CK 3607

Print Form

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

Date of Notification (1): 02/09/2015	Name of Building Owner/Operator (2): Arshad Hussain
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 338 Lacey Drive City, State, Zip Code: New Milford, NJ 07646 Name of Contact: Arshad Hussain — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 338 Lacey Drive	
City (5): New Milford	Square Feet: — # of Floors: — Bldg. Age:
County (6): Bergen — 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 7		Street Address: 484 Route 17 North	
City, State, Zip Code: North Bergen, NJ 07047		City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Carmelo Almonte	Telephone No.: (201) 864-6583	Telephone No.: (201) 336-0477	License No.: 01195 "A"
Start Date (10): 02/19/2015	Scheduled Completion Date (11): 03/19/2015	Name of OSHA Monitor: Testor Tech	
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: 10-59 Jackson Avenue City, State, Zip Code: LIC, NY 11101	

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 Area			X	Floor Tile and Mastic	360 SF	X			

Name of Registered Waste Hauler: Super LLC	NJDEP Waste Hauler ID No.: 034893	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS Landfill
City, State: Paramus, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by	Title	Signature	Date
Tailor Dominguez	Project Manager		02/09/2015

ASB-41 (R-06-08)

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

Print Form

X Emergency X

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

CR 4651

RECEIVED FEB 13 2015 LICENSING

Date of Notification (1): 2/10/15	Name of Building Owner/Operator (2): Mary & Catherine Yuhas Private Home
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 156 West Beach Way
	City, State, Zip Code: Chadwick Beach NJ 08735
	Name of Contact: Mary — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mary & Catherine Yuhas Private Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 156 West Beach Way	
City (5): Chadwick Beach NJ 08735	Square Feet: 1000 — # of Floors: 1 — Bldg. Age: 35+
County (6): Ocean — 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): Pernaco Inc.
Street Address:	Street Address: PO Box 329
City, State, Zip Code:	City, State, Zip Code: West Berlin NJ 08091
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 2/11/15 — Scheduled Completion Date (11): 2/13/15	Name of OSHA Monitor: Same
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: / City, State, Zip Code:

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] 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 Siding			x	Exterior Siding	1000 SF	x			

Name of Registered Waste Hauler: United Containers	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 2/13/15	City, State: Morrisiville NJ 08091

Completed by: Anthony T Perna	Title: President	Signature:	Date: 2/10/15

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 5:16)

Date of Notification (1): 2 / 11 / 15	Name of Building Owner/Operator (2): County of Ocean / Job # 1502-1960 Chk. #3906
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 101 Hooper Avenue
	City, State, Zip Code: Toms River, NJ 08753
	Name of Contact: Raif Basilious / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Parkway Pizza Building			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 12 Lanes Mill Road			
City (5): Brick		Square Feet: 4000	# of Floors: 2 / Bldg. Age: 50 +
County (6): OCean	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Vacant Commercial	

Name of Monitoring Firm Hired by Building Owner (8): Horizon Environmental	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.	
Street Address: PO BOx 336		Street Address: 3859 Sylon Boulevard	
City, State, Zip Code: Thorofare, NJ 08086		City, State, Zip Code: Hainesport, NJ 08036	
Project Manager for Monitoring Firm: Dave or Steve Flanigan / Telephone No.: 856-848-0800		Telephone No.: 609-702-0400	License No.: 00862
Start Date (10): 2 / 25 / 15	Scheduled Completion Date (11): 3 / 11 / 15	Name of OSHA Monitor: EMSL Analytical, Inc.	
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		Street Address: 200 U.S. Route 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 & negative pressure enclosure ☐ 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
SCOPE OF SECOND PAGE	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☒			☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage, Inc.	NJDEP Waste Hauler ID No.: 02265	Cubic Yards of Waste: 5	Name of Registered Landfill: GROWS Landfill
City, State: Freehold, NJ		Disposal Date: 3/12/15	City, State: Morrisville, PA 19067

Completed By (Print or Type): Kimberly A. Trumbetti	Title: Office Coordinator	Signature:	Date: 2-11-15

ASB-41
MAY 11

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

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

RECEIVED
CK# 2761
FEB 13 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner / Operator (2)
2/9/15	Willingboro Twp Public Schools

Agencies Notified	Type Notification	Street Address
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	440 Beverly Rancocas Rd
		City, State & Zip Code: Willingboro, NJ 08046
		Name of Contact: Kelvin Smith — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Levitt Middle School	☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Salem Road	Square Feet: 150,000 — # of Floors: 1 — Bldg. Age: 40+
City (5): Willingboro — County (6): Burlington — County Code (7)	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
AHERA Consultants Inc		Bristol Environmental, Inc.
Street Address: 36 North Quail Hill Blvd		Street Address: 1123 Beaver Street
City, State & Zip Code: Galloway, NJ 08205		City, State & Zip Code: Bristol, PA 19007
Project Manager for Monitoring Firm: Eric Clarkson — Telephone Number: 609-652-1833		Telephone Number: (215)788-6040 — License Number: 00509

Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
3/2/15	5/1/15	Bristol Environmental Inc.

Occupancy Status During Abatement (Check only one)	Street Address / City, State & Zip Code
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM ☒ Facility Occupied During Abatement	1123 Beaver Street Bristol, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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) 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	Enclsoure
RM A-12/A-12a	☐	☒	☐	Floor tile & Mastic	353 SF	☒	☐	☐	☐
Throughout	☐	☒	☐	Sheetrock	1,980 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Inc.	20990	30 Cu Yd	
City, State: New Castle, DE		Disposal Date: 5/1/15	City, State

Completed By (Print or Type)	Title	Signature	Date
Gino Pizzigoni	Project Manager	Gino Pizzigoni / jl	2/9/15

GI 15004B

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

Ck # 2760

FEB 13 2015

Date of Notification (1): 2/9/15		Name of Building Owner / Operator (2): Willingboro Twp Public Schools	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation	Street Address: 440 Beverly Rancocas Rd	
		City, State & Zip Code: Willingboro, NJ 08046	
		Name of Contact: Kelvin Smith	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Levitt Middle School			Type of Facility (4): ☒ School (K-12) NON SUB-CHAPTER 8 ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Salem Road			Square Feet: 150,000 / # of Floors: 1 / Bldg. Age: 40+
City (5): Willingboro	County (6): Burlington	County Code (7):	Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): AHERA Consultants Inc	ASCM No.		Name of Abatement Contractor (9): Bristol Environmental, Inc.
Street Address: 36 North Quail Hill Blvd			Street Address: 1123 Beaver Street
City, State & Zip Code: Galloway, NJ 08205			City, State & Zip Code: Bristol, PA 19007
Project Manager for Monitoring Firm: Eric Clarkson	Telephone Number: 609-652-1833		Telephone Number: (215)788-6040 / License Number: 00509
Scheduled Start Date (10): 2/23/15	Scheduled Completion Date (11): 3/27/15		Name of OSHA Monitor: Bristol Environmental Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM ☐ Facility Occupied During Abatement			Street Address: 1123 Beaver Street / City, State & Zip Code: Bristol, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove Bag Procedures ☒ 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) 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	Enclsoure
Exterior Window Caulk	☐	☒	☐	Window Caulk	7000 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Service Transport Inc.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 8 Cu Yd	Name of Registered Landfill: Minerva Landfill
City, State: New Castle, DE		Disposal Date: 3/27/15	City, State: Morrisville, PA

Completed By (Print or Type): Gino Pizzigoni	Title: Project Manager	Signature: Gino Pizzigoni /jl	Date: 2/9/15

GI 15004

Print Form

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

RECEIVED
Check # 1580
FEB 13 2015
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 02/09/2015	Name of Building Owner/Operator (2): CHRIST THE GOOD SHEPHERD PARISH
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 1655 MAGNOLIA ROAD
	City, State, Zip Code: VINELAND NJ 08361
	Name of Contact: LOIS PETROSKY — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL / COMMERCIAL	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1001 EAST LANDIS AVE	
City (5): VINELAND	Square Feet: 1829 — # of Floors: 2 — Bldg. Age: 100+
County (6): CUMBERLAND — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): VACANT- JUST PURCHACED

Name of Monitoring Firm Hired by Building Owner (8): MDG ENVIRONMENTAL — ASCM No.		Name of Abatement Contractor (9): ASSURED ENVIRONMENTAL SERVICES INC.
Street Address: 1000 MAPLEWOOD DR.		Street Address: 570 CLEMS RUN
City, State, Zip Code: MAPLE SHADE NJ 08052		City, State, Zip Code: MULLICA HILL NJ 08062
Project Manager for Monitoring Firm: BOB — Telephone No.: 856-755-9300		Telephone No.: 610-304-4676 — License No.: 01145
Start Date (10): 02/10/2015 — Scheduled Completion Date (11): 02/11/2015		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: _____		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
BASEMENT			X	FLOOR TILE & MASTIC	70 SF	X			

Name of Registered Waste Hauler: ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No.: 0034895	Cubic Yards of Waste: 4	Name of Registered Landfill: MINERVA LANDFILL
City, State: MULLICA HILL, NJ		Disposal Date: 02/12/2015	City, State: WAYNESBURG, OH

Completed by: RON SWANSON	Title: GM	Signature: Ronald Swanson	Date: 02/09/2015

ASB-41 (R-06-08)

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

CK 3514

Feb 6 2015 11:29am P001/001

Dept. of Health & Senior Services

(signature)

Print Form

Date: 2/6/15 Time: 11:30

RECEIVED

FEB 6 2015

ASBESTOS LICENSING

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

Date of Notification (1): 02/06/15 Ck# 3514 $200	Name of Building Owner/Operator (2): Vince Pietrucha
Agencies Notified: [ ] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation
	Street Address: 20 Pershing Avenue
	City, State, Zip Code: Manasquan, New Jersey 08736
	Name of Contact: Vince Pietrucha — 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) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 20 Pershing Avenue	
City (5): Manasquan, New Jersey 08736	Square Feet: 1,500 — # of Floors: 2 — Bldg. Age: 55+
County (6): Monmouth — County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): Home
Name of Monitoring Firm Hired by Building Owner (8): — ASCM No.: — Street Address: — City, State, Zip Code: — Project Manager for Monitoring Firm: — Telephone No.:	Name of Abatement Contractor (9): Lilich Corporation; Street Address: 606 McBride Avenue; City, State, Zip Code: Woodland Park, New Jersey 07424; Telephone No.: 973-225-8400; License No.: 01104
Start Date (10): 02/07/15 — Scheduled Completion Date (11): 02/09/15	Name of OSHA Monitor: J&S Environmental Labs; Street Address: 2333 Route 22 West; City, State, Zip Code: Union, New Jersey 07083

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: 8 AM Start

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥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			X	Transite Siding & Shingles	800 SF	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 02/11/15	City, State: Morrisville, Pennsylvania

Completed by: Momo GLavatovic	Title: Vice President	Signature: GL	Date: 02/06/15

ASB-41 (R-06-00)

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

Project #

Check # 2865

RECEIVED
FEB 13
ASBESTOS

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

Date of Notification (1): 02/05/2015	Name of Building Owner/Operator (2): Jersey City BOE
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☑ Emergency (including justification) ☐ Cancellation
	Street Address: 346 Claremont Ave
	City, State, Zip Code: Jersey City, NJ 07305
	Name of Contact: Kevin O'Shea — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Julia A. Barnes School	Type of Facility (4): ☑ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 91 Astor Place	
City (5): Jersey City,NJ 07304	Square Feet: — # of Floors: — Bldg. Age:
County (6): Hudson — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): AHERA — ASCM No.:	Name of Abatement Contractor (9): Nick Restoration LLC	
Street Address: P.O BOX 385	Street Address: 72 Brookside Rd	
City, State, Zip Code: Oceanville, NJ 08231	City, State, Zip Code: Randolph NJ 07869	
Project Manager for Monitoring Firm: John Smoyer — Telephone No.: (609)652-1833	Telephone No.: 973-933-2550	License No.: 01133
Start Date (10): 02/07/2015 — Scheduled Completion Date (11): 02/09/2015	Name of OSHA Monitor: J&S 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: _____	Street Address: 2333 RT 22 — City, State, Zip Code: Union, NJ 07083	

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
Outside of the building		X		Window door caulk	26 LF	X			
Outside of the building		X		Window glaze	10 LF	X			

Name of Registered Waste Hauler: Nick Restoration LLC — NJDEP Waste Hauler ID No.: 33782	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S	
City, State: Randolph, NJ 07869	Disposal Date: TBD	City, State: Tullytown, PA	
Completed by: Elvira Mrda	Title: President	Signature: Elvira Mrda	Date: 02/05/2015

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Check#2114

Emergency notification

RECEIVED FEB 13 2015 ASBESTOS CONTROL & LICENSING

APPROVED
NJ Dept of Health & Senior Services
(Signature)
Date: 2/9/15 Time: 9:15AM

Date of Notification (1): 02 / 09 / 15		Name of Building Owner/Operator (2): Brian Flood	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	Street Address: 456 Ridgewood Avenue	
		City, State, Zip Code: Glen Ridge, NJ 07028	
		Name of Contact: Brian Flood	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 and commercial buildings, homes, etc.)		
Street Address: 456 Ridgewood Avenue				
City (5): Glen Ridge, NJ 07028		Square Feet	# of Floors	Bldg. Age
County (6): Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): 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.: 973-638-1777	License No.: 01127
Start Date (10): 02 / 10 / 15	Scheduled Completion Date (11): 02 / 11 / 15	Name of OSHA Monitor: Envirovision Consultants, Inc	
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		Street Address: 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code: Fair Lawn, NJ 07410	

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) 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	240 LF	☒	☐	☐	☐
Basement	☐	☐	☒	VAT floor tiles	750 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Gr Tech LLC	NJDEP Waste Hauler ID No.: 0033785	Cubic Yards of Waste: TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner		02/09/2015

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1271

DOL - 10 DAY

WAIVER APPROVED

Date of Notification (1): February 10, 2015	Name of Building Owner/Operator (2): Rialto Capital
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment # ____ [X] Emergency (including notification) [ ] Cancellation
	Street Address: 790 NW 107th Ave, Ste 400
	City, State, Zip Code: Miami, FL 33172
	Name of Contact: Director
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Frontage Labs	Type of Facility (4): [ ] School (K-12) [ ] Subchapter R (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 200 Meadowlands Parkway	Square Feet:	# of Floors:	Bldg. Age:
City (5): Secaucus	
County (6): Bergen	County Code (7) (STATE USE ONLY): ____
Current Use (Prior if being demolished): lab	

Name of Monitoring Firm Hired by Building Owner (8): Atlantic Environmental	ASCM No.:
Street Address: 5 Marine View Plaza, Suite 303	
City, State, Zip Code: Hoboken, NJ 07030	
Project Manager for Monitoring Firm: Project Manager	Telephone No.: (973) 692-8832

Name of Abatement Contractor (9): The MACK Group, LLC.	
Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Cherry Hill, NJ 08034	
Telephone No.: (877) 759 - MACK	License No.: 00781

Start Date (10): 2/11/15	Scheduled Completion Date (11): 2/22/15
Name of OSHA Monitor: The MACK Group, LLC.	
Street Address: 1500 Kings HWY N, STE 209	
City, State, Zip Code: Cherry Hill, NJ 08034	

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: Work to commence at 4:00pm

Scope of Work (Check All That Apply)

[X] ≥3 s/f or ≥3 l/f ≥160 cf or ≥260 l/f
[X] Renovation [ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Friable

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
2nd floor (Phase 1)		X		VCT No mastic	1100 s/f	X			
"		X		residual carpet backing - No mastic	168 s/f	X			
"	X			carpet tile on pallets	1000 s/f	X			
2nd floor (Phase 2)		X		VCT and/or Carpet - No mastic	4100 s/f	X			

Name of Registered Waste Hauler: Newark Carting	NJ DEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 63.7	Name of Registered Landfill: Cumberland Co./ BFI / GROWS / TRRF
City, State: Newark, NJ		Disposal Date: 2/22/15	City, State: Newburg / Imperial / Morrisville, PA

Completed by	Title	Signature	Date
Mike Cooper	President		2/10/15

ASB-41 (R-08-08)

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Check # 9219

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

Date of Notification (1): Feb 11, 2015	Name of Building Owner/Operator (2): Joe Brenner
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 110 Applegarth Road
	City, State, Zip Code: Monroe Twp., NJ 08831
	Name of Contact: Joe Brenner — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 110 Applegarth Rd.	
City (5): Monroe Twp. NJ 08831	Square Feet: — # of Floors: 2 — Bldg. Age: 100
County (6): Middlesex — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Single family Dwelling
Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies — ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337	Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533	City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker — Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 — License No.: 00394
Start Date (10): 2-23-15 — Scheduled Completion Date (11): 2-27-15	Name of OSHA Monitor: EPC Technologies 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: P.O. Box 337 — City, State, Zip Code: New Egypt NJ 08533

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 Walls			X	Siding, Shingles	1900 SF	X			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 10	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: 2-27-15	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 2-11-15

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

ck # 26192

FEB 13 2015

ASBESTOS LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
February 10, 2015	Gabriel Rispoli

Agencies Notified	Type of Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial Notification [ ] Amended Notification Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	1956 Pinta Ct.
		City, State, Zip Code: Toms River, NJ 08753
		Name of Contact: Gabriel Rispoli / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Residence	[ ] School (k-12) [ ] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 1956 Pinta Ct.	

City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Toms River	Ocean		1392 sf	2	60

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A		Guardian Contracting, Inc.
Street Address		Street Address: 1889 Route 9, Unit 61
City, State, Zip Code		City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm / Telephone Number		Telephone Number: 732-349-9932 / License Number: 00624
Scheduled Start Date (10): 02/10/2015	Scheduled Completion Date (11): 02/11/2015	Name of OSHA Monitor: E.M.S.L. Analytical
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: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)]

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf
[ ] Renovation
[x] 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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	1100 sf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Guardian Contracting, Inc.	20223	3	T.R.R.F.

City, State	Disposal Date	City, State
Toms River, New Jersey	02/12/2015	Tullytown, Pennsylvania

Completed by (Print or Type)	Title	Signature	Date
Nicholas Fernicola	Project Manager	Nichol Fer	2/10/15

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

dc# 26193

RECEIVED FEB 13 2015 ASBESTOS

Date of Notification (1): February 10, 2015	Name of Building Owner/Operator (2): Five Star Services
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation	Street Address: 2 Coles Way City, State, Zip Code: Lakewood, NJ 08701 Name of Contact: Yehuda Braun 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); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 802 Ridge Avenue			
City: Lakewood	County (6): Ocean	County Code (7) (STATE USE ONLY):	Square feet: 1846 sf; # of Floors: 2; Bldg. Age: 105
			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 08755-1271
Project Manager for Monitoring Firm	Telephone Number		Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 02/11/2015	Scheduled Completion Date (11): 02/12/2015		Name of OSHA Monitor: E.M.S.L. Analytical
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: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply)]

[ ] ≥3 sf or ≥3 lf; [ ] Renovation; [ ] Full Containment with Negative Pressure; [ ] Mini-Enclosure

[x] ≥160 sf or ≥260 lf; [x] Demolition; [ ] 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	ENCAPSULE	ENCLOSURE
Exterior		X		Asbestos siding	1800 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 4	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 02/13/2015	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 2/10/15

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check #2351

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Date of Notification (1): 12 / 11 / 14

Agencies Notified: ☐ EPA ☐ DEP ☑ DOH ☑ DOL

Type of Notification: ☐ Initial ☑ Amended Amendment #__3 ☐ Emergency w/ justification ☐ Cancellation

Name of Building Owner / Operator (2): HOFFMAN LAROCHE, INC.

Street Address: 340 KINGSLAND AVENUE

City, State, Zip Code: NUTLEY, NJ 07110

Name of Contact: TOM AIELLO

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): HOFFMAN LAROCHE

Street Address: 340 KINGSLAND AVENUE

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)

City (5): NUTLEY

County (6): ESSEX

County Code (7):

Square Feet: N/A

 # Of Floors: N/A

Building Age:

Current Use (Prior if being demolished): N/A

Name of Monitoring Firm Hired by Bldg. Owner (8): EMILCOTT ASSOCIATES, INC.

ASCM NO: N/A

Street Address: 190 PARK AVE

City, State, Zip Code: MORRISTOWN, NJ 07960

Project Mngr. For Monitoring Firm: DAVID TOMSEY

Telephone Number: 973-538-1110

Name of Abatement Contractor (9): NORTHSTAR CONTRACTING GROUP, INC.

Street Address: 32 WILLIAMS PARKWAY

City, State, Zip Code: EAST HANOVER, NJ 07936

Telephone Number: 973-772-3660

License Number: 00860

Sched. Completetion Date (11): 12 / 22 / 14 — 03 / 31 / 15

Occupancy Status During Abatement (Check Only 1): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____ ☑ Other - Describe: __MON-FRI 7:00AM-3:00PM

Name of OSHA Monitor: NORTHSTAR CONTRACTING GROUP, INC.

Street Address: 32 WILLIAMS PARKWAY

City, State, Zip Code: EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply):

☐ Demolition
☐ ≥3sf or ≥3lf
☑ ≥160 sf or ≥260 lf

☑ Renovation

☐ 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	ENCAPSUL	ENCLOSUR
	☐	☐	☐			☐	☐	☐	☐
EXTERIOR FORMER B-30	☐	☑	☐	ACM SOIL	2,400 C.Y.	☑	☐	☐	☐
EXTERIOR FORMER B-35	☐	☑	☐	EXPANSION JOINT	2,400 LF	☑	☐	☐	☐
BLDG 115, 1ST FLOOR	☐	☑	☐	VAT/MASTIC	20 SF	☑	☐	☐	☐

Name of Registered Waste Hauler: NORTHSTAR CONTRACTING GROUP, INC.

NJDEP Waste Hauler ID No.: NJ-750

Cubic Yards of Waste:

Name of Registered Landfill: WASTE MANAGEMENT

City, State: EAST HANOVER, NJ

Disposal Date:

City. State: TULLYTOWN, PA

Completed by (Print or Type): STEVEN STILES

Title: PROJECT MANAGER

Signature: Steve Stiles

Date: 02/12/15

ASB-41

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	ENCAPSUL	ENCLOSUR
BLDG 115, 1ST & 2ND FLS	☐	☑	☐	VAT/MASTIC	40 SF	☑	☐	☐	☐
	☐	☐	☐	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1): 02 / 11 / 15		Name of Building Owner/Operator (2): Santander Bank, N.A.	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 75 State Street	
		City, State, Zip Code: Boston, MA	
		Name of Contact: Susan Peck	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Santander Bank		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 188 Nassau Street			
City (5): Princeton, NJ		Square Feet: 2,000	# of Floors: 1 / Bldg. Age: 45
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): Hillmann Consulting	ASCM No.: 62252	Name of Abatement Contractor (9): JVN Restoration Inc	
Street Address: 1600 Route 22 East		Street Address: 47 Foster Road	
City, State, Zip Code: Union NJ 07083		City, State, Zip Code: Staten Island NY 10309	
Project Manager for Monitoring Firm: Tammy Lomax	Telephone No.: 908-557-6171	Telephone No.: 718-605-6256	License No.: 00774
Start Date (10): 02 / 28 / 14	Scheduled Completion Date (11): 03 / 31 / 15	Name of OSHA Monitor: Testor Tech	
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-2:30PM/11:30PM-_____AM		Street Address: 10 59 Jackson Avenue	
		City, State, Zip Code: LIC NY 11101	

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
Mens & Womens Restrooms	☐	☒	☐	Floor Tile	50SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: NJ-566	Cubic Yards of Waste: 5	Name of Registered Landfill: IESI
City, State: Newark, NJ		Disposal Date: 3/10/15	City, State: Bethlehem,PA

Completed By (Print or Type): Ralph Barnhardt	Title: Project Manager	Signature	Date: 02-11-2015

ASB-41
MAY 11

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