

B & G Proj. #: 2017-17

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

Check # 8243

FEB 15 2017

ASBESTOS CONTROL &

WAIVER (APPROVED)

Date of Notification (1) 02/11/17		Name of Building Owner/Operator (2) Kimberly Sternberg	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code	Mountain Lakes, NJ 07048
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact	Kimberly Sternberg
<input checked="" type="checkbox"/> DOH		Telephone Number	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kimberly Sternberg			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5) Mountain Lakes, NJ 07048			County (6) Morris		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		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) 898-8888	License Number 00378	
Scheduled Start Date (10) 02/14/2017		Sched. Completion Date (11) 02/15/2017			
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 B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ >3 sf or >3 lf
☐ Full Containment w/negative pressure
☒ Min-enclosures
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E	E
	Yes	No	N/A			m	p	n	n	n
basement storage room				pipe insulation	10 lf					

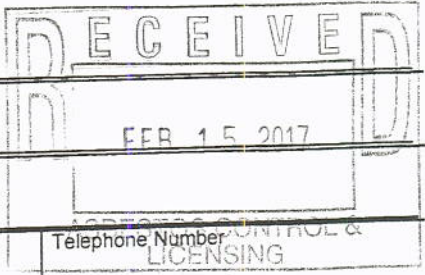
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/16/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/10/2017

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

B & G proj. #: 2017-17

*** EMERGENCY ***

Check # 8243

Date of Notification (1) <u>01/21/17</u>		Name of Building Owner/Operator (2) Kimberly Sternberg		
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 Mountain Lakes, NJ 07046		
		Name of Contact Kimberly Sternberg		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kimberly Sternberg			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) Mountain Lakes, NJ 07046			Bldg. Age	
County (6) Morris	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		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) 02/14/2017	Sched. Completion Date (11) 02/15/2017		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)

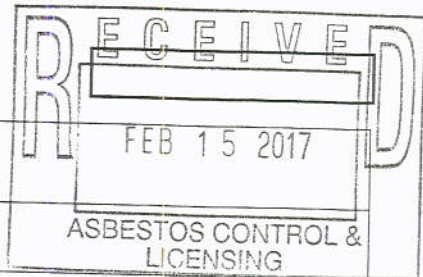
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥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						
basement storage room			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/16/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/10/2017

MO#24219183431

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



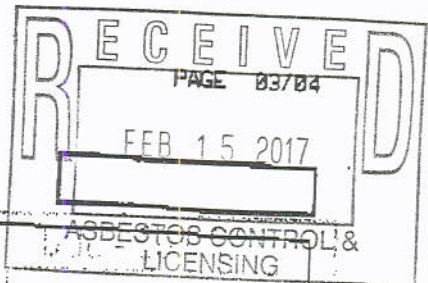
Date of Notification (1) 02 / 10 / 17		Name of Building Owner/Operator (2) Lorrie Pearson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Basking Ridge, NJ 07920							
		Name of Contact Lorrie Pearson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address		Square Feet	# of Floors						
City (5) Basking Ridge, NJ 07920		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) 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. 973-638-1777	License No. 01127						
Start Date (10) 02 / 21 / 17	Scheduled Completion Date (11) 02 / 22 / 17	Name of OSHA Monitor Envirovision Consultants, 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 Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 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 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) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 02/10/17			

ASB-41

MAY 11

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

02/09/2017 08:53AM 9736381778



Check#2719

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

Date of Notification (1)

02 / 09 / 17

Name of Building Owner/Operator (2)

Atif Dukes
Street Address

Agencies Notified

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

Type Notification

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

Irvine, NJ 07111

Name of Contact

Atif Dukes

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Irvine, NJ 07111

County (6)

Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASOM No.

Name of Abatement Contractor (9)

Street Address

Gr Tech LLC

Street Address

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

02 / 10 / 17

Scheduled Completion Date (11)

02 / 11 / 17

973-638-1777

01127

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

☐ > 150 sf or >280 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

100 LF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.B.R. Inc

Disposal Date

TBD

City, State

Tullytown, PA

Completed By (Print or Type)

N.Jevtic

Title

Owner

Signature

Atif Dukes

Date

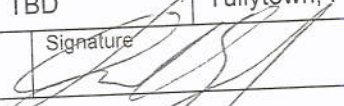
02/09/17

MAY 11

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

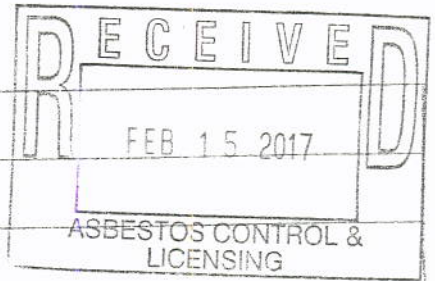
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 1656

Date of Notification (1) 2/10/2017		Name of Building Owner/Operator (2) Brian Agnew		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 15 2017 CONTROL & INSING </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Brian Agnew Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Phillipsburg			Square Feet 2,135 SF	# of Floors 2	Bldg. Age Built 1942				
County (6) Warren County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01232					
Start Date (10) 2/20/2017		Scheduled Completion Date (11) 2/22/2017		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
<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 Fair Lawn, NJ 07410						
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	Asbestos Containing Joints	8 Joints	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2+	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Woodland Park, NJ		Disposal Date TBD	City, State Tullytown, PA						
Completed by Dimo Golcev		Title General Manager	Signature 				Date 2/10/2017		

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

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



Date of Notification (1) 2/11/17		Name of Building Owner/Operator (2) Mark Built Homes								
Agencies Notified	Type Notification	Street Address 2029 Morris Ave								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Union, New Jersey								
		Name of Contact B.J.								
Telephone Number										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Mark Built Homes Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 310 Ocean Ave		Square Feet 2000	# of Floors 1							
City (5) Long Branch		Bldg. Age 50								
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Cabana Club							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Rd								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey								
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029							
Start Date (10) 2/20/17		Scheduled Completion Date (11) 2/27/17								
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		Name of OSHA Monitor								
		Street Address								
		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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	
roof				roofing material	2000	X				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chrins Landfill						
City, State Colts Neck, New Jersey			Disposal Date 2/27/17	City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire	Date 2/11/17						

CK 1503

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

Date of Notification 2/10/17		Name of Building Owner / Operator (2) 228 Mountain Ave, LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 15 2017 ASBESTOS CONTROL </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification	15 Bleeker Street			
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Amended Notification	Millburn, NJ 07041		Telephone Number	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact			
DCA		Ken Mandelbaum			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Burger King			Type of Facility (4)		
Street Address 228 Mountain Ave			School (K-12)		
			Subchapter 8 (Other than K-12)		
City (5) Hackettstown			County (6) Warren		County Code (7)
			Square Feet 2,500		# of Floors 1
					Bldg. Age 60
			Current Use (Prior if being demolished) Fast Food		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07716			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 2/20/17	Scheduled Completion Date (11) 2/25/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 443 Schoolhouse Road		
Abatement Performed Outside of Normal Facility Hours -			City, State & Zip Code Monroe Township, NJ 08831		
Describe:					
Other - Describe:					
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		Full Containment with Negative Pressure	
<input type="checkbox"/> Large Project				Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM				Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				<input checked="" type="checkbox"/> Other: Non-friable	
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Building Roof	N/A	Roofing	2,200 SF	Removal	
Building Roof Parapet	N/A	Parapet flashing	200 SF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill Cumberland County	
City, State Freehold, NJ		Disposal Date 2/26/17	City, State Newburg, PA		
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>			Date 2/10/17

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

CK 3958

Date of Notification (1) 2/10/17		Name of Building Owner/Operator (2) MR. ANTHONY GAETA		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E D FEB 15 2017 </div>				
Agencies Notified		Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code LYNDHURST . NJ . 07071 Name of Contact R. GAETA						
Type Notification		Telephone Number						
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. GAETA				Type of Facility (4)				
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) LYNDHURST				Square Feet 1800	# of Floors 2			
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 1945			
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) RESIDENCE				
ASCM No.		Name of Abatement Contractor (9)						
Street Address		Best Removal Inc						
City, State, Zip Code		Street Address 450 South River Street						
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Hackensack, NJ 07601				
Start Date (10) 2/23/17		Scheduled Completion Date (11) 2/24/17		Telephone No. 201-329-7444				
Occupancy Status During Abatement (Check Only One)		License No. 00388						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental						
Scope of Work (Check All That Apply)		Street Address 280 Huyler Street						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code South Hackensack, NJ 07606						
<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) In Facility (13) TO BE ABATED	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
BASEMENT			THERMAL SYSTEM INSULATION	8 SLF X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 20/207	Name of Registered Landfill Minverva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 2/24/17		City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 2/10/17		

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

Check # 11515

Date of Notification (1) February 10, 2017		Name of Building Owner / Operator (2) Heller Family, LLC	
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"/> Cancellation	<div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> City, State & Zip Code Edison, NJ 08817	
		Name of Contact John Meier	



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 & commercial buildings, home, etc.)	
Street Address		Square Feet 960	# of Floors 2
		Bldg. Age 134 years	
City (5) Edison		Current Use (Prior if being demolished) Residence	
County (6) Middlesex	County Code (7) USE ONLY		
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	
Street Address 15 West Elizabeth Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Linden, NJ 07036		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	License Number 00817
Scheduled Start Date (10) February 20, 2017	Scheduled Completion Date (11) March 20, 2017	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

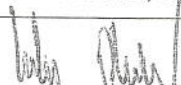
- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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		X		Transite Siding	4,550 SF	X			
1 st Floor Bedroom		X		Floor Tile and Mastic	30 SF	X			
Kitchen and Pantry		X		Linoleum Sheeting	200 SF	X			
Front Enclosed Porch		X		Floor Tile and Tar Paper	140 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date March 21, 2017	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date February 10, 2017

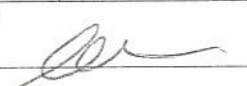
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHCK # 8346

Date of Notification (1) <div style="text-align: center;">02 / 07 / 17</div>		Name of Building Owner/Operator (2) The Township of Ewing							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 2 Jake Garzio Drive City, State, Zip Code Ewing Township, New Jersey 08628 Name of Contact Kim J. Macellaro, RMC Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hollowbrook Community Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 320 Hollowbrook Drive		Square Feet 60,000 SF	# of Floors 2						
City (5) Ewing		Bldg. Age 40+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Community Center							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 149	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 56 East Bridge Street		Street Address 494 E. 41 Street							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm James Frisbee		Telephone No. 267-991-9212	License No. 00507						
Start Date (10) <div style="text-align: center;">02 / 21 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 31 / 17</div>	Name of OSHA Monitor East Coast Haz Mat Removal, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____PM-____AM		Street Address 494 E. 41 Street							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor - Windows - Bldg 1974	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows Glazing - 19 Windows	1360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor-Windows-Bldg 1974	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows Glazing - 23 Windows	1660 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"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 25	Name of Registered Landfill GROWS WM/PA					
City, State Paterson, NJ 07504		Disposal Date 03-28-2017		City, State Morrisville, PA 19067					
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 			Date 02-08-17		


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

Check 16149

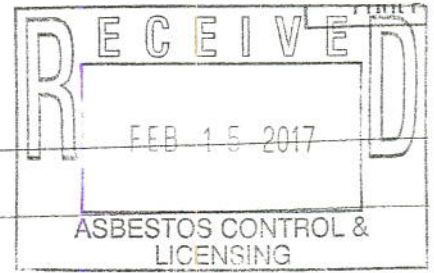
Date of Notification (1) 2/8/17		Name of Building Owner/Operator (2) Cartwright							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ Name of Contact George Haldeman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 2200	# of Floors 2						
County (6) Essex		Bldg. Age 85							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/14/17	Scheduled Completion Date (11) 3/16/17	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 type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
library			x	wall & ceiling plaster	330 SF	x			
living room			x	wall plaster	100 SF	x			
basement boiler room & storage			x	ceiling plaster	275 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 2/8/17			

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

Check 16154

Date of Notification (1) 2/10/17		Name of Building Owner/Operator (2) Josephine Brewster							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ Name of Contact Josephine Brewster Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westwood		Square Feet 2500	# of Floors 2						
County (6) Bergen		Bldg. Age 75							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/20/17	Scheduled Completion Date (11) 3/16/17	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>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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	pipe insulation	78 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 2/10/17		

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



CK# 3107

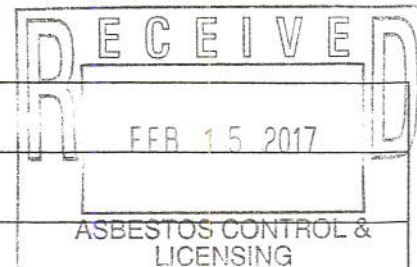
Date of Notification (1) 2/13/17		Name of Building Owner/Operator (2) Jet Properties	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 40 Whate Pond Rd		City, State, Zip Code Oakhurst, New Jersey	
Name of Contact Mike		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Jet Properties Building		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 40 Whate Pond Rd		Square Feet 2200	# of Floors 2
City (5) Oakhurst		Bldg. Age 55+	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 2/22/17	Scheduled Completion Date (11) 3/1/17	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	
		City, State, Zip Code	

Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside			X	Siding	2000 lb	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins Landfill
City, State Colts Neck, New Jersey	Disposal Date 3/1/17	City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree McGuire	Date 2/13/17

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

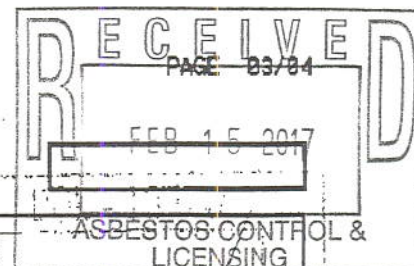


Date of Notification (1) 02/ 07/2017		Name of Building Owner/Operator (2) BOROUGH OF CARTERET							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 COOK AVE.							
		City, State, Zip Code CARTERET NJ 07008-1650							
		Name of Contact MAZEL GROUP LLC.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RITZ THEATER		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 46-48 WASHINGTON AVE.		Square Feet 10,000	# of Floors 2						
City (5) CARTERET NJ.07008		Bldg. Age 90							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address 7 PLEASANT HILL RD.		Street Address 1126 51st. STREET							
City, State, Zip Code CRANBURY		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 201-776-0642						
License No. 01300									
Start Date (10) 02/16/2017	Scheduled Completion Date (11) 02/24/2017	Name of OSHA Monitor ENVIRO-PRO 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 <input type="checkbox"/> Other - Describe: _____		Street Address 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN NJ. 08840							
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 checked="" 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
FIRST FLOOR WALL RAISING		X		PIPE INSULATION	225 LF	X			
Name of Registered Waste Hauler TRI-STATE ASSOCC. INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE. INC					
City, State BRONX. NY.		Disposal Date TBD		City, State WAYNESBURG. OHIO. 44688					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 			Date 02/07/2017			

02/10/2017 09:17AM 9736381778

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

MO#24219183420



Date of Notification (1) <u>02</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Kevin Purcell	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address Kearny, NJ 07032		Name of Contact Kevin Purcell	
Telephone Number 973-638-1777			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Kearny, NJ 07032		Square Feet	# of Floors
County (6) Hudson		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <u>02</u> / <u>12</u> / <u>17</u>		Scheduled Completion Date (11) <u>02</u> / <u>14</u> / <u>17</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 Time of Abatement: _____ AM _____ PM _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 100 sf or >200 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Test with Negative Pressure <input type="checkbox"/> Non-Exempted ("I") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe insulation
		<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 Gr Tech LLC		DEP Waste Hauler ID No. 0033785	Quota Yards of Waste TED
City, State Wayne, NJ 07470		Disposal Date TED	Name of Registered Landfill Tullytown, PA
Completed By (Print or Type) N.Jevic		Title Owner	Signature <i>N.Jevic</i>
Date 02/10/17			

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

CK103953

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 12/11/10 1/11/17		Name of Building Owner/Operator (2) MARS Chocolate North America	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 800 High St City, State, Zip Code Hackettstown, NJ 07840 Name of Contact Jenna Caltan	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Telephone Number FEB 15 2017 ASBESTOS CONTROL & ABATEMENT	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MARS Chocolate North America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 700 High St		Square Feet 95,000	
City (5) Hackettstown		No. of Floors 2	
County (6) Warren		Bldg. Age 66	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Manufacturing	

Name of Monitoring Firm Hired by Building Owner (8) EHT		Name of Abatement Contractor (9) J.W. HERITAGE CONSTRUCTION SERVICES, INC.	
Street Address 655 West Stone Trail		Street Address P.O. BOX 372	
City, State, Zip Code SPARTA, NJ		City, State, Zip Code HACKETTSTOWN, NJ 07840	
Project Manager for Monitoring Firm Bill Kerbel		Telephone Number 908-453-3355	
Telephone Number 973-729-5649		License Number 00768	

Scheduled Start Date (10) 12/11/10		Sched. Completion Date (11) 1/4/21/17	
Month / Day / Year		Month / Day / Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Regular Hours			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> 0-25 sf or >3 lf <input checked="" type="checkbox"/> 25-160 sf or >260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			

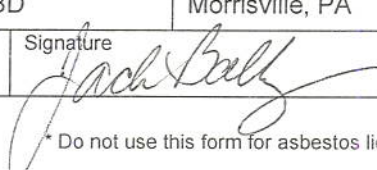
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes/No/N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
Boiler Room	✓	TSI	604526X				

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 14723		Cubic Yards of Waste 40		Name of Registered Landfill GCS	
City, State Ewing, New Jersey		Disposal Date 4/21/17		City, State Pen Argil, PA		Date 2/10/17	
Completed By (Print or Type) John Wastham		Title President		Signature [Signature]		Date 2/10/17	

CH 5160

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) February 14, 2017		Name of Building Owner/Operator (2) BNE Real Estate Group							
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 James Puleo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) No Name		Type of Facility (4)							
Street Address 1 Harrison Avenue		<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) Harrison		Square Feet 10,000	# of Floors 3						
		Bldg. Age 60+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) The Vertex Companies, Inc.		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way, Suite 105		Street Address 407 W Lincoln Highway, Suite 500							
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	License No. 01161						
Start Date (10) 2/27/17	Scheduled Completion Date (11) 3/27-17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 			Date 2/14/17		

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Abatement Type

[illegible]