State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
JUL 25 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 7 / 20 / 16		Name of Building Owner/Operator (2): Robert Wood Johnson Job# 1606-5028 Chk#8406	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 24 Hardenberg Street	
		City, State, Zip Code: New Brunswick, NJ 08901	
		Name of Contact: William Kelly	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RWJ Hospital		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: ONE RWJ Place			
City (5): New Brunswick		Square Feet	# of Floors / Bldg. Age
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Hospital	
Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 280 Huyler STreet		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: S. Hackensack, NJ 07606		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Geiser Fajardo	Telephone No.: 201-489-8700	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 7 / 20 / 16	Scheduled Completion Date (11): 7 / 21 / 16	Name of OSHA Monitor: EMSL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/8PM-5AM		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Radiology Hallway	☐	☒	☐	Ceiling tile	32 SF	☒	☐	☐	☐
Radiology Hallway	☐	☒	☐	Pipe Insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 5	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lumberton, NJ		Disposal Date: 7/21/16	City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwen	Date: 7/20/16

ASB-41
MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	Name of Building Owner/Operator (2)
7 / 20 / 16	Warren Hills Regional School District/ Job #4507-5036 Check #8409

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Agencies Notified	Type Notification	Street Address	Telephone Number
☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	89 Bowerstown Road City, State, Zip Code: Washington, NJ 07882 Name of Contact: Estrella Molinet	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Warren Hills High School Street Address: 41 Jackson Valley Road	☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)

City (5)	Square Feet	# of Floors	Bldg. Age
Washington			

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Warren		High School

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
TTI Environmental		AbateTech, Inc.
Street Address: 1253 North Church Street		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Lumberton, NJ 08048

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Mike Stocku	856-840-8800	609-265-2107	00529

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
8 / 2 / 16	8 / 8 / 16	EMSL Analytical

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 100 Girl's & Boy's Toilet Room	☐	☒	☐	Pipe Fitting Insulation	45 Each	☒	☐	☐	☐
Room 102 Girl's & Boy's Toilet Room	☐	☒	☐	Pipe Fitting Insulation	60 Each	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AbateTech, Inc.	18750	12	G.R.O.W.S. Landfill
City, State: Lumberton, NJ		Disposal Date: 8/8/16	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
Gwendolyn Trumbetti	Operations Coordinator	gmT	7/20/16

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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 5:16)

RECEIVED JUL 25 2016 ASBESTOS CONTROL & [illegible]

Date of Notification (1): 7 / 20 / 16		Name of Building Owner/Operator (2): Camden County Technical Schools / Job #1606-5927 Check #8408
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 343 Berlin-Cross Keys Road City, State, Zip Code: Sicklerville, NJ Name of Contact: Robert Wilkinson Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Camden County Tech School			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 343 Berlin-Cross Keys Road			
City (5): Sicklerville, NJ		Square Feet	# of Floors / Bldg. Age
County (6): Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): School	

Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services	ASCM No.: 117	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: PO Box 365		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Berlin, NJ 08009		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Jim Proctor	Telephone No.: 856-452-1311	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 8 / 2 / 16	Scheduled Completion Date (11): 8 / 9 / 16	Name of OSHA Monitor: EMSL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 Route 130 North City, State, Zip Code: Cinnaminson, NJ 08077	

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Bathrooms & Closets	☐	☒	☐	Textured paint on ceiling and ductwork	62 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 4	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lumberton, NJ		Disposal Date: 8/9/16	City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 7/20/16

ASB-41
MAY 11

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 7 / 20 / 16		Name of Building Owner/Operator (2): Missouri Avenue Energy Center / Job #1607-5834 Check #8407	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2129 Bacharach Boulevard	
		City, State, Zip Code: Atlantic City, NJ 08401	
		Name of Contact: Jerry Decker	Telephone Number

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Missouri Avenue Energy Center		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 2129 Bacharach Boulevard			
City (5): Atlantic City, NJ 08401		Square Feet	# of Floors / Bldg. Age
County (6): Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Energy Center	

Name of Monitoring Firm Hired by Building Owner (8): Criterion Laboratories	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.	
Street Address: 3370 Progress Drive Suite J		Street Address: 30 Maple Ave. PO Box 25	
City, State, Zip Code: Bensalem, PA 19020		City, State, Zip Code: Lumberton, NJ 08048	
Project Manager for Monitoring Firm: Michael Panepresso	Telephone No.: 215-244-1300	Telephone No.: 609-265-2107	License No.: 00529
Start Date (10): 8 / 2 / 16	Scheduled Completion Date (11): 8 / 31 / 16	Name of OSHA Monitor: EMSL Analytical	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 200 Route 130 North	
		City, State, Zip Code: Cinnaminson, NJ 08077	

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Please see attached	☐	☒	☐	Please see attached	Please see attached	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 20	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lumberton, NJ		Disposal Date: 8/31/16	City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: Gwt	Date: 7/20/16

ASB-41
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** Do not use this form for asbestos licensure exempted activities.*

SECTION 3.0
ASBESTOS INVENTORY

Missouri Energy Center
2129 Bacharach Blvd.
Atlantic City, NJ

Location	Material	Quantity
Basement		
Main Area	Block Pipe Insulation and Debris	3 Linear Feet (LF)
Main Area	White Wire Insulation	50 LF
Main Area	White Paper Debris in Rack	10 Square Feet (SF)
Main Area	Thin White Wire Insulation	4 LF
Main Area	Thick White/Black Window Insulation	30 SF
Crawl Space Next to Basement	Transite Pipe	540 LF
Crawl Space Next to Basement	Transite Wall Board	80 SF
Crawl Space Next to Basement	White Wire Insulation	160 LF
Crawl Space Under Electrical Room	Transite Wall Board	60 SF
Crawl Space Under Electrical Room	Corrugated Transite Panels	780 SF
Crawl Space Under Electrical Room	Grey/White Debris	5 SF
Crawl Space Under Electrical Room	Block Pipe Insulation and Debris	2 SF
Crawl Space Under Electrical Room	Transite Pipe	4 LF
Shop	Black/White Window Caulk	42 LF
Parts Room	Transite Panels	420 SF

SECTION 3.0
ASBESTOS INVENTORY

Missouri Energy Center
2129 Bacharach Blvd.
Atlantic City, NJ

Location	Material	Quantity
1st Floor (Continued)		
Turbine Area	9"x9" Red Floor Tile (FT) w/ Black Mastic	40 SF
480 Volt Room	Black Mastic Associated With (A/W) 9"x9" Green FT	270 SF
Relay Room	Black Mastic A/W 9"x9" Green FT	1200 SF
Old Store Room	9"x9" Dark Brown FT w/ Black Mastic	720 SF
Test Room	9"x9" Green w/ White Swirls FT w/ Black Mastic	360 SF
Test Room	Black Cove Base Material w/ Black Mastic	76 LF
HVAC Room	Block Pipe Insulation	40 LF
2nd Floor		
Room Number 3-8	Black Cove Base Material w/ Black Mastic	88 LF
Room Number 3-8	9"x9" Dark Green w/ Tan Swirls FT (under 12"x12" FT)	244 SF
Room Number 3-8	9"x9" Red FT w/ Black Mastic (under 12"x12" FT)	244 SF
Room Number 3-7	9"x9" Dark Green w/ Tan Swirls FT (under carpet)	176 SF
Room Number 3-7	Black Cove Base Material w/ Black Mastic	64 LF
Room Number 3-6	9"x9" Dark Green w/ Tan Swirls FT	136 SF
Room Number 3-6	Black Cove Base Material w/ Black Mastic	56 LF

SECTION 3.0
ASBESTOS INVENTORY
Missouri Energy Center
2129 Bacharach Blvd.
Atlantic City, NJ

Location	Material	Quantity
2nd Floor (Continued)		
Men's Room	Grey Window Caulk	3 LF
Hallway	Black Flooring Material	392 SF
Hallway	9"x9" Dark Green w/ Tan Swirls FT	924 SF
Hallway	Black Cove Base Material w/ Black Mastic	438 LF
Roof		
Middle Roof	Grey Flashing Material	360 LF
Stairwells		
Stairwell to Roof	Brown Window Glaze	16 LF
Exterior		
Exterior	White Wall Caulk	70 LF
Exterior	White Window Caulk	6 LF

- Quantities are approximated and to be used for budget purposes only.
- Additional ACM (i.e. pipe insulation) may be found above hard ceilings and behind hard walls.
- No access above plaster ceilings.

CK # 7243

"OPEN NOTIFICATION"

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

RECEIVED
JUL 25 2016
AIR POLLUTION CONTROL &

Date of Notification (1): 7/22/16	Name of Building Owner/Operator (2): PSEG
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
Street Address: 4000 HADLEY ROAD	
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07068	
Name of Contact: JOHN DIANGELO	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE+G	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 155 RAYMOND BLVD	
City (5): NEWARK	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): ESSEX; County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): SWITCH STATION

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS	ASCM No.: 0045	Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA
Street Address: 64 BROAD STREET		Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: MATAWAN, NJ 07747		City, State, Zip Code: SOUTH RIVER, NJ 08882
Project Manager for Monitoring Firm: TOM GEIGER	Telephone No.: 732-290-2217	Telephone No.: 732-432-8350; License No.: 01111
Start Date (10): 8/8/16	Scheduled Completion Date (11): 12/31/16	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: Necessary operations only outdoors

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition

[X] Cut + WRAP
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
OUTSIDE		X		ACM WIRE SOCK	1000 LF	X			

Name of Registered Waste Hauler: WASTE MANAGEMENT	NJDEP Waste Hauler ID No.: 1125	Cubic Yards of Waste: APPX 20	Name of Registered Landfill: GROWS NORTH
City, State: ELIZABETH, NJ		Disposal Date: TBD	City, State: MORRISVILLE, PA

Completed by: CAROL RAIMO	Title: OFFICE MGR	Signature: Carol Raimo	Date: 7/22/16

ASB-41 (R-06-08)

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

CK# 25413

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

RECEIVED
JUL 25 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
07 / 21 / 16	Dr. David Matalon / GooGooMa LLC

Agencies Notified	Type Notification	Street Address	Telephone Number
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation	400 Western Ave City, State, Zip Code: Morris Township Name of Contact: Lowell DeGrote	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Morristown Animal Hospital	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 400 Western Ave	

City (5)	Square Feet	# of Floors	Bldg. Age
Morris Township	2,500	2	200

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Morris		Animal Hospital

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Environmental Health Investigations, Inc	29737	Superior Abatement Inc
Street Address: 655 West Shore Trail		Street Address: 2 Henderson Drive
City, State, Zip Code: Sparta, NJ 07871		City, State, Zip Code: West Caldwell, NJ 07006

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Jean Paul Von Doehren	(609) 704-8850	973-808-1616	00411

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
08 / 16 / 16	08 / 30 / 16	Superior Abatement Inc

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM

Street Address: 2 Henderson Drive
City, State, Zip Code: West Caldwell, NJ 07006

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Throughout	☐	☐	☒	Wall/Ceiling Plaster w/ Joint Comp.	7,500 SF	☒	☐	☐	☐
1st Floor Kitchen	☐	☐	☒	Linoleum	175 SF	☒	☐	☐	☐
Exterior - Boiler / Windows	☐	☐	☒	Rope Gasket / Window Caulk	10 LF / 22 EA	☒	☐	☐	☐
Roof	☐	☐	☒	Perimeter Flashing	100 LF	☒	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Group Inc	SW2117	100	Minerva Enterprises
City, State: New Castle, DE		Disposal Date: 8/30/2016	City, State: Waynesburgh, OH

Completed By (Print or Type)	Title	Signature	Date
Nick Petrovski	President		7-21-16

ASB-41
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

CC# 25414

RECEIVED JUL 25 2016 ASBESTOS CONTROL &

Date of Notification (1)	Name of Building Owner/Operator (2)
7 / 21 / 16	Saint Franicis Health Center

Agencies Notified	Type Notification	Street Address	Telephone Number
☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	10 Hatfield Steet City, State, Zip Code: Caldwell, NJ 07006 Name of Contact: Christopher McIvor	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Saint Franicis Health Center	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 122 Diamond Spring Road	

City (5)	Square Feet	# of Floors	Bldg. Age
Denville	50,000	3	76

County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Morris		Senior Community Living

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Environmental Health Investigations	29737	Superior Abatement Inc
Street Address: 655 West Shore Trail		Street Address: 2 Henderson Drive
City, State, Zip Code: Sparta, NJ 07871		City, State, Zip Code: West Caldwell, NJ 07006

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Bill Kerbel	(973) 729-5649	(973) 808-1616	00411

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
08 / 01 / 16	9 / 02 / 16	Superior Abatement Inc

Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	2 Henderson Drive City, State, Zip Code: West Caldwell, NJ 07006

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Utility Tunnel # 1 and # 2	☒	☐	☐	Pipe Insulation/Pipe Fitting	3,800 LF	☒	☐	☐	☐
Utility Tunnel # 1 and # 2	☒	☐	☐	Floor Debris cleanup	12,500 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Service Transport Group, Inc	SW2117	100	Minerva Landfill
City, State: New Castle, DE		Disposal Date: 9/02/2016	City, State: Waynesburgh, OH

Completed By (Print or Type)	Title	Signature	Date
Nick Petrovski	President		7-21-16

ASB-41
MAY 11

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

dcl# 0003

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[illegible] CONTROL &

Date of Notification (1)	Name of Building Owner/Operator (2)
7/20/2016	Private Property

Agencies Notified	Type Notification	Street Address
☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	[redacted]
		City, State, Zip Code: North Brunswick
		Name of Contact: Dan
		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private property	☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	

City (5)	Square Feet	# of Floors	Bldg. Age
North Brunswick NJ	1200	1	+50

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Middlessex	_____	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
N/A	N/A	Dinago Environment LLC
Street Address: N/A		Street Address: 339 Lafayette Street
City, State, Zip Code: N/A		City, State, Zip Code: Newark NJ 07105

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
N/A	N/A	973-491-0877	01240

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
8/2/2016	8/10/2016	J&S Environmental Corp

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: 2333Route 22 West
City, State, Zip Code: Union NJ 07803

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	Roof Flashing	50SF	x			
Roof			x	roofing material	1200SF	X			
Auto Shop Bathroom			x	floor tile	100SF	x			
Window			x	window caulking	24 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Newark Carting Inc	04509		Ises Bethleham Landfill
City, State: PO Box 5670		Disposal Date	City, State: 2335 Applebuter Rd Bethleham PA

Completed by	Title	Signature	Date
Carlos Gomes	President	[signature]	7/20/2016

ASB-41 (R-06-08)

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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) 7/20/16		Name of Building Owner/Operator (2) Townsmen Properties	
Agencies Notified [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification [X] Initial [ ] Amended Amendment #_____ [X] Emergency (including justification) [ ] Cancellation	Street Address 1118 5th Avenue City, State, Zip Code Asbury Park, NJ 07712 Name of Contact Herb Fehrenbach	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment 2E		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1615 Park Avenue			
City (5) Asbury Park		Square Feet 1200	# of Floors 1 / Bldg. Age 63
County (6) Monmouth	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) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/25/16	Scheduled Completion Date (11) 8/31/16	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 [X] Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
kitchen/living room			x	pipe insulation	25 LF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA

Completed by A. Scott Higgins	Title President	Signature	Date 7/20/16

ASB-41 (R-06-08)

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

Client 15387

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ASBESTOS CONTROL &

Date of Notification (1)	Name of Building Owner/Operator (2)
7/20/16	Terreno Global Plaza, LLC

Agencies Notified	Type Notification	Street Address
[x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	101 Montgomery Street, Suite 200
		City, State, Zip Code: San Francisco, CA 94104
		Name of Contact: Paul Marciano / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Truck Repair Garage	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 901 North Avenue East	

City (5)	Square Feet	# of Floors	Bldg. Age
Elizabeth	2000	1	69

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Union		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
		ABS Environmental Services, LLC
Street Address		Street Address: PO Box 483, 4 E Gate Drive
City, State, Zip Code		City, State, Zip Code: Glenwood, NJ 07418
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-764-2276 / License No.: 703

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
7/30/16	8/30/16	

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:

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[ ] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
window above storage			x	window caulk	25 LF	x			
window above bathroom			x	window caulk	25 LF	x			
piping along roof			x	window caulk	25 LF	x			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Freehold Cartage	15939	TBD	Western Berks Landfill
City, State: Freehold, NJ		Disposal Date: TBD	City, State: Birdsboro, PA

Completed by	Title	Signature	Date
A. Scott Higgins	President		7/20/16

ASB-41 (R-06-08)

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EMERGENCY NOTIFICATION

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

RECEIVED
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ASBESTOS CONTROL & Telephone Number

Date of Notification (1): 7/20/16	Name of Building Owner/Operator (2): PSEG
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment # 1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 4000 HADLEY ROAD
	City, State, Zip Code: SOUTH PLAINFIELD, NJ 07068
	Name of Contact: DOUG MCGARRITY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 981 SPRINGFIELD AVE.	
City (5): IRVINGTON	Square Feet: 40,000 / # of Floors: 3 / Bldg. Age: approx 53
County (6): ESSEX	County Code (7) (STATE USE ONLY): ____ / Current Use (Prior if being demolished): SUBSTATION

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS	ASCM No.: 0045	Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA	
Street Address: 64 BROAD STREET		Street Address: 396 WHITEHEAD AVE.	
City, State, Zip Code: MATAWAN, NJ 07747		City, State, Zip Code: SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm: TOM GEIGER	Telephone No.: 732-290-2217	Telephone No.: 732-432-8350	License No.: 01111
Start Date (10): 7/16/16	Scheduled Completion Date (11): 7/18/16	Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA	

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other – Describe: Necessary operations only

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply)
[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ROOF		X		ACM DUCT INSULATION	130 SF	X			

Name of Registered Waste Hauler: WASTE MANAGEMENT	NJDEP Waste Hauler ID No.: 1125	Cubic Yards of Waste: approx 20	Name of Registered Landfill: GROWS NORTH
City, State: ELIZABETH, NJ		Disposal Date: TBD	City, State: MORRISVILLE, PA

Completed by: CAROL RAIMO	Title: OFFICE MGR	Signature: Carol Raimo	Date: 7/20/16

ASB-41 (R-06-08)

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CHECK #7847

1) EMERGENCY NOTIFICATION

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 7/15/16	Name of Building Owner/Operator (2): PSEG
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 4000 HADLEY ROAD	
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07068	
Name of Contact: DOUG MCGARRITY	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 981 SPRINGFIELD AVE.	
City (5): IRVINGTON	Square Feet: 4900 # of Floors: 3 Bldg. Age: 53
County (6): ESSEX	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): SUBSTATION
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS	ASCM No.: 0045
Street Address: 64 BROAD STREET	
City, State, Zip Code: MATAWAN, NJ 07747	
Project Manager for Monitoring Firm: TOM GEIGER	Telephone No.: 732-290-2217
Start Date (10): 7/16/16	Scheduled Completion Date (11): 7/25/16
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Necessary operations only	
Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA	
Street Address: 396 WHITEHEAD AVE.	
City, State, Zip Code: SOUTH RIVER, NJ 08882	
Telephone No.: 732-432-8350 License No.: 01111	
Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA	
Street Address: 396 WHITEHEAD AVE.	
City, State, Zip Code: SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf or ≥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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
ROOF		X		ACM DECT INSULATION	1305F	X			

Name of Registered Waste Hauler: WASTE MANAGEMENT	NJDEP Waste Hauler ID No.: 1125	Cubic Yards of Waste: ~~20~~ 40	Name of Registered Landfill: GROWS NORTH
City, State: ELIZABETH, NJ		Disposal Date: TBD	City, State: MORRISVILLE, PA
Completed by: CAROL RAIMO	Title: OFFICE MGR	Signature: Carol Raimo	Date: 7/15/16

ASB-41 (R-06-08)

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

CIC 6271

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 7/21/16	Name of Building Owner/Operator (2): RFL ELECTRONICS, INC
Agency Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 353 POWERVILLE RD	
City, State, Zip Code: BOONTON TWP, NJ. 07005	Telephone Number:
Name of Contact: MR. ARTHUR PFEIL	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RFL ELECTRONICS, INC	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 353 POWERVILLE RD	
City (5): BOONTON TWP	Square Feet: 3000 ± 1 / # of Floors: 1 / Bldg. Age: 1935
County (6): MORRIS	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): OFFICES / FACILITIES

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Best Removal Inc	
Street Address		Street Address: 450 South River St	
City, State, Zip Code		City, State, Zip Code: Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-329-7444	License No.: 00388
Start Date (10): 8/8/16	Scheduled Completion Date (11): 8/15/16	Name of OSHA Monitor: Omega Environmental	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other – Describe: 8:00 AM TO 5:00 PM		Street Address: 280 Huyler St	
		City, State, Zip Code: S. Hackensack, N.J. 07606	

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR BLDG 2A			X	VAT	2700 SF	X			

Name of Registered Waste Hauler: Best Removal Inc	NJDEP Waste Hauler ID No.: 17109	Cubic Yards of Waste: 12cy	Name of Registered Landfill: Minerva Enterprises, LLC
City, State: Hackensack, N.J. 07601		Disposal Date: 8/15/16	City, State: Waynesburg, Oh, 44688
Completed by: J. Maiorano	Title: Estimator	Signature: J Maiorano	Date: 7/21/16

ASB-41

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State of New Jersey

Check # 15587

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
7/21/2016	Marilyn Mehr

Agencies Notified	Type Notification	Street Address	Telephone Number
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	[redacted]	
		City, State, Zip Code: West Orange,NJ,07052	
		Name of Contact: Marilyn Mehr	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	

City (5	County (6) Essex	County Code (7) (STATE USE ONLY)

Square Feet	# of Floors	Bldg. Age
1200	1	81

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.
N/A	

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm	Telephone Number
	N/A

Name of Abatement Contractor (9)	
AZTECH MANAGEMENT, Inc.	
Street Address: 86 Christopher St.	
City, State, Zip Code: Montclair, NJ 07042	
Telephone Number: (973) 744-8800	License Number: 00371

Scheduled Start Date (10)	Sched. Completion Date (11)
8/2/2016	8/3/2016
Month Day Year	Month Day Year

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»
[ ]other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf

[X]Renovation
[ ]Demolition

[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsul.	Enclosure
Basement			X	Pipe insulation	105 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040	1.25	Minerva Enterprise INC
City, State: Montclair, NJ 07042		Disposal Date: 8/4/2016	City, State: Waynesburg, Ohio 44688

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	7/21/2016

State of New Jersey

Check # 15588

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
7/21/2016	Pauline Sullivan

Agencies Notified	Type Notification	Street Address
[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation	[redacted]

City, State, Zip Code	Name of Contact	Telephone Number
Ridgewood,NJ,07450	Pauline Sullivan	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Same as above	[ ]School (K-12) [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.)
Street Addres	

City (5	County (6) Essex	County Code (7) (STATE USE ONLY)

Square Feet	# of Floors	Bldg. Age
1600	2	93

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.
N/A	

Street Address	City, State, Zip Code

Project Manager for Monitoring Firm	Telephone Number
	N/A

Name of Abatement Contractor (9)	
AZTECH MANAGEMENT, Inc.	
Street Address	
86 Christopher St.	
City, State, Zip Code	
Montclair, NJ 07042	
Telephone Number	License Number
(973)744-8800	00371

Scheduled Start Date (10)	Sched. Completion Date (11)
7/30/2016	8/2/2016
Month Day Year	Month Day Year

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf

[X]Renovation
[ ]Demolition

[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glovebag Procedure
[ ]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe insulation	85 lf	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.5	Name of Registered Landfill
AZTECH MANAGEMENT, INC.	17040		Minerva Enterprise INC

City, State	Disposal Date	City, State
Montclair, NJ 07042	8/3/2016	Waynesburg, Ohio 44688

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	[signature]	7/21/2016

Print Form

CK # 3057

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

RECEIVED
JUL 25 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Name of Building Owner/Operator (2)
07/21/2016	Kent Place School

Agencies Notified	Type Notification	Street Address
[ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	[ ] Initial [x] Amended Amendment #1 ____ [ ] Emergency (including justification) [ ] Cancellation	42 Norwood Avenue
		City, State, Zip Code: Summit, NJ 07902
		Name of Contact: Frank Lemire — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Kent Place School	[x] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 42 Norwood Avenue	

City (5)	Square Feet	# of Floors	Bldg. Age
Summit		2	

County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Union		vacant

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Partner Engineering and Science Inc.		Be Construction Corporation
Street Address: 611 Industrial Way West		Street Address: 235 Watchung Avenue
City, State, Zip Code: Eatontown, NJ 07724		City, State, Zip Code: West Orange, NJ 07052

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
Brian Nemetz	732-380-1700	973-669-2900	01231

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
07/21/2016	08/15/2016	Schneider Laboratories Global Inc.

Occupancy Status During Abatement (Check Only One)	Street Address
[x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____	2512 W Cary Street City, State, Zip Code: Richmond, VA. 23220

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf or ≥260 lf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
B-1, B-2, B-3, B-4, Tech Room		X		Transite Panels	180SF	X			
Exterior of Building		X		Vapor Barrier	400SF	X			
Ground Level		X		Pipe Insulation	50LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Future Sanitation, Inc.			Tullytown Facility
City, State: Passaic, NJ		Disposal Date	City, State: Tullytown, PA

Completed by	Title	Signature	Date
Barbara Reed	President	Barbara Reed	07/21/2016

ASB-41 (R-06-08)

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

RECEIVED
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CONTROL &

Date of Notification (1): 07/20/2016	Name of Building Owner/Operator (2): Kent Place School
Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☑ Emergency (including justification) ☐ Cancellation
	Street Address: 42 Norwood Avenue
	City, State, Zip Code: Summit, NJ 07902
	Name of Contact: Frank Lamire — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kent Place School	Type of Facility (4): ☑ School (K-12) ☐ Subchapter 5 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 42 Norwood Avenue	
City (5): Summit	Square Feet: — # of Floors: 2 — Bldg. Age:
County (6): Union — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): vacant
Name of Monitoring Firm Hired by Building Owner (8): Partner Engineering and Science Inc. — ASCM No.	Name of Abatement Contractor (9): Be Construction Corporation
Street Address: 611 Industrial Way West	Street Address: 235 Watchung Avenue
City, State, Zip Code: Eatontown, NJ 07724	City, State, Zip Code: West Orange, NJ 07052
Project Manager for Monitoring Firm: Brian Nametz — Telephone No.: 732-380-1700	Telephone No.: 973-669-2900 — License No.: 01291
Start Date (10): 07/21/2016 — Scheduled Completion Date (11): 08/15/2016	Name of OSHA Monitor: Schneider Laboratories Global Inc.
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: 2512 W Cary Street
	City, State, Zip Code: Richmond, VA. 23220

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)	In Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclose
B-1, B-2, B-3, B-4, Tech Room		X		Transite Panels	180SF	X			
Exterior of Building		X		Vapor Barrier	400SF	X			

Name of Registered Waste Hauler: Future Sanitation, Inc.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill: Tullytown Facility
City, State: Passaic, NJ		Disposal Date	City, State: Tullytown, PA

Completed by: Barbara Read	Title: President	Signature: Barbara Read	Date: 07/20/2016

ASB-1 (R-06-02)

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Check #9714

RECEIVED
JUL 25 2016
ASBESTOS CONTROL &

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

Date of Notification (1): 7-22-16	Name of Building Owner/Operator (2): J. Vinch + Sons Inc
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: P.O. Box 5465
	City, State, Zip Code: Trenton NJ 08638
	Name of Contact: Gary Vinch Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Dwelling Duplex	Type of Facility (4): ☐ School (K-12) ☐ – Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	Square Feet: ____ # of Floors: 2 Bldg. Age: 80+-
City (5): Trenton NJ 08638	Current Use (Prior if being demolished): Single family Dwellings
County (6): Mercer County Code (7) (STATE USE ONLY): ____	
Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies ASCM No.: N/A	Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337	Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533	City, State, Zip Code: New Egypt NJ 08533
Project Manager for Monitoring Firm: Steve Schenker Telephone No.: 609 758-3365	Telephone No.: 609 758-3365 License No.: 00394
Start Date (10): 8-2-16 Scheduled Completion Date (11): 8-19-16	Name of OSHA Monitor: EPC Technologies Inc
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: P.O. Box 337 City, State, Zip Code: New Egypt NJ 08533

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
712/714 exterior walls	x			Siding Shingles	3000 SF	x			
712/714 Flat Roofs	x			Silver Roof Tar Sealant	500 SF	x			
714 ~~Kitchen~~/Back Room		x		9"x9" Floor Tile	150 SF	x			
714 Kitchen		x		Linoleum flooring	150 SF	x			

Name of Registered Waste Hauler: EPC Technologies	NJDEP Waste Hauler ID No.: 17000	Cubic Yards of Waste: 12	Name of Registered Landfill: Waste Management of PA
City, State: New Egypt NJ		Disposal Date: by 8-19-16	City, State: Morrisville PA
Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 7-22-16

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ASB-41 (R-05-08)

CHECK # 9144

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 7/21/16	Name of Building Owner/Operator (2): SHMUEL GELSTEIN
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation
Street Address: [redacted]	
City, State, Zip Code: NEW MILFORD, NJ 07646	
Name of Contact: SHMUEL GELSTEIN	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	Square Feet: 1,600 # of Floors: 2 Bldg. Age: +50
City (5): NEW MILFORD	
County (6): BERGEN	County Code (7) (STATE USE ONLY): ____ Current Use (Prior if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): A.MAC Contracting Inc.
Street Address	Street Address: 185 Vreeland Ave.
City, State, Zip Code	City, State, Zip Code: Midland Park, NJ
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: (201)262-5841 License No.: 00156
Start Date (10): 7/22/16 Scheduled Completion Date (11): 8/15/16	Name of OSHA Monitor: Omega Environmental Services
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: 250 Huyler St. City, State, Zip Code: Hackensack, NJ 07606

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	VAT & MASTIC	2206F	✓			

Name of Registered Waste Hauler: Newark Casting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State: Newark, NJ		Disposal Date: 7/22/16	City, State: Bethlehem, PA

Completed by: Joseph Vacaturo	Title: Vice President	Signature: J. Vacaturo	Date: 7/21/16

ASB-41 (R-08-05)

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

CK # 1210

RECEIVED
JUL 25 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 06/02/16	Name of Building Owner/Operator (2): Yeshivat He-Atid School
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 1500 Queen Ann Road
	City, State, Zip Code: Teaneck, NJ 07666
	Name of Contact: Idan Levin
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Yeshivat He-Atid School	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1500 Queen Ann Road	
City (5): Teaneck	Square Feet: 3,000 / # of Floors: 1 / Bldg. Age: 50+-
County (6): Bergen / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): N/A / ASCM No.:	Name of Abatement Contractor (9): Stanmark Contractors, LLC
Street Address:	Street Address: 27 Edsall Drive
City, State, Zip Code:	City, State, Zip Code: Sussex, NJ 07461
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: 973-864-2022 / License No.: 01137
Start Date (10): 06/03/16 / Scheduled Completion Date (11): 06/06/16	Name of OSHA Monitor: AmeriSci
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: 117 East 30th Street
	City, State, Zip Code: New York, NY 10016

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)	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			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
1958 Section	x		Window glazing	140 S.F.	x			
1958 Section	x		window calking	250 L.F.	x			
1970 Section	x		window calking	50 L.F.	x			

Name of Registered Waste Hauler: Atlantic Carting	NJDEP Waste Hauler ID No.: 190713	Cubic Yards of Waste: 30	Name of Registered Landfill: G.R.O.W.S.
City, State: Wayne, NJ		Disposal Date: on completion	City, State: Morrisville, PA

Completed by: Marko Stankovic	Title: President	Signature: *Marko Stankovic*	Date: 06/02/16

ASB-41 (R-06-08)

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Print Form

CK # 1226

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JUL 25 2016
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 06/24/16	Name of Building Owner/Operator (2): Meridia Lifestyles II, Linden, LLC
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 201 South Wood Avenue
	City, State, Zip Code: Linden, NJ 07036
	Name of Contact: Michael Goras, Jr. Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Meridia Lifestyles II			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 112 South Wood Avenue			
City (5): Linden	Square Feet: 1,500	# of Floors: 2	Bldg. Age: 50+-
County (6): Union	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished): Commercial Property

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): Stanmark Contractors, LLC	
Street Address:		Street Address: 27 Edsall Drive	
City, State, Zip Code:		City, State, Zip Code: Sussex, NJ 07461	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-864-2022	License No.: 01137
Start Date (10): 06/24/16	Scheduled Completion Date (11): 06/29/16	Name of OSHA Monitor: AmeriSci	
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: 117 East 30th Street	
		City, State, Zip Code: New York, NY 10016	

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)	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			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	x		floor tiles & Linoleum	650 S.F.	x			
2nd Floor	x		Linoleum	180 S.F.	x			
Basement	x		pipe insulation	80 L.F.	x			
Roof	x		roof flashing	124 S.F.	x			

Name of Registered Waste Hauler: Atlantic Carting	NJDEP Waste Hauler ID No.: 190713	Cubic Yards of Waste: 10	Name of Registered Landfill: G.R.O.W.S.
City, State: Wayne, NJ		Disposal Date: on completion	City, State: Morrisville, PA

Completed by: Marko Stankovic	Title: President	Signature: *Marko Stankovic*	Date: 06/24/16

ASB-41 (R-06-08)

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x

07/28/2016 11:42 NO.831 #002

CK #3170

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ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1): 7 / 20 / 16	Name of Building Owner/Operator (2): Allison Letourneau
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Cranford, NJ 07016
	Name of Contact: Allison Letourneau
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Letourneau Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Cranford	Square Feet: 2,200 / # of Floors: 3 / Bldg. Age: 60
County (6): Union / County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Residence
Name of Monitoring Firm Hired by Building Owner (8): Mgmt. & Environmental Consulting Services / ASCM No.:	Name of Abatement Contractor (9): Shade Environmental, LLC
Street Address: PO Box 341	Street Address: 623 Cutler Avenue
City, State, Zip Code: Chesterfield, NJ 08515	City, State, Zip Code: Maple Shade, NJ 08052
Project Manager for Monitoring Firm: Bill Welsgerber / Telephone No.: 609-298-4070	Telephone No.: 856-755-0099 / License No.: 00842
Start Date (10): 07 / 22 / 16 / Scheduled Completion Date (11): 07 / 23 / 16	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077

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)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☒	☐	Floor Tile and Mastic	255 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15998	Cubic Yards of Waste: 3	Name of Registered Landfill: Cumberland County Landfill
City, State: Freehold, NJ		Disposal Date: 07/25/2016	City, State: Newburg, PA

Completed By (Print or Type): Christina Lynch	Title: Operations Manager	Signature: [signature]	Date: 7/20/16

AGS-41
JAN 13

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