

PAID
OK 1055

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

RECEIVED
MAY 13 2019

Date of Notification (1) 05 / 08 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) South River		# of Floors	
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane		
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 05 / 09 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026		

Scope of Work (Check all that apply)

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

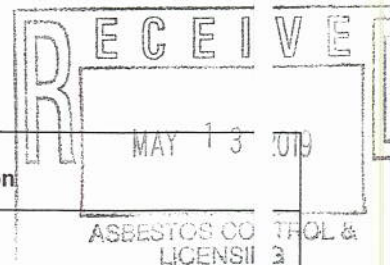
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Siding	575 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paper behind vinyl siding	3,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior (old windows only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flat Roof Tar	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 5/8/19		

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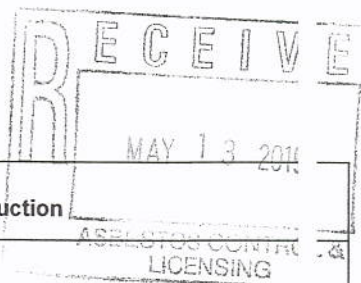
Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



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Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) South River		County (6) Middlesex	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane	
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026	
Telephone No. 973-650-0932		Telephone No. 973-928-4888	
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) <u>05</u> / <u>09</u> / <u>19</u>		Scheduled Completion Date (11) <u>06</u> / <u>28</u> / <u>19</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane	
City, State, Zip Code Garfield, NJ 07026		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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) 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)
2nd Floor- Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT / Mastic	150 SF
2nd Floor- Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT / Mastic	55 SF
2nd Floor- Closet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT / Mastic	50 SF
1st Floor- Laundry Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Mortar Mastic assoc. with Ceramic Tile	110 SF
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	
City, State Elizabeth, NJ / Newark, NJ		Cubic Yards of Waste As Needed	
Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill		Disposal Date TBD	
City, State Morrisville, PA / Pen Argyl, PA		Completed By (Print or Type) Allen Monchik	
Title Project Manager		Signature <i>Allen Monchik</i>	
Date 5/8/19			

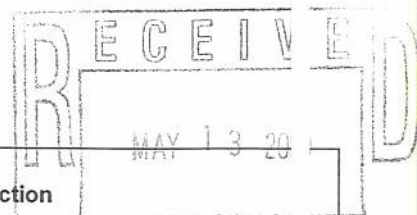
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Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> 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					
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	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Rib Caulk	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Rope Insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Waterproofing	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink Undercoating	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 5/8/19		

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Scope of Work (Check all that apply)

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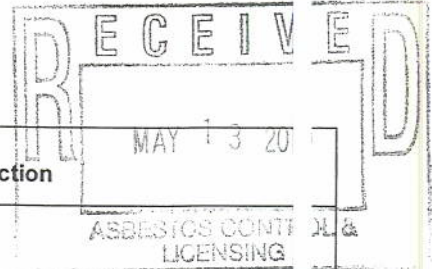
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	Yes	No	N/A			Removal	Repair	Encapsulate	
2 nd Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill	
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Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik		Date 5/8/19	

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ASBESTOS CONTROL
LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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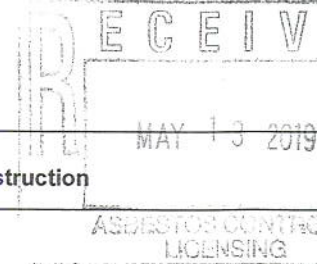
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1 st and 2 nd Floor- Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Assoc. with Wall Panels	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Bathroom and Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic assoc. with VAT	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Roof Shingle	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK1655 PAID

Date of Notification (1) 05 / 08 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) South River		# of Floors	
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	
Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		ASCM No.	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	License No. 1188
Start Date (10) 05 / 09 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Building Control Joint Caulk	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Caulk assoc. with Foundation Tar	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Tar	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk assoc. with Vinyl Siding	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 5/8/19		

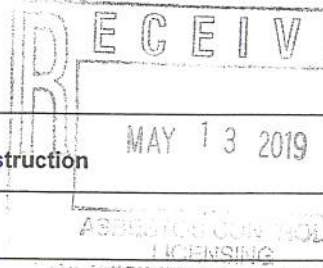
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Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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PAID

CK1055

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



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Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717

FACILITY INFORMATION

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Street Address [REDACTED]		Square Feet	
City (5) South River		# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
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Scope of Work (Check all that apply)

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| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
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	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Siding	2,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar assoc. with Chimneys	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill/Fairless Landfill/ Grand Central Sanitary Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 5/8/19		

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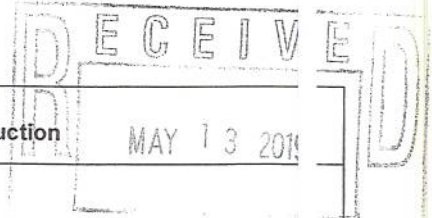
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
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	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Basement Interior Wall Window Glazing	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney Penetration Mud Packing	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>		Date 5/8/19	

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Scope of Work (Check all that apply)

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	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Shingle Siding	3,450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No			N/A	Removal	Repair
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation Tar	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Shingle	3,450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior (old windows only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>								
City (5) South River		Square Feet	# of Floors					
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1 st Floor- Front Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st & 2 nd Floor- Kitchen & Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic assoc. with VAT	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Paper assoc. with Porch Roof	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 05 / 09 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Exterior (behind vinyl siding)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Shingle	2,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Packing	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney Caulk	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 5/8/19		

RECEIVED
MAY 13 2019

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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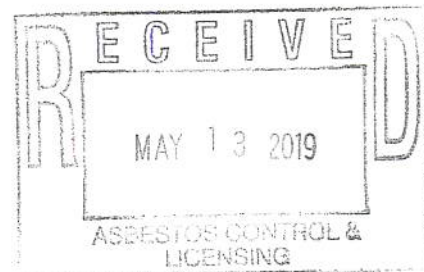
NOCK

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

RECEIVED
MAY 13 2019
ADDITIONAL CONTROL
LICENSING

Date of Notification (1) 04 / 09 / 19		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2198 STANLEY TERRACE		City, State, Zip Code UNION, NJ	
Name of Contact KEVIN KNIGHT		Telephone Number 732-850-3578	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 bldgs., homes, etc.)	
Street Address 2198 STANLEY TERRACE		Square Feet 10,000	
City (5) UNION		County (6) UNION	County Code (7)
Current Use (Prior if being demolished) PRODUCTION/OFFICE		# Of Floors 1	
Building Age 40 +			
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING		ASCM NO	
Street Address 300 KIMBALL DR, 4TH FLOOR		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code PARSIPPANY, NJ 07054		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm BRIAN FEURY		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-560-4857		Telephone Number 973-884-8682	
Sched. Start Date (10) 05 / 06 / 19		Sched. Completion Date (11) 06 / 21 / 19	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <u>TO BE ABATED</u> 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)
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW GLAZING	21 EA
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING & FLASHING	8,900 SF
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF TAR	270 SF
OFFICES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	300 SF
Name of Registered Waste Hauler ENVIRONMENTAL TRANSPORT GROUP INC	NJDEP Waste Hauler ID No. *00692061	Cubic Yards Of Waste -100	Name of Registered Landfill FAIRLESS LANDFILL
City, State FLANDERS, NJ	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 04/26/ 9

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	
OFFICES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



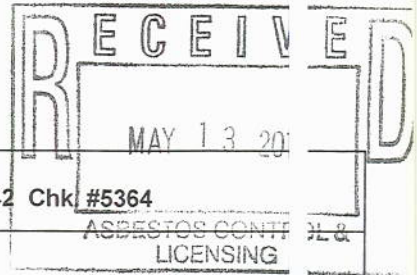
PAID

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

CK # 1201

Date of Notification (1) 05/09/2019		Name of Building Owner/Operator (2) Bill Napier		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 13 2019 AIR QUALITY CONTROL DIVISION </div>				
Agencies Notified		Type Notification				Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Westfield, NJ 07090 Name of Contact Denise		
<div style="text-align: center;">FACILITY INFORMATION</div>								
Name of Facility Where Abatement is Taking Place (3) Private home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]				Square Feet				
City (5) Westfield				# of Floors				
County (6) Union				Bldg. Age				
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) Removal Safety LLC				
Street Address		Street Address 8 Crosby Ave						
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-400-8711				
Start Date (10) 05/18/2019		Scheduled Completion Date (11) 05/21/2019		License No. 01332				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Same as (9)				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 08:00 - 16:30				Street Address				
				City, State, Zip Code				
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 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			x	TSI	67	x		
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 2	Name of Registered Landfill Fairless			
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA			
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>		Date 05/09/2019		

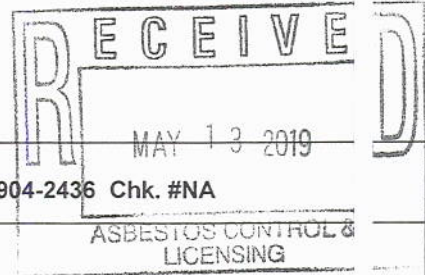
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



OK 5304 PAID

Date of Notification (1) 5 / 10 / 19		Name of Building Owner/Operator (2) Nancy Richardson / Job #1905-2442		Chk #5364					
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 <div style="background-color: black; width: 100px; height: 15px;"></div>		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Burlington, NJ 08505							
Name of Contact Nancy Richardson			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			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 <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Burlington			Square Feet +/- 2,000	# of Floors 3	Bldg. Age 110				
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Briggs and Associates		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 3 Crosswicks Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Doug Ferry		Telephone No. 609-847-2957	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 5 / 20 / 19	Scheduled Completion Date (11) 5 / 22 / 19		Name of OSHA Monitor EMSL Analytical, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 U.S. 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 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) 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			
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ductwork with Asbestos Pipe Wrap	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ductwork	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 5/22/19	City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant	Signature 		Date 5/10/19				

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



NOCK

Date of Notification (1) 4 / 29 / 19		Name of Building Owner/Operator (2) Township of Clinton / Job #1904-2436 Chk. #NA	
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 1225 route 31 South, Suite 411 City, State, Zip Code Lebanon, NJ 08833 Name of Contact Robert Martucci Telephone Number 908-735-9500	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Windy Acres		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 234 East Main Street		Square Feet 2,000	
City (5) Lebanon		# of Floors 1	Bldg. Age 44 year
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 888-715-2211	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 5 / 8 / 19	Scheduled Completion Date (11) 5 / 15 / 19	Name of OSHA Monitor EMSL Analytical, 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. 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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

ENCLOSURE 1 wrap and cut 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	Enclosure
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ	Disposal Date	City, State Penn Argyle, PA	
Completed By (Print or Type) Kaysi Gruner	Title Office Assistant	Signature 	Date 5-7-19

Notification of Asbestos Abatement

B & G proj. #: 2019-114

PAID

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9287

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Mediterranean Towers West Owners, Inc.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 13 2019 ASBESTOS CONTROL </div>
Agencies Notified	Type Notification	Street Address 555 North Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fort Lee, NJ 07024		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Larry Stitham		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-944-7791		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mediterranean Towers (NON Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K - 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 555 North Avenue			Square Feet		
City (5) Fort Lee			County (6) Bergen	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) Sky Environmental Services Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 140 Blvd.			Street Address 105 Ryerson Road		
City, State, Zip Code Mountain Lakes, NJ 07046			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Leonid Shereshevsky			Telephone Number (973)696-6869		
Phone Number 973-588-4821			License Number 00378		
Scheduled Start Date (10) 05/23/2019			Sched. Completion Date (11) 05/24/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Enclosure
	Yes	No	N/A					
bathroom apt#s 8S & 25E		<input checked="" type="checkbox"/>		asbestos popcorn ceiling	40 sqft per bath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room apt# 14P		<input checked="" type="checkbox"/>		asbestos popcorn ceiling	8 sqft	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/24/19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/10/2019

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

B & G proj. #: 2019-105

NOCK

Check # *Courtesy*

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) FAA William J. Hughes Technical Center		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">MAY 13 2019</div> <div style="margin-top: 10px; font-size: 0.8em;">ASBESTOS CONTROL</div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address Building 305		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Atlantic City International Airport, New Jersey 08405		
		Name of Contact Nicholas Largent		
		Telephone Number 609-485-6937		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) William J. Hughes FAA Technical Center - Bldg. B-221			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address Atlantic City International Airport			Square Feet	# of Floors
City (5) Atlantic City Int. Airport	County (6) Atlantic	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm hired by Bldg. Owner (8) Health and Safety Services, Inc.		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address PO Box 365		Street Address 105 Ryerson Road		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm James Proctor		Phone Number 856-452-1311	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/23/19		Sched. Completion Date (11) 06/07/19		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
Entire Structure			<input checked="" type="checkbox"/>	Controlled Demo/Wet Methods	120 cv of	<input checked="" type="checkbox"/>		
				Line Dumpster with 6 mil poly	non-friable acm			

Registered Waste Hauler Site Enterprises, Inc.	NJDEP Hauler ID# 0035220	Cubic Yards of Waste 120	Name of Registered Landfill ACUA
City, State Egg Harbor Township	Disposal Date 05/23/19 - 06/07/19		City, State Egg Harbor Township
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/09/2019

B & G proj. #: 2019-105

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

Check #

COURTESY

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address Building 305		City, State, Zip Code Atlantic City International Airport, New Jersey 08405	
Name of Contact Nicholas Largent		Telephone Number 609-485-6937	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) William J. Hughes FAA Technical Center - Bldg. B-16			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address Atlantic City International Airport			Square Feet	# of Floors
City (5) Atlantic City Int. Airport	County (6) Atlantic	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) Health and Safety Services, Inc.			ASCM No. n/a	
Street Address PO Box 365			Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code Berlin, NJ 08009			Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm James Proctor			City, State, Zip Code Lincoln Park, NJ 07035	
Phone Number 856-452-1311			Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/23/19			Sched. Completion Date (11) 06/07/19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Entire Structure			<input checked="" type="checkbox"/>	Controlled Demo/Wet Methods	480 cu of	<input checked="" type="checkbox"/>			
				Line Dumpster with 6 mil poly	non-friable acm				

Registered Waste Hauler Site Enterprises, Inc.	NJDEP Hauler ID# 0035220	Cubic Yards of Waste 480	Name of Registered Landfill ACUA
City, State Egg Harbor Township	Disposal Date 05/23/19 - 06/07/19	City, State Egg Harbor Township	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/09/2019

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Change in landfill & hauler

B & G proj. #: 2019-105

Check #

Courtney

Date of Notification (1)

05/10/19

Name of Building Owner/Operator (2)

FAA William J. Hughes Technical Center

Agencies Notified

- ☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial
☒ Amendment
☐ Cancellation

Street Address

Building 305

City, State, Zip Code

Atlantic City International Airport, New Jersey 08405

Name of Contact

Nicholas Largent

Telephone Number

609-485-6937

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

William J. Hughes FAA Technical Center - Bldg. B-150

Street Address

Atlantic City International Airport

City (5)

Atlantic City Int. Airport

County (6)

Atlantic

County Code (7)

(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than
☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

of Floors

Age

Current Use (Prior if being demolished)

abandoned

Name of Monitoring Firm Hired by Bldg. Owner (8)

Health and Safety Services, Inc.

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

PO Box 365

City, State, Zip Code

Berlin, NJ 08009

Project Manager for Monitoring Firm

James Proctor

Phone Number

856-452-1311

Scheduled Start Date (10)

5-20-19

Sched. Completion Date (11)

6-7-19

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☒ Demolition
☐ Renovation
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf

☒ wrap & cut

☒ Full Containment w/negative pressure

☐ Glovebag procedure

☒ Mini-enclosure

☒ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Remove

Encap

Encl

See attached list.

Registered Waste Hauler
Site Enterprises, Inc.

NJDEP Hauler ID#
0035220

Cubic Yards of Waste
40

Name of Registered Landfill
ACUA

City, State
Egg Harbor Township, NJ

Disposal Date
6-7-19

City, State
Egg Harbor Township, NJ

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

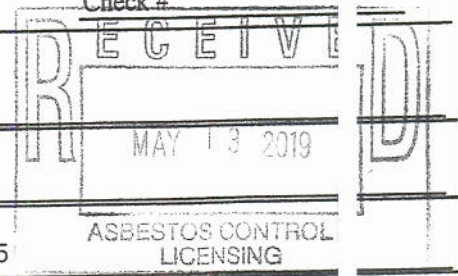
Date
05/10/2019

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

B & G proj. #: 2019-105

Check #

Date of Notification (1) <u>05/10/19</u>		Name of Building Owner/Operator (2) FAA William J. Hughes Technical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial	Street Address Building 305	
	<input type="checkbox"/> Amendment	City, State, Zip Code Atlantic City International Airport, New Jersey 08405	
	<input type="checkbox"/> Cancellation	Name of Contact Nicholas Largent	
		Telephone Number 609-485-6937	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) William J. Hughes FAA Technical Center - Bldg. B-150			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address Atlantic City International Airport			Square Feet	# of Floors
City (5) Atlantic City Int. Airport	County (6) Atlantic	County Code (7) (State use only)	Current Use (Prior if being demolished) abandoned	
Name of Monitoring Firm Hired by Bldg. Owner (8) Health and Safety Services, Inc.		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address PO Box 365		Street Address 105 Ryerson Road		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm James Proctor		Phone Number 856-452-1311	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 5-20-19	Sched. Completion Date (11) 6-7-19		Name of OSHA Monitor B & G Restoration, 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- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

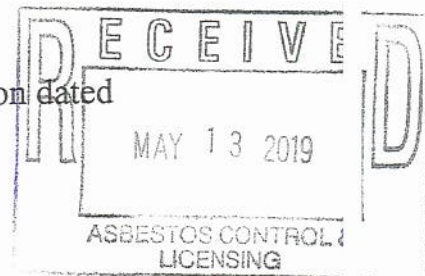
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
See attached list.								

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 6-7-19	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/06/2019

Re: One page attachment to 14 day initial notification dated
05/06/2019 for asbestos removal at:
William J. Hughes FAA Technical Center
Building B-150
Atlantic City International Airport, NJ 08405



*** INITIAL: Start Date: May 20, 2019 ***

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
1 st & 2 nd floor	n/a	Floor tile	3,076 sf	X	
1 st floor	n/a	Black Mastic on fiberglass duct insulation	100 sf	X	
Throughout	n/a	Pipe insulation & fittings	645 lf	X	
Room 203	n/a	Duct insulation	300 sf	X	
Roof	n/a	Duct tar	1,800 sf	X	
Control tower	n/a	Transite peg board	160 sf	X	
Roof	n/a	Roofing and flashing	2,800 sf	X	
Rear entrance	n/a	Floor tile	20 sf	X	
Exterior	n/a	Window glazing	1,620 lf	X	
Room 100	n/a	Transite wall panels	100 sf	X	
3 rd floor telephone equipment room	n/a	Wall plaster	450 sf	X	
4 th floor heater room	n/a	Floor tile and mastic	240 sf	X	
Boiler Room	n/a	Pipe insulation	140 lf	X	
Boiler Room	n/a	Tank insulation	50 sf	X	
Boiler Room	n/a	End caps	16 sf	X	
Boiler Room	n/a	Gaskets	50 lf	X	

B & G proj. #: 2019-113

PAID

Check # 9286

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Atlantic Health System		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 13 2019 ASBESTOS CONTROL LICENSING </div>
Agencies Notified	Type Notification	Street Address 100 Madison Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter Palmer		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (973)971-4194		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center / Simon B			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K - 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 100 Madison Avenue			Square Feet	# of Floors
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 11 Tindall Road		Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/21/2019	Sched. Completion Date (11) 08/30/19	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: work shift 3:30 pm - 12:00 am		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition
 ☒ Renovation
 ☐ Full Containment w/negative pressure
 ☒ Glovebag procedure
 ☐ Non-friable procedure
- ☒ >3 sf or >3 lf
 ☐ ≥160 sf or ≥260 lf
 ☒ Mini-enclosure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
Kitchen freezer rooms			<input checked="" type="checkbox"/>	small & large pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen freezer rooms			<input checked="" type="checkbox"/>	fittings	50 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/21/19 - 08/30/19	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/10/2019

B & G proj. #:

2019-110

PAID

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

Check # 9285

Date of Notification (1)

10/5/10/11/19

Name of Building Owner/Operator (2)

Lancey Clough

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

Lancey Clough

RECEIVED
MAY 13 2019

ASBESTOS CONTROL & REMEDIATION

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Lancey Clough

Street Address

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K - 2)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

City (5)

Maplewood, NJ 07040

County (6)

Essex

County Code (7)
(State use only)Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number
(973)696-6869License Number
00378

Scheduled Start Date (10)

05/22/2019

Sched. Completion Date (11)

05/23/2019

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ wrap & cut
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation / contaminated fiberglass	85 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

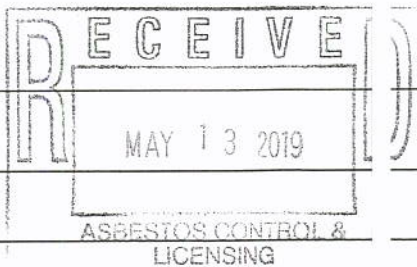
Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
05/23/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

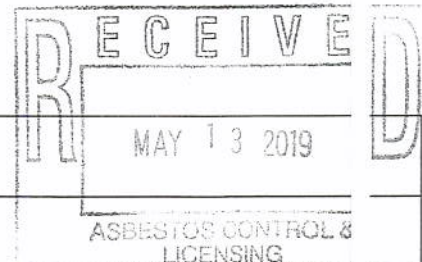
Date
05/10/2019

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



Date of Notification (1) 5 / 09 / 19		Name of Building Owner/Operator (2) Butler Plaza Partnership LLC						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Ethel Rd. Suite 205A City, State, Zip Code Edison, NJ 08818 Name of Contact Mr. Joe Bijou						
		Telephone Number (732) 248-8200 ext. 115						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Butler Plaza (Burger King)		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 1501-1506 Route 23		Square Feet 4,000						
City (5) Butler		# of Floors 1						
County (6) Morris		Bldg. Age 59						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) SAI Environmental Services, LLC						
Street Address		Street Address 277 Fairfield Road, Suite 102						
City, State, Zip Code		City, State, Zip Code Fairfield, NJ 07004						
Project Manager for Monitoring Firm		Telephone No. (973) 852-3444						
Telephone No.		License No. 01349						
Start Date (10) 05 / 06 / 19		Scheduled Completion Date (11) 05 / 17 / 19						
Name of OSHA Monitor SAI Environmental Services, LLC								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code Fairfield, NJ 07004						
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Materials	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill			
City, State Yardley, PA		Disposal Date Various		City, State Waynesburgh, OH				
Completed By (Print or Type) Mary Petrovski		Title Manager		Signature 		Date 5/9/2019		

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



Date of Notification (1) 4 / 26 / 19		Name of Building Owner/Operator (2) Butler Plaza Partnership LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Ethel Rd. Suite 205A	
		City, State, Zip Code Edison, NJ 08818	
		Name of Contact Mr. Joe Bijou	Telephone Number (732) 248-8200 ext. 115
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Butler Plaza (Burger King)		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 1501-1506 Route 23		Square Feet 4,000	# of Floors 1
City (5) Butler		Bldg. Age 59	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) SAI Environmental Services, LLC	
Street Address		Street Address 277 Fairfield Road, Suite 102	
City, State, Zip Code		City, State, Zip Code Fairfield, NJ 07004	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 852-3444	License No. 01349
Start Date (10) 05 / 06 / 19	Scheduled Completion Date (11) 05 / 10 / 19	Name of OSHA Monitor SAI Environmental Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 277 Fairfield Road, Suite 102	
		City, State, Zip Code Fairfield, NJ 07004	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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)
	Yes	No	
Roof	<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"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 80
City, State Yardley, PA		Disposal Date Various	Name of Registered Landfill Minerva Landfill
City, State Waynesburgh, OH			
Completed By (Print or Type) Mary Petrovski	Title Manager	Signature 	Date 4/26/19

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CHK # 356

Date of Notification (1) 5/10/19		Name of Building Owner / Operator (2) Wells Fargo Bank		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E D MAY 13 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address One South Broad Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Philadelphia, PA 19107		
		Name of Contact Steve Colton		
				Telephone Number 267-321-7801

FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Little Ferry			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 255 Liberty Street			Square Feet 2500	# of Floors 2
City (5) Little Ferry			County (6) Bergen	County Code (7) 45+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			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 08010			City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215) 788-6040	License Number 00509
Scheduled Start Date (10) 5/21/19	Scheduled Completion Date (11) 5/22/19		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 Hours – 7am to 3pm Describe: 5:00 PM to 1:00 AM <input type="checkbox"/> Facility Occupied During Abatement			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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

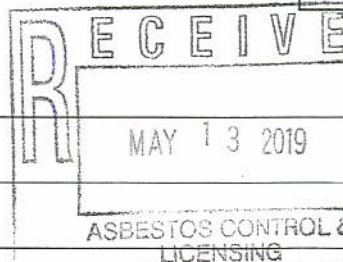
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 21 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 5/22/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/10/19

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



Date of Notification (1) 5/10/19		Name of Building Owner/Operator (2) Leslie Cavrell	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Closter, NJ 07624	
		Name of Contact Leslie Cavrell	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
Street Address [REDACTED]			
City (5) Closter	Square Feet 3500	# of Floors 2	Bldg. Age 65 +/-
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 5/22/19	Scheduled Completion Date (11) 5/25/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

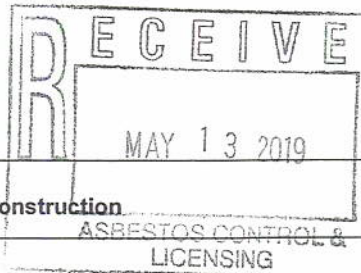
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 5/10/19

C/K1055

PAID

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



Date of Notification (1) 05 / 08 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 20 W. State Street, 3rd Flr.		City, State, Zip Code Trenton, NJ 08608	
Name of Contact Rick Ferrera		Telephone Number 609-292-1717	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) South River		# of Floors	
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane	
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026	
Telephone No. 973-650-0932		Telephone No. 973-928-4888	
Start Date (10) 05 / 09 / 19		License No. 1188	
Scheduled Completion Date (11) 06 / 28 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
1 st and 2 nd Floor- Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling and Wall Plaster	3,660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Flooring	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	115 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flat Roof	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

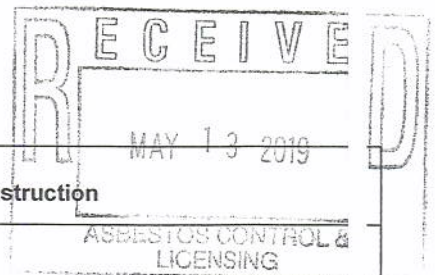
Name of Registered Waste Hauler Century Waste / Newark Carting	NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill
City, State Elizabeth, NJ / Newark, NJ	Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 5/8/19

RECEIVED
MAY 13 2019
Abatement Type: STOS CONTROL & LICENSING

[illegible]

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 08 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]		City (5) South River						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Square Feet	# of Floors Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane						
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 05 / 09 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
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
1 st Floor- Rear Foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	65 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink Undercoating	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor- Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring (under carpet)	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor- Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring (under carpet)	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik	Title Project Manager		Signature Allen Monchik			Date 5/8/19		

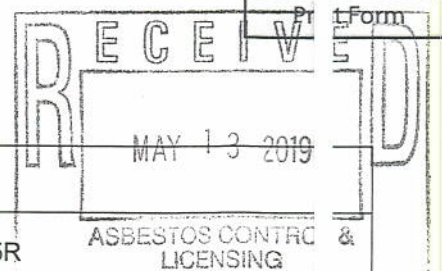
RECEIVED
MAY 13 2019
Session Control & Licensing

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/8/19
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OK 6558

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



Date of Notification (1) 5/10/19		Name of Building Owner/Operator (2) NJDEP Bureau of Site Management							
Agencies Notified	Type Notification	Street Address P.O. Box 420, 5th floor, Mailcode: 401-05R							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Buchanon	Telephone Number 609-610-7393						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alexander Cleaners Site PI# 015123		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, home, etc.)							
Street Address 137 Broadway		Square Feet 1730	# of Floors 2						
City (5) Hillsdale		Bldg. Age 49							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Realtor office / dry cleaner							
Name of Monitoring Firm Hired by Building Owner (8) ACER		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1012 Industrial Drive		Street Address 303 B National Road							
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Matt DePalma		Telephone No. 856-905-7703	Telephone No. 484-872-8884						
Start Date (10) 5/24/19		Scheduled Completion Date (11) 5/26/19	License No. 01161						
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 EMSL							
		Street Address 200 Route 130							
		City, State, Zip Code Cinnaminson, NJ							
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 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
2nd floor North			X	Interior Window Caulk	60 LF	X			
1st Floor Entry Foyer			X	Interior Window/Door Caulk	24 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 5/10/19	