

CK 6505 PAID

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


Date of Notification (1) May 28, 2019		Name of Building Owner/Operator (2) Stockton University							
Agencies Notified	Type Notification	Street Address 101 Vera King Farris Drive							
<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 Galloway, NJ							
		Name of Contact Steve Brown	Telephone Number 609-652-4233						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stockton University		Type of Facility (4)							
Street Address 101 Vera King Farris Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Galloway		Square Feet 1,000,000+	# of Floors 3						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address		Street Address 303 B National Road							
City, State, Zip Code		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 6/10/19		Scheduled Completion Date (11) 6/14/19	Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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: <u>Trash area, segregated</u>		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" 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 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	
Bldg. 30, C Wing Ext	X			Transite	1,300 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill Atlantic County Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date May 28, 2019		

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

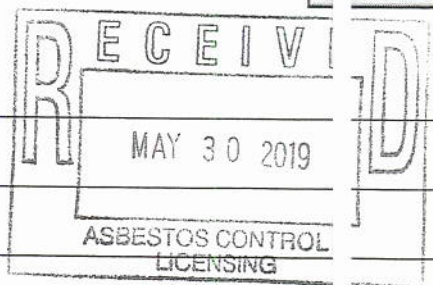
RECEIVED	Form
	MAY 30 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/28/19		Name of Building Owner/Operator (2) Andrew Cofone						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Paramus, NJ 07652						
Name of Contact Andrew Cofone		Telephone Number						
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]		Square Feet 2100						
City (5) Paramus		# of Floors 2						
County (6) Bergen		Bldg. Age 65 +/-						
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.						
Street Address		Name of Abatement Contractor (9) All Stages Abatement						
City, State, Zip Code		Street Address 280 N. Midland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663						
Telephone No.		Telephone No. 201-600-3184						
Start Date (10) 5/31/19		License No. 01305						
Scheduled Completion Date (11) 6/3/19		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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Main Basement Area		x		VAT	360 SF	x		
Office		x		VAT	107 SF	x		
Mud Room		x		VAT	81 SF	x		
Landing		x		VAT	15 SF	x		
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 4 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 5/28/19		

OK335

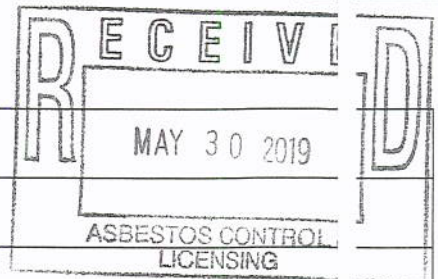
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/10/2019		Name of Building Owner/Operator (2) Shanna Silver						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston NJ						
		Name of Contact Shanna Silver	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) N/A		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 1,658	# of Floors 2					
City (5) Livingston		Bldg. Age 1941						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr						
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 5/11/2019	Scheduled Completion Date (11) 5/24/2019	Name of OSHA Monitor Checkmark Industrial						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr						
		City, State, Zip Code Sparta NJ 07871						
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 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	
Laundry Room		X		floor tiles	40 SF	X		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ			Disposal Date	City, State Pen Argyl, PA				
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 5/11/2019		

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

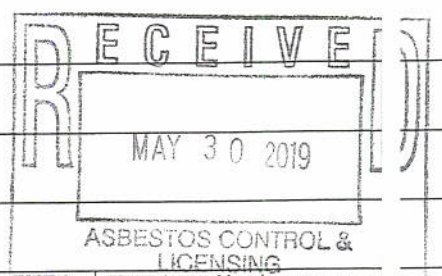


Date of Notification (1) 5/3/2019		Name of Building Owner/Operator (2) Aaron Johns						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood NJ						
		Name of Contact Aaron Johns	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) N/A		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 2,386	# of Floors 2					
City (5) Westwood		Bldg. Age 100+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr						
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 5/4/2019	Scheduled Completion Date (11) 5/20/2019	Name of OSHA Monitor Checkmark Industrial						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr						
		City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
attic		X		vermiculite	4 Cu. Ft.	X		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ			Disposal Date	City, State Pen Argyl, PA				
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 5/3/2019		

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

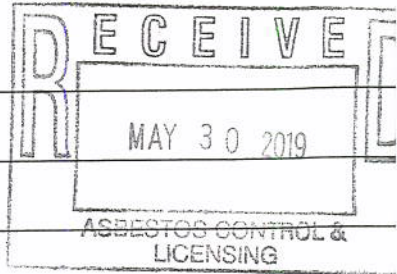


Date of Notification (1) 4/26/2019		Name of Building Owner/Operator (2) Tom Hooper						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair NJ 07042						
		Name of Contact Joe Notare, General Contractor						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) N/A		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 2,968	# of Floors 2					
City (5) Montclair		Bldg. Age 107						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr						
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 4/29/2019	Scheduled Completion Date (11) 5/10/2019	Name of OSHA Monitor Checkmark Industrial						
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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	
First Floor		X		plaster	423 SF	X		
Second Floor		X		plaster	160 SF	X		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 12	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ			Disposal Date	City, State Pen Argyl, PA				
Completed by Corey Stankovic		Title CEO	Signature 			Date 4/26/2019		

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



Date of Notification (1) 5/20/2019		Name of Building Owner/Operator (2) Patrick Fixter	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown NJ	
		Name of Contact Patrick Fixter	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) N/A		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 2,856	# of Floors 2
City (5) Morristown		Bldg. Age 1953	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 5/21/2019	Scheduled Completion Date (11) 6/1/2019	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

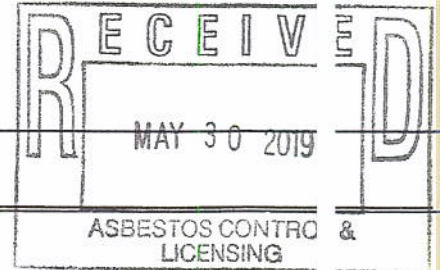
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
basement		X		duct insulation	300 SF	X			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark NJ	Disposal Date	City, State Pen Argyl, PA	
Completed by Corey Stankovic	Title CEO	Signature <i>Corey Stankovic</i>	Date 5/20/2019

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

D&S Proj. #: 19-103

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Date of Notification (1)
05/12/19

Name of Building Owner/Operator (2)

Jonas Geduldig

Street Address

City, State, Zip Code

Glen Rock, NJ 07452

Name of Contact

Jonas Geduldig

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

Amendment #: _____

☐ Emergency
(including justification)

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Glen Rock, NJ 07452

County (6)

Bergen

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than 12)

☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

1,800

of Floors

02

Est. Age

50

Current Use (Prior if being demolished)

Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Start Date (10)

06/04/19

Sched. Completion Date (11)

06/10/2019

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: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf

☒ Renovation

☐ ≥160 sf or ≥260 lf

☐ Demolition

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovebag procedure

☐ Non-Exempted (*) and Non-friable procedure

Location of
asbestos-containing
material (acm) to be
abated in facility (13)

Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)

Amount
(Specify SF or
LF)

Remove

Repair

Encap

Encl

Garage

☐

☒

☐

Duct Insulation

35 SF

☒

☐

☐

☐

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
038241

Cubic Yards of Waste
2 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

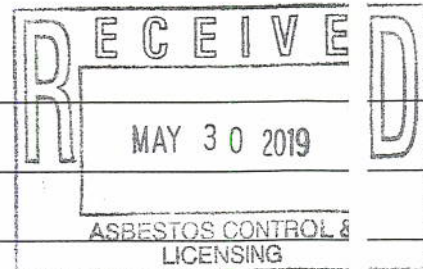
Signature

Date
05/24/19

CK336

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



Date of Notification (1) 5/17/2019		Name of Building Owner/Operator (2) Michael Colgan					
Agencies Notified	Type Notification	Street Address [REDACTED]					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flanders NJ					
		Name of Contact Michael Colgan	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) N/A		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, etc.)					
Street Address [REDACTED]		Square Feet 1356	# of Floors 1				
City (5) Flanders		Bldg. A 1972					
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial				
Street Address		Street Address 54 Morgan Dr					
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871					
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334				
Start Date (10) 5/20/2019	Scheduled Completion Date (11) 5/30/2019	Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr					
		City, State, Zip Code Sparta NJ 07871					
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Kitchen		X	Floor tile	100 SF	X		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA			
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 5/17/2019		

PAID

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

CH# 255

Date of Notification (1) 05/28/19		Name of Building Owner/Operator (2) First Presbyterian Church of Englewood		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 30 2019 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 150 Palisades Ave			
				City, State, Zip Code Englewood, NJ 07631					
				Name of Contact Robert Ryder					
				Telephone Number 201-927-1159					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) First Presbyterian Church of Englewood				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 150 Palisades Ave				Square Feet 10000					
City (5) Englewood				# of Floors 2					
County (6) Bergen				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church/School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. 0012		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address 560 Sylvan Ave Suite 3065		Street Address 185 Vreeland Ave							
City, State, Zip Code Englewood Cliffs, NJ 07632		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708		License No. 00156					
Start Date (10) 06/11/19		Scheduled Completion Date (11) 06/30/19		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 289 Huyler Street					
				City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Vestibule	X			VAT	550SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 06/11/19 on		City, State Pen Argyl, PA 08702					
Completed by Randall McDonald		Title President		Signature <i>R. McDonald</i>		Date 05/28/19			