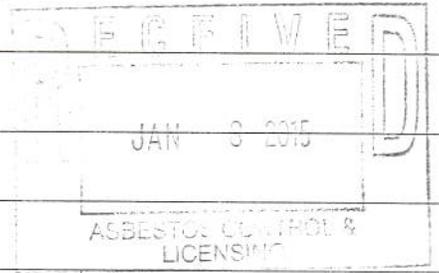


OK 1047

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



Date of Notification (1) <u>1</u> / <u>5</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Borough of Haledon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>510 Belmont Avenue</b>	
		City, State, Zip Code <b>Haledon, NJ 07508</b>	
		Name of Contact <b>Damon Kozul</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Commercial Building</b>		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 <b>407 Belmont Avenue</b>		Square Feet	# of Floors
City (5) <b>Haledon</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>

Start Date (10) <u>1</u> / <u>14</u> / <u>15</u>	Scheduled Completion Date (11) <u>2</u> / <u>25</u> / <u>15</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>2</u> PM / _____PM-_____AM	Street Address <b>27 Outwater Lane</b>
	City, State, Zip Code <b>Garfield, NJ 07026</b>

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<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
Police Station - First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White plaster finish coat	860 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Police Station - Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brown 9 x 9 floor tiles	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Police Station - Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Library - Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Green 9 x 9 Floor Tiles	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

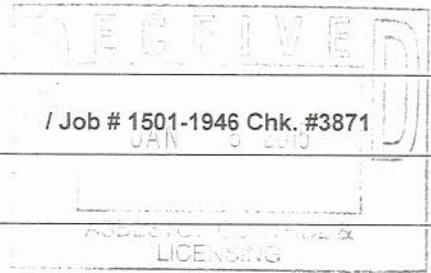
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>	NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature 	Date <b>1-5-15</b>

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



CR 3871

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



Date of Notification (1) <u>1</u> / <u>5</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Maureen and Joseph Lesniak</b>		/ Job # <b>1501-1946 Chk. #3871</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>6357 Irving Avenue</b>		
	City, State, Zip Code <b>Pennsauken, NJ 08109</b>			Name of Contact <b>Maureen &amp; Joseph</b>	
				Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		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 <b>6357 Irving Avenue</b>		City (5) <b>Pennsauken</b>		Square Feet <b>1933</b>	# of Floors <b>2</b>
County (6) <b>Camden</b>		County Code (7)(STATE USE ONLY)		Bldg. Age <b>133 yrs</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.		Current Use (Prior if being demolished) <b>Residential</b>	

Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		Street Address <b>3859 Sylon Boulevard</b>	
Street Address <b>PO Box 336</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
City, State, Zip Code <b>Thorofare, NJ 08086</b>		Telephone No. <b>609-702-0400</b>	
Project Manager for Monitoring Firm <b>Dave &amp; Steve Flanigan</b>		License No. <b>00862</b>	
Telephone No. <b>856-848-0800</b>			

Start Date (10) <u>1</u> / <u>19</u> / <u>15</u>	Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>15</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DR, FR, Foyer, 1 <sup>st</sup> Fl Hall & stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Plaster	1,690 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 <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>10</b>		Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>1/30/15</b>		City, State <b>Morrisville, PA 19067</b>			
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>1-5-15</b>	

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

CK # 27025

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

**Date of Notification (1)**  
 1 / 7 / 15

**Name of Building Owner/Operator (2)**  
 ERICSSON TECHNOLOGIES INC.

**Street Address**  
 530 SOUTH AVENUE EAST

**City, State, Zip Code**  
 CRANFORD, NEW JERSEY 07016

**Name of Contact**  
 RICHARD SMITH

**Telephone Number**  
 2015 JAN -8 PM 11:12

**Name of Facility Where Abatement is Taking Place (3)**  
 ERICSSON LABS

**Street Address**  
 1 ERICSSON DRIVE

**City (5)**  
 MIDDLESEX

**County (6)**  
 MIDDLESEX

**County Code (7) (STATE USE ONLY)**

**Type of Facility (4)**  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (ie. private & commcl. bldgs., homes, etc.)

**Square Feet**  
 70,000

**# of Floors**  
 2

**Bldg. Age**  
 44

**Current Use (Prior if being demolished)**  
 COMMERCIAL OFFICE

**Name of Monitoring Firm Hired by Building Owner (8)**  
 ENVIRONMENTAL TACTICS INC.

**ASCM No.**  
 17

**Name of Abatement Contractor (9)**  
 PAR ENVIRONMENTAL CORPORATION

**Street Address**  
 64 BROAD STREET

**City, State, Zip Code**  
 MATAWAN, NEW JERSEY 07747

**Street Address**  
 313 SPOOK ROCK ROAD

**City, State, Zip Code**  
 SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**  
 THOMAS GEIGER

**Telephone Number**  
 732-290-2217

**Telephone Number**  
 845-369-7500

**License Number**  
 460

**Expected State Date (10)**  
 1 / 16 / 15

**Sched. Completion Date (11)**  
 5 / 30 / 15

**Name of OSHA Monitor**  
 QUALITY ENVIRONMENTAL

**Occupancy Status During Abatement (Check only one)**

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:  
 Other - Describe: MONDAY-FRIDAY 5PM-1AM

**Street Address**  
 1376 ROUTE 9 W

**City, State, Zip Code**  
 WAPPINGERS FALLS, NY 12590

**Scope of Work (Check all that apply)**

Demolition

>3SF OR LF

>160 SF OR

Renovation

Full Containment with Negative Pressure

Mini-Enclos.

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
2ND FLOOR -NORTH EAST AREA			X	VAT & MASTIC	10,000 SF	X		
BASEMENT- BREAK ROOM			X	VAT & MASTIC	525 SF	X		

**Name of Registered Waste Hauler**  
 DJM TRANSPORT, LLC

**NJDEP Waste Hauler ID No.**  
 26981

**Cubic Yards of Waste**  
 80

**Name of Registered Landfill**  
 GROWS LANDFILL

**City, State**  
 KEARNEY, NEW JERSEY

**Disposal Date**  
 1/16-5/30/2015

**City, State**  
 MORRISVILLE, PA

**Completed by (Print or Type)**  
 BENJAMIN SANCHEZ

**Title**  
 DIRECTOR OF OPERATIONS

**Signature**  


**Date**  
 1/7/15