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address 210 MAIN	
City (5) HACKENSACK — Square Feet 11450 — # of Floors 10 — Bldg. Age 80	
County (6) BERGEN — County Code (7) (STATE USE ONLY) — Current Use (Prior if being demolished) VACANT MIXED COMMERCIAL	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address		Street Address 185 Vreeland Ave.
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5641 — License No. 00156
Start Date (10) 12/19/16	Scheduled Completion Date (11) 12/21/16	Name of OSHA Monitor Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address 280 Huyler Street
		City, State, Zip Code Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted Friable 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
1ST FL			X	PIPE	15LF	X			
2ND FL			X	PIPE	15LF	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date 12/17/16	City, State: Pen Argyl PA 18072
Completed by: R. McDonald	Title: President	Signature: R McDonald	Date: 12/16/16

ASB-41 (R-05-03)

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

RECEIVED
DEC 22 2016
Check # 9306
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/16/16	Name of Building Owner/Operator (2): 210 MAIN URBAN RENEWAL	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☒ Amended Amendment # 1 ☒ Emergency (including justification) ☐ Cancellation	Street Address: PO BOX 627 City, State, Zip Code: RIDGEWOOD NJ 07451 Name of Contact: DAVID WILLIAMS	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 210 MAIN URBAN RENEWAL Street Address: 210 MAIN	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
City (5): HACKENSACK	Square Feet: 11,450	# of Floors: 10	Bldg. Age: 80
County (6): BERGEN	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT UNDER CONSTRUCTION	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address		Street Address: 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code: Midland Park, N.J.	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 12/19/16	Scheduled Completion Date (11): 12/21/16	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 280 Huyler Street City, State, Zip Code: Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
1ST FL			X	PIPE	15LF	X			
1ST FL			X	PIPE	15LF	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 1	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date: 12/17/16	City, State: Pen Argyl, PA 08072

Completed by: R. McDonald	Title: President	Signature: R McDonald	Date: 12/16/16

ASB-41 (R-06-08)

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

CK17997

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): December 8, 2016	Name of Building Owner/Operator (2): Entact LLC
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 1 12/19/16 [x] Emergency (including justification) [ ] Cancellation
	Street Address: 51-99 Pacific Avenue
	City, State, Zip Code: Jersey City, NJ 07305
	Name of Contact: Jonathan Intrieri — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Commercial Space	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 51-99 Pacific Avenue	
City (5): Jersey City	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Hudson — County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Manufacturing / Offices

Name of Monitoring Firm Hired by Building Owner (8): AECOM	ASCM No.: no applicable	Name of Abatement Contractor (9): Abatement Unlimited, Inc.
Street Address: 30 Knightsbridge Road, Suite 520		Street Address: 4332 Bullard Avenue
City, State, Zip Code: Piscataway, NJ 08854		City, State, Zip Code: Bronx, NY 10644
Project Manager for Monitoring Firm: Mark Conners — Telephone No.		Telephone No.: 718 994-1374 — License No.: 01067
Start Date (10): 12/15/16 — Scheduled Completion Date (11): 6/30/17		Name of OSHA Monitor: Abatement Unlimited, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: exterior isolated area		Street Address: 4332 Bullard Avenue — City, State, Zip Code: Bronx, NY 10466

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] 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 Ground				Pipe Insulation	50 LF	X			
ADD'L LF				Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler: Freehold Cartage Inc.	NJDEP Waste Hauler ID No.: NJ-913	Cubic Yards of Waste: 1000	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Pen Argyl, PA 18072

Completed by: John Barone	Title: Senior Project Manager	Signature	Date: 12/19/16

ASB-41 (R-06-08)

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

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

OK 3884

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12/19/16	Name of Building Owner/Operator (2): MR. STEPHEN CATANIA	
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: BLOOMFIELD NJ 07003
		Name of Contact: MR. CATANIA Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR. STEPHEN CATANIA		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]		
City (5): BLOOMFIELD	Square Feet: 2100 / # of Floors: 2 / Bldg. Age: 1940	
County (6): ESSEX	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc
Street Address		Street Address: 450 South River Street
City, State, Zip Code		City, State, Zip Code: Hackensack, NJ 07601
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444 / License No.: 00388
Start Date (10): 12/30/16	Scheduled Completion Date (11): 12/31/16	Name of OSHA Monitor: Omega Environmental
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 7:00AM TO 5:00 PM		Street Address: 280 Huyler Street / City, State, Zip Code: South Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf
☑ Renovation ☐ Demolition
☐ Full Containment with Negative Pressure ☑ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
BASEMENT				THERMAL SYSTEMS INSULATION	90 LF	X			
BASEMENT				VAT	80 SF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 2/20	Name of Registered Landfill: Minverva Enterprises, LLC
City, State: Hackensack, NJ 07601		Disposal Date: 1/3/17	City, State: Waynesburg, OH 44688

Completed by: J. Maiorano	Title: Estimator	Signature: J. Maiorano	Date: 12/19/16

ASB-41 (R-06-08)

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

Check # 392

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 12/16/16	**Name of Building Owner/Operator (2)** **Ford 88 LLC**
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☒ DEP ☒ DOH Notification Type ☒ Initial notification ☐ Amended ☐ Emergency notification ☐ Cancelled	Street Address **400 Morris Avenue, Suite 276** City, State, .Zip Code **Denville, NJ 07836** Name of Contact: Jeffrey T. Barnish Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Commercial Building**	Type of Facility (4) ☐ School (K-12) ☐ **Subchapter 8 (other than K-12)** ☒ Other (i.e. private & commercial buildings, homes, etc. Sf **105,000** Floors **1** .Age;**55** Current Use (prior if being demolished) :
Street Address **88 Ford Road, Unit 88-24**	
City (5) Denville County (6) **Morris** County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A ASCM No.	Name of Contractor (9) **BL Contracting ,Inc**
Street Address	Street Address **5 Marguerite Lane**
City, State, Zip Cod	City State, Zip Code **Towaco 07082**
Projec Manager for Monitoring Firm Telephone Number	Telephone Number **973-901-0153** License Number **01265**
Scheduled Start Date (10) **12/27/2017** Scheduled Completion Date (11) **01/03/17**	Name of OSHA Monitor **BL Contracting Inc.**
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:	Street Address **5 Marguerite Lane** City, State, Zip Code **Towaco, NJ 07082**

Source of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

O Non Exampted and Non Friable Procedure
☒ Mini-Enclosure
Glove bag Procedure
☐ Full Containment with Negative Pressure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
First floor			☒	**Pipe Insulation**	**156 LF**	☒			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Registered Landfill
Waste Management of Pennsylvania	0036784	3	T.R.R.F

Disposal Date	City, State
01/03/17	Tullytown, PA

Completed by (Print or Type)	Title	Signature	Date
Nedo Vasilic	President	Nedo Vasilic	12/16/2016

CK9300

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

Date of Notification (1): 12/14/16	Name of Building Owner/Operator (2): OR SCHEINER
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment # ____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 330 EAST BROAD STREET
	City, State, Zip Code: WESTFIELD NJ 07090
	Name of Contact: TED B
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): OR SCHEINER	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 6 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 330 E. BROAD ST.	
City (5): WESTFIELD	Square Feet: 3000 # of Floors: 2 Bldg. Age: 60
County (6): UNION	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): OFFICE

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address		Street Address: 185 Vreeland Ave.
City, State, Zip Code		City, State, Zip Code: Midland Park, N.J.
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-6841 License No.: 00156
Start Date (10): 12/14/16	Scheduled Completion Date (11): 12/17/16	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____		Street Address: 280 Huyler Street
		City, State, Zip Code: Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf [X] Renovation [ ] Demolition [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2ND FLOOR			X	CLEAN UP PLASTER	1100 SF		X	X	
OUTSIDE			X	30 YD DUMPSTER	30YDS	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 30	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date: 12/14/16 ow	City, State: Pen Argyl, PA 08072

Completed by: R. McDonald	Title: President	Signature: [signature]	Date: 12/14/16

ASB-11 (N.08-08)

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

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING
Check # 9298

CK9298

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

Date of Notification (1): 12/13/16	Name of Building Owner/Operator (2): BOB CHEXSI	
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: RIDGEWOOD, N.J 07450
		Name of Contact: BOB CHEXSI
		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: [redacted]			
City (5): RIDGEWOOD		Square Feet: 2,500	# of Floors: 2 / Bldg. Age: +50
County (6): BERGEN	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): A.MAC Contracting Inc.	
Street Address		Street Address: 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code: Midland Park, NJ	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (201)252-5841	License No. 00156
Start Date (10): 12/13/16	Scheduled Completion Date (11): 12/20/16	Name of OSHA Monitor: Omega Environmental Services	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address: 280 Huyler St.	
		City, State, Zip Code: Hackensack, NJ 07606	

Scope of Work (Check All That Apply): ☒ 3/3 of N-23 # 2180(a) or #250 ff ☐ ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Friable (*) 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
BASEMENT			/	PIPE INSULATION	55LF	✓			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04609	Cubic Yards of Waste: 1	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State: Newark, NJ		Disposal Date: 12/13/16	City, State: Bethlehem, PA
Completed by: Joseph Vocaturo	Title: Vice President	Signature: [signature]	Date: 12/13/16

* Do not use this form for asbestos licensure exempted activities

CK# 3061

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

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12/20/16	Name of Building Owner/Operator (2): Pavlow Residence
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Asbury Park, New Jersey
	Name of Contact: Frank
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Pavlow Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	Square Feet: 1800 | # of Floors: 2 | Bldg. Age: 75+
City (5): Asbury Park	
County (6): Monmouth	County Code (7) (STATE USE ONLY): _____
	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	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
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732 294 1757 | License No.: 00029
Start Date (10): 12/29/16	Scheduled Completion Date (11): 1/4/17	Name of OSHA Monitor: Mark Davis
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: 7AM-7PM		Street Address: 87 Maple St Suite A
		City, State, Zip Code: Lincoln Park, New Jersey 07035

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[ ] Renovation
[X] Demolition
[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
First Floor (ducts)			X	Asbestos paper	40 LF	X			

Name of Registered Waste Hauler: Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 1	Name of Registered Landfill: Grows Landfill
City, State: Colts Neck, New Jersey		Disposal Date: 1/4/17	City, State: Bethlehem PA

Completed by: Bree McGuire	Title: Secretary Treasurer	Signature: [signature]	Date: 12/20/16

ASB-41 (R-06-08)

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

Print Form

CHL0776500593

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

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12/16/2016	Name of Building Owner/Operator (2): Karen Brain
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Hawthorne, NJ 07506
	Name of Contact: Karen Brian — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]			
City (5): Hawthorne	Square Feet: N/A	# of Floors: N/A	Bldg. Age: N/A
County (6): Passaic	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): House

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): D&S Abatement, Inc.	
Street Address		Street Address: 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code: Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-345-8685	License No.: 01311
Start Date (10): 12/29/2016	Scheduled Completion Date (11): 12/30/2016	Name of OSHA Monitor: D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: occupied		Street Address: 11 Rosengren Avenue City, State, Zip Code: Totowa, NJ 07512	

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
basement		X		pipe insulation	160 LF	X			

Name of Registered Waste Hauler: D&S Abatement, Inc.	NJDEP Waste Hauler ID No.: 20996	Cubic Yards of Waste: TBD	Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ		Disposal Date: TBD	City, State: Tullytown, PA

Completed by: Ned Joksimovic	Title: Project Manager	Signature: [signature]	Date: 12/16/2016

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

CK Ldc59

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/16/2016	Name of Building Owner/Operator (2): County of Essex
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 900 Bloomfield Avenue
	City, State, Zip Code: Verona, NJ
	Name of Contact: Mr. Sanjeev Vargheese — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Newark,	Square Feet: 1500 — # of Floors: 2 — Bldg. Age: 80
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): Iris Environmental Laboratories — ASCM No.: N/A		Name of Abatement Contractor (9): DIA General Construction, Inc.
Street Address: 2333 Route 22 West		Street Address: 1360 Clifton Avenue, PMB Suite 218
City, State, Zip Code: Union, NJ 07083		City, State, Zip Code: Clifton, NJ 07012
Project Manager for Monitoring Firm: Rick Eustaquio — Telephone No.: 908-206-0073		Telephone No.: 973-389-0089 — License No.: 00693
Start Date (10): 12/30/2016	Scheduled Completion Date (11): 1/31/2017	Name of OSHA Monitor: DIA General Construction, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1360 Clifton Avenue, PMB Suite 218 — City, State, Zip Code: Clifton, NJ 07012

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Through out			X	Plaster	6,000 SF	X			
						X			
						X			

Name of Registered Waste Hauler: Service Transport Group	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 60 CY	Name of Registered Landfill: Minerva Landfill
City, State: New Castle, DE 19720		Disposal Date: 1/31/2017	City, State: Waynesburg, OH 44688

Completed by: Krutarth Jagad	Title: Project Manager	Signature: [signature]	Date: 12/16/2016

ASB-41 (R-06-08)

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

CK16658

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/16/2016	Name of Building Owner/Operator (2): County of Essex
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 900 Bloomfield Avenue
	City, State, Zip Code: Verona, NJ
	Name of Contact: Mr. Sanjeev Vargheese — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Newark,	Square Feet: 1,500 — # of Floors: 2 — Bldg. Age: 80
County (6): Essex — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Iris Environmental Laboratories — ASCM No.: N/A	Name of Abatement Contractor (9): DIA General Construction, Inc.
Street Address: 2333 Route 22 West	Street Address: 1360 Clifton Avenue, PMB Suite 218
City, State, Zip Code: Union, NJ 07083	City, State, Zip Code: Clifton, NJ 07012
Project Manager for Monitoring Firm: Rick Eustaquio — Telephone No.: 908-206-0073	Telephone No.: 973-389-0089 — License No.: 00693
Start Date (10): 12/30/2016 — Scheduled Completion Date (11): 1/31/2017	Name of OSHA Monitor: DIA General Construction, Inc.
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 1360 Clifton Avenue, PMB Suite 218 — City, State, Zip Code: Clifton, NJ 07012

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Through out			X	Plaster	6,000 SF	X			
Exterior			X	Transite Siding	6,000 SF	X			
						X			

Name of Registered Waste Hauler: Service Transport Group — NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 90 CY	Name of Registered Landfill: Minerva Landfill	
City, State: New Castle, DE 19720	Disposal Date: 1/31/2017	City, State: Waynesburg, OH 44688	
Completed by: Krutarth Jagad	Title: Project Manager	Signature: [signature]	Date: 12/16/2016

ASB-41 (R-06-08)

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

CK 110294

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

check # 11029

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 12 / 21 / 16	Name of Building Owner/Operator (2): Landmark Health Care Facilities, LLC	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 839 N. Jefferson Street - Suite 600
		City, State, Zip Code: Milwaukee, WI 53202
		Name of Contact: Willliam Komlo
		Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Deborah Heart & Lung - Elichman Pavillion			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 200 Trenton Road			
City (5): Browns Mills		Square Feet: 30,000	# of Floors: 1 / Bldg. Age: 50+
County (6): Burlington	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): Health Care

Name of Monitoring Firm Hired by Building Owner (8): Pennoni	ASCM No.: 102	Name of Abatement Contractor (9): Controlled Environmental Systems	
Street Address: 515 Grove St - Suite 18		Street Address: 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code: Haddon Heights, NJ 08035		City, State, Zip Code: Spring House, PA 19477	
Project Manager for Monitoring Firm: Matthew Z. Kensil	Telephone No.: 856 547 0505	Telephone No.: 215 542 7000	License No.: 00847
Start Date (10): 01 / 3 / 17	Scheduled Completion Date (11): 2 / 28 / 17	Name of OSHA Monitor: CES	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/_____PM-_____AM		Street Address: 1121 N. Bethlehem Pike - Suite 60 / City, State, Zip Code: Spring House, PA 19477	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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
Window Glazing	☐	☒	☐	Exterior Windows	60 LF	☐	☐	☐	☐
Roofing	☐	☒	☐	Exterior Roof	26,000	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Hilltop Enterprises	NJDEP Waste Hauler ID No.: 3175	Cubic Yards of Waste: 60 Yards	Name of Registered Landfill: GROWS Tullytown
City, State: 1157 Phoenixville, Pike # 102-West Chester PA 19380		Disposal Date: 3/1/2017	City, State: Tullytown, PA

Completed By (Print or Type): Patricia Visco	Title: Office Manager	Signature: Patricia Visco	Date: 12/21/16

ASB-41
JAN 13

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

CL 12C1

Print Form

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12/13/2016	Name of Building Owner/Operator (2): Joelo Enterprise
Agencies Notified: ☑ EPA ☑ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 160 4th ave.
	City, State, Zip Code: Westwood ,NJ
	Name of Contact: Johny Lagroso — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): House			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]			
City (5): Closer,NJ	Square Feet: 1040	# of Floors: 2	Bldg. Age: 92 years
County (6): Bergen	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Vacant

Name of Monitoring Firm Hired by Building Owner (8): AZ Solution	ASCM No.: 54105	Name of Abatement Contractor (9): Divine Development LLC,	
Street Address: 27 Susquehanna ave.		Street Address: 572 South12 street	
City, State, Zip Code: Rochelle Park,NJ		City, State, Zip Code: Newark,NJ	
Project Manager for Monitoring Firm: Aleksandar Zivanov	Telephone No.: 3476121572	Telephone No.: 9172165472	License No.: 01294
Start Date (10): 12/23/2016	Scheduled Completion Date (11): 12/26/2016	Name of OSHA Monitor: Divine Development LLC,	
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 572 South12street City, State, Zip Code: Newark, NJ	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☐ Renovation
☑ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) 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 Siding			X	Trinsite	1400SF	X			
Roof over porch			X	Roofing material	130SF	X			
Windows				Caulking	48LF	X			
Flooring				Floor tiles	93SF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: AS needed	Name of Registered Landfill: IESI Landfill
City, State: Newark NJ		Disposal Date: TBD	City, State: Bethlehem PA

Completed by: Jovan Surdoski	Title: Owner	Signature: [signature]	Date: 12/13/2016

ASB-41 (R-06-08)

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

State of New Jersey

Check # 15778

RECEIVED
DEC 22 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)	Name of Building Owner/Operator (2)
12/19/2016	Jane Farina

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	[redacted]

City, State, Zip Code: West Caldwell,NJ,07052

Name of Contact: Jane Farina

Telephone N

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Jane Farina

Street Address: [redacted]

Type of Facility (4)
[ ]School (K-12)
[ ]Subchapter 8 (Other than K-12)
[X]Other (i.e., private & commercial buildings, homes, etc.)

City (5)	County (6)	County Code (7) (STATE USE ONLY)
West Caldwell	Essex	

Square Feet	# of Floors	Bldg. Age
1850	2	75

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8): N/A
ASCM No.
Street Address
City, State, Zip Code
Project Manager for Monitoring Firm
Telephone Number: N/A

Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.
Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042
Telephone Number: (973)744-8800
License Number: 00371

Scheduled Start Date (10)	Sched. Completion Date (11)
12 28 2016	12 30 2016
Month Day Year	Month Day Year

Name of OSHA Monitor: N/A
Street Address
City, State, Zip Code

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glove-bag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsul.	Enclosure
Basement			X	Pipe Insulation	95 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	1.5	Minerva Enterprise INC

City, State	Disposal Date	City, State
Montclair, NJ 07042	01/2/2017	Waynesburg, Ohio 44688

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	12/19/2016