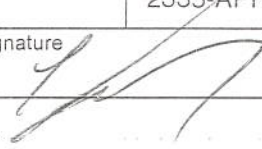


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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

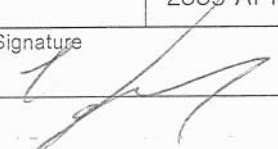
0320

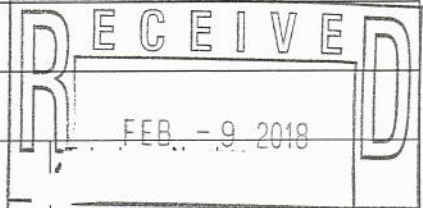
Date of Notification (1) 1/26/18		Name of Building Owner/Operator (2) RIVER TERMINAL DEVELOPMENT		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB - 9 2018 </div>					
Agencies Notified		Type Notification				Street Address 100-CENTRAL AVE.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 KEARNY, NJ 07032			
				Name of Contact EMILIO GUARINO					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RIVER TERMINAL				Type of Facility (4)					
Street Address 22-CABLE DRIVE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) KEARNY, NJ 07032				Square Feet 200	# of Floors 1				
County (6) HUDSON				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) DINAGO ENVIRONMENT LLC.					
Street Address			Street Address 339-LAFAYETTE STREET						
City, State, Zip Code			City, State, Zip Code NEWARK, NJ 07105						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 973-491-0877	License No. 01240				
Start Date (10) 1-9-18		Scheduled Completion Date (11) 1-12-18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
REAR STAIRS		X		PIPE INSULATION	60 LF.	X			
Name of Registered Waste Hauler NEWARK CARTING			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHEM LANDFILL,				
City, State PO BOX 5670, NEWARK, NJ 07105				Disposal Date	City, State 2335-APPLEBUTTER ROAD, BETHLEH-				
Completed by CARLOS GOMES			Title PRESIDENT	Signature 		Date 1/26/18			

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

0319

Date of Notification (1) 1/26/18		Name of Building Owner/Operator (2) KINKSHAYRO INTERNATIONAL/EASTERN RAIL DIVISION			
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 145-BAEKLAND AVE. City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact EMILIO GUARINO	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) EASTER RAILING DIVISION				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 145-BAEKLAND AVE.				Square Feet 3200 SQ.	# of Floors 1
City (5) PISCATWAY, NJ 08854				Bldg. Age +50	
County (6) MIDDLESEX		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) DINAGO ENVIRONMENT LLC.	
Street Address				Street Address 339-LAFAYETTE STREET	
City, State, Zip Code				City, State, Zip Code NEWARK, NJ 07105	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-491-0877	License No. 01240
Start Date (10) 1-6-18		Scheduled Completion Date (11) 1-16-18		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 checked="" type="checkbox"/> Other - Describe: DURING WORKING HOURS				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
MAIN WAHREHOUSE		X		PIPE INSULATION	480 LF.
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHEM LANDFILL,
City, State PO BOX 5670, NEWARK, NJ 07105		Disposal Date		City, State 2335-APPLEBUTTER ROAD, BETHLH	
Completed by CARLOS GOMES		Title PRESIDENT		Signature 	Date 1/26/18



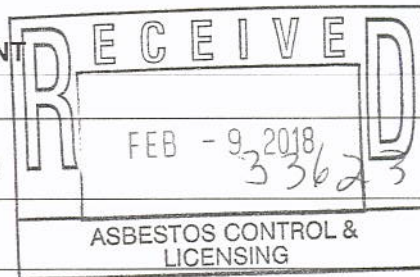
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NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:120

R	E	C	E	I	V	E	D
FEB - 9 2018							
ASBESTOS CONTROL & LICENSING							

Date of Notification (1) 2/7/18		Name of Building Owner/Operator (2) Chris Cox	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Summit, New Jersey Name of Contact Paul	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cox Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) Summit		# of Floors 1	
County (6) Union		Bldg. Age 55+	
County Code (7) (STATE USE ONLY)		Current Use (Prior, if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Act Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montross Rd	
Project Manager for Monitoring Firm		City, State, Zip Code CHS MEK, NJ 07722	
Telephone No.		Telephone No. 732 2941777	
Start Date (10) 2/16/18		License No. 00029	
Scheduled Completion Date (11) 2/21/18		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 checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address	
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		City, State, Zip Code	
<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) basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) flor tile	Amount (Specify SF or LF) 500 lb
Name of Registered Waste Hauler Act Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12056	
City/State CHS MEK, NJ		Cubic Yards of Waste 2	
Disposal Date 2/7/18		Name of Registered Landfill Chris	
City/State CHS MEK, NJ		City/State CHS MEK, NJ	
Completed by Breem Guire		Signature Breem Guire	
Title Secretary/Treasurer		Date 2/7/18	

CH33023

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NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 02 / 06 / 18		Name of Building Owner/Operator (2) Mac Management Properties, LLC		RECEIVED FEB - 9, 2018 33623 ASBESTOS CONTROL & LICENSING					
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 3005 Route 88							
City, State, Zip Code Point Pleasant, NJ 08742									
		Name of Contact Mike Colucci		Telephone Number					
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 1000 sf	# of Floors 1	Bldg. Age 65				
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		ASCM 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) 02 / 16 / 18	Scheduled Completion Date (11) 02 / 19 / 18		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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 02/19/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 2/6/19			

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

Check 2249

Date of Notification (1) 2/3/2018		Name of Building Owner / Operator (2) Tom Sahol	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State & Zip Code Florence NJ Name of Contact Tom Sahol	<div>RECEIVED FEB - 9 2018 ASBESTOS</div>

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 3000	
City (5) Florence		# of Floors 2	Bldg. Age 80+
County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Alpha Environmental Services	
City, State & Zip Code		Street Address PO Box 8297	
Project Manager for Monitoring Firm		City, State & Zip Code Trenton, NJ	
Telephone Number		Telephone Number 609-847-2956	License Number 01222
Scheduled Start Date (10) 2/12/2018	Scheduled Completion Date (11) 2/22/2018	Name of OSHA Monitor EMSL 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

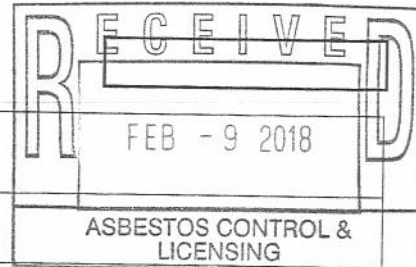
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	3000sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 15	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date various	City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson	Title Project Manager	Signature <i>Rod Richardson</i>	Date 2/3/2018

Check#2983

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



Date of Notification (1)

02 / 06 / 18

Name of Building Owner/Operator (2)

Jeffrey Bernstein

Street Address

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Jeffrey Bernstein

Telephone Number

Agencies Notified

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

Type Notification

- ☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

02 / 15 / 18

Scheduled Completion Date (11)

02 / 17 / 18

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	320 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

02/06/18

ASB-41

MAY 11

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

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

CIC 4455

Date of Notification (1) 2/6/16		Name of Building Owner/Operator (2) MR. LAURENCE PANSI		RECEIVED FEB - 9 2016 ASBESTOS CONTROL &					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code CUFFSIDE PARK NJ 07010							
Name of Contact MR. LAURENCE PANSI		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. LAURENCE PANSI			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) CUFFSIDE PARK			Square Feet 5200	# of Floors 2	Bldg. Age 1925				
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) APTS					
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) 2/16/18		Scheduled Completion Date (11) 2/17/18		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM				Street Address 280 Huyler Street					
				City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL SYSTEM INSULATION	140LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1 cys	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Hackensack, NJ 07601				Disposal Date 2/17/18	City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 2/6/16			

02/01/2018 15:11 2012620321

AMAC

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 11:26)

RECEIVED
PAGE 02/03
CHECK # 1052
FEB - 9 2018
POL - 10 DAY
ASBESTOS CONTROL & LICENSING
FEB 9 2018
HAWVER APPROVED
Telephone Number

CH 1052

Date of Notification (7) 2/01/18

Name of Building Owner/Operator (2) IKU SASAKI

Agency Notified (8) ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA

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

Street Address [REDACTED]

City, State, Zip Code DEMEREST, N.J.

Name of Contact IKU SASAKI

Facility Information

Name of Facility where Abatement is Taking Place (3) RESIDENCE

Street Address [REDACTED]

City (5) DEMEREST

County (6) Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4) ☐ School K-12 ☐ Subchapter 1 (Other than K-12) ☒ Other (business & commercial buildings, homes, etc.)

Current Use RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

Name of Abatement Contractor (9) A.M.A.C. Contracting Inc.

Street Address 185 Midland Ave

City, State, Zip Code Midland Park, NJ 07642

Project Manager for Monitoring Firm Telephone No.

Telephone No. 201-262-5841

License No. 00156

Start Date (10) 2/01/18

Scheduled Completion Date (11) 2/02/18

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, NJ 07606

Scope of Work (Check All That Apply)

☒ A3 or A3.1 ☐ 2150 or 2200 ft

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Gloving ☐ Non-Exposure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Boxer Room

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) THURMAL SYSTEM INSULATION

Amount (Specify SF or LF) 12 SF

Abatement Type ☒ Removal ☐ Repair ☐ Encapsulation ☐ Enclosure

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, NJ 07105

Disposal Date 2/01/18

City, State Atglen, PA 07802

Completed by Joseph Voorturo

Title Vice President

Signature J. Voorturo

Date 2/1/18

CH40053

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

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FEB - 9 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification 0 2 0 6 1 8			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified X USEPA X DEP X DCA/DOL X DOH			Type of Notification Initial Notification X Amended 2 Cancellation		
Street Address 7 WEST SEVENTH STREET			City, State, Zip Code CINCINNATI, OHIO 45202		
Name of Contact RALPH COPPOLA			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER Mall Backstage			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF		
City WOODBRIDGE			# Floor 3		
County UNION			Age of Bldg. 50+		
County Code State use Only			Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES			ASCM No.		
Street Address 515 GROVE STREET SUITE 1B			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			City, State, Zip Code UNION, NJ 07083		
Telephone No. TO BE DETERMINED			Telephone Number 908-687-1008		
Scheduled Start Date 1 25 2018			License Number 00575		
Scheduled Completion Date 3 28 2018			Name of OSHA Monitor EMSL ANALYTICAL		
Month Day Year			Street Address 307 WEST 38TH STREET		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:00PM TO 6:30AM Other - Describe:			City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure		
Location of ACM Facility			Abatement Type		
Is Location Normally Used by Custodial Staff Yes NO N/A			Rem. Rep. Enc. Encl.		
3RD FL - Hall between Kitchen and Service Area			X		
3RD FL - Housekeeping Office Ceiling			X		
3RD FL - Former Kitchen near Freezers			X		
3RD FL - Employee Lunch Room			X		
3RD FL - Large Store Room			X		
3RD FL - FREIGHT ELEVATOR / KITCHEN			X		
3RD FL - 8 COLUMNS			X		
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			Name of Registered Landfill MINERVA ENTERPRISES, INC		
NJDEP Waste ID No. SW1896			Cubic Yds waste TBD		
City, State BRONX, NY			City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) ANITA SMOLAR			Signature Date 2/6/2018		

CH 5816

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8-60 and 12:26)

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/8/18		Name of Building Owner/Operator (2) 44 Pleasant Partners, LLC		<div style="border: 1px solid black; padding: 5px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>	
Agencies Notified	Type Notification	Street Address 16 Microlab Road, Suite A			
<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 Livingston, NJ 07039 Name of Contact Ricky Quesenberry		Telephone Number 	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
			Square Feet 4,500		
City (5) Montclair			# of Floors 2		Bldg. Age 50+
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Unoccupied Residence	
Name of Monitoring Firm Hired by Building Owner (8) Vertex Engineering		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 700 Turner Industrial Way, Suite 105			Street Address 303 B National Road		
City, State, Zip Code Aston, PA 19014			City, State, Zip Code Exton, PA 19341		
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 484-872-8884	
Start Date (10) 2/21/18		Scheduled Completion Date (11) 2/23/18		License No. 01161	
Occupancy Status During Abatement (Check Only One)			Name of OSHA Monitor EMSL		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI and residual TSI on elbows	21 LF	X			
Crawl space and basement floor			X	TSI debris	20 SF	X			
Basement			X	Flue Pack	3 SF	X			
2nd floor restroom			X	Linoleum	35 SF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 4		Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ				Disposal Date TBD		City, State Morristown, PA	
Completed by Jack Bally			Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 2/8/18

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[illegible]

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

B & G proj. #: 2018-40

Check # 8814

Date of Notification (1) <u>10/21/2018</u>		Name of Building Owner/Operator (2) <u>Neena Shah</u>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin-top: 10px;">FEB - 9 2018</div>
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Madison, WI 53705</u>		
		Name of Contact <u>Neena Shah</u>		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Neena Shah</u>			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	# of Floors
City (5) <u>Montclair, NJ 07042</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Current Use (Prior if being demolished) <u>Residential</u>	
Street Address [REDACTED]		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
City, State, Zip Code [REDACTED]		Street Address <u>105 Ryerson Road</u>		
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Scheduled Start Date (10) <u>02/19/2018</u>		Sched. Completion Date (11) <u>02/20/2018</u>	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
			Street Address <u>105 Ryerson Road</u>	
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> 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						
crawl space			X	pipe insulation	180 lf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/21/2018</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>02/07/2018</u>

B & G proj. #: 2018-38

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

Check # 8815

Date of Notification (1) 02/10/18		Name of Building Owner/Operator (2) Sam Lonergan		RECEIVED FEB - 9 2018 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028		
		Name of Contact Sam Lonergan		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sam Lonergan			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 # of Floors Bldg. Age _____		
City (5) Glen Ridge, NJ 07028	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/21/2018	Sched. Completion Date (11) 02/24/2018		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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			<input checked="" type="checkbox"/>	ceiling plaster	1,180 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"/>

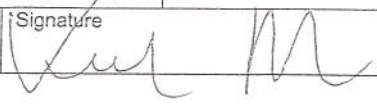
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/26/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/06/2018

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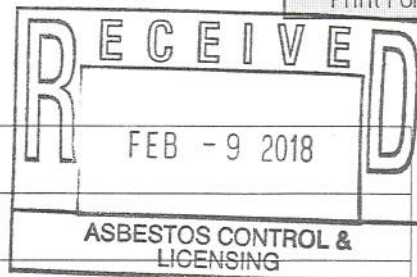
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/5/18		Name of Building Owner/Operator (2) Kathleen Clemons							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Jersey City, NJ 07305							
		Name of Contact Kathy Clemons	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence- Clemons		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ		Square Feet 25	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 100						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies Inc						
Street Address		Street Address 203 Pine St							
City, State, Zip Code		City, State, Zip Code Mt Holly NJ							
Project Manager for Monitoring Firm		Telephone No. 609-702-1500	License No. 01299						
Start Date (10) 2/7/18	Scheduled Completion Date (11) 2/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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>Vacated during abatement</u>		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		9x9 Tiles	25SFR	X			
Name of Registered Waste Hauler Active Environmental Technologies Inc		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 1	Name of Registered Landfill Modern Landfill					
City, State Mt Holly NJ		Disposal Date 2/8/18		City, State York PA					
Completed by Victoria Wise		Title Project Manager		Signature 				Date 2/5/18	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:120)



Date of Notification (1) 02/02/2017		Name of Building Owner/Operator (2) Pam Andreasen							
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	[REDACTED] City, State, Zip Code Newmilford, NJ Name of Contact Pam Andreasen							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newmilford, NJ		Square Feet 1500	# of Floors 1						
		Bldg. Age 40+							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) DIA General Construction, INC							
City, State, Zip Code		Street Address 1360 Clifton Ave, PMB Suite 218							
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012							
Telephone No.		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 02/17/2018	Scheduled Completion Date (11) 02/18/2018	Name of OSHA Monitor DIA General Construction, INC							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<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 Clifton, NJ 07012							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Remove/Dispose pipe/elbow	20 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle			Disposal Date 02/18/2018	City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 			Date 02/02/2018			