

CK# 3353

PAID

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

Print Form
RECEIVED
 FEB 1 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/5/17		Name of Building Owner/Operator (2) Fort Partners Group LLC c/o Giordano Halleran & Ciesla P.C.	
Agencies Notified	Type Notification	Street Address 125 Half Mile Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>2</u>	City, State, Zip Code Red Bank, NJ	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rocco Sebastiani	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)	
Street Address 114 Saltzman Ave		<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) Fort Monmouth, NJ 07703		Square Feet N/A	# of Floors 1
County (6) Monmouth County		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC	
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave		
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Haledon, NJ 07508		
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. (201) 864-6583	Telephone No. (201) 336-0477	License No. 01195

Start Date (10) 10/31/17	Scheduled Completion Date (11) 12/01/17	Name of OSHA Monitor Super, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 203 Belmont Ave	
<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 Haledon, NJ 07508	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mezzanine		X		Ceiling Tile near Pool	6,000 SF	X			
Mezzanine		X		Door Frames	29 Doors	X			
Mezzanine		X		Black Wall Mastic	300 SF	X			
Mezzanine		X		Mirror Adhesive	510 SF	X			

Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. WH16329	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management	
City, State 203 Belmont Ave Haledon, NJ 07508		Disposal Date TBD		City, State Tullytown, PA	
Completed by Tailor Dominguez		Title Project Manager	Signature 		Date 10/31/17

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

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Date of Notification (1) 1/29/2018		Name of Building Owner/Operator (2) Lucid Management LLC	
Agencies Notified	Type Notification	Street Address 128 Engle St	City, State, Zip Code Englewood NJ 08631
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Notare	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)	
Street Address 128 Engle St		<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) Englewood	Square Feet 2200	# of Floors 2	Bldg. Age 80
County (6) Bergen	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) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334

Start Date (10) 2/9/2018	Scheduled Completion Date (11) 2/12/2018	Name of OSHA Monitor Checkmark Industrial
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Occupancy Status During Abatement (Check Only One)	Street Address 54 Morgan Dr
<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 Sparta NJ 07871

Scope of Work (Check All That Apply)

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

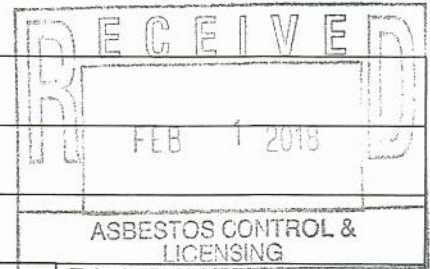
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor open area		X		9X9 VAT assumed ACM	286 SF	X			

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management
City, State Wayne NJ	Disposal Date	City, State Tulleytown PA	
Completed by Corey Stankovic	Title CEO	Signature <i>CStankovic</i>	Date 1/28/2018

NO OK

This is a courtesy submittal.

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



Date of Notification (1) 01/30/2018		Name of Building Owner/Operator (2) Target Store T-1109								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 380 Consumer Square								
		City, State, Zip Code Mays Landing, New Jersey 08330								
		Name of Contact Jeff Weisensel								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) No asbestos found - see attached report.		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		Square Feet 122,536	# of Floors 1							
City (5)		Bldg. Age 21								
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retail								
Name of Monitoring Firm Hired by Building Owner (8) Judith A. Smith, ATC Group Services LLC		ASCM No. ACC-0117-6-017	Name of Abatement Contractor (9) N/A							
Street Address 3 Terri Lane, Suite 4		Street Address								
City, State, Zip Code Burlington, New Jersey 08016		City, State, Zip Code								
Project Manager for Monitoring Firm Bryan Dewar, Taylor Bros Construction Co		Telephone No. 812-379-9547	License No.							
Start Date (10) 04/22/2018	Scheduled Completion Date (11) 07/20/2018	Name of OSHA Monitor								
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 type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	
N/A										
N/A										
N/A										
N/A										
Name of Registered Waste Hauler N/A		NJDEP Waste Hauler ID No. N/A	Cubic Yards of Waste N/A	Name of Registered Landfill N/A						
City, State N/A		Disposal Date N/A		City, State N/A						
Completed by Bryan Dewar		Title Project Manager		Signature <i>Bryan Dewar</i>				Date 01/30/2018		