


PAID

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

Ch #2790

Date of Notification (1) 2 / 8 / 19		Name of Building Owner/Operator (2) McWane Ductile		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 15 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 183 Sitgreaves St City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Eladio Quinones			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McWane Ductile				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 183 Sitgreaves St				Square Feet 100,000	# of Floors 1				
City (5) Phillipsburg				Bldg. Age 65					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Co. Inc.					
Street Address 411 Southgate Court				Street Address 923 Haws Ave					
City, State, Zip Code Mickleton, NJ 08056				City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 610-239-9920	License No. 00398				
Start Date (10) 2 / 25 / 19		Scheduled Completion Date (11) 3 / 4 / 19		Name of OSHA Monitor EHS Environmental Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / ____ PM - ____ AM				Street Address 411 Southgate Court					
				City, State, Zip Code Mickleton, NJ 08056					
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 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	3LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler rope gasket	10LF	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Republic Environmental Systems (Trans Group) LLC		NJDEP Waste Hauler ID No. PAD0982661		Cubic Yards of Waste 1CY	Name of Registered Landfill Republic Environmental Systems (PA) LLC				
City, State Voorhees, NJ 08043		Disposal Date 3/4/19		City, State Hatfield PA 19440					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 		Date 2/8/19			

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

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Date of Notification (1) 2/11/19		Name of Building Owner/Operator (2) MR. CHRISTOPHE CHOI		RECEIVED FEB 15 2019				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code LEONIA, NJ 07605 Name of Contact MS. PARK				Telephone Number		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. C. CHOI			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]			Square Feet 1800					
City (5) LEONIA			# of Floors 2		Bldg. Age 1950			
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444				
Start Date (10) 2/21/19		Scheduled Completion Date (11) 2/22/19		License No. 00388				
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: 8 AM TO 5:30 PM			Name of OSHA Monitor Omega Environmental					
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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Street Address 280 Huyler St					
			City, State, Zip Code S. Hackensack, N.J. 07606					
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) 35 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2.75	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 2/22/19		City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator		Signature <i>[Signature]</i>		Date 2/11/19			

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

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Date of Notification 2/9/18 Type Notification		Name of Building Owner / Operator (2) Allenwood Terrace Partners, LP	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification	Street Address 340 Pemberwick Rd	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Greenwich, CT 06831	
	Amended Notification	Name of Contact Richard Truslowe	
	Cancellation	Telephone Number 203-433-3279	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 2101 Allenwood Road		Square Feet 7,000	# of Floors 1
City (5) Wall Township	County (6) Monmouth	County Code (7)	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8) Enviro tactics, Inc.		ASCM No.	Current Use (Prior if being demolished) State Police
Street Address 1330 Laurel Ave		Name of Abatement Contractor (9) Global Abatement Services, LLC	
City, State & Zip Code Sea Girt, NJ 08750		Street Address 443 Schoolhouse Road	
Project Manager for Monitoring Firm Ed Claypoole		Telephone Number 732-449-0077	City, State & Zip Code Monroe Township, NJ 08831
Scheduled Start Date (10) 2/19/19	Scheduled Completion Date (11) 2/28/19	Telephone Number 732-605-9062	License Number 00714
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Name of OSHA Monitor Global Abatement Services, LLC	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		Full Containment with Negative Pressure Mini-Enclosure Glove-bag Procedure <input checked="" type="checkbox"/> Other: Non-friable	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)
Roof	N/A	Roof shingles	4,800SF
Windows	N/A	Window caulk	32ea.
Offices	N/A	VAT	1,200SF
Name of Registered Waste Hauler Freehold Carting	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 30	Name of Registered Landfill GROWS
City, State Trenton, NJ	Disposal Date 2/28/19	City, State Morrisville, Pa	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 2/9/19

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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 / 12 / 19		Name of Building Owner/Operator (2) Mike Tsimaras							
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 [REDACTED]		City, State, Zip Code Highland Park, NJ 08904							
Name of Contact Mike Tsimaras		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 [REDACTED]		Square Feet							
City (5) Highland Park, NJ 08904		# of Floors							
County (6) Middlesex		Bldg. Age							
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							
Start Date (10) 02 / 21 / 19		License No. 01127							
Scheduled Completion Date (11) 02 / 22 / 19		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 checked="" 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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 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 02/12/19			

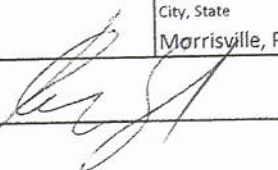
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 2/12/19		Name of Building Owner/Operator (2) Montclair Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Valley Rd							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Emidio D'Andrea	Telephone Number 973-509-4000						
		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Watchung Elementary School		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 & Commercial buildings, homes, etc.)							
Street Address 14 Garden Street		Square Feet 40,000 SF	# of Floors 2						
City (5) Montclair, NJ 07042		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 300 Grand Ave		Street Address 32 Willow Way							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. (201) 569-6708	Telephone No. 973-333-9176						
Start Date (10) 4/25/19		Scheduled Completion Date (11) 4/28/19	License No. 01331						
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: _____		Name of OSHA Monitor Envirovision Consultants, Inc.							
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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 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/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
Gymnasium		X		Radiator Covers	240 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 2/12/19			

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

Date of Notification (1) 2/11/2019		Name of Building Owner/Operator (2) Mike McCann	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Midland Park, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mike McCann	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mike McCann			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City Midland Park			# of Floors		
County			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
Scheduled Start Date (10) 2 11 19 Month Day Year		Sched. Completion Date (11) 2 13 19 Month Day Year		License Number 00371	
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Name of OSHA Monitor N/A		Street Address	
				City, State, Zip Code	

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	45 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste .75		Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 2-12-19		City, State Bronx, NY, 10474			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 2/11/2019	

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

FEB 15 2019

Date of Notification (1) 02 / 09 / 19		Name of Building Owner/Operator (2) John Caruso							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Kearny, NJ 07032 Name of Contact John Caruso Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Kearny, NJ 07032 County (6) Hudson		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 and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 02 / 11 / 19 Scheduled Completion Date (11) 02 / 12 / 19		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							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >280 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 SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	11 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 [Signature]		Date 02/09/19			

MAY 11

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

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FEB 15 2019

Date of Notification (1) 02 / 11 / 19		Name of Building Owner/Operator (2) Clara Maass Medical Center							
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 1 Clara Maass Drive							
		City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Clara Maass Drive		Square Feet 500,000	# of Floors 4						
City (5) Belleville		Bldg. Age 68 + yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.							
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger	Telephone No. 732-290-2217	Telephone No. 973-931-3293	License No. 01365						
Start Date (10) 02 / 22 / 19	Scheduled Completion Date (11) 02 / 20 / 19	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-5PM/ PM-2AM		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"/> Renovation <input 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 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
Grd. Fl. - PED/ED Space Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Felt Tar/waterproofing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Fl. - Elevator Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	150 SF	<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 Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Newark, NJ		Disposal Date 3-1-19		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature 			Date 2-11-19		

ASB-41
MAY 11

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

015474 PAID

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

RECEIVED

FEB 15 2019

Date of Notification (1) 02 / 12 / 19		Name of Building Owner/Operator (2) Lynn Elliot-Calehuff							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Yardville, NJ 08260 Name of Contact Lynn Elliot-Calehuff Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elliot-Calehuff Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,560							
City (5) Yardville		# of Floors 2							
County (6) Mercer		Bldg. Age 56							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-298-4070		Telephone No. 856-755-0099							
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 02 / 21 / 19		Scheduled Completion Date (11) 02 / 22 / 19							
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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 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
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 02/22/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 2/12/19			

02/11/2019 1:45PM FAX

00002/0004

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 5:30 and 12:125)

Check # 25789

Data of Notification (1) 2/11/2019		Name of Building Owner/Operator (2) Acquaviva Building & Construction							
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 30 Seven Oaks Cr.		City, State, Zip Code Holmdel, NJ 07733							
Name of Contact Ron Acquaviva		Telephone Number (732) 704-8838							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank		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 721 10th Ave.		Square Feet 4000							
City (5) Belmar, NJ 07719		# of Floors 3							
County (6) Monmouth		Bldg. Age 90 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 266-8668							
Start Date (10) 2/12/2019		License No. 00493							
Scheduled Completion Date (11) 2/20/2019		Name of OSHA Monitor MECS							
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 PO Box 341							
City, State, Zip Code Chesterfield, NJ 08515									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2100 sf or 2280 lf <input checked="" type="checkbox"/> Renovation <input 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-Filable 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	Enclose
1st Floor Office Area		X		Over-spray Fireproofing	300 sf	X			
Vault		X		Fireproofing	250 sf	X			
1st Floor		X		Thermal Pipe Insulation	40 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 16292		Cubic Yards of Waste 8		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 2/22/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 2/11/2019			

ASB-41 (R-06-08)

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

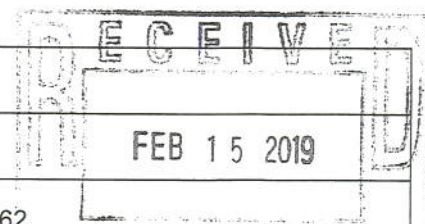
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25789

Date of Notification (1) 2/11/2019		Name of Building Owner/Operator (2) Acquaviva Building & Construction							
Agencies Notified	Type Notification	Street Address 30 Seven Oaks Cr.							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Holmdel, NJ 07733							
		Name of Contact Ron Acquaviva	Telephone Number (732) 796-8838						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank		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 721 10th Ave.		Square Feet 4000	# of Floors 3						
City (5) Belmar, NJ 07719		Bldg. Age 90 +/-							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 2/12/2019	Scheduled Completion Date (11) 2/20/2019	Name of OSHA Monitor MECS							
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 PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Office Area		X		Over- spray Fireproofing	300 sf	X			
Vault		X		Fireproofing	250 sf	x			
1st Floor		X		Thermal Pipe Insulation	40 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 2/22/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 2/11/2019			

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

Check # 25790

PAID

Date of Notification (1) 2/12/2019		Name of Building Owner/Operator (2) Hassel							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code Spring Lake, NJ 07762						
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
		Name of Contact Fabian Hassel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Spring Lake, NJ 07762		Square Feet 3000	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 100 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 2/28/2019	Scheduled Completion Date (11) 3/4/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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 am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	110 lf	X			
Basement		X		Duct Insulation	8 lf	x			
Crawl Space		X		Duct Insulation	6 lf	X			
				(Wrap& Cut)					
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 3/4/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 2/12/2019		

D&S Proj. #: 19-27

PAID

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

RECEIVED

FEB 15 2019

Date of Notification (1)
02/11/19

Name of Building Owner/Operator (2)

anthony gerace

Street Address

City, State, Zip Code

RIDGEWOOD, NJ 07450

Name of Contact

anthony gerace

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☐ Initial

☐ Amended

Amendment #:

☒ Emergency
(including justification)

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

anthony gerace

Street Address

City (5)

RIDGEWOOD

County (6)

bergen

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

02/09/19

Sched. Completion Date (11)

02/22/19

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ ≥ 3 sf or ≥ 3 lf

☒ Renovation

☐ ≥ 160 sf or ≥ 260 lf

☐ Demolition

☐ Full Containment w/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)

Amount
(Specify SF or
LF)

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BASEMENT

PIPE INSULATION

175 lf

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Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
02/11/19

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

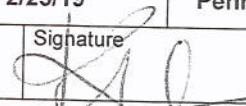
Date
02/08/19

CK5280

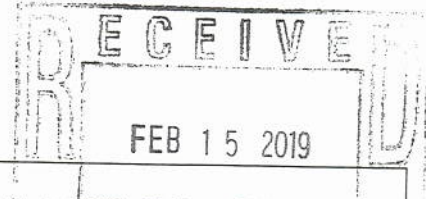
PAID

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

RECEIVED
FEB 15 2019

Date of Notification (1) 2 / 12 / 19		Name of Building Owner/Operator (2) Estate of Audry Sorensen / Job #1902-2404 Chk. #5280							
Agencies Notified <input checked="" 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 [REDACTED] City, State, Zip Code Edison, NJ 08820 Name of Contact Gail Drew, Executrix							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Edison		Square Feet 14334	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 1957						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Current Use (Prior if being demolished) Residential							
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Thorafare, NJ 08086		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400						
Start Date (10) 2 / 21 / 19		Scheduled Completion Date (11) 2 / 25 / 19	License No. 00862						
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		Name of OSHA Monitor EMSL Analytical, Inc.							
Street Address 200 U.S. Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1040 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 2/25/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 			Date 2-12-19			

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



CK 5279

PAID

Date of Notification (1) 1 / 9 / 18		Name of Building Owner/Operator (2) HealthSouth Corporation		Job # 1609-2116 Chk. # 5279	
Agencies Notified <input checked="" 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 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann	
				Telephone Number 205-970-7850	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) HealthSouth Rehab Hospital of Toms River				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 14 Hospital Drive				Square Feet 84,619	
City (5) Toms River				# of Floors 3	
County (6) Ocean				Bldg. Age over 30	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rehab Hospital			
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		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	
Start Date (10) 2 / 21 / 19		Scheduled Completion Date (11) 2 / 26 / 19		License No. 00862	
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		Name of OSHA Monitor EMSL Analytical, Inc.			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)	
Boiler Room B		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Tank Insulation	
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 2/26/19		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 2-12-19	

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

CR # 3513

Date of Notification (1) <u>2</u> / <u>12</u> / <u>19</u>		Name of Building Owner/Operator (2) South Jersey Gas		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 15 2019 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 7009 <input checked="" type="checkbox"/> DHSS 6996 <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 142 S Main St City, State, Zip Code Glassboro, NJ 08028 Name of Contact Collin Woomer		Telephone Number 609-204-0646	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Jersey Gas				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 142 S Main St				Square Feet # of Floors Bldg. Age					
City (5) Glassboro									
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Hazards, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 617 Stokes Rd				Street Address 1123 BEAVER STREET					
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211		Telephone No. 215-788-6040		License No. 00509			
Start Date (10) <u>2</u> / <u>22</u> / <u>19</u>		Scheduled Completion Date (11) <u>2</u> / <u>25</u> / <u>19</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM 5:00PM-1:30AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
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) 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
Storage Room C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine in Storage Room C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting	1 LF	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jsl</i>		Date 2/12/19			

 ASB-41
 MAY 11 **B 5 19008**

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

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9/18/00

State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-29

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Date of Notification (1)

10/21/11/11/11/19

Name of Building Owner/Operator (2)

pat naturale

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code

bloomfield, nj 07003

Name of Contact

pat naturale

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

pat naturale

Street Address

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

City (5)

bloomfield

County (6)

essex

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

Street Address

20 California Ave.

City, State, Zip Code

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-345-8020

License Number

01169

Start Date (10)

02/23/19

Sched. Completion Date (11)

03/08/19

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☒ Other-Describe: NORMAL HOURS

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

- ☐ Full Containment w/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)

Amount (Specify SF or LF)

R	R	E	E
e	e	n	n
m	p	c	c
o	a	a	a
v	i	p	p
e	r		

BASEMENT

PIPE INSULATION

60 l ft

BASEMENT soffit

PIPE INSULATION

35 l ft

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#

13506

Cubic Yards of Waste

1 yd.

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

02/23/19

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/11/19

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

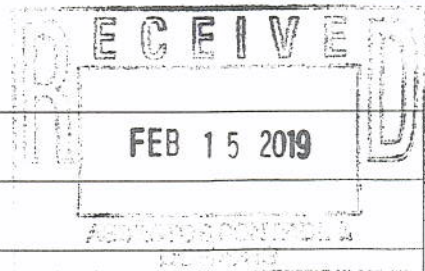
Check # 078

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Date of Notification (1) 02/03/2019		Name of Building Owner/Operator (2) Juliana Tontawy							
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"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Iselin, NJ 08830							
		Name of Contact Juliana Tontawy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Iselin		Square Feet 1,500	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 1954						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123						
Start Date (10) 02/05/2019		Scheduled Completion Date (11) 02/12/2019	License No. 01355						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, Inc							
<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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Ground Floor Family Room			X	VAT	220 SF	X			
Ground Floor Family Room			X	Popcorn Ceiling	220 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 	Date 02/03/2019					

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



Date of Notification (1) 02/12/19		Name of Building Owner/Operator (2) South Plainfield Board of Education		FEB 15 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 Jackson Ave. City, State, Zip Code South Plainfield, NJ 07080 Name of Contact Thomas Wiggins Telephone Number 908-754-4620					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Plainfield Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2201 Plainfield Ave.			Square Feet		# of Floors				
City (5) South Plainfield			Bldg. Age						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127		Name of Abatement Contractor (9) Academy Construction Inc					
Street Address 1248 Wrights Ln.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 484-894-4841		License No. 01379					
Start Date (10) 02/22/19		Scheduled Completion Date (11) 03/08/19		Name of OSHA Monitor Same as above					
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					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Room 12			X	Drop ceiling	300sf	x			
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 4		Name of Registered Landfill Fairless Landfill			
City, State Totowa NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Filip Geleski			Title Supervisor		Signature <i>Filip Geleski</i>		Date 02/12/19		

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

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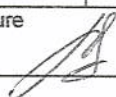
CK 1365

Date of Notification (1) 02/11/2019		Name of Building Owner/Operator (2) PRODRASS CORPORATION							
Agencies Notified	Type Notification	Street Address 65 DAVIS AVE,							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEARNY NJ. 07042							
		Name of Contact ANGELICA CABALLERO	Telephone Number 201 - 279 - 5900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 81 MISSION ST.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MONTCLAIR NJ. 07042		Square Feet 2,100	# of Floors 2						
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 92						
		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 776 0642						
		License No. 01300							
Start Date (10) 02/12/2019	Scheduled Completion Date (11) 02/12/2019	Name of OSHA Monitor EMSL ANALYTICAL INC							
Occupancy Status During Abatement (Check Only One)		Street Address 307 W. 38 ST							
<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 NEW YORK NY.							
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 checked="" type="checkbox"/> Demolition <input checked="" 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) 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
2nd Floor living room		x		Wall plaster debris	300 SF.	x			
Name of Registered Waste Hauler TRI- STATE ASSOCC		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					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature		Date 02/12/2019			

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

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FEB 15 2019

Date of Notification (1) 02-11-19		Name of Building Owner/Operator (2) Deboer Landscapes							
Agencies Notified	Type Notification	Street Address 11 Terhune St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oakland, NJ 07436							
		Name of Contact Lidia	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oakland		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 522 7th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087							
Telephone No.		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 02-21-19	Scheduled Completion Date (11) 02-22-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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 Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Basement		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 02-25-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager		Signature 			Date 02-11-19		

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

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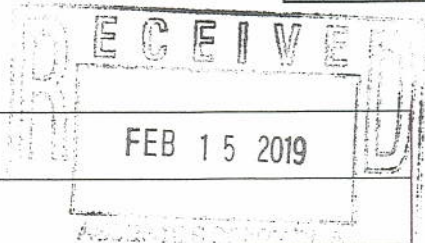
FEB 15 2019

Date of Notification (1) 02.07.2019		Name of Building Owner/Operator (2) Private House - Avi Kornblit							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highland Park, NJ 08904							
		Name of Contact Avi Kornblit	Telephone Number N/A						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Highland Park, NJ 08904		Square Feet 1720	# of Floors 2						
		Bldg. Age 1913							
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC							
Street Address		Street Address 164 Meriline Ave Apt. C							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-807-6330	License No. 01383						
Start Date (10) 02.21.2019	Scheduled Completion Date (11) 02.22.2019	Name of OSHA Monitor Spes Contracting LLC							
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 164 Meriline Ave Apt. C							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Thermal System Insulation	68LF	X		X	
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 2CY	Name of Registered Landfill G.R.O.W.S.					
City, State Woodland Park			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature 			Date 02.06.2019		

CK 1328

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



Date of Notification (1) 2/8/2019		Name of Building Owner/Operator (2) Tom Hawrylko Jr		FEB 15 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Clifton NJ 07011 Name of Contact Tom Hawrylko Jr Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom Hawrylko Jr				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet # of Floors Bldg. Age					
City (5) Clifton		County (6) Passaic		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) MKD Property Maintenance LLC					
Street Address				Street Address 105 Van Riper Avenue					
City, State, Zip Code				City, State, Zip Code Clifton NJ 07011					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-899-9008 License No. 01336					
Start Date (10) 2/8/2019		Scheduled Completion Date (11) 2/18/2019		Name of OSHA Monitor					
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 City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
1st floor		X		Pop-corn ceiling	465 SQ	X			
Basement		X		VAT	615SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste 1 YD	Name of Registered Landfill Fairless Landfill				
City, State				Disposal Date	City, State Morrisville PA 19067				
Completed by Darko Raloski		Title Project Manager		Signature 		Date 2/8/2019			

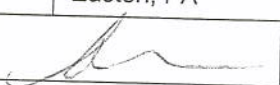
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 8570

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FEB 15 2019

Date of Notification (1) 2/8/19		Name of Building Owner/Operator (2) NJ Abaters							
Agencies Notified	Type Notification	Street Address PO Box 643							
<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 Middlesex, NJ 08846							
		Name of Contact Raphael Rodrigues	Telephone Number 908-361-0889						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) business		Type of Facility (4)							
Street Address 230 Hamilton Boulevard		<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) South Plainfield		Square Feet 3,200	# of Floors 2						
County (6) Middlesex		Bldg. Age 73							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 2/18/19		Scheduled Completion Date (11) 2/28/19	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
main level			x	floor tile	322 SF		x		
basement/crawlspace			x	pipe insulation	170 LF				
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 2/8/19	

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

Check
10620

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Date of Notification (1) 2-12-19		Name of Building Owner/Operator (2) James Cavanaugh	
Agencies-Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code Somerville NJ 08807
		Name of Contact James Cavanaugh	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Store/office Retail		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 34 West Main Street		Square Feet	# of Floors 3
City (5) Somerville NJ 08807		Bldg. Age 60+	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
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	License No. 00394
Start Date (10) 2-25-19	Scheduled Completion Date (11) 3-15-19	Name of OSHA Monitor EPC Technologies 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: open Time Frame		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
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 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)
	Yes	No	
Front Half 2nd Floor		X	Floor Tiles
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 15	Name of Registered Landfill Waste Management of PA
City, State New Egypt NJ		Disposal Date Various Dates	City, State Morrisville PA
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 2-12-19

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

CK13360
Date of Notification (1)
2/5/2019

Name of Building Owner/Operator (2)
Jose Pimentel

FEB 15 2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code
Teaneck NJ 07605

Name of Contact
Tom Hawrylko Jr

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jose Pimentel's Private Residential

Street Address

Type of Facility (4)

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

City (5)
Teaneck NJ

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)

ASCM No.

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address

Street Address
105 Van Riper Avenue

City, State, Zip Code

City, State, Zip Code
Clifton NJ 07011

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-899-9008

License No.
01336

Start Date (10)
2/22/2019

Scheduled Completion Date (11)
2/28/2019

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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
Attic		X		Vermiculite	630 SF	X			

Name of Registered Waste Hauler
TBD

NJDEP Waste
Hauler ID No.
TBD

Cubic Yards
of Waste
1 YD

Name of Registered Landfill
Fairless Landfill

City, State

Disposal Date

City, State
Morrisville PA 19067

Completed by
Darko Ralowski

Title
Project Manager

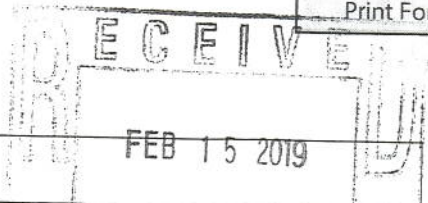
Signature

Date
2/5/2019

CK 29139922

PAID

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



Date of Notification (1) 02/06/2019		Name of Building Owner/Operator (2) Paul Schnabel		FEB 15 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Boonton, NJ 07005 Name of Contact Paul Schnabel Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet N/A						
City (5) Boonton			# of Floors N/A		Bldg. Age N/A				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685					
Start Date (10) 02/21/2019		Scheduled Completion Date (11) 02/22/2019		License No. 01311					
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:				Name of OSHA Monitor D&S Abatement, Inc.					
				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
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) <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
1st floor		X	VAT	1050 SF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 02/06/2019			

State of New Jersey

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

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FEB 15 2019

Date of Notification (1) 02/06/2019		Name of Building Owner/Operator (2) Matt Clements						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044						
		Name of Contact Matt Clements	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Verona		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 02/19/2019	Scheduled Completion Date (11) 02/20/2019	Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
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
Basement		X	Pipe Insulation	200 LF	X			
Garage		X	Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 02/06/2019				

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FEB 15 2019

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

CX 4746 **PAID**

Date of Notification (1) <u>2-9-19</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD NJ 08230</u>	
		Name of Contact <u>BRUCE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address _____			
City (5) <u>BUEA</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>
		Bldg. Age <u>50+</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>2-19-19</u>	Scheduled Completion Date (11) <u>2-29-19</u>	Name of OSHA Monitor <u>N/A</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 <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____	Name of Registered Landfill <u>ACUA</u>
		City, State <u>PLEASANTVILLE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>2-9-19</u>

PAID

CL 2446

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

RECEIVED**FEB 15 2019**

Date of Notification (1) 2/8/2019		Name of Building Owner / Operator (2) Servicemaster	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 177 City, State & Zip Code Vineland, NJ Name of Contact Jesse Hand Telephone Number 856-692-4269	

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, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,008		
City (5) Bridgeton			# of Floors 1		
County (6) Cumberland			Bldg. Age 50		
County Code (7)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental LLC		
Street Address		Street Address P O Box 8297			
City, State & Zip Code		City, State & Zip Code Trenton, NJ 08650			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 2/12/2019	Scheduled Completion Date (11) 2/15/2019		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glove Bag Procedures			
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL LLC		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 8	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 2/8/2019