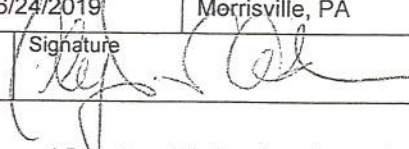


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Inv # 118208

| Date of Notification (1) 06/05/2019 | | Name of Building Owner/Operator (2) Plaza Road Coop | | Check No. 1514 | | | | | |
|--|--|--|---|---|--|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1500 - 1558 Plaza Road | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 10 2019 OS CONTROL & LICENSING </div> | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn, New Jersey 07410 | | | | | | | |
| | | Name of Contact C Colon c/o Maxons | | | | | | | |
| | | Telephone Number 973-388-6708 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) APT Condo Building | | | Type of Facility (4) | | | | | | |
| Street Address 15-00 Plaza Road | | | <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) Fair Lawn, New Jersey 07410 | | | Square Feet 20,000 | # of Floors 2 | Bldg. Age 50+ | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Apt/Condo | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 500 South Broad Street | | Street Address 246 Union Boulevard | | | | | | | |
| City, State, Zip Code Glen Rock, New Jersey 07452 | | City, State, Zip Code Totowa, New Jersey 07512 | | | | | | | |
| Project Manager for Monitoring Firm Bruce Wolf | | Telephone No 201-652-1119 | Telephone No. 973-225-8400 | License No. 01104 | | | | | |
| Start Date (10) 06/03/2019 | Scheduled Completion Date (11) 06/24/2019 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address 2333 Route 22 West | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | City, State, Zip Code Union, NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Under Apt 1548 A Next to Laundry | | | | Air Cell Insulation | 150 LF | X | | | |
| Basement Under Apt 1548 B Next to Laundry | | | | Air Cell Insulation | 150 LF | X | | | |
| Basement Under Apt 1554 A | | | | Air Cell Insulation | 325 LF | X | | | |
| Basement Under Apt 1554 B | | | | Air Cell Insulation | 325 LF | X | | | |
| Basement Under Apt 1510 A | | | | Air Cell Insulation | 485 LF | X | | | |
| Basement Under Apt 1504 A | | | | Air Cell Insulation | 185 LF | X | | | |
| Basement Under Apt 1504 B | | | | Air Cell Insulation | 185 LF | X | | | |
| Apt 1550B Living/Dining Room | | X | | Air Cell Insulation | 20 LF | X | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 40 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Totowa, New Jersey | | | | Disposal Date 06/24/2019 | City, State Morrisville, PA | | | | |
| Completed by Adriana Olejarova | | Title President | | Signature  | | | Date 06/05/2019 | | |

Check No. 1494

RECEIVED

JUN 10 2019

Telephone Number
973-338-6707

ASBESTOS CONTROL &
LICENSES

ASB-41 (R-06-08)

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

Check # 1515

INV # 11871

Check# 1515

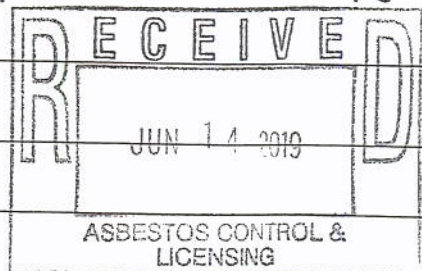
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Invoice # 11878

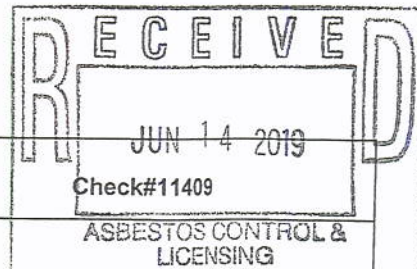


| Date of Notification (1) 6 / 11 / 19 | | Name of Building Owner/Operator (2) St. Luke's Hospital | | | | | | | |
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| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 185 Roseberry St. City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf Telephone Number 908-239-5007 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital | | 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 185 Roseberry St. | | Square Feet 100,000+ | | | | | | | |
| City (5) Phillipsburg, NJ 08865 | | # of Floors 2 | | | | | | | |
| County (6) Warren | | Bldg. Age 41+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Hospital | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | ASCM No. NA | | | | | | | |
| Street Address 3370 Progress Drive | | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | Street Address 550 East Union St. | | | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Telephone No. 215-244-1300 | | Telephone No. 610-701-9000 | | | | | | | |
| Start Date (10) 5 / 16 / 19 | | License No. 00508 | | | | | | | |
| Scheduled Completion Date (11) 6 / 28 / 19 | | Name of OSHA Monitor AET | | | | | | | |
| 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: 7:00AM-3:30PM/ PM- AM | | Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor IR / Cath Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 4500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor IR / Cath Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Drywall Joint Compound | 11,900 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor IR / Cath Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fire Doors | 35 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground Floor Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Duct Vibration Collars | 72 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Rizz Containers & Disposal | | NJDEP Waste Hauler ID No. 34666 | | Cubic Yards of Waste 40 | Name of Registered Landfill WM Grand Central Landfill | | | | |
| City, State Easton, PA | | Disposal Date TBD | | City, State Penn Argyl, Pa | | | | | |
| Completed By (Print or Type) Mark H. Griffin | | Title Estimator | | Signature | | Date 6/11/19 | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | | | | Description of Asbestos-Containing Material (ACM) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
|--|--------------------------|--------------------------|-------------------------------------|--|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | N/A | | | | | | |
| Ground Floor Mechanical Rm | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Fittings | 25 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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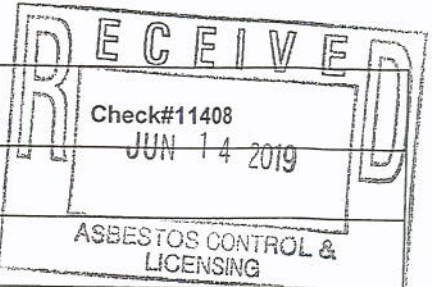
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



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|---|--|---|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 6 / 11 / 19 | | Name of Building Owner/Operator (2) PSE&G / Job #1905-5476 | | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Jason Donahue Telephone Number 908-442-9747 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G- Ironbound Substation | | 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 340 Chestnut Street | | Square Feet | | | | | | | |
| City (5) Newark, NJ | | # of Floors | | | | | | | |
| County (6) Essex | | Bldg. Age | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Substation | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | 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 James Proctor | | Telephone No. 609-704-8850 | License No. 00529 | | | | | | |
| Start Date (10) 5 / 13 / 19 | Scheduled Completion Date (11) 6 / 28 / 19 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 1st & 2nd Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos Panels | 1,848 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Pipe | 216 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Name of Registered Waste Hauler Environmental Transport Group, INC. | | NJDEP Waste Hauler ID No. 000692061 | Cubic Yards of Waste 40 | Name of Registered Landfill Grows- Fairless Landfill | | | | | |
| City, State Flanders, NJ | | Disposal Date 6/28/19 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | | Date 6-11-19 | | |

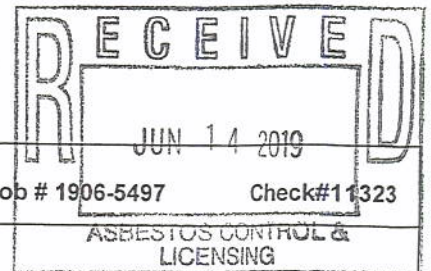
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



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|--|---|--|--|---|----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>6</u> / <u>10</u> / <u>19</u> | | Name of Building Owner/Operator (2) PSE&G / Job # 1906-5498 | | | | | | | |
| 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 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Greg Matlosz Telephone Number 201-575-9211 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G- Port Street Substation | | 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 225 East Port Street | | City (5) Newark, NJ 07114 | | | | | | | |
| 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) NA | | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 609-265-2107 | | | | | | |
| Start Date (10) <u>6</u> / <u>20</u> / <u>19</u> | | Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>19</u> | License No. 00529 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| 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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Conduits | 180 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Name of Registered Waste Hauler Environmental Transport Group, INC. | | NJDEP Waste Hauler ID No. 000692061 | Cubic Yards of Waste 8 | Name of Registered Landfill Grows- Fairless Landfill | | | | | |
| City, State Flanders, NJ | | | Disposal Date 8/1/19 | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 6-10-19 | | | |

JUN # 11882
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



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|--|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 6 / 10 / 19 | | Name of Building Owner/Operator (2) Bristol Meyers Squibb Company/ Job # 1906-5497 Check # 11323 | | | | | | | |
| 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 Route 206 & Prvince Line Road | | | | | | | |
| | | City, State, Zip Code Lawrenceville, NJ 08540 | | | | | | | |
| | | Name of Contact Omotayo Oyelaja | Telephone Number 908-285-1498 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bristol Meyers Squibb Elevator 7A | | 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 Route 206 & Prvince Line Road | | | | | | | | | |
| City (5) Lawrenceville, NJ 08540 | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Substation | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | ASCM No. | 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. 609-704-8850 | License No. 00529 | | | | | | |
| Start Date (10) 6 / 20 / 19 | Scheduled Completion Date (11) 7 / 5 / 19 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Slab Material | 130 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 8 | Name of Registered Landfill Grows- Fairless Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 7/5/19 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | | Date 6/10/19 | | |

INV# 11883
CK 3588 PAID

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

CHK# 3588

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 6 / 10 / 19 | | Name of Building Owner/Operator (2) Hackettstown Board of Education | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 14 2019 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified <input 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 120 North Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact Gail Woicekowski | | | |
| | | | | | | Telephone Number 908-852-2800 | | | |
| | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown High School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 599 Warren Street | | | | | | | | | |
| City (5) Hackettstown | | | | Square Feet +75,000 | # of Floors +2 | | | | |
| County (6) Warren | | | | County Code (7)(STATE USE ONLY) | Bldg. Age +50 | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc | | ASCM No. 00030 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Roland Jones | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | | | | | |
| Start Date (10) 6 / 21 / 19 | Scheduled Completion Date (11) 6 / 22 / 19 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12AM | | | Street Address 1123 BEAVER STREET | | | | | | |
| | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Auditorium Mechanical Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Fitting Insulation | 8 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State YARDLEY, PA | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature Dillan DeCaro / gm | | Date 6-10-19 | | | | | |

INV # 11889
OK 1671

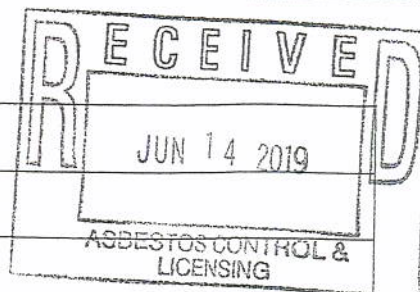
PAID

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

RECEIVED
JUN 14 2019
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) June 12, 2019 | | Name of Building Owner/Operator (2) Passaic County | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 401 Grand Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson, NJ 07505 | | | | | | | |
| | | Name of Contact Stephen Orsini | Telephone Number 973-881-4425 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Passaic County Courthouse | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 71 Hamilton Street | | Square Feet 45,000 | # of Floors 3 | | | | | | |
| City (5) Paterson | | Bldg. Age 121 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Courthouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Service | | ASCM No. 00099 | Name of Abatement Contractor (9) Unipro Environmental LLC | | | | | | |
| Street Address 300 Kimball Drive, 4th Floor | | Street Address 97 Main Street, Suite #9 | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Woodbridge, NJ 07095 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. 973-560-4900 | License No. 01324 | | | | | | |
| Start Date (10) 6/26/2019 | Scheduled Completion Date (11) 12/31/2019 | Name of OSHA Monitor Unipro Environmental LLC | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: | | Street Address 97 Main Street, Suite #9 | | | | | | | |
| | | City, State, Zip Code Woodbridge, NJ 07095 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | x | | | Breeching | 700 SF | x | | | |
| Boiler Room | x | | | TSI Fittings | 100 LF | x | | | |
| Boiler Room | x | | | Fire Brick & Gaskets | 760 SF | x | | | |
| Throughout Building | | x | | TSI Fittings | 150 LF | x | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste 120 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | | Disposal Date | City, State Pen Argyl, PA 18072 | | | | | |
| Completed by Raymond Blum | | Title Operations Manager | Signature | Date June 12, 2019 | | | | | |

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

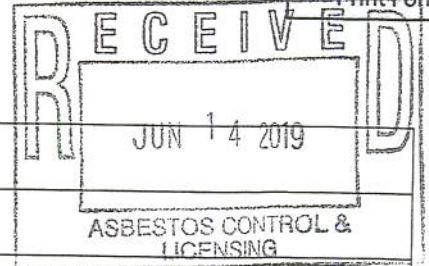


inv# 11886
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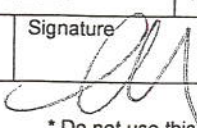
| Date of Notification (1) 06/11/19 | | Name of Building Owner/Operator (2) Arianna Holding Co., LLC | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1148 Springfield Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Mountainside, NJ 07092 | | | | | | | |
| | | Name of Contact Thomas Herits | Telephone Number 732 261 7934 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Barn | | 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 19 Tennent Avenue | | Square Feet 800 | # of Floors 2 | | | | | | |
| City (5) Englishtown | | Bldg. Age 100 | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Abandoned | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis | | ASCM No. 00090 | Name of Abatement Contractor (9) Bako Construction & Restoration, Inc. | | | | | | |
| Street Address 401 St. James Avenue | | Street Address 265 Route 46 Suite 3D | | | | | | | |
| City, State, Zip Code Phillipsburg, NJ 08865 | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm Jon Gilbert | | Telephone No. 908 454 6316 | Telephone No. 973 256 7010 | | | | | | |
| Start Date (10) 06/21/19 | | Scheduled Completion Date (11) 06/22/19 | License No. 00666 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor Bako Construction & Restoration, Inc. | | | | | | | |
| | | Street Address 265 Route 46 Suite 3D | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| East Side Wall | | | X | Heat Shield Sheeting | 10 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Bako Construction & Restoration, Inc. | | NJDEP Waste Hauler ID No. 20889 | Cubic Yards of Waste TBD | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Tullytown, PA | | | | | |
| Completed by Goran Kojic | | Title Project Manager | Signature | Date 06/11/19 | | | | | |

INV# 11888

Print Form



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

| | | | | | | | | | |
|--|--|---|--|---|----------------|---------|-----------------------|-------------|-----------|
| Date of Notification (1) June 10, 2019 | | Name of Building Owner/Operator (2) Kim Gailus | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Lyndhurst, NJ 07071 | | | | | | | |
| | | Name of Contact Scott Lieberman | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Lyndhurst | | Square Feet 1280 | # of Floors 2 | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 99 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories Inc. | | ASCM No. | Name of Abatement Contractor (9) Unipro Environmental LLC | | | | | | |
| Street Address 2333 Route 22 West | | Street Address 97 Main Street, Suite #9 | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | City, State, Zip Code Woodbridge, NJ 07095 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| Start Date (10) 6/24/2019 | | Scheduled Completion Date (11) 6/29/2019 | Name of OSHA Monitor Unipro Environmental LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 97 Main Street, Suite #9 | | | | | | | |
| <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 Woodbridge, NJ 07095 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Kitchen & Dining Room | | X | | Plaster Ceilings | 520 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste 30 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 7/1/2019 | | City, State Pen Argyl, PA 18072 | | | | | |
| Completed by Raymond Blum | | Title Operations Manager | | Signature  | | | Date June 10, 2019 | | |

GL19-021

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

Check # 4668

| | | | | | | | | | |
|--|---|---|---|--|---|---|--------------------|-------------|-----------|
| Date of Notification (1) 06-11-2019 | | Name of Building Owner/Operator (2) Oakland School District | | Check # 4668 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 315 Ramapo Valley Road City, State, Zip Code Oakland, New Jersey 07436 Name of Contact Bob Jacod Telephone Number 973-390-7436 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Heights Elementary School | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 114 Seminole Avenue | | | Square Feet 40,000 | | | | | | |
| City (5) Oakland | | | # of Floors 2 | | Bldg. Age 50 | | | | |
| County (6) Bergen | | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) N/A | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental | | | ASCM No. | | Name of Abatement Contractor (9) GL Group Inc. | | | | |
| Street Address 1248 Wrights Lane | | | Street Address 140 Hamburg Turnpike | | | | | | |
| City, State, Zip Code West Chester, PA 19380 | | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | |
| Project Manager for Monitoring Firm Philip A Conteh | | | Telephone No. 610-431-7545 | | Telephone No. 201-710-9725 | | | | |
| Start Date (10) 06/21/2019 | | | Scheduled Completion Date (11) 06/28/2019 | | License No. 01084 | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | Name of OSHA Monitor GL Group Inc. | | | | | | |
| Street Address 140 Hamburg Turnpike | | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Main Hallway | | X | | Fittings & Pipe Insulation | 22 LF | X | | | |
| Two Adults Bathrooms | | X | | Fittings & Pipe Insulation | 107LF | X | | | |
| Girls Bathrooms | | X | | Fittings Insulation | 15LF | X | | | |
| Boys Bathrooms | | X | | Fittings Insulation | 16LF | X | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S. North Landfill/ Fairless Land | | | |
| City, State P.O. BOX 5670, Newark, NJ 07105 | | | Disposal Date TBD | | City, State Morrisville, PA | | | | |
| Completed by Elena Solakov | | | Title President | | Signature Elena Solakov | | Date 06/11/2019 | | |

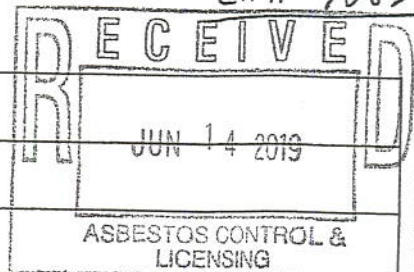
INV# 118910

CK 1263

PAID

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

CH# 1263

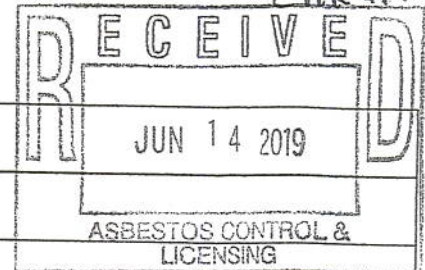


| Date of Notification (1) 06/12/19 | | Name of Building Owner/Operator (2) St. Paul's Congregational Church | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 10 St. Pauls Place | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Nutley, NJ 07110 | | | | | | | |
| | | Name of Contact Viny | Telephone Number 973-229-8589 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Church | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 10 St. Pauls Place | | Square Feet 8000 | # of Floors 2 | | | | | | |
| City (5) Nutley | | Bldg. Age 125 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc | | ASCM No. 0012 | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | |
| Street Address 560 Sylvan Ave Suite 3065 | | Street Address 185 Vreeland Ave | | | | | | | |
| City, State, Zip Code Englewood Cliffs, NJ 07632 | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| Project Manager for Monitoring Firm Tony Valentine | | Telephone No. 201-569-6708 | Telephone No. 201-262-5841 | | | | | | |
| License No. 00156 | | | | | | | | | |
| Start Date (10) 06/24/19 | Scheduled Completion Date (11) 07/15/19 | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyler Street | | | | | | | |
| | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Boiler | 300 SF | X | | | |
| Boiler Room | X | | | Pipe | 60 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 30 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 06/24/19 on | | City, State Pen Argyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | Signature | Date 06/12/19 | | | | | |

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

TRV#11892

PAID



| | | | | | | | | | |
|--|---|---|---------------------------|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 6/11/19 | | Name of Building Owner/Operator (2) Nick Mike Mayer | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| | | Name of Contact Nick | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mr. Mayer | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Wayne | | Square Feet 2100 | # of Floors 3 | | | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) | Bldg. Age 51 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) Res | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) A. Mac Contracting, Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| Telephone No. | | Telephone No. 201-262-5841 | License No. 00156 | | | | | | |
| Start Date (10) 07/15/19 | Scheduled Completion Date (11) 7/29/19 | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 280 Huyler Street | | | | | | | |
| <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 Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| Attic | | | X | Vermiculite | 658SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 3 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 7/15/19 on | | City, State Pen Argyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | Signature | | | Date 6/11/19 | | | |