

OK 282

PAID

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

RECEIVED


FEB 25 2019

Date of Notification (1) 2/15/2019			Name of Building Owner/Operator (2) Demarest BOE		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH			Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		
Street Address 568 Piermont Road			City, State, Zip Code Demarest, NJ 07627		
Name of Contact Tom Perez			Telephone Number 201-768-6060		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Demarest BOE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # 40,000 of Floors:1 Bldg. Age: 60 years old Current Use (prior if being demolished):		
Street Address 568 Piermont Road					
City (5) Demarest, NJ 07627	County (6) Bergen	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9)		
Street Address			BL Contracting Inc.		
City, State, Zip Code			Street Address 5 Marguerite Lane		
Project Manager for Monitoring Firm		Telephone Number	City State, Zip Code Towaco NJ 07082		
Scheduled Start Date (10) 2/25/19		Scheduled Completion Date (11) 3/5/19	Telephone Number 973-901-0153		
			License Number 01265		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-3:30 PM			Name of OSHA Monitoring BL Contracting Inc		
			Street Address 5 Marguerite Lane		
			City, State, Zip Code Towaco NJ 07082		
Source of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Roof	YES NO NA <input checked="" type="checkbox"/>	Remove Roof Flashing	48 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F	
Completed by (Print or Type) Nedo Vasilic			Title Project Manager	Signature <i>Nedo Vasilic</i>	Date 2/15/2018
			Disposal Date 3/06/2019	City, State Tully town, PA	

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

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FEB 25 2019

Date of Notification (1) 2/19/19		Name of Building Owner/Operator (2) Texas Eastern Transmission, LP							
Agencies Notified	Type Notification	Street Address 890 Winter Street, Suite 300							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 Waltham, MA 02451							
		Name of Contact REX MCHANEY	Telephone Number 806.683.6483						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAMBERTVILLE COMPRESSOR STATION		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 1325 NJ ROUTE 179		Square Feet	# of Floors 1						
City (5) LAMBERTVILLE		Bldg. Age							
County (6) USA	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMPRESSOR STATION							
Name of Monitoring Firm Hired by Building Owner (8) TRC Environmental Corporation		ASCM No.	Name of Abatement Contractor (9) NASDI LLC						
Street Address 41 Spring Street		Street Address 39 OLYMPIA AVE							
City, State, Zip Code New Providence, NJ 07974		City, State, Zip Code WOBBURN, MA 01801							
Project Manager for Monitoring Firm Gail Lage		Telephone No. (615)301-5741	Telephone No. 781.250.6600						
Start Date (10) 3/5/19		Scheduled Completion Date (11) 7/31/19	License No. 02002						
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 ALEXEY PALETS							
		Street Address 41 Spring Street							
		City, State, Zip Code New Providence, NJ 07974							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	transite panel	20,000 sf	X			
exterior			X	caulking	1500 lf	X			
exterior			X	glazing	3600 lf	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISES, LLC					
City, State LAFAYETTE, NJ		Disposal Date 3/5/19-7/31/19		City, State WAYNESBURG, OH					
Completed by Jeffery Teagarden		Title Executive Vice President		Signature 		Date 2/21/19			

CK # 868

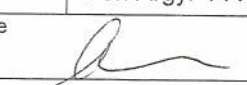
ASB-41
MAY 11

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

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

Check 18597

Date of Notification (1) 2/20/19		Name of Building Owner/Operator (2) Nancy Makowski							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Joshua Marks	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		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 2800	# of Floors 2						
City (5) Phillipsburg		Bldg. Age 72							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Servcies, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/25/19	Scheduled Completion Date (11) 3/8/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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) <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	plaster wire lath ceiling/soffits	1,000 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 2/20/19			

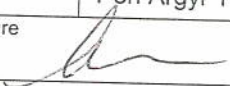
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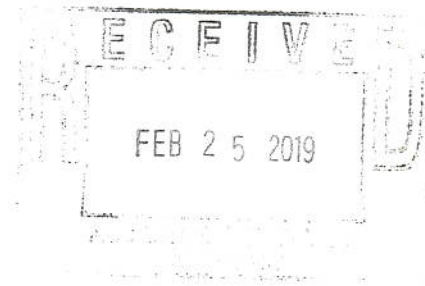
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 2/20/19		Name of Building Owner/Operator (2) Woodbridge Hospitality, LLC						
Agencies Notified	Type Notification	Street Address 1002 Route 9 North						
<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 Woodbridge NJ 07731						
		Name of Contact Dave	Telephone Number 732-306-7468					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) business - hotel		Type of Facility (4)						
Street Address 1002 Route 9 North		<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) Woodbridge		Square Feet 5000	# of Floors 2					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 72					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) business						
Street Address		Name of Abatement Contractor (9) ABS Environmental Servcies, LLC						
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483						
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418						
Telephone No.		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 3/1/19	Scheduled Completion Date (11) 4/15/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
see attached			X	see attached	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl PA				
Completed by A. Scott Higgins		Title President	Signature 		Date 2/20/19			



**1002 Route 9 North
Woodbridge NJ
Middlesex County**

Hotel Office

Sample Location	ACM Material	Quantity	Abatement Type
Furnace Room	Ceiling transite	100 SF	Removal

Scope of Work ~ Building A

Sample Location	ACM Material	Quantity	Abatement Type
First & Second Floors	Spray-On	10,000 SF	Removal
First Floor Utility Room	Pipe insulation	10 pipe fittings	Removal

Scope of Work ~ Building B

Sample Location	ACM Material	Quantity	Abatement Type
First Floor Second Floor	Spray-On	10,000 SF	Removal


Scope of Work ~ Building C

Sample Location	ACM Material	Quantity	Abatement Type
First Floor Second Floor	Spray-On	10,000 SF	Removal
First Floor Utility Room	Pipe fitting	10 pipe fittings	Removal

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

Check 18599

Date of Notification (1) 2/20/19		Name of Building Owner/Operator (2) Demolition Resources							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 Warren Street, Suite 34		City, State, Zip Code Hackensack, NJ 07601							
Name of Contact Byron		Telephone Number 201.887.1900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		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 1900							
City (5) Elizabeth		# of Floors 2							
County (6) Union		Bldg. Age 75							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Servcies, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 3/2/19		License No. 703							
Scheduled Completion Date (11) 4/2/19		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 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
see attached			x	see attached		x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 2/20/19			

722 Westminster Avenue
Elizabeth NJ
Union County



Basement

Sample Location	ACM Material	Quantity	Abatement Type
Basement	Pipe insulation	130 LF	Removal
	Wall plaster	160 SF	Removal

1st Floor West Wing

Sample Location	ACM Material	Quantity	Abatement Type
First Floor West Wing	Floor tile	130 SF	Removal

2nd Floor Next to Stairs

Sample Location	ACM Material	Quantity	Abatement Type
Second Floor	Wall plaster	130 SF	Removal

Roof ~ Entire House & Garage

Sample Location	ACM Material	Quantity	Abatement Type
Roof – house	Roofing	5,000 SF	Removal
Roof - garage	Roofing	650 SF	Removal

Feb.19.2019 06:36 AM A. Mac Contracting

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FEB. 25 2019

Check # 1243

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:26 and 17:27)

Date of Notification (1) 2/19/19		Name of Building Owner/Operator (2) AFFILIATED MANAGEMENT							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 301 S. LIVINGSTON AVE. SUITE 201		City, State, Zip Code LIVINGSTON NJ 07039							
Name of Contact RICHT SHATWELL		Telephone Number 973-335-2600							
Name of Facility Where Abatement is Taking Place (3) GARFIELD PARK ARTS									
Street Address 210 CHERRY AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)							
City (5) BUNK BROOK		Square Feet 12,000							
County (6) SOMERSET		Number of Floors 3							
Country Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ARTS							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 2/19/19		Scheduled Completion Date (11) 2/23/19							
Name of CMRA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 100 sq ft or more <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-Regulated (N) and Non-Friable (NF) Procedures									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			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	Encapsulation	Other
CRAWL SPACE C-4			X	PIPE	180 LF	X			
Name of Registered Waste Handler Newark Carting, Inc.		RCRA Waste Handler ID No. 04509		Date of Waste 2/19/19		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State, Zip Code Newark, N.J. 07108		City, State, Zip Code Pen Argyl, PA 08072		Date 2/19/19					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 2/19/19			

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

FEB 25 2019

CK 10775

Date of Notification (1) 2-8-19		Name of Building Owner/Operator (2) BEVERLY NATIONAL CEMETERY							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 916 BRIDGEBORO RD.		City, State, Zip Code BEVERLY NJ 08010							
Name of Contact Bill Belknap		Telephone Number 610-517-0242							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BEVERLY NATIONAL CEMETERY		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 916 BRIDGEBORO RD.		Square Feet 260 # of Floors 1 Bldg. Age N/A							
City (5) BEVERLY NJ		Current Use (Prior if being demolished) VACANT							
County (6)		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SRV INC.		ASCM No.							
Street Address PO BOX 365		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION							
City, State, Zip Code BERLIN NJ 08009		Street Address PO BOX 11587							
Project Manager for Monitoring Firm JIM PROCTOR		City, State, Zip Code PHILA PA 19116							
Telephone No. 856-452-1311		Telephone No. 267-784-4694							
Start Date (10) 2-21-19		License No. 01276							
Scheduled Completion Date (11) 2-22-19		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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLR			<input checked="" type="checkbox"/>	FLOOR TILE	250 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste 1		Name of Registered Landfill WESTERN BERKS CC			
City, State PHILA PA		Disposal Date 2-22-19		City, State BIRDSBORO PA					
Completed by EFRAIM DUA		Title N. PRES		Signature <i>EFRAIM DUA</i>		Date 2-8-19			

CK9604

PAID

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

RECEIVED

FEB 25 2019

Date of Notification (1) 2.19.19		Name of Building Owner/Operator (2) Nancy Barnett							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belvedere NJ 07823							
		Name of Contact Nancy Barnett	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Same		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 Same		Square Feet 1560	# of Floors 2						
City (5)		Bldg. Age 99							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service						
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St							
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136							
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 201-864-6583	Telephone No. 215 333-5117						
		License No. 01328							
Start Date (10) 2.20.19	Scheduled Completion Date (11) 2.21.19	Name of OSHA Monitor A.E.S.L.							
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 Same							
		City, State, Zip Code Same							
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 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
Sewing Room		x		VAT	140sf	x			
Laundry Room		x		VAT	51sf	x			
Basement		x		Pipe Insulation	155lf	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32787		Cubic Yards of Waste	Name of Registered Landfill Waste Management				
City, State Elizabeth NJ				Disposal Date	City, State Bristol PA				
Completed by Anthony Jones		Title Project Manager		Signature <i>Anthony Jones</i>		Date 2.19.19			

OK 4751

PAID

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

E C F I V

FEB 25 2019

Date of Notification (1) <u>2-18-19</u>		Name of Building Owner/Operator (2) <u>D. L. MINER</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>11 CLERMONT DR. UNIT A</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>							
		Name of Contact <u>PAT</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 [REDACTED]									
City (5) <u>STONE HARBOR</u>		Square Feet <u>1500</u>	# of Floors <u>1</u> Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</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>KLEWCO INC</u>							
Street Address		Street Address <u>369 S. SPROCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>401371</u>						
Start Date (10) <u>2-28-19</u>	Scheduled Completion Date (11) <u>3-8-19</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 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) <u>2250 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KIRWAN</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>2-18-19</u>				

ASB-41

* 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 # 25791

Date of Notification (1) 2/13/2019		Name of Building Owner/Operator (2) Theunissen							
Agencies Notified	Type Notification	Street Address	FEB 25 2019						
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Paul Theunissen	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) Princeton, NJ 08540		Square Feet 5000	# of Floors 3						
		Bldg. Age 90 +/-							
County (6) Mercer	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	Telephone No. 609 259-9688						
		License No. 00493							
Start Date (10) 2/15/2019	Scheduled Completion Date (11) 2/19/2019	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 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	120 lf	X			
Crawl Space		X		Thermal Pipe Insulation	65 lf	X			
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 2/13/2019		

02/13/2019 10:17AM FAX

EC 0002/0004


Print Form

Check # 25791

2019

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 2/13/2019		Name of Building Owner/Operator (2) Theunissen							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Princeton, NJ 08540							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Paul Theunissen	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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540		Square Feet 5000	# of Floors 3						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 90 +/-						
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 08516		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 2/15/2019		Scheduled Completion Date (11) 2/19/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address PO Box 341							
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Chesterfield, NJ 08516							
Other - Describe: 8 am - 4 pm									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 150 sf or ≥ 250 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)		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	120 lf	X			
Crawl Space		X		Thermal Pipe Insulation	66 lf	X			
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 2/13/2019			

OK 3099

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

Print Form
E C E I V E

FEB 26 2019


Date of Notification (1) 2/19/19		Name of Building Owner/Operator (2) Ian Horowitz, ICH Remediation Holdings LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 Chatham, NJ 07928							
Name of Contact Eric Plackis		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1536	# of Floors 2						
City (5) Chatham		Bldg. Age 79							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address [REDACTED]		Street Address PO Box 915							
City, State, Zip Code [REDACTED]		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499	License No. 01196						
Start Date (10) 2/19/19	Scheduled Completion Date (11) 2/28/19	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 [REDACTED]							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code [REDACTED]							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 400SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
			X	Asbestos floor tile		X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 7	Name of Registered Landfill Grows North Landfill					
City, State Brick, NJ		Disposal Date 2/2 /19		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature [Signature]			Date 2/19/19		

OK 3097

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

FEB 25 2019

Date of Notification (1) 2/1/19		Name of Building Owner/Operator (2) Denise Russo							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]									
City, State, Zip Code Farmingdale, NJ 07727									
Name of Contact Eric Plackis		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2500 # of Floors 2 Bldg. Age 98							
City (5) Farmingdale		Current Use (Prior if being demolished) Home							
County (6) Monmouth		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address		Street Address PO Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499							
Telephone No.		License No. 01196							
Start Date (10) 2/4/19		Scheduled Completion Date (11) 2/11/19							
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	Pipe Insulation	150LF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 4		Name of Registered Landfill Grows North Landfill			
City, State Brick, NJ		Disposal Date 2/11/19		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature 		Date 2/1/19			

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

RECEIVED

FEB 25 2019

CK 36049

Date of Notification (1) 02 / 19 / 19			Name of Building Owner/Operator (2) Accurate Builders						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 742 Ocean Avenue City, State, Zip Code Lakewood, NJ 08701					
			Name of Contact Steven Aisenstark		Telephone Number 732-941-0300				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Lakewood				Square Feet 2500	# of Floors 2				
County (6) Ocean				County Code (7)(STATE USE ONLY)	Bldg. Age 65				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) Residence					
Street Address		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
City, State, Zip Code				Street Address 1889 Route 9, Unit 61					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Toms River, New Jersey 08755					
Start Date (10) 02 / 20 / 19		Scheduled Completion Date (11) 02 / 21 / 19		Telephone No. 732-349-9932	License No. 00624				
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 E.M.S.L. Analytical					
				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 02/21/19	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 2/19/19			

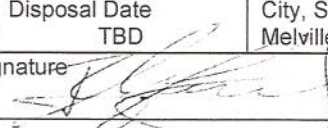
OK 6052

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

RECEIVED

FEB 25 2019


Date of Notification (1) 2/8/19		Name of Building Owner/Operator (2) Ashland Incorporated							
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Amendment # 2 () Emergency (including justification) () Cancellation	Street Address 500 Hercules Road							
		City, State, Zip Code Wilmington, DE 19805							
		Name of Contact Edward Meeks	Tel. Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Harrison Ave		Square Feet	# of Floors						
City (5) Kearny, NJ 07032		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner	ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC							
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 11/5/18	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address							
		City, State, Zip Code							
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf () Renovation (X) Demolition () Full Containment with Negative Pressure () Mini-Enclosure () Glove bag Procedure (X) 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
Building 722 - 2nd Fl		X		Transite Material	35 SF	X			
Building 722 - Roof B		X		Roof Material	3800 SF	X			
Building 722 - Roof C		X		Roof Material	6720 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Company Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Melville, NY					
Completed by Roque G Schipilliti	Title Project Manager		Signature 			Date 2/8/19			

PAID

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

ANNUAL NOTIFICATION

CHECK# 1768

Date of Notification (1) 02/11/2019		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="text-align: center;">RECEIVED</div> <div style="text-align: center;">FEB 25 2019</div>					
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact LAURIE BALLARD		Telephone Number 856-482-6680					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES				Type of Facility (4)					
Street Address 2000 MAPLEWOOD DRIVE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) MAPLE SHADE				Square Feet 900-1200	# of Floors 1-2				
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 02/20/2019		Scheduled Completion Date (11) 02/20/2020		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>UNITS VACANT DURING ABATEMENT</u>				City, State, Zip Code CINNAMINSON NJ 08077					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
THROUGHOUT ENTIRE COMPLEX			X	JOINT COMPOUND	5000 SF	X			
				FLOOR TILE	5000 SF	X			
				MASTIC	5000 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 120	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 02/20/2020	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 02/11/2019			

CK 4750

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

FEB 25 2019

Date of Notification (1) <u>2-16-19</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>FRANIC</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 [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (5) <u>AVALON</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</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>2-26-19</u>	Scheduled Completion Date (11) <u>3-6-19</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"/> 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<u>SIDING</u>	X	<u>TRANSITE</u>	<u>1500 SF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE N.J.</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>2-16-19</u>

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

Check 18596

FIVE

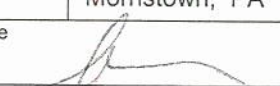
FEB 25 2019

Date of Notification (1) 2/18/19		Name of Building Owner/Operator (2) Pierre Marceau							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ 07871 Name of Contact Pierre							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		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) Sparta		Square Feet 2700	# of Floors 2						
County (6) Sussex		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address							
Project Manager for Monitoring Firm		4 E Gate Drive, PO Box 483							
Telephone No.		City, State, Zip Code							
Start Date (10) 2/27/19		Glenwood, NJ 07418							
Scheduled Completion Date (11) 3/8/19		Telephone No. 973-764-2276	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: crawl space		Street Address							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<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 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
crawl space			X	pipe insulation	150 LF	X			
Name of Registered Waste Hauler ABS Environmental Services		NJDEP Waste Hauler ID No. 10424	Cubic Yards of Waste TBD	Name of Registered Landfill Grows/Fairless					
City, State Glenwood, NJ		Disposal Date TBD		City, State Morristown, PA					
Completed by A. Scott Higgins		Title President		Signature				Date 2/18/19	

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


Check 18595

Date of Notification (1) 2/18/19		Name of Building Owner/Operator (2) Elizabeth Hunter							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact Peter Gaccione	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		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 1900	# of Floors 2						
City (5) Lyndhurst		Bldg. Age 73							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Servcies, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/17/19	Scheduled Completion Date (11) 4/24/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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) <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	floor tile	30 SF	x			
basement boiler room			x	pipe insulation	10 LF	x			
basement storage room			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler ABS Environmental Services		NJDEP Waste Hauler ID No. 10424	Cubic Yards of Waste TBD	Name of Registered Landfill Grows/Fairless					
City, State Glenwood, NJ		Disposal Date TBD		City, State Morristown, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 2/18/19			

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

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Check 18594

Date of Notification (1) 2/18/19		Name of Building Owner/Operator (2) Pat Santoro							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Denville, NJ 07836							
		Name of Contact Pat Santoro	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Denville		Square Feet 2200	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 71						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Servcies, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/5/19	Scheduled Completion Date (11) 3/19/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
kitchen			x	floor tile	240 SF	x			
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 2/18/19			

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FEB 25 2019

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

NOCK

Date of Notification (1) 2/9/19		Name of Building Owner/Operator (2) Geigermurray LLC Elms & Cadge LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address 5 Butler Avenue		City, State, Zip Code Lexington, MA 02421	
Name of Facility Where Abatement is Taking Place (3) Resident		Telephone Number 609 926 7373	
Street Address [REDACTED]		Type of Facility (4) <input 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.)	
City (5) Ocean City		Square Feet # of Floors Bldg. Age	
County (6) Cape May		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Current Use (Prior if being demolished)	
Street Address [REDACTED]		Name of Abatement Contractor (9) Air-Jet Abatement Contractors LLC	
City, State, Zip Code [REDACTED]		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Delanco NJ 08035	
Start Date (10) 2/9/19		Telephone No. 609-346-5916	
Scheduled Completion Date (11) 3/19/19		License No. C1070	
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 [REDACTED]	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address [REDACTED]	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Outside		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) Siding/Handpans		Amount (Specify SF or LF) 3800	
Abatement Type Removal Repair Encapsulate Enclosure		[REDACTED]	
Name of Registered Waste Hauler WME LLC		NJDEP Waste Hauler ID No. 20547	
Cubic Yards of Waste		Name of Registered Landfill WLM of PA	
Disposal Date TBD		City, State Lexington MA	
Signature [Signature]		Date 2/9/19	

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

2/19/19

CK 54210

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

RECEIVED

FEB 25 2019

Date of Notification (1)

2/19/19

Agencies Notified

- ☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)

Steve Thorne

Street Address

[Redacted]

City, State, Zip Code

Long Port NJ 08403

Name of Contact

Bernard

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Resident

FACILITY INFORMATION

Type of Facility (4)

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

Street Address

[Redacted]

City (5)

Longport

Square Feet

of Floors

Bldg. Age

County (6)

Atlantic

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)

Ami Ice Abatement Demolition LLC

Street Address

1212 Burlington Ave

City, State, Zip Code

City, State, Zip Code

Delanco NJ 08015

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

3/1/19

Scheduled Completion Date (11)

4/1/19

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) TO BE ABATED In Facility (13)

Outside

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)

Siding

Amount (Specify SF or LF)

1800 SF

Abatement Type

Removal Repair Encapsulate Enclosure

Name of Registered Waste Hauler

Ami Ice LLC

NJDEP Waste Hauler ID No. 20547

Cubic Yards of Waste

Name of Registered Landfill

WM of PA

City, State

Delanco NJ

Disposal Date

TBD

City, State

Delanco NJ

Completed by

Joseph T Hall

Title

W Resident

Date

2/19/19

1963911727

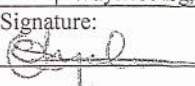
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED


FEB 25 2019

Date of Notification (1): 02/8/2019		Name of Building Owner/Operator (2) Paramount Assets							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	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: 142 Broad Street 2 nd Floor							
		City, State, Zip Code: Elizabeth, NJ 07201							
		Name of Contact: Javier Vera		Telephone Number: 201-455-4576					
FACILITY INFORMATION									
Name of Facility: 263 Route 202			Type of Facility (4): <input 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.)						
City/ (5) Flemington	County (6): Hunterdon	County Code (7): 08822	Square Feet: # of Floors:						
			Bldg. Age Current Use: Warehouse						
Name of Monitoring Firm Hired by Building Owner: Universal Environmental, Inc.		ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: 536 William Street		Street Address: 358 Broadway							
City, State, Zip Code: East Orange, NJ 07017		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: Inno Obiorah		Telephone No.: 201-954-6359	Telephone No.: (973) 350-0101	License No.: 01215					
Start Date (10): 2/09/19	Scheduled Completion Date (11): 2/28/19		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Encapsulat	Enclosure
1ST FLOOR		X		FLOOR TILES	1200 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 2/08/2019			

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

E C F I V

Date of Notification (1) 02.18.2019		Name of Building Owner/Operator (2) City Of Garfield		FEB 25 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 111 Outwater Lane City, State, Zip Code Garfield, New Jersey 07026 Name of Contact Gerald Walis Telephone Number (973) 340-2000 x5530					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garfield Public Library			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 500 Midland Avenue			Square Feet 9800/4343						
City (5) Garfield			# of Floors 1st/Basement		Bldg. Age N/A				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Renovations					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCN No. 00118		Name of Abatement Contractor (9) Spes Contracting LLC					
Street Address 464 Valley Brook Road		Street Address 164 Meriline Avenue							
City, State, Zip Code Lyndhurst, New Jersey 07071		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. 201-438-4839		Telephone No. 973-807-6330					
Start Date (10) 02.27.2019		Scheduled Completion Date (11) 02.28.2019		License No. 01383					
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 Avenue City, State, Zip Code Woodland Park, New Jersey 07424						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Men's Bathroom			X	Pipe Insulation/Fittings	20LF/2PC	X		X	
Basement Hallway Ceiling (Beneath Women's Bathroom)			X	Pipe Insulation/Fittings	2LF/4PC	X		X	
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.			
City, State Woodland Park, New Jersey 07424				Disposal Date TBD		City, State Morrisville, PA			
Completed by Branislav Pavlov		Title project manager		Signature 		Date 02.18.2017			

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

Date of Notification (1) 02 / 15 / 19		Name of Building Owner/Operator (2) "Randolph Ave Properties LLC"							
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 Dover, NJ 07801							
Name of Contact David Johnson		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
City (5) Dover, NJ 07801		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. 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 / 16 / 19		Scheduled Completion Date (11) 02 / 18 / 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		Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
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	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 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"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033783	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 02/15/19					

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* 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)

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Date of Notification (1) 02-14-19		Name of Building Owner/Operator (2) DCR Development Corp.	
Agencies Notified	Type Notification	Street Address 1214 Anderson Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Fort Lee, NJ 07204	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dave Lorenzo	Telephone Number (551) 486-0560

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		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 (5) Palisades Park		# 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) N/A		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 02-25-19	Scheduled Completion Date (11) 02-28-19	Name of OSHA Monitor Delfa 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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/ Kitchen		x		VAT	300 SF	x			
Exterior		x		Siding	2,000 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 02-28-19		City, State Tullytown, PA	
Completed by Jaime Delgado	Title Project Manager	Signature 			Date 02-14-19

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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) 02/15/19		Name of Building Owner/Operator (2) Nouvelle LLC.		FEB 25 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 610 Anderson Ave.					
		City, State, Zip Code Cliffside Park, NJ 07010		Telephone Number 973-726-0488					
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			City (5) Bogota						
County (6) Bergen			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.		Name of Abatement Contractor (9) Academy Construction Inc					
Street Address		Street Address 205 Route 46 Suite 14		City, State, Zip Code Totowa NJ 07512					
Project Manager for Monitoring Firm		Telephone No.		License No. 01379					
Start Date (10) 02/25/19		Scheduled Completion Date (11) 03/11/19		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 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
See attached									
BASEMENT			X	PIPE INSULATION	100 LF	✓		✓	
THROUGHOUT CEILING			X	PLASTER	3,000 SF	✓		✓	
THROUGHOUT WALLS			X	PLASTER	7,000 SF	✓		✓	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill				
City, State Totowa NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by John Geleski		Title PM		Signature 		Date 02/15/19			