

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

#158

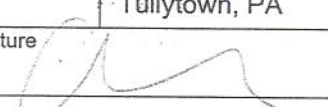
Date of Notification (1) 7/13/2017		Name of Building Owner/Operator (2) Ziman Development	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7702 Long Beach Blvd	
		City, State, Zip Code Harvey Cedars, NJ 08008	
		Name of Contact Greg	Telephone Number 609-944-8010

**RECEIVED**  
 JUL 19 2017  
 609-944-8010 CONTROL & LICENSING

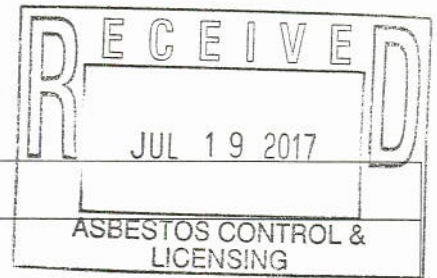
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3190	# of Floors 2
City (5) Beach Haven		Bldg. Age 40+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Safeway Abatement LLC
Street Address		Street Address 128 Bartlett Ave	
City, State, Zip Code		City, State, Zip Code West Creek, NJ 08092	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-618-5955	License No. 01319
Start Date (10) 7/24/2017	Scheduled Completion Date (11) 8/4/2017	Name of OSHA Monitor n/a	
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 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 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
Exterior		X		Siding	3100SF	X			

Name of Registered Waste Hauler Timster Trucking Inc		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management	
City, State West Creek, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Amanda Mears	Title Owner- Safeway	Signature 		Date	

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



Date of Notification (1) <i>Ch12302</i>		Name of Building Owner/Operator (2) Repauno Port & Rail Terminal	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial <input checked="" type="checkbox"/> <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 200 N Repauno Ave	
		City, State, Zip Co Gibbstown, NJ 08027	
		Name of Contact Robert Soplop	Telephone Number 856-224-7070

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Street Address 200 Repauno Ave		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.)	
City (5) Gibbstown nj	Square Feet	# of Floors	Bldg. Age
County (6) Gloucester	County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.	
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesley Morrison	Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 07-29-17	Scheduled Completion Date (11) 07-29-17	Name of OSHA Monitor County Environmental	
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:		Street Address 461 New Churchmans Road	
Scope of Work (Check all that apply) X $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted <input checked="" type="checkbox"/> 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
Abandoned pipe			x	3" Pipe Insulation	35'	x		
Old abandoned Bldg			x	Roofing	80sf	x		

Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva	
City, State New castle DE			Disposal Date TBA	City, State Waynesburg OH	
Completed by <i>Charles Flowers</i>	Title PM	Signature <i>Charles Flowers</i>		Date 07-14-17	



Ch 3410

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/11/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code High Bridge, N.J. 08829							
Name of Contact Mark Bogart		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3,287							
City (5) High Bridge		# of Floors 3							
County (6) Hunterdon		Bldg. Age 175							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____							
Name of Abatement Contractor (9) Brinks Tank Services		Street Address 1256 Liberty Avenue							
Street Address PO Box 354		City, State, Zip Code Hillside, NJ 07205							
City, State, Zip Code South Orange, NJ 07079		Telephone No. 844-462-7465							
Project Manager for Monitoring Firm Sarah Calandra		License No. 01316							
Start Date (10) 07/25/2017		Scheduled Completion Date (11) 08/03/2017							
Name of OSHA Monitor A. Seine Lighthouse Solutions		Street Address PO Box 354							
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: _____		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Basement		X		pipe wrap	300 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		Date 07/11/2017			



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*Ch # 3239*

Date of Notification (1) <b>7/17/17</b>		Name of Building Owner / Operator (2) <b>Verizon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>95 William Street</b> City, State & Zip Code <b>Newark, NJ</b> Name of Contact <b>Alex Baylor</b>	

**RECEIVED**  
 JUL 19 2017  
 Telephone Number \_\_\_\_\_  
**ASBESTOS CONTROL & LICENSING**

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Market Central Office</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 & commercial buildings, homes, etc.)		
Street Address <b>95 William Street</b>			Square Feet <b>425000</b>	# of Floors <b>12</b>	Bldg. Age <b>70+/-</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Communications</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>Philadelphia Pa 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>7/31/17</b>		Scheduled Completion Date (11) <b>8/11/17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
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 Hours – 7am to 3pm Describe: <b>5 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</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 ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glove Bag Procedures			
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Generator Room PIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Bus Duct	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Switch Board Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Cable Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM Putty	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro / jrl</i>		Date <b>7/17/2017</b>



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

B & G proj. #: 2017-92

Check # 8490

Date of Notification (1) 07/17/2017		Name of Building Owner/Operator (2) Denua Roikola		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">JUL 19 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code Montvale, NJ 07645		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact Denua Roikola		
<input checked="" type="checkbox"/> DOH		Telephone Number		[REDACTED]
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Denua Roikola			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) Montvale, NJ 07645	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/27/2017		Sched. Completion Date (11) 07/28/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 105 Ryerson Road	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				Lincoln Park, NJ 07035	
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement main room only			<input checked="" type="checkbox"/>	VAT & mastic	427 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/31/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/17/2017