

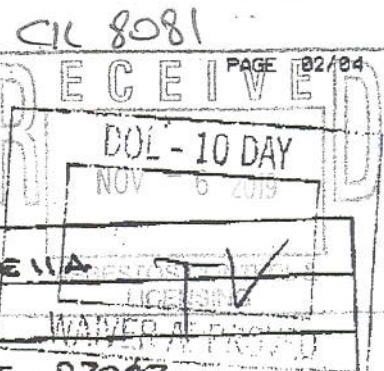
10/29/2019 01:42PM 2013297440

BEST REMOVAL INC

PAGE 02/04

Inv# 5047  
PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12b)



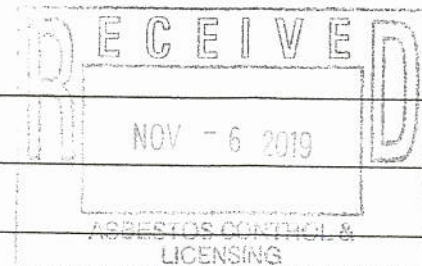
Date of Notification (1) 10/29/19		Name of Building Owner/Operator (2) MR. ANTHONY DILELLA	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDCOL <input type="checkbox"/> NJDOH <input type="checkbox"/> NJDCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment of <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED] City, State, Zip Code MONTCLAIR, N.J. 07042 Name of Contact MR. DILELLA Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. ANTHONY DILELLA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (3 or other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, hospitals, etc.)	
Street Address [REDACTED]		Square Feet 2500	3 of Floors 2
City (5) MONTCLAIR		Bldg. Age 1945	
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)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 10/30/19		Scheduled Completion Date (11) 10/31/19	
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: 8:00AM TO 5:00 PM		Name of CMAA Monitor Omega Environmental	
Street Address		City, State, Zip Code	
280 Huyler St		S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 SF or less <input checked="" type="checkbox"/> 251 SF or less <input type="checkbox"/> 252 SF or less <input type="checkbox"/> 253 SF or less <input type="checkbox"/> 254 SF or less <input type="checkbox"/> 255 SF or less <input type="checkbox"/> 256 SF or less <input type="checkbox"/> 257 SF or less <input type="checkbox"/> 258 SF or less <input type="checkbox"/> 259 SF or less <input type="checkbox"/> 260 SF or less <input type="checkbox"/> 261 SF or less <input type="checkbox"/> 262 SF or less <input type="checkbox"/> 263 SF or less <input type="checkbox"/> 264 SF or less <input type="checkbox"/> 265 SF or less <input type="checkbox"/> 266 SF or less <input type="checkbox"/> 267 SF or less <input type="checkbox"/> 268 SF or less <input type="checkbox"/> 269 SF or less <input type="checkbox"/> 270 SF or less <input type="checkbox"/> 271 SF or less <input type="checkbox"/> 272 SF or less <input 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type="checkbox"/> 948 SF or less <input type="checkbox"/> 949 SF or less <input type="checkbox"/> 950 SF or less <input type="checkbox"/> 951 SF or less <input type="checkbox"/> 952 SF or less <input type="checkbox"/> 953 SF or less <input type="checkbox"/> 954 SF or less <input type="checkbox"/> 955 SF or less <input type="checkbox"/> 956 SF or less <input type="checkbox"/> 957 SF or less <input type="checkbox"/> 958 SF or less <input type="checkbox"/> 959 SF or less <input type="checkbox"/> 960 SF or less <input type="checkbox"/> 961 SF or less <input type="checkbox"/> 962 SF or less <input type="checkbox"/> 963 SF or less <input type="checkbox"/> 964 SF or less <input type="checkbox"/> 965 SF or less <input type="checkbox"/> 966 SF or less <input type="checkbox"/> 967 SF or less <input type="checkbox"/> 968 SF or less <input type="checkbox"/> 969 SF or less <input type="checkbox"/> 970 SF or less <input type="checkbox"/> 971 SF or less <input type="checkbox"/> 972 SF or less <input type="checkbox"/> 973 SF or less <input type="checkbox"/> 974 SF or less <input type="checkbox"/> 975 SF or less <input type="checkbox"/> 976 SF or less <input type="checkbox"/> 977 SF or less <input type="checkbox"/> 978 SF or less <input type="checkbox"/> 979 SF or less <input type="checkbox"/> 980 SF or less <input type="checkbox"/> 981 SF or less <input type="checkbox"/> 982 SF or less <input type="checkbox"/> 983 SF or less <input type="checkbox"/> 984 SF or less <input type="checkbox"/> 985 SF or less <input type="checkbox"/> 986 SF or less <input type="checkbox"/> 987 SF or less <input type="checkbox"/> 988 SF or less <input type="checkbox"/> 989 SF or less <input type="checkbox"/> 990 SF or less <input type="checkbox"/> 991 SF or less <input type="checkbox"/> 992 SF or less <input type="checkbox"/> 993 SF or less <input type="checkbox"/> 994 SF or less <input type="checkbox"/> 995 SF or less <input type="checkbox"/> 996 SF or less <input type="checkbox"/> 997 SF or less <input type="checkbox"/> 998 SF or less <input type="checkbox"/> 999 SF or less <input type="checkbox"/> 1000 SF or less			

ASB-1

\* Do not use this form for asbestos abatement work.



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



Date of Notification (1) <b>11-01-2019</b>		Name of Building Owner/Operator (2) <b>Susan Fisher</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>	
		City, State, Zip Code <b>Hillsborough NJ 08844</b>	
		Name of Contact <b>Susan Fisher</b>	Telephone Number --
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Private Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
City (5) <b>Hillsborough NJ 08844</b>		Bldg. Age <b>N/A</b>	
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Private Dwelling</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Standard Environmental</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Amax Contracting LLC</b>
Street Address <b>2108 Fulton Street, Suite 2A</b>		Street Address <b>PO BOX 734</b>	
City, State, Zip Code <b>Brooklyn NY 11233</b>		City, State, Zip Code <b>Woodland Park NJ 07424</b>	
Project Manager for Monitoring Firm <b>Kayode Adefisoye</b>		Telephone No. <b>347-241-7673</b>	Telephone No. <b>973-692-6298</b>
License No. <b>01266</b>			
Start Date (10) <b>11-13-2019</b>	Scheduled Completion Date (11) <b>11-18-2019</b>	Name of OSHA Monitor <b>Amax Contracting LLC</b>	
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 <b>PO BOX 734</b>	
		City, State, Zip Code <b>Woodland Park NJ 07424</b>	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
Basement & Crawlspace	Yes No N/A Yes No N/A	Pipe Insulation	120 LF
Name of Registered Waste Hauler <b>Amax Contracting LLC</b>		NJDEP Waste Hauler ID No. <b>0036184</b>	Cubic Yards of Waste <b>3 CY</b>
City, State <b>Woodland Park NJ 07424</b>		Disposal Date <b>11-27-2019</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Morrisville PA</b>			
Completed by <b>Tome Maslarkov</b>	Title <b>Project Manager</b>	Signature 	Date <b>11-01-2019</b>



JN# 1578S

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

CK 8082

RECEIVED

Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) MS TERESA ANN O'LEARY					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code FAIRLAWN, NJ, 07410					
		Name of Contact MS NJANA O'LEARY	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) TERESA ANN O'LEARY		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]							
City (5) FAIRLAWN	Square Feet 1800	# of Floors 2	Bldg. Age 1945				
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) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 11/14/19	Scheduled Completion Date (11) 11/12/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 75LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
BASEMENT		✓ THERMAL SYSTEM INSULATION		X			
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill GUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601		Disposal Date 11/12/19	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature [Signature]			Date 10/30/19		

ASB-41

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







RECEIVED  
NOV - 6 2019  
DEEDING CONTROL &  
F. H. DE GUSMAY &

Date of Notification (1) <b>10-27-19</b>		Name of Building Owner/Operator (2) <b>GARDEN STATE DREDFORD</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>8 CLERMONT DR.</b> City, State, Zip Code <b>CLERMONT N.J 08210</b> Name of Contact <b>JIM</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>1500</b> # of Floors <b>2</b> Bldg. Age <b>50+</b>						
City (5) <b>W WILDWOOD</b>		Current Use (Prior if being demolished) <b>VACANT</b>						
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <b>KLEMMCO INC</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Street Address <b>369 S. SPRUCE AVE</b>						
Street Address		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>						
City, State, Zip Code		Telephone No. <b>856-779-0472</b> License No. <b>01371</b>						
Project Manager for Monitoring Firm		Name of OSHA Monitor <b>N/A</b>						
Start Date (10) <b>11-6-19</b>		Scheduled Completion Date (11) <b>11-16-19</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>750 SF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>		<b>TRANSIRE</b>	<b>750 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3 YDS</b>	Name of Registered Landfill <b>C.M.C.M.V.A</b>				
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBINE N.J</b>					
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUPERVISOR</b>	Signature <b>[Signature]</b>			Date <b>10-27-19</b>		

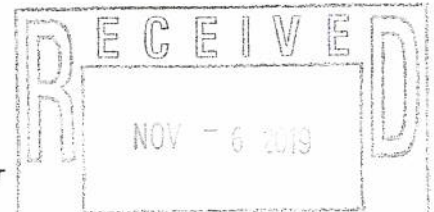


CK # 4428

Inv # 15787

PAID

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



Date of Notification (1) <u>10-27-19</u>		Name of Building Owner/Operator (2) <u>JOE MONACK</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>	
		Name of Contact <u>JOE</u>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>1500</u>	
City (5) <u>BRIGANTINE</u>		# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>
Start Date (10) <u>11-6-19</u>	Scheduled Completion Date (11) <u>11-16-19</u>	Name of OSHA Monitor <u>N/A</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 <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

## Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

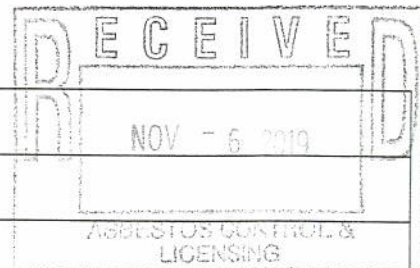
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIMILING</u>			X	<u>TRANSITE</u>	<u>2000 SF</u>	X			

Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>ACHIA</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>
Completed By <u>V.</u>	Title <u>Owner</u>	Signature <u>M. DiOrto</u>	Date <u>10-27-19</u>



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



Date of Notification (1) 11/01/2019		Name of Building Owner/Operator (2) Michelle Williams	
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 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 Newark, NJ 07106	
		Name of Contact Michelle Williams	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<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) Newark		Square Feet N/A	# of Floors N/A
County (6) Essex		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.	
City, State, Zip Code		Street Address 11 Rosengren Avenue	
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512	
Telephone No.		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 11/11/19	Scheduled Completion Date (11) 11/12/19	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<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>Occupied</u>		City, State, Zip Code Totowa, NJ 07512	

## Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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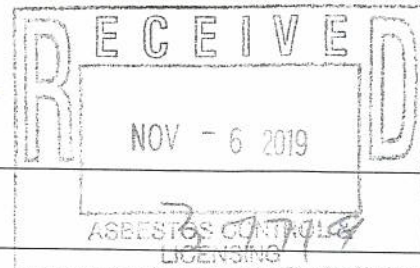
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Furnace Insulation	45 SF	X			
Basement		X		Pipe Insulation	85 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 		Date 11/01/2019	



Inv# 15792

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



OK 37719

Date of Notification (1) 10 / 31 / 19		Name of Building Owner/Operator (2) Frank Lurch Demolition										
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>515 Main Street</b> City, State, Zip Code <b>Avon by the Sea, NJ 07717</b> Name of Contact <b>Frank Lurch</b>		Telephone Number <b>732-740-9814</b>				
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address [REDACTED]												
City (5) <b>Avon</b>				Square Feet <b>4000</b>		# of Floors <b>2</b>						
County (6) <b>Monmouth</b>				County Code (7) (STATE USE ONLY)		Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>				ASCN No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address				Street Address <b>1889 Route 9, Unit 61</b>								
City, State, Zip Code				City, State, Zip Code <b>Toms River, New Jersey 08755</b>								
Project Manager for Monitoring Firm				Telephone No.		Telephone No. <b>732-349-9932</b>						
Start Date (10) 11 / 12 / 19				Scheduled Completion Date (11) 11 / 15 / 19		License No. <b>00624</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Name of OSHA Monitor <b>E.M.S.L. Analytical</b>								
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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				Street Address <b>1056 Stelton</b>								
				City, State, Zip Code <b>Piscataway, New Jersey 08854</b>								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		1300 sf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing		2500		<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 <b>Guardian Contracting, Inc.</b>				NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>10</b>		Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>11/15/19</b>		City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>				Title <b>Project Manager</b>		Signature 		Date <b>10/31/19</b>				



Inv# 15044

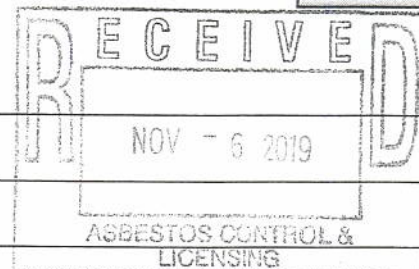
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CL # 028459

Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) Caldwell University		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 6 2019 </div>								
Agencies Notified		Type Notification				Street Address 120 Bloomfield Avenue						
<input checked="" 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 Caldwell, NJ 07006						
				Name of Contact Mr. Raymond Williams		Telephone Number 973-618-3295						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Mother Joseph Residence Hall				Type of Facility (4)								
Street Address 120 Bloomfield Avenue				<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) Caldwell				Square Feet 5,000 +		# of Floors 2						
County (6) Essex				County Code (7) (STATE USE ONLY)		Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.				ASCM No.		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 344 West State Street				Street Address 1141 Route 23								
City, State, Zip Code Trenton, NJ 08618				City, State, Zip Code Wayne, NJ 07470								
Project Manager for Monitoring Firm William Weisgarber				Telephone No. (609) 656-8101		Telephone No. (973) 628-9200						
Start Date (10) 11/11/2019				Scheduled Completion Date (11) 11/17/2019		License No. 00408						
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.								
<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 1141 Route 23								
				City, State, Zip Code Wayne, NJ 07470								
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 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				
								Removal	Repair	Encapsulate	Enclosure	
1st Floor		Yes	No	N/A	Floor Tile		2,700 SF		X			
1st Floor				X	Fire Door Insulation		21 SF		X			
1st Floor				X	Light Pad Insulation		3 SF		X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.				NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 20		Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date		City, State Pen Argyl, Pennsylvania						
Completed by Jerry Bijelonic				Title Project Manager		Signature		Date 10/30/19				



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



Date of Notification (4) 11/01/2019		Name of Building Owner/Operator (2) Steven Bredahl	
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 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 Chatham, NJ 07928	
		Name of Contact Steven Bredahl	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<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) Chatham		Square Feet N/A	# of Floors N/A
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	License No.
		973-345-8685	01311
Start Date (10) 11/14/19	Scheduled Completion Date (11) 11/15/19	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<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: Occupied		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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	Encapsulate	Enclosure
Furnace Room		X		Floor Tiles	40 SF	X			

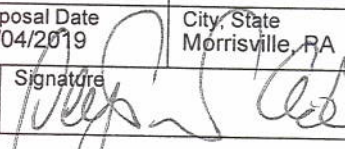
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 		Date 11/01/2019	



CK 001446 PAID

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

Inv# 15 803

Date of Notification (1) 10/30/2019		Name of Building Owner/Operator (2) Borough of Ridgefield		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 6 2019 ENVIRONMENTAL CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 604 Broad Avenue							
<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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield, New Jersey 07657							
		Name of Contact Ray Ramirez- Borough Admin							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Ridgefield Municipal Building				Type of Facility (4)					
Street Address 680-700 Shaler Boulevard				<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) Ridgefield, New Jersey 07657				Square Feet 10,000	# of Floors 1				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering			ASCM No. 00057	Current Use (Prior if being demolished) Municipal Building					
Street Address 26 Columbia Turnpike			Name of Abatement Contractor (9) Lilich Corporation						
City, State, Zip Code Florham Park, New Jersey 07932			Street Address 606 McBride Ave						
Project Manager for Monitoring Firm Gavin Gilmore			Telephone No. 973-240-1800	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 10/31/2019		Scheduled Completion Date (11) 11/04/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Built-up roofing composite	X				2,365 SF	x			
Black roof tar	X				5 SF	x			
Roof tan exterior caulk	X				5 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 11/04/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 10/30/2019			



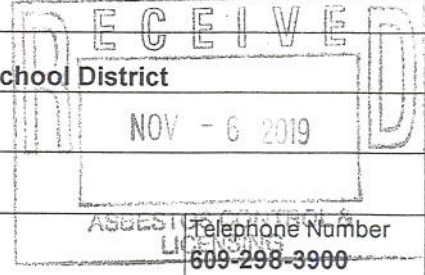
APPROVED BY  
TOM VOORHEES, 10/29/19  
PAID

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

INV# 15638

CHK# 3648

Date of Notification (1) <b>10/29/19</b>		Name of Building Owner / Operator (2) <b>Northern Burlington County Regional School District</b>	
Agencies Notified	Type Notification	Street Address <b>160 Mansfield Road East</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Columbus, NJ 08022</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Richard Kaz</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>609-298-3900</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Northern Burlington County Regional High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>160 Mansfield Road East</b>		Square Feet <b>150,000</b>	
City (5) <b>Columbus</b>	County (6) <b>Burlington</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
County Code (7)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Briggs Associates</b>		ASCM No.	
Street Address <b>3 Crosswicks Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Bordentown, NJ 08505</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Mike Hoodak</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>609-298-5520</b>		Telephone Number <b>(215) 788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>10/30/19</b>	Scheduled Completion Date (11) <b>10/31/19</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7:00 AM - 3:30 PM		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Grounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Mastic "Wrap and Cut"	150 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 <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu Yd</b>	Name of Registered Landfill
City, State <b>Yardley, PA</b>	Disposal Date <b>10/31/19</b>	City, State	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>10/29/19</b>

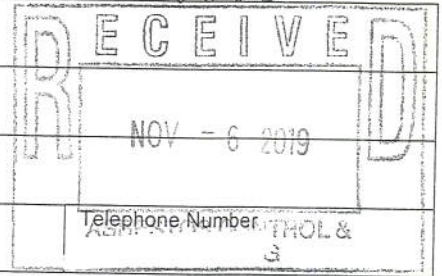
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**PAID**

*Check 19456*



Date of Notification (1) 10/31/19		Name of Building Owner/Operator (2) Paul Diana							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, NJ 07446							
		Name of Contact Nick Latriano	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<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) Ramsey		Square Feet 1,500	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 69						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 11/1/19		Scheduled Completion Date (11) 11/8/19	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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>Kitchen</u>		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	floor tile	100 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 10/31/19			



Inv# 15800

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

CK 9000

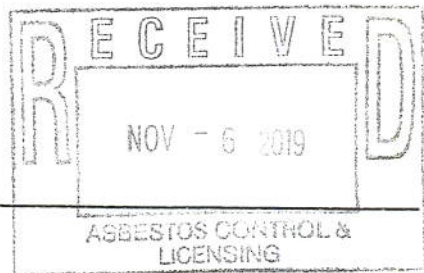
Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) PAUWS HOOK BLDG				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 MONTGOMERY ST City, State, Zip Code JERSEY CITY, NJ, 07302				
		Name of Contact MR GARY GASTON	Telephone Number 201-332-1175			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) PAUWS HOOK BLDG		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 100 MONTGOMERY ST		Square Feet 212,250	# of Floors 23			
City (5) JERSEY CITY		Bldg. Age 1973				
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BLDG APTS				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 11/11/19		Scheduled Completion Date (11) 11/12/19				
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: 7:30AM TO 5:00PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 280 Huyler St				
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code S. Hackensack, N.J. 07606				
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT BOILER ROOM		✓ THERMAL SYSTEM INSULATION	4 LF	✓		
BASEMENT MEN/WOMEN BATHROOM		✓ THERMAL SYSTEM INSULATION	8 LF	✓		
BASEMENT STAIRS		✓ THERMAL SYSTEM INSULATION	4 LF	✓		
ENTRANCE TO BLDG		✓ THERMAL SYSTEM INSULATION	4 LF	✓		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 11/12/19	City, State NEW BURG, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]		Date 10/30/19		



Inv# 15795

Proj. #: 19-231

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



**Date of Notification (1)**  
11/1/10 11/19/1

**Name of Building Owner/Operator (2)**  
Amer Zaffar

**Street Address**  
[REDACTED]

**City, State, Zip Code**  
Plainfield, NJ 07062

**Name of Contact**  
Amer Zaffar

**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**  
[REDACTED]

**City (5)**  
Plainfield, NJ 07062

**County (6)**  
Union

**County Code (7) (State use only)**  
Union

**Type of Facility (4)**  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**  
1,200 SF

**# of Floors**  
02

**Bldg. Age**  
70

**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

**Project Manager for Monitoring Firm**

**Phone Number**

**Start Date (10)**  
11/13/2019

**Sched. Completion Date (11)**  
11/18/2019

**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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	63 LF	X			

**Registered Waste Hauler**  
KLOMAX, LLC

**NJDEP Hauler ID#**  
0038241

**Cubic Yards of Waste**  
2 yds

**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

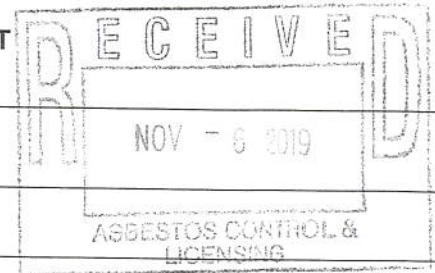
**Title**  
Owner


**Signature**  
[Signature]

**Date**  
11/01/19



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




Date of Notification (1) <b>10 / 31 / 19</b>		Name of Building Owner/Operator (2) <b>Walters Residential</b>							
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code <b>Barnegat, NJ 08005</b>							
		Name of Contact <b>Victor</b>	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City (5) <b>Surf City</b>		Square Feet <b>1600</b>	# of Floors <b>1</b>						
County (6) <b>Ocean</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>10 / 29 / 19</b>	Scheduled Completion Date (11) <b>10 / 30 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1600 sf</b>	<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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>10/30/19</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Femicola</b>	Title <b>Project Manager</b>		Signature 			Date <b>10/31/19</b>			



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

IN# 15817 PAID

Check 19468

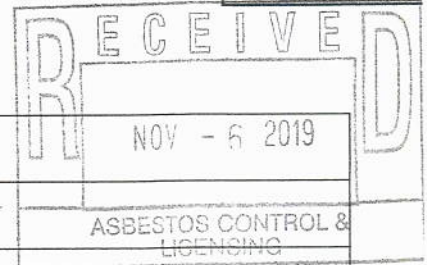
Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Insurance Restoration Specialists		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            NOV - 6 2019         </div>					
Agencies Notified		Street Address 30 Abeel Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Monroe Township, NJ 08831					
		Name of Contact Charles Mullen		Telephone Number 800-634-0261					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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]									
City (5) Newark				Square Feet 1800	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age 72				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) home					
Street Address		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
City, State, Zip Code		Telephone No.		Street Address PO Box 483, 4 E Gate Drive					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Glenwood, NJ 07418					
Start Date (10) 11/7/19		Scheduled Completion Date (11) 11/15/19		License No. 703					
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: _____				Name of OSHA Monitor					
				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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
dining room			x	ceiling plaster	180 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 11/4/19			



Inv# 15852  
check 1280

PAID

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



Date of Notification (1) 10/30/2019		Name of Building Owner/Operator (2) CPL Perez Guy		NOV - 6 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Marshall Street City, State, Zip Code Paterson, New Jersey 07501					
		Name of Contact Perez Guy		Telephone Number 973-881-4624					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Passaic County Sheriff - Police Departments				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 11 Marshall Street				Square Feet					
City (5) Paterson, New Jersey 07501				# of Floors					
County (6) Passaic				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) MKD Property Maintenance LLC					
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-899-9008					
Start Date (10) 11-10-19		Scheduled Completion Date (11) 11-11-19		License No. 01336					
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					
				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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Medical office-ground floor			x	TSI	24 LF	X			
Name of Registered Waste Hauler MKD PROPERTY MAINTENANCE LLC		NJDEP Waste Hauler ID No. 0037991		Cubic Yards of Waste N/A		Name of Registered Landfill Waste Management - Fairless Landfill			
City, State CLIFTON NJ 07011				Disposal Date N/A		City, State Morrisville, PA 19067			
Completed by Darko Raloski		Title Project Manager		Signature 		Date 10/30/2019			



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

TIN # 15758 PAID

Check 19469  
**RECEIVED**  
NOV - 6 2019  
THOL &

Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Estate of John Mikula	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Clifton, NJ 07013	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dennis Mikula	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 2300	# of Floors 2
City (5) Clifton		Bldg. Age 80	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 11/16/19	Scheduled Completion Date (11) 11/26/19	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: exterior & basement		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 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 checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
exterior			x	transite siding	2,200 SF	x			


Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ	Disposal Date TBD	City, State Pen Argyl PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 11/4/19



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

INV# 15743 PAID

Check 19490

Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Accurate Builders & Developers		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  NOV - 6 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 32 Cross 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Mendy Tendler		Telephone Number 732-573-5296					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address [REDACTED]				<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) Plainfield				Square Feet 1400	# of Floors 2				
				Bldg. Age 76					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 11/18/19		Scheduled Completion Date (11) 12/7/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: exterior & basement				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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	stick on floor tile	1,130 SF	x			
exterior			x	roof shingles	3,500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 11/4/19			



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

Inv # 15760 PAID

Check 18467



Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Donnelly Industries	
Agencies Notified	Type Notification	Street Address 557 Route 23S	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Wayne, NJ 07470	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Chris Donnelly	Telephone Number (OL & H) 973-672-1800

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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 2000	
City (5) Wayne		# of Floors 2	Bldg. Age 78
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 11/13/19	Scheduled Completion Date (11) 11/27/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor kitchen			x	floor tile	150 SF	x			
basement			x	floor tile	1500 SF	x			
exterior roofing house/garage			x	roofing	2600 SF	x			
chimney			x	tar	10 SF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date TBD	City, State Pen Argyl PA		
Completed by A. Scott Higgins	Title President	Signature 	Date 11/4/19		



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

11-4-19 NOCK

Check 19418

Date of Notification (1) 10-25-19		Name of Building Owner/Operator (2) Accurate Builders & Developers							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 32 Cross Street, Suite 301		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Mendy Tendler		Telephone Number 973-941-0300							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) building		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 184 Kinderkamack Road		Square Feet 2000	# of Floors 1						
City (5) Emerson		Bldg. Age 83							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 10/28/19	Scheduled Completion Date (11) 11/28/19								
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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached									
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 10-25-19			

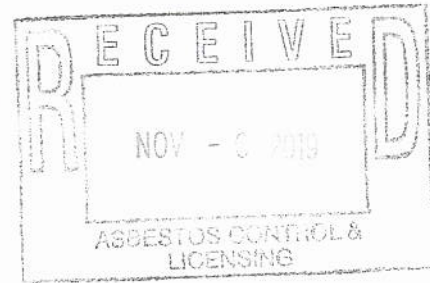


# **ABS ENVIRONMENTAL SERVICES L.L.C.**

ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

184 Kinderkamack Road  
Emerson, NJ

## **ASBESTOS REMOVAL**



<u>LOCATION</u>	<u>ASBESTOS MATERIAL</u>	<u>AMOUNT</u>
Basement	Air Cell	230 LF
Basement	Elbow	20 SF
Back Kitchen 1 <sup>st</sup> Floor Rear Apt. 1	Tile	270 SF
Commercial Space Entrance	Brown Tile	5 SF
Commercial Space Back by Stairs	Floor Tile	30 SF
Bedroom/Storage	Floor Tile & Mastic	100 SF
Apartment 3 1 <sup>st</sup> Bedroom	Black Tile	110 SF
Hallway Apt 3	Dark Red Tile	90 SF
2 <sup>nd</sup> Floor Apt 2 Kitchen	Green Tile	70 SF
2 <sup>nd</sup> Floor Apt 2 Back Bedroom	Green Tile	100 SF
Roof	Flashing	150 SF
Exterior	Siding	2600 SF

ABS Environmental  
P.O. Box 483  
Glenwood, NJ 07418  
U.S.A.

PHONE (877) 434-6041  
FAX (973) 764-9676  
E-MAIL [absenv@warwick.net](mailto:absenv@warwick.net)  
Web [www.absenvironmental.com](http://www.absenvironmental.com)



Inv# 15765  
PAID  
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)  
GAC Project # 060-2019  
check# 3293  
RECEIVED

Date of Notification (1) <b>November 1, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PACKAGING ENGINEERING, BLDG# 3529</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/12/2019</b>		Scheduled Completion Date (11) <b>11/25/19</b>	
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: <b>Shift Hours: 5:00 PM - 5:00 AM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Throughout Building (1 Work Area)	<input checked="" type="checkbox"/>	VAT	3300 SF
Throughout Building (1 Work Area)	<input checked="" type="checkbox"/>	TABLE TOPS/FUME HOOD TRANSITE PANELS	150 SF
Throughout Building (1 Work Area)	<input checked="" type="checkbox"/>	TSI - (PIPE FITTING INSULATION) WRAP & CUT	40 LF
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>30 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date <b>11/25/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 1, 2019</b>

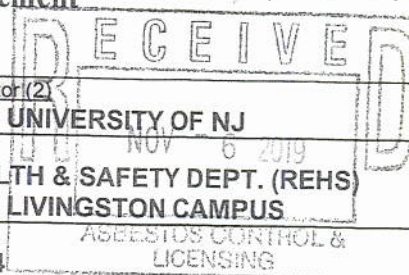


State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19

PAID

Check # 329



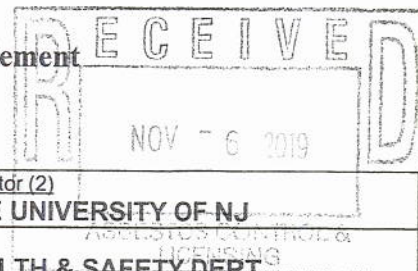
Date of Notification (1) <b>November 1, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - new work area, additional quantity, start, and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>ADMINISTRATIVE SERVICES, BLDG# 3751</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCN No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/12/19</b>		Scheduled Completion Date (11) <b>12/9/2019</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Occupied Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>107 Corridor</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>500 SF</b>
<b>Various locations 1st Floor</b>	<input checked="" type="checkbox"/> YES	<b>VAT</b>	<b>4400 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Disposal Date <b>12/9/2019</b>		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 1, 2019</b>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<b>Date of Notification (1)</b> <b>October 25, 2019</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> EPA DCA x DOL x DEP x DOH		<b>Notification Type</b> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>Busch Campus</b>		<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
<b>City (5)</b> <b>Piscataway</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>County (6)</b> <b>MIDDLESEX</b>		<b>Name of Contact</b> <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	
<b>County Code (7)</b> (State Use Only)		<b>Telephone Number</b> <b>848.445.2550</b>	
FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Administrative Services, Bldg # 3751</b>		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Sq. Feet:</b> <b>Unknown</b> <b># of Floors:</b> <b>3</b> <b>Bldg. Age:</b> <b>60 Plus years</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Current Use (prior if being demolished):</b> <b>Academic</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC ASSOCIATES</b>		<b>ASCM No.</b> <b>0098</b>	
<b>Street Address</b> <b>511 MAIN STREET</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>		<b>Street Address</b> <b>20-21, Bldg E Wagaraw Road</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN KEARNY</b>		<b>Telephone Number</b> <b>609-386-8800</b>	
<b>Scheduled Start Date (10)</b> <b>November 1, 2019</b>		<b>Scheduled Completion Date (11)</b> <b>November 4, 2019</b>	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am ( 24 hrs &amp; Weekends as Needed)</b>		<b>Name of OSHA Monitor</b> <b>Envirovision, Inc.</b>	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>107 Corridor</b>		<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/>	
<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT</b>		<b>Amount (Specify SF or LF)</b> <b>500 sf</b>	
<b>Name of Reg. Waste Hauler</b> See Hauler Below # 1 & 2		<b>Name of Registered Landfill</b> <b>GROWS North Landfill</b>	
<b>NJDEP Waste Hauler ID #</b> See Below		<b>Cubic Yards of Waste:</b> <b>15</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Disposal Date</b> <b>November 4, 2019</b>	
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<b>City, State</b> <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>Raymond C. Pedalino</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	
<b>Signature</b> <i>Raymond C. Pedalino</i>		<b>Date</b> <b>October 25, 2019</b>	

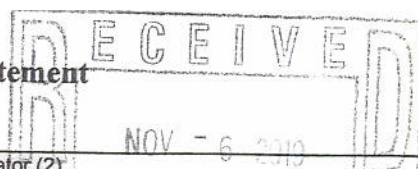
GAC # 2017-060-19

209



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-19



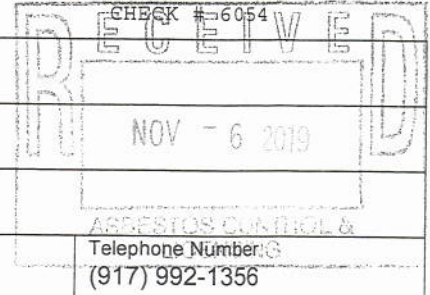
Date of Notification (1) <b>October 15, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>ADMINISTRATIVE SERVICES, BLDG# 3751</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>BUSCH CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>10/25/19</b>		Scheduled Completion Date (11) <b>10/28/2019</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Facility Occupied Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
<b>107 Corridor</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>500 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>10/28/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>October 15, 2019</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

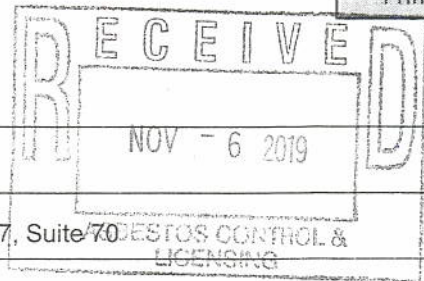
CHECK # 6054



Date of Notification (1) 10-30-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<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 Irving, TX 75038							
		Name of Contact Charles Messing	Telephone Number (917) 992-1356						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 216 Lexington Avenue		<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) Lakewood, NJ		Square Feet 20,000SF	# of Floors 2						
County (6) Ocean		Bldg. Age 65yrs.							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	License No. 00756						
Start Date (10) 11-12-19	Scheduled Completion Date (11) 01-31-20	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: MER			x	Duct Insulation	200SF	x			
Basement: MER			x	VAT/Mastic	100SF	x			
1st Floor			x	VAT/Mastic	9SF	x			
2nd Floor			x	VAT/Mastic	9SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 10-30-19			



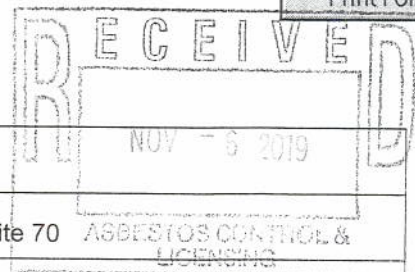
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Resipro							
Agencies Notified	Type Notification	Street Address 3525 Piedmont Rd, NE- Building 7, Suite 700							
<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 Atlanta, GA, 30305							
		Name of Contact Resipro	Telephone Number 844-554-0196						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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]									
City (5) Hamilton		Square Feet	# of Floors Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/14/19	Scheduled Completion Date (11) 11/18/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				DUCT WORK	120LF	x			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill MERCER COUNTY					
City, State LAKEWOOD, NJ		Disposal Date 11/18/19		City, State TRENTON NJ					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 11/4/19			



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



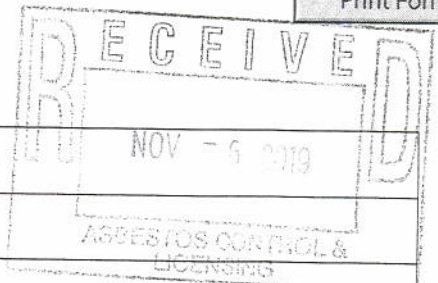
Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Resipro							
Agencies Notified	Type Notification	Street Address 3525 Piedmont RD NE - Building 7 Suite 70							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 Atlanta, GA, 30305							
		Name of Contact Resipro	Telephone Number 844-554-0196						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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]									
City (5) Hamilton		Square Feet	# of Floors						
		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732-668-9078	1200						
Start Date (10) 11/14/19	Scheduled Completion Date (11) 11/18/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	140LF	x			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill MERCER COUNTY					
City, State LAKEWOOD, NJ			Disposal Date 11/18/19	City, State TRENTON NJ					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 11/4/19			



Inv# 15775

PAID

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



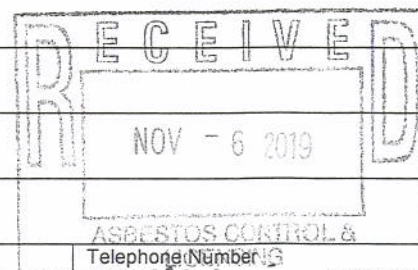
Date of Notification (1) 11/4/19		Name of Building Owner/Operator (2) Golden Apple							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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							
		Name of Contact Golden Apple	Telephone Number 347-930-8525						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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	# of Floors						
City (5) North Bergen		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 11/14/19		Scheduled Completion Date (11) 11/18/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	200LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/18/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 11/4/19		



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

Check # 26005

Inv# 15776 PAID



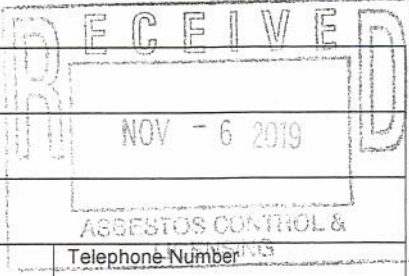
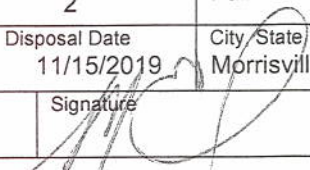
Date of Notification (1) 11/1/2019		Name of Building Owner/Operator (2) Kennedy							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Lou Alloway- Schulte Restorations	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Princeton, NJ 08501		Bldg. Age 90							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 11/11/2019	Scheduled Completion Date (11) 11/15/2019	Name of OSHA Monitor MECS							
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 PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	700 sf	X			
Basement		X		Thermal Pipe Insulation	20 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 11/15/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 11/1/2019			



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

Check # 26006

IN# 1577 PAID

Date of Notification (1) 11/1/2019		Name of Building Owner/Operator (2) Debnarik							
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 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 08629			
				Name of Contact Nick Debnarik		Telephone Number [REDACTED]			
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Trenton, NJ 08629				Square Feet 1500		# of Floors 2			
						Bldg. Age 80 +/-			
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341				Street Address PO Box 322					
City, State, Zip Code Crosswicks, NJ 08515				City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688		License No. 00493			
Start Date (10) 11/12/2019		Scheduled Completion Date (11) 11/15/2019		Name of OSHA Monitor MECS					
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 PO Box 341					
				City, State, Zip Code Chesterfield, NJ 08515					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	205 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 11/15/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 11/1/2019		



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

Date of Notification (1)  
11/1/19

Name of Building Owner/Operator (2)  
Eric Gilson Private Home

## Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

## Street Address

City, State, Zip Code  
Spring lake NJ 07762

Name of Contact  
Eric

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Eric Gilson Private Home

## Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

## Street Address

City (5)  
Spring lake NJ 07762

Square Feet  
1000+

# of Floors  
2

Bldg. Age  
50+

County (6)  
Monmouth

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
house

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
Pernaco Inc.

## Street Address

Street Address  
PO Box 329

## City, State, Zip Code

City, State, Zip Code  
West Berlin NJ 08091

## Project Manager for Monitoring Firm

## Telephone No.

Telephone No.  
856-753-9800

License No.  
00727

Start Date (10)  
11/18/19

Scheduled Completion Date (11)  
11/27/19

Name of OSHA Monitor  
Same

## Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

## Street Address

## City, State, Zip Code

## Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			

Name of Registered Waste Hauler  
United Roll Off

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
4

Name of Registered Landfill  
G.R.O.W.S.

City, State  
Elm NJ

Disposal Date  
11/27/19

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature

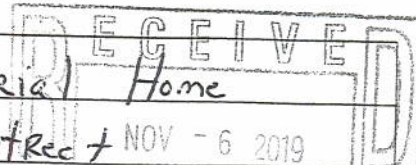
Date  
11/1/19



Inv# 15782 PAID

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

Check # 10806



Date of Notification (1) <b>Nov 3, 2019</b>		Name of Building Owner/Operator (2) <b>Madison Memorial Home</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>159 Main Street</b>	
City, State, Zip Code <b>Madison NJ 07940</b>		Name of Contact <b>Doug Loikith</b>	
Telephone Number <b>908-451-2259</b>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Madison Memorial Home</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>159 Main Street</b>		Square Feet	# of Floors
City (5) <b>Madison NJ 07940</b>			Bldg. Age <b>60+-</b>
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>Nov 18, 2019</b>		Scheduled Completion Date (11) <b>Nov 22, 2019</b>	
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 <b>EPC Technologies Inc</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>			
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)
<b>Garage Area</b>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>100LF</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>
City, State <b>New Egypt NJ</b>	Disposal Date <b>by 11/22/19</b>	City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>11/3/19</b>

Open Window Time Frame



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

Check # 2311

Date of Notification (1) <b>November 1, 2019</b>		Name of Building Owner/Operator (2) <b>J. P. Morgan Chase</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV - 6 2019  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address  <b>1111 Polaris Parkway</b>		
<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"/> Cancellation	City, State & Zip Code <b>Columbus, OH 43240</b>		
		Name of Contact <b>Bruno Trindade - JLL for JPMorgan Chase</b>		Telephone Number <b>929-275-5318</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>2 Mount Pleasant Avenue</b>		Square Feet <b>8,000</b>	# of Floors <b>2</b>
City (5) <b>Wallington</b>		Bldg. Age <b>60 Years</b>	
County (6) <b>Bergen</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>		ASCM No.	
Street Address <b>120D Wilbur Place</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Bohemia, NY 11716</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Steve Cotrone</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>631-567-1777</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>November 12, 2019</b>	Scheduled Completion Date (11) <b>December 14, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
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 Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (not near or in the work area)		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 1f	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Parapet Wall Waterproofing	1,200 SF	X			
Roof			X	Flashing at HVAC Units	330 SF	X			
Roof			X	Parapet Wall Tar Paper	325 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 15, 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>		Title <b>Exec. Administrator</b>		Signature <i>Diane Aloia</i>		Date <b>November 1, 2019</b>			

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



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

INV-15701

Check # 2307

Date of Notification (1) <b>April 5, 2019</b>		Name of Building Owner / Operator (2) <b>DaVita, Inc.</b>		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">NOV - 6 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL &amp; LIAISON</div>
Agencies Notified	Type Notification <b>EMERGENCY</b>	Street Address <b>175 Righter Road</b>		
<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"/> Cancellation	City, State & Zip Code <b>Succasunna, NJ 07876</b>		
		Name of Contact <b>Joe Uzzalino, Farrell Contracting Solutions</b>		
		Telephone Number <b>201-657-6825</b>		


**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>DaVita Renal Center of Succasunna</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
Street Address <b>175 Righter Road</b>			Square Feet <b>3,000</b>		
City (5) <b>Succasunna</b>			# of Floors <b>1</b>		Bldg. Age <b>50</b>
County (6) <b>Morris</b>			Current Use (Prior if being demolished) <b>Medical Office Building</b>		
County Code (7) <b>USE ONLY</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>			ASCM No.		
Street Address <b>35 Columbia Road</b>			Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
City, State & Zip Code <b>Branchburg, NJ 08876</b>			Street Address <b>829 Radio Road</b>		
Project Manager for Monitoring Firm			Telephone Number <b>908-526-1000</b>		License Number <b>00817</b>
Scheduled Start Date (10) <b>November 2, 2019</b>			Scheduled Completion Date (11) <b>November 3, 2019</b>		
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor <b>Synatech, Inc.</b>		
			Street Address <b>829 Radio Road</b>		
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom			X	Floor Mastic	10 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>&lt; 1</b>		Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>November 4, 2019</b>		City, State <b>Morrisville, PA</b>			
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature 		Date <b>November 1, 2019</b>	

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



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

Print Form

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NOV - 6 2019

**ASBESTOS CONTROL & LICENSING**

CH 2254  
INV-15802

Date of Notification (1) 10/30/2019		Name of Building Owner/Operator (2) Bank Of America						
Agencies Notified	Type Notification	Street Address 3109 Bergenline Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087						
		Name of Contact Jay Catanzaro	Telephone Number 973-277-5714					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Bank		Type of Facility (4)						
Street Address 3109 Bergenline Avenue		<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) Union City		Square Feet N/A	# of Floors N/A					
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 11/13/19		Scheduled Completion Date (11) 11/14/19	Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue						
<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: Occupied		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X		Pipe Insulation	12 LF	X		
Basement		X		Pipe Fitting Insulation	3 LF		X	
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA				
Completed by Oliver Hegedis		Title Project Manager		Signature		Date 10/30/2019		



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

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ASBESTOS CONTROL & LICENSING

CK1475208712

Date of Notification (1)  
10/30/2019 *JNV 15801*

Name of Building Owner/Operator (2)  
Corinne White

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Summit, NJ 07901

Name of Contact  
Corinne White

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
House

Street Address  
[REDACTED]

City (5)  
Summit

County (6)  
Union

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
973-345-8685

License No.  
01311

Start Date (10)  
11/11/19

Scheduled Completion Date (11)  
11/12/19

Name of OSHA Monitor  
D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: Occupied

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Scope of Work (Check All That Apply)  
☒  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Ceiling Plaster	80 SF	X			
Basement		X		Pipe Fitting Insulation	2 LF	X			

Name of Registered Waste Hauler  
Atlantic Carting

NJDEP Waste Hauler ID No.  
26085

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grand Central

City, State  
Wayne, NJ

Disposal Date  
TBD

City, State  
Pen Argyl, PA

Completed by  
Oliver Hegedis

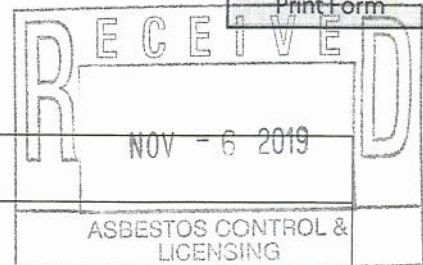
Title  
Project Manager

Signature  
*[Signature]*

Date  
10/30/2019



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



Date of Notification (1) 10/30/2019 <i>INV-15688</i>		Name of Building Owner/Operator (2) Douglas Stollen							
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millington							
		Name of Contact Douglas Stollen	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A						
City (5) Millington		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 10/31/2019	Scheduled Completion Date (11) 11/01/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	150 LF	X			
Basement		X		VAT	100 SF	X			
1st Floor		X		VAT	400 SF	X			
Name of Registered Waste Hauler Atlantic Carting									
NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central					
City, State Wayne, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Ned Joksimovic		Title Project Manager		Signature <i>[Signature]</i>			Date 10/30/2019		



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

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ASBESTOS CONTROL & LICENSING

CH9605404031

Date of Notification (1)  
10/30/2019 *Nov 15 199*

Name of Building Owner/Operator (2)  
Patricia Leonard

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Montclair, NJ 07042

Name of Contact  
Patricia Leonard

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
House

Street Address  
[REDACTED]

City (5)  
Montclair

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
973-345-8685

License No.  
01311

Start Date (10)  
11/12/19

Scheduled Completion Date (11)  
11/13/19

Name of OSHA Monitor  
D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: Occupied

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	125 LF	X			

Name of Registered Waste Hauler  
Atlantic Carting

NJDEP Waste Hauler ID No.  
26085

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grand Central

City, State  
Wayne, NJ

Disposal Date  
TBD

City, State  
Pen Argyl, PA

Completed by  
Oliver Hegedis

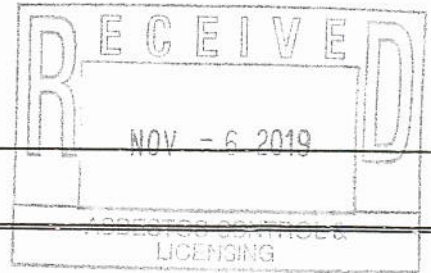
Title  
Project Manager

Signature  
*[Signature]*

Date  
10/30/2019



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



Proj. #: 19-228

Date of Notification (1) <u>10/13/19</u>		Name of Building Owner/Operator (2) <u>Dianne Nicolette</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address [REDACTED]	
		City, State, Zip Code <u>Cedar Grove, NJ 07009</u>	
		Name of Contact <u>Dianne Nicolette</u>	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Residential</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age <u>1,200 SF</u> <u>02</u> <u>70</u>		
City (5) <u>Cedar Grove, NJ 07009</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>Residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLOMAX, LLC</u>		
Street Address _____			Street Address <u>309 W. End Ave</u>		
City, State, Zip Code _____			City, State, Zip Code <u>Hopatcong, NJ 07843</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>833-455-6629</u>		License Number <u>02007</u>
Start Date (10) <u>11/11/2019</u>		Sched. Completion Date (11) <u>11/15/2019</u>	Name of OSHA Monitor <u>KLOMAX, LLC</u>		
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: <u>NORMAL HOURS</u>			Street Address <u>309 W. End Ave</u>		
			City, State, Zip Code <u>Hopatcong, NJ 07843</u>		

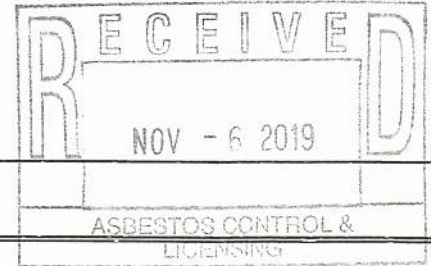
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	88 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"/>

Registered Waste Hauler <u>KLOMAX, LLC</u>	NJDEP Hauler ID# <u>0038241</u>	Cubic Yards of Waste <u>2 yds</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>Hopatcong, NJ 07843</u>	Disposal Date <u>TBD</u>		City, State <u>TULLYTOWN, PA</u>
Completed by (Print or Type) <u>Paige Boylan</u>	Title <u>Owner</u>	Signature 	Date <u>10/30/19</u>



INV-15797  
CK1145

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 11/01/13 10/11/19		Name of Building Owner/Operator (2) The Estate of Salvatore Fioretto	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Summit, NJ 07901	
		Name of Contact Judy Anderson	Telephone Number

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) Summit, NJ 07901			County (6) Morris		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 60
			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				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
				License Number 02007	
Start Date (10) 11/11/2019		Sched. Completion Date (11) 11/15/2019		Name of OSHA Monitor KLOMAX, LLC	
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: NORMAL HOURS				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
Basement		X		Pipe Insulation	140 LF	X					

Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 2 yds		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 10/30/19	



JNV-15084

PAID

CIC 9003

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12)

RECEIVED  
POL - 10 DAY  
NOV - 6 2019  
ASBESTOS CONTROL  
LICENSING  
NOT APPROVED

Date of Notification (1) 10/31/19		Name of Building Owner/Operator (2) MS SHEILA O'CONNELL				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> ADOL <input type="checkbox"/> DCM <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Governmental <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED] City, State, Zip Code HAYWOOD, N.J. 07607 Name of Contact M.S. O'CONNELL Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. SHEILA O'CONNELL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)				
Street Address [REDACTED]		Square Feet 1850	# of Floors 2			
City (5) HAYWOOD		Build. Age 1940	Current Use (Prior if being demolished) RESIDENCE			
County (6) BERGEN		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Best Removal Inc Street Address 450 South River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 License No. 00388				
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Omega Environmental Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606				
Start Date (10) 11/4/19		Scheduled Completion Date (11) 11/5/19				
Emergency 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 Other - Describe: 8:00 AM TO 5:00 PM						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 100 sq ft or more <input type="checkbox"/> Removal <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> High-Pressure <input type="checkbox"/> Chemical Procedures <input type="checkbox"/> Non-Exempted (*) and Non-Permissible Procedures						
Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility (12)	Is Location Normally Used Solely by Maintenance/ Contractual 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		
				Removal	Repair	Enclosure
BASEMENT		Thermal System Insulation	65 LF	X		
Name of Registered Waste Handler Best Removal Inc		ALDES Waste Handler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill 2140 CUMBERLAND COUNTY LANDFILL City, State NEWBURGH, PA. 17240		
City, State Hackensack, N.J. 07601		Disposal Date 11/5/19	Signature J. MAIORANO Date 10/31/19			
Completed by J. MAIORANO		Title Estimator		Do not use this form for asbestos abatement completed on-site		



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

CK 7671

PAID

CK 7671

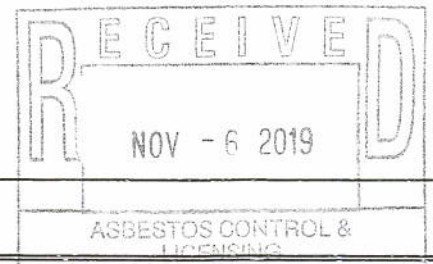
RECEIVED  
 NOV - 6 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/31/19		Name of Building Owner/Operator (2) Evola Private Home							
Agencies Notified	Type Notification	Street Address							
<input checked="" 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	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Stacy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Evola Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manahawkin NJ 08050		Square Feet 1000 +	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 11/10/19	Scheduled Completion Date (11) 11/22/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
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)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/22/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 10/31/19		



Inv-15774  
Ch1144

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1) 11/01/19		Name of Building Owner/Operator (2) David Elefant	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [Redacted]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Short Hills, NJ 07504	
		Name of Contact David Elefant	Telephone Number

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [Redacted]			Square Feet 1,400 SF		
City (5) Short Hills, NJ 07504			# of Floors 02		Bldg. Age 90
County (6) Essex			County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) Residential		

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	

Project Manager for Monitoring Firm		Phone Number	
Start Date (10) 11/13/19		Sched. Completion Date (11) 11/19/19	
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: NORMAL HOURS			

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Plaster	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

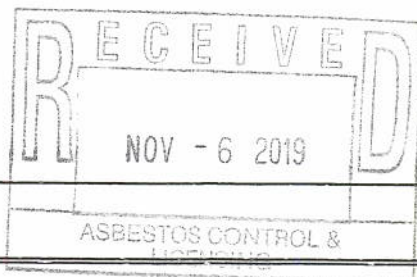
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature [Signature]	Date 10/28/19



INV-15772  
CK1144

Proj. #: 19-225

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



Date of Notification (1) 11/01/12 8:11 9		Name of Building Owner/Operator (2) Jean Crawford	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Jean Crawford		Telephone Number	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300 SF		
City (5) Montclair, NJ 07042			# of Floors 02		
County (6) Essex			Bldg. Age 90		
County Code (7) (State use only)			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				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 11/18/19		Sched. Completion Date (11) 11/25/19		License Number 02007	
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: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
---	--	--	--	---	--	--	--	--	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	75 LF	X			

Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 1 yds		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 [Signature]		Date 10/28/19	



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

**RECEIVED**

NOV - 6 2019

ASBESTOS CONTROL & LICENSING

Ch76d0

Date of Notification (1) 10/28/19 <i>Inv-1570</i>		Name of Building Owner/Operator (2) John Bashwiner Private House	
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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact John	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John Bashwiner Private House		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 1000+	# of Floors 1
City (5) Surf City NJ 08008		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/8/19	Scheduled Completion Date (11) 11/22/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1500	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.	
City, State Elm			Disposal Date 11/22/19	City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 10/28/19



Inv-15769

State of New Jersey

Check # 16747

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

Date of Notification (1) <b>10/29/2019</b>		Name of Building Owner/Operator (2) <b>Nicole Kroplewski</b>		<div>RECEIVED</div> <div>NOV - 6 2019</div> <div>ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Nutley, NJ, 07110</b>		
		Name of Contact <b>Nicole Kroplewski</b>	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Nicole Kroplewski</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City <b>Nutley</b>	County <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>11 08 19</b> Month Day Year		Sched. Completion Date (11) <b>11 09 19</b> Month Day Year		Name of OSHA Monitor <b>N/A</b>	
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					
Street Address					
City, State, Zip Code					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	60 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>			Disposal Date <b>11/11/19</b>	City, State <b>Bronx, NY, 10474</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>Constantine Vivian</i>		Date <b>10/29/2019</b>

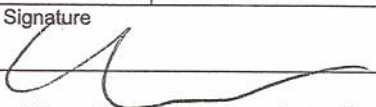
55 Stanley Ave



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

*Paper Work error  
wrong start Date  
mailed 10/23/19*

*PAID New check 7669*

Date of Notification (1) 10/23/19		Name of Building Owner/Operator (2) John Wynne Private Home		NOV - 6 2019	
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Long Beach Twp NJ 08008 Name of Contact John	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) John Wynne 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 1000+	
City (5) Long Beach Twp NJ 08008				# of Floors 2	
County (6) Ocean				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House & Garage			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329			
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	
Start Date (10) 11/1/19		Scheduled Completion Date (11) 11/15/19		License No. 00727	
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 Same	
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				Street Address City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <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)	
Exterior Siding		x		Exterior Siding	
				2200 SF	
				x	
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	
City, State Elm		Disposal Date 11/15/19		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 10/23/19	



INV-15700  
Ch 6153

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

RECEIVED	NOV - 6 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 / 31 / 19		Name of Building Owner/Operator (2) Cherry Hill Public Schools	
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace	
		City, State, Zip Code Cherry Hill, NJ 08034	
		Name of Contact Don Bart	Telephone Number 856-429-5600

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Cherry Hill High School East		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1750 Kresson Road			
City (5) Cherry Hill	Square Feet 100,000	# of Floors 2	Bldg. Age 80
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00842
Start Date (10) 11 / 06 / 19	Scheduled Completion Date (11) 11 / 12 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/3:00PM-12:00AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

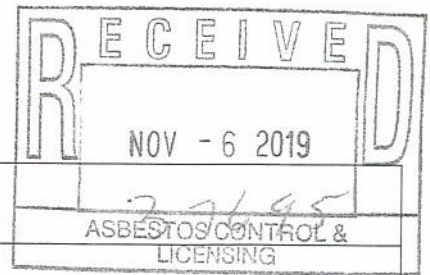
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Panel Mastic	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"/>	<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 11/12/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>		Date 10/31/19	



INV-15766  
CK 37695

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



Date of Notification (1) <b>10 / 30 / 19</b>		Name of Building Owner/Operator (2) <b>Beachwood Borough</b>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1200 Beachwood Blvd.</b> City, State, Zip Code <b>Beachwood, NJ 08722</b>	
		Name of Contact <b>Gabriel Silva</b>	Telephone Number <b>732-286-6010</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Beachwood</b>		Square Feet <b>1100 sf</b>	# of Floors <b>1</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>65</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>11 / 13 / 19</b>	Scheduled Completion Date (11) <b>11 / 15 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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

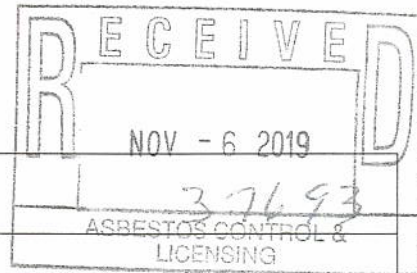
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	1081 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"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>11/15/19</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>10/30/19</b>		



INV-15764  
CK37693

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

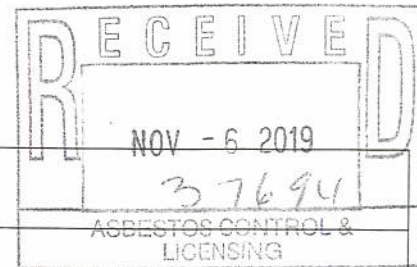


Date of Notification (1) <b>10 / 30 / 19</b>			Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>313 Halyard Road</b> City, State, Zip Code <b>Ortley Beach, NJ 08751</b>					
			Name of Contact <b>Frank Disantis</b>		Telephone Number <b>732-749-6009</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Lavallette</b>		County (6) <b>Ocean</b>		Square Feet <b>1600 sf</b>	# of Floors <b>1</b>				
		County Code (7) (STATE USE ONLY) <b>08735</b>		Bldg. Age <b>65</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address			Street Address <b>1889 Route 9, Unit 61</b>						
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755</b>						
Project Manager for Monitoring Firm		Telephone No.		License No.					
				<b>00624</b>					
Start Date (10) <b>11 / 11 / 19</b>		Scheduled Completion Date (11) <b>11 / 12 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
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 <b>1056 Stelton</b>					
				City, State, Zip Code <b>Piscataway, New Jersey 08854</b>					
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	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>			NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>11/12/19</b>	City, State <b>Tullytown, Pennsylvania</b>				
Completed By (Print or Type) <b>Nicholas Fernicola</b>			Title <b>Project Manager</b>	Signature 			Date <b>10/30/19</b>		



INV-15762  
CK37694

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




Date of Notification (1) 10 / 30 / 19		Name of Building Owner/Operator (2) All American Environmental							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 136 Edison Road							
		City, State, Zip Code Lake Hopatcong, NJ 07849							
		Name of Contact Andrew Smith	Telephone Number 973-663-1680						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		City, State, Zip Code 07032							
City (5) Kearny	Square Feet 2500 sf	# of Floors 2	Bldg. Age 80						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.							
Street Address 1889 Rte. 9, Unit 61		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code Toms River, New Jersey 08755		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932							
Start Date (10) 11 / 11 / 19		Scheduled Completion Date (11) 11 / 15 / 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 Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor E.M.S.L. Analytical							
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		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos flooring	670 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"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 8	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/15/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 10/30/19		



CH 19455

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

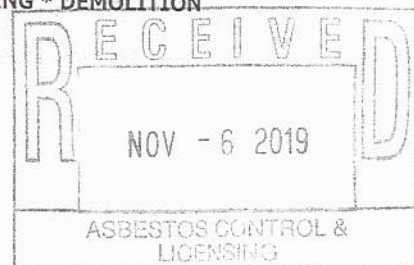
Date of Notification (1) 10/30/19		Name of Building Owner/Operator (2) Delbarton School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV - 6 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified		Type Notification				Street Address			
<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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Morristown, NJ 07960 Name of Contact Mr. Michel Rimpel Telephone Number 			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vincent House				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morristown				Square Feet 15,000	# of Floors 3				
County (6) Morris				County Code (7) (STATE USE ONLY)	Bldg. Age 75				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) residential					
Street Address				Name of Abatement Contractor (9) ABS Environmental Services, LLC					
City, State, Zip Code				Street Address PO Box 483, 4 E Gate Drive					
Project Manager for Monitoring Firm				City, State, Zip Code Glenwood, NJ 07418					
Telephone No.				Telephone No. 973-764-2276	License No. 703				
Start Date (10) 11/14/19		Scheduled Completion Date (11) 2/14/20		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: weekend and nights				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	Enclosure
See attached			X	see attached		X			
Name of Registered Waste Hauler Newark Carting				NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ				Disposal Date TBD		City, State Pen Argyl PA			
Completed by A. Scott Higgins				Title President	Signature 		Date 10/30/19		



# ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS \* LEAD \* MOLD/BACTERIA \* INDOOR AIR QUALITY \* DUCT CLEANING \* DEMOLITION

Vincent House For Renovation  
St. Mary's Abbey  
230 Mendham Road  
Morristown, NJ



## ASBESTOS ABATEMENT

### Basement

Filing Room	9"x9" floor tile & mastic	1,125 SF
Kitchen/Laundry Room	9"x9" floor tile & mastic	150 SF
Hall outside of kitchen	9"x9" floor tile & mastic	150 SF
Lounge area	Pipe insulation (aircell)	330 LF
Filing Room	Pipe insulation (aircell)	100 LF
Boiler Room & Adjacent Storage Room	Non fiberglass insulation	65+LF
Laundry Room	Pipe insulation (aircell)	14 LF
Filing Room around perimeter pipe chase & immediate adjacent	Textured sheetboard material & behind wallboard	560+SF
Hall next to filing room	Textured ceiling sheetboard material behind wallboard	70 SF
Boiler Room	Boiler flue pack insulation	<3 SF

### Exterior

Northeast Windows	White window glaze	4-6 windows
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ABS Environmental  
P.O. Box 483  
Glenwood, NJ 07418  
U.S.A.

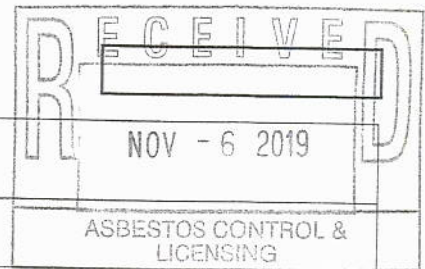
PHONE (877) 434-6041  
FAX (973) 764-9676  
E-MAIL [absenv@warwick.net](mailto:absenv@warwick.net)  
Web [www.absenvironmental.com](http://www.absenvironmental.com)



INV-15759

Check#3475

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 11 / 01 / 19		Name of Building Owner/Operator (2) Doug Finefrock							
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 [REDACTED]		City, State, Zip Code Glen Rock, NJ 07452							
Name of Contact Doug Finefrock		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet      # of Floors      Bldg. Age							
City (5) Glen Rock, NJ 07452		County (6) Bergen							
County Code (7) (STATE USE ONLY) Bergen		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-356-3511							
Start Date (10) 11 / 10 / 19		License No. 01127							
Scheduled Completion Date (11) 11 / 11 / 19		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35E							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code Fair Lawn, NJ 07410									
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	55 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"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 11/01/19			

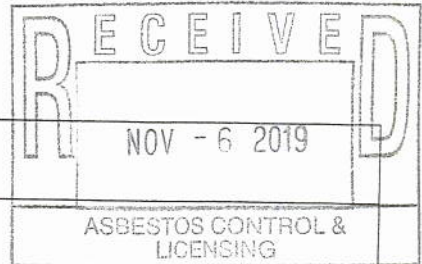
ASB-41

MAY 11

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



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



Date of Notification (1) <u>6</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Verizon</b>		ASBESTOS CONTROL & LICENSING							
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 checked="" type="checkbox"/> Amended Amendment # <b>2-11/1/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address <b>15 East Montgomery Place, Lower Level</b>		City, State, Zip Code <b>Pittsburgh, PA 15212</b>									
Name of Contact <b>Anthony Porta</b>		Telephone Number <b>412-633-4021</b>									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Mullica Hill Central Office</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>9 Woodland Avenue</b>				Square Feet							
City (5) <b>Mullica Hill</b>				# of Floors							
County (6) <b>Gloucester</b>				Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>									
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>									
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>		License No. <b>00509</b>							
Start Date (10) <u>11</u> / <u>4</u> / <u>19</u>		Scheduled Completion Date (11) <u>11</u> / <u>8</u> / <u>19</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / <u>      </u> PM - <u>      </u> AM				Street Address <b>1123 BEAVER STREET</b>							
				City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)											
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Upper & Lower Roofs		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Duct Seam Caulking		60 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor-Mechanical Yard		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Duct Seam Caulking		165 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Roof Flashing		12 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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>YARDLEY, PA</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>							
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>				Date <b>11/1/19</b>			



Check 18-57  
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ASBESTOS CONTROL &  
LICENSING  
Telephone Number

ASB-41 (R-06-08)

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



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

Date of Notification (1)

10/30/2019

Name of Building Owner/Operator (2)

Sandra Szahun

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

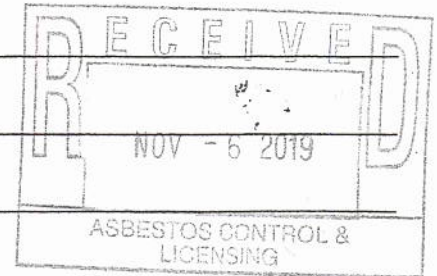
City, State, Zip Code

Jersey City, NJ, 07302

Name of Contact

Brian Henry

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Sandra Szahun

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address

Square Feet

# of Floors

Bldg. Age

City

County

County Code (7)  
(STATE USE ONLY)

Jersey City

Hudson

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

11- 11- 19

Month Day Year

Sched. Completion Date (11)

11- 13- 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript☐ Other - Describe: Other Occupancy Descript

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	14 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

11/14/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

10/30/2019

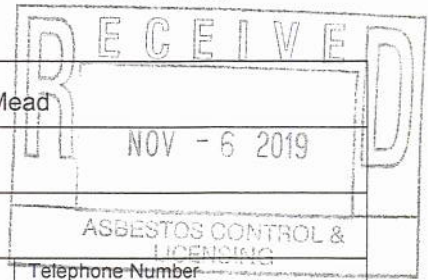
338 York St.



Inv 15755

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

Check # 26007



Date of Notification (1) 11/1/2019		Name of Building Owner/Operator (2) Gibraltar Rock of Belle Mead							
Agencies Notified	Type Notification	Street Address 484 RT 601							
<input checked="" 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 Belle Mead, NJ 08502							
		Name of Contact Kelly Victor	Telephone Number (267) 431-5128						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Offices		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 484 Rt 601		Square Feet 4000	# of Floors 1						
City (5) Belle Mead, NJ 08502		Bldg. Age 60 +/-							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 11/11/2019		Scheduled Completion Date (11) 11/15/2019	License No. 00493						
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 MECS							
		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Thermal Pipe Insulation	80 lf	X			
Boiler Room	X			Duct Insulation	20 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 11/15/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 11/1/2019		



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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>9</u> / <u>9</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>PSEG</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>2-11/1/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>80 Park Plaza</b> City, State, Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>C/O Herb Hisel</b> Telephone Number <b>913-664-7450</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSEG Nuclear</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>End of Alloway Creek Neck Road</b>		Square Feet							
City (5) <b>Hancocks Bridge</b>		# of Floors							
County (6) <b>Salem</b>		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Exterior work on interior of cooling tower</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No.		Telephone No. <b>215-788-6040</b>							
Start Date (10) <u>10</u> / <u>12</u> / <u>19</u>		License No. <b>00509</b>							
Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:30PM</b> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	1500 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"/>
Name of Registered Waste Hauler <b>C&amp;H Disposal Service Inc.</b>		NJDEP Waste Hauler ID No. <b>7903</b>		Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Salem Co Improve. Auth. Solid Waste Div</b>				
City, State <b>Elmer, NJ</b>		Disposal Date <b>10/25/19</b>		City, State <b>Alloway, NJ</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>11/1/19</b>			



Inv-15754

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

CIC 9006

Date of Notification (1) 11/1/19		Name of Building Owner/Operator (2) CLARIDGE HOUSE CONDO ASSOCIATION	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 CLARIDGE DRIVE City, State, Zip Code VERONA, NJ. 07044	
		Name of Contact MR ERIC CRUZ	Telephone Number 973-239-4244
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) CLARIDGE HOUSE CONDO ASSOCIATION		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 1 CLARIDGE DRIVE		Square Feet 500,000	# of Floors 13
City (5) VERONA	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 1965
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 11/13/19		Scheduled Completion Date (11) 12/6/19	
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: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 160 sf or 260 lf		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure
GARAGE A		190 LF	X
GARAGE D		195 LF	X
GARAGE E		100 LF	X
STORAGE ROOM AREA		40 LF	X
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 20 CY'S
City, State Hackensack, N.J. 07601		Disposal Date 12/6/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
Completed by J. MAIORANO		Title Estimator	Signature J. MAIORANO
Date 11/1/19		Date 11/1/19	

ASB-41

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



Check # 26004

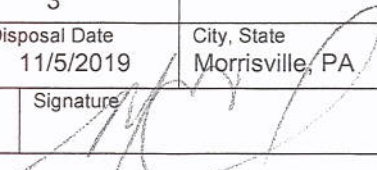
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**

NOV - 6 2019

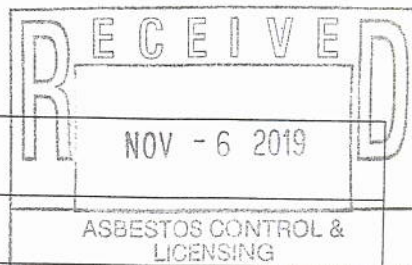
ASBESTOS CONTROL & Licensure

Telephone Number (973) 703-9210

Date of Notification (1) 10/31/2019		Name of Building Owner/Operator (2) The Heller Group							
Agencies Notified	Type Notification	Street Address 180 Main Street							
<input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940							
		Name of Contact Chris Hricko							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Retail/Office		Type of Facility (4)							
Street Address 10 Bowden Ave.		<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) Cedar Grove, NJ		Square Feet 10000	# of Floors 1						
County (6) Essex		Bldg. Age 70							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501	Telephone No. 609 259-9688						
Start Date (10) 11/1/2019		Telephone No. 609 298-4070	License No. 00493						
Scheduled Completion Date (11) 11/5/2019		Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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 Chesterfield, NJ 08515							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Dry Cleaners		X		VAT	1200 sf	X			
Office Area		X		VAT	350 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 11/5/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 10/31/2019					



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



Date of Notification (1) <b>10 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV - 6 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
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 checked="" type="checkbox"/> Amended Amendment # <b>1-11/1/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>250 Cheesequake Road</b> City, State, Zip Code <b>Parlin, NJ 08859</b> Name of Contact <b>Nichol Reinhold</b> Telephone Number <b>732-613-2400</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Bldg. 2004</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>250 Cheesequake Road</b>				Square Feet					
City (5) <b>Parlin</b>				# of Floors					
County (6) <b>Middlesex</b>				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
City, State, Zip Code <b>Burlington, NJ 08016</b>		Telephone No. <b>609-386-8800</b>		License No. <b>00509</b>					
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>215-788-6040</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Start Date (10) <b>ON HCLD</b>		Scheduled Completion Date (11) ____ / ____ / ____		Street Address <b>1123 BEAVER STREET</b>					
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. Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	256 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"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>15 Cu Yd</b>		Name of Registered Landfill <b>Fairless Landfill</b>			
City, State <b>Bristol, PA 19007</b>		Disposal Date <b>11/8/19</b>		City, State <b>Fairless Hills, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>11/1/19</b>			



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

NOV - 6 2019

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 11-01-19		Name of Building Owner/Operator (2) Melissa Tadesco							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code Little Falls, NJ 07424 Name of Contact Melissa Tadesco							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [Redacted]		<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) Little Falls		Square Feet	# of Floors						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 11-11-19		Scheduled Completion Date (11) 11-14-19	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 1119 East Grand St.							
<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 Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		VAT	600 SF	X			
2nd floor		X		VAT	160 SF	X			
Exterior		X		Transite Siding	1050 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ				Disposal Date 11-15-19	City, State Tullytown, PA				
Completed by Jaime Delgado			Title Proj. Manager.	Signature 			Date 11-01-19		



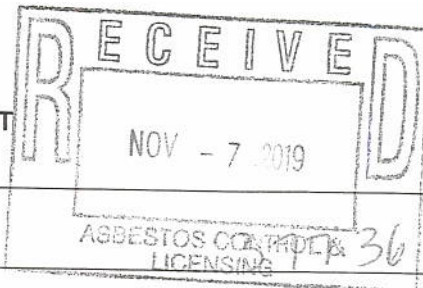
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<b>RECEIVED</b>	NOV - 6 2019
	<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) 11.01.2019 <b>Inv 15142</b>		Name of Building Owner/Operator (2) Middlesex County							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	75 Bayard Street, 5th Floor, P.O. Box 871							
City, State, Zip Code New Brunswick, New Jersey									
		Name of Contact Mr. Joseph A. Valdes	Telephone Number 732-7457253						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Middlesex County College, Building 216		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 2600 Woodbridge Avenue		Square Feet 80000	# of Floors 1						
City (5) Edison, NJ 08818		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Renovations							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address 24 Commerce Street, Suite 300		Street Address 164 Meriline Ave. Unit C							
City, State, Zip Code Newark, NJ 07102		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 973-265-9763	Telephone No. 973-8076330						
		License No. 01383							
Start Date (10) 11.11.2019	Scheduled Completion Date (11) 12.06.2019	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 164 Meriline Ave. Unit C							
<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 Woodland Park, NJ 07424							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		X		Pipe Insulation	1,400 LF	X			
Electrical Room		X		Caulking on Electrical Panel	22 LF	X			
Sprinkler Rooms (North & South)		X		Transite Paneling	700 SF	X			
Electrical Room		X		Electrical Transite Panel	25 SF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 30	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ 07424			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature			Date 11.01.2019		



Inv # 15831



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

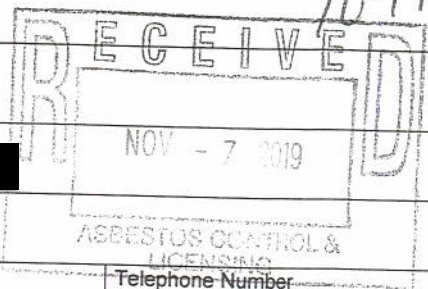
Date of Notification (1) <b>11 / 04 / 19</b>		Name of Building Owner/Operator (2) <b>Piscataway Board of Education</b>		<div style="border: 1px solid black; padding: 5px;"> RECEIVED  NOV - 7 2019  ASBESTOS CONTRACT &amp; LICENSING </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1515 Stelton Road</b>						
		City, State, Zip Code <b>Piscataway, NJ 08854</b>						
		Name of Contact <b>William Griffith</b>		Telephone Number <b>732-572-2289</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Ethel Road Building #14</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address <b>13 Ethel Road</b>								
City (5) <b>Piscataway</b>				Square Feet <b>2500 sf</b>	# of Floors <b>1</b>			
County (6) <b>Middlesex</b>				Bldg. Age <b>70</b>				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Maintenance Shop</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Ramm Environmental Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address <b>77 Nottingham Road</b>		Street Address <b>1889 Route 9, Unit 61</b>						
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>						
Project Manager for Monitoring Firm <b>Roger Hendricks</b>		Telephone No. <b>201-475-9880</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>				
Start Date (10) <b>11 / 14 / 19</b>	Scheduled Completion Date (11) <b>11 / 20 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
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 <b>1056 Stelton</b>					
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>					
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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>2800 sf</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Building 14</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos contraining sheetrock</b>	<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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>11/20/19</b>		City, State <b>Tullytown, Pennsylvania</b>				
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/4/19</b>		



Inv # 15830  
PAID

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

CK # 1041



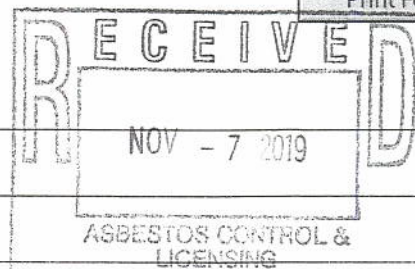
Date of Notification (1) 11 / 04 / 19		Name of Building Owner/Operator (2) Brent							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Bridgeton NJ 08302							
		Name of Contact Brent	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Resident		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) Bridgeton NJ 08302		Square Feet 1,500	# of Floors 2						
		Bldg. Age 1959							
County (6) Cumberland County	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Resident						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
Street Address		Street Address 958 Jackson Rd							
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm		Telephone No. 609-561-1901	License No. 01158						
Start Date (10) 11 / 13 / 19	Scheduled Completion Date (11) 11 / 30 / 19		Name of OSHA Monitor Graham-Tech 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: 7AM-11:30PM/ ____PM-____AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, NJ 08330							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Floor Tile	160SqFt	<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"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste 30	Name of Registered Landfill Pioneer Crossing					
City, State		Disposal Date		City, State					
Completed By (Print or Type) Vernice Graham		Title President		Signature 			Date 11-4-19		



Inv# 15846  
CK 1164  
PAID

Print Form

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



Date of Notification (1) 11/5/19		Name of Building Owner/Operator (2) MDR DEVELOPERS	
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	
		Name of Contact Jeff Melcer	Telephone Number 732-779-6400

Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4)	
Street Address [REDACTED]				<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) Howell				Square Feet	# of Floors
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT			
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 11/15/19		Scheduled Completion Date (11) 11/19/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)				Street Address 6 WHITE DOVE COURT	
<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: _____				City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ROOFING/CAULKING	20LF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 11/19/19		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 11/5/19



Inv# 15848

PAID

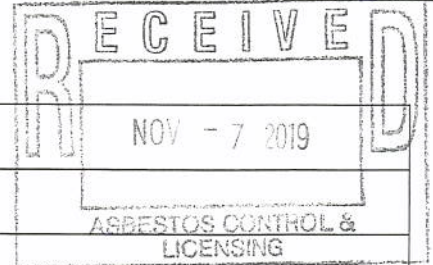
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 0167

Date of Notification (1) 11 / 06 / 19		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 1 HEALTH PLAZA City, State, Zip Code EAST HANOVER, NJ 07936 Name of Contact HASSAN NEKOU Telephone Number 862-778-8799	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		RECEIVED NOV 7 2019 ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS - BLDG 325		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 1 HEALTH PLAZA		Square Feet 100,000	
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	# Of Floors 1
Building Age 40+		Current Use (Prior if being demolished) OFFICE	
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL		ASCM NO	
Street Address 1600 Route 22 East		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC	
City, State, Zip Code Union, NJ 07038-1597		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-688-7800		Telephone Number 973-884-8682	
Scheduled Start Date (10) 11 / 29 / 19		License Number 00860	
Sched. Completion Date (11) 12 / 04 / 19		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC	
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM-7:00PM		Street Address 32 Williams Parkway	
City, State, Zip Code East Hanover, NJ 07936		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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) 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)
325 STEAM TUNNEL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	287 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill GROWS
City, State NEWARK, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i> Date 11/06/19



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

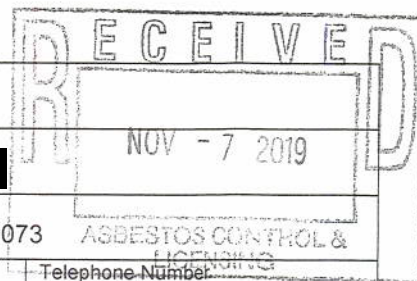


Date of Notification (1) 11/5/19		Name of Building Owner/Operator (2) Mitch Taradash							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <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 Teaneck, NJ 07666							
		Name of Contact Mitch Taradash	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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, homes, etc.)							
Street Address [REDACTED]		Square Feet 1750	# of Floors 2						
City (5) Teaneck		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) 11/14/19	Scheduled Completion Date (11) 11/17/19	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	51 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 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 11/5/19		



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

Check # 26009




Date of Notification (1) 11/6/2019		Name of Building Owner/Operator (2) Scozzafava							
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 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 Rancocas, NJ 08073							
		Name of Contact Jeff Scozzafava							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Rancocas, NJ 08073		Square Feet 3500	# of Floors 3						
		Bldg. Age 160 +/-							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
		License No. 00493							
Start Date (10) 11/18/2019	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor MECS							
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 PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	210 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 11/22/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]			Date 11/6/2019			



**PAID**

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

CK 7672

Date of Notification (1) 10/31/19		Name of Building Owner/Operator (2) Kevin Schaffert Private Home							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact Kevin							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kevin Schaffert 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 1000 +	# of Floors 1						
City (5) Tuckerton NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No. _____		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/9/19	Scheduled Completion Date (11) 11/22/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	800 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/22/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 10/31/19	

Inv. # 15763



B &amp; G proj. #: 2019-251

**PAID**

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

Check # 9662

Check # 9662

NOV - 6 2019

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 10/28/19		Name of Building Owner/Operator (2) Sheldon J Cytron	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Mountain Lakes, NJ 07046	
Name of Contact Sheldon J Cytron		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sheldon J Cytron			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Mountain Lakes, NJ			County (6) Morris		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/29/2019		Sched. Completion Date (11) 10/30/2019		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)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT & mastic	400 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/30/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/29/2019

Inv. # 15563



□ □ G proj. #: 2019-251

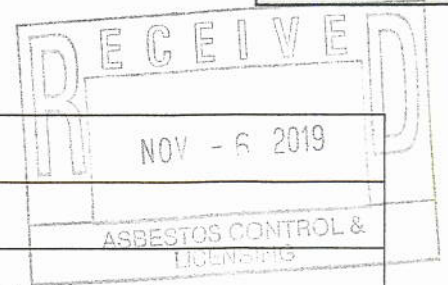
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

### FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>Sheldon J Cytron</b>						Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)							
Street Address [REDACTED]													
City (5) <b>Mountain Lakes, NJ</b>		County (6) <b>Morris</b>		County Code (7) (State use only)		Square Feet		# of Floors		Bldg. Age			
Name of Monitoring Firm Hired by Bidg. Owner (8)						ASCM No.		Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>					
Street Address						Street Address <b>105 Ryerson Road</b>							
City, State, Zip Code						City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Project Manager for Monitoring Firm				Phone Number		Telephone Number <b>(973)696-6869</b>			License Number <b>00378</b>				
Scheduled Start Date (10) <b>10/29/2019</b>		Sched. Completion Date (11) <b>10/30/2019</b>				Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>							
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 <b>105 Ryerson Road</b> City, State, Zip Code <b>Lincoln Park, NJ 07035</b>							
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 1/2 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf						<input type="checkbox"/> wrap & out		<input checked="" type="checkbox"/> Full Containment w/negative pressure		<input type="checkbox"/> Glovebag procedure			
						<input type="checkbox"/> Mini-enclosure				<input type="checkbox"/> Non-triable procedure			
Location of asbestos-containing material to be abated in facility (13)			Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)		R	R	E	E
			Yes	No	N/A					s	p	n	n
Basement					X	VAT & mastic		400 sf		X			
Registered Waste Hauler <b>B &amp; G Restoration, Inc.</b>			NJDEP Hauler ID# <b>19563</b>			Cubic Yards of Waste <b>6</b>		Name of Registered Landfill <b>Grand Central Landfill</b>					
City, State <b>Lincoln Park, NJ</b>			Disposal Date <b>10/30/2019</b>			City, State <b>Pen Argyl, PA</b>							
Completed By (Print or Type) <b>Gordana Luna</b>			Title <b>Secretary/Treasurer</b>			Signature <i>Gordana Luna</i>				Date <b>10/29/2019</b>			



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



Check # 10852

PAID

Date of Notification (1) <b>10-30-19</b>		Name of Building Owner/Operator (2) <b>PAUL SARMOUSAKIS</b>							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" 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 <b>AVAILON NJ 08202</b>							
		Name of Contact <b>PAUL</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		Type of Facility (4)							
Street Address [REDACTED]		<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) <b>AVAILON</b>	Square Feet <b>1800</b>	# of Floors <b>2</b>	Bldg. Age <b>NA</b>						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>COASTAL ENV.</b>		ASCM No.	Name of Abatement Contractor (9) <b>FRYMAR CONSTRUCTION</b>						
Street Address <b>P O BOX 167 HAMMONTOWN</b>		Street Address <b>P O BOX 11587</b>							
City, State, Zip Code <b>HAMMONTOWN NJ. 08037</b>		City, State, Zip Code <b>PHILA PA 19116</b>							
Project Manager for Monitoring Firm		Telephone No. <b>609-685-9984</b>	License No. <b>01276</b>						
Start Date (10) <b>11-5-19</b>	Scheduled Completion Date (11) <b>11-7-19</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>FIRST FLOOR</b>			<input checked="" type="checkbox"/>	<b>FLOOR TILE</b>	<b>900 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>FRYMAR CONSTRUCTION INC.</b>		NJDEP Waste Hauler ID No. <b>0036259</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>WESTERN BERKS</b>					
City, State <b>PHILA PA</b>		Disposal Date <b>11-7-19</b>	City, State <b>BIRDSBORO PA</b>						
Completed by <b>GERARD DUA</b>		Title <b>VP</b>	Signature 				Date <b>10-30-19</b>		

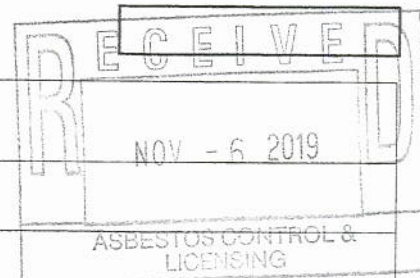
Inv. # 150602



Check#3476

**PAID**

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



Date of Notification (1) 11 / 01 / 19		Name of Building Owner/Operator (2) Gentry Hoit	
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 [REDACTED]		City, State, Zip Code Summit, NJ 07901	
Name of Contact Gentry Hoit		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Summit, NJ 07901		# 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.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-356-3511	
Start Date (10) 11 / 12 / 19		License No. 01127	
Scheduled Completion Date (11) 11 / 13 / 19		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

## Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf  
☐ > 160 sf or >260 lf

- ☒ Renovation  
☐ Demolition

- ☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-utility room-crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 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"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 11/01/19	

ASB-41  
MAY 11

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

Inv. # 15761



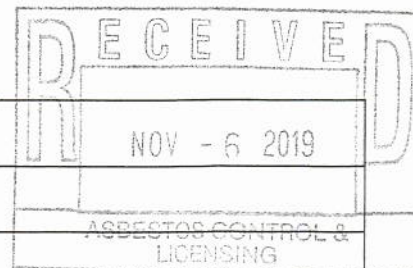
CANCELLED

OCT 31, 2019

NO CHECK

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

Print Form



Date of Notification (1) Oct. 17, 2019		Name of Building Owner/Operator (2) 606 Bloomfield Avenue Partnership							
Agencies Notified	Type Notification	Street Address 606 Bloomfield Avenue							
<input checked="" 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 checked="" type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Steve Goldstein	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 606 Bloomfield Avenue		<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) Bloomfield		Square Feet	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 90						
Name of Monitoring Firm Hired by Building Owner (8) none		ASCM No. ***	Name of Abatement Contractor (9) JRM Construction Services, LLC.						
Street Address ***		Street Address 500 Paterson Plank Road							
City, State, Zip Code ***		City, State, Zip Code Union City, NJ 07087							
Project Manager for Monitoring Firm ***		Telephone No. ***	License No. 01385						
Start Date (10) Oct. 31, 2019	Scheduled Completion Date (11) Nov. 30, 2019	Name of OSHA Monitor none							
Occupancy Status During Abatement (Check Only One)		Street Address ***							
<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 ***							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Apartment			x	floor tile	2,700 sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises Landfill					
City, State Newark, New Jersey			Disposal Date TBT	City, State Waynesburg, Ohio 44688					
Completed by Javier Mandez		Title President	Signature	Date 10/17/2019					



PAID

Project #

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

Check # 4738

Date of Notification (1) 10/31/2019		Name of Building Owner/Operator (2) ResiPro							
Agencies Notified	Type Notification	Street Address 3630 Peachthree Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA 30326							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Eduardo Loor							
<div style="float: right; border: 1px solid black; padding: 5px;"> <b>RECEIVED</b>  NOV - 5 2019  CONTROL &amp; SIGN </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Rahway, NJ 07111		# of Floors							
County (6) Essex		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) Nick Restoration LLC							
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm		Telephone No. 973933-2550	License No. 01358						
Start Date (10) 11/09/2019	Scheduled Completion Date (11) 11/11/2019	Name of OSHA Monitor Nick Restoration 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 <input type="checkbox"/> Other - Describe: _____		Street Address 72 Brookside Rd							
		City, State, Zip Code Randolph, NJ 07869							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement area		X		TSI	70 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD	City, State Tullytown, Pa						
Completed by Nikica Mrda		Title President	Signature <i>[Signature]</i>				Date 10/31/2019		


Inv. # 15753



PAID

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

CK 7670

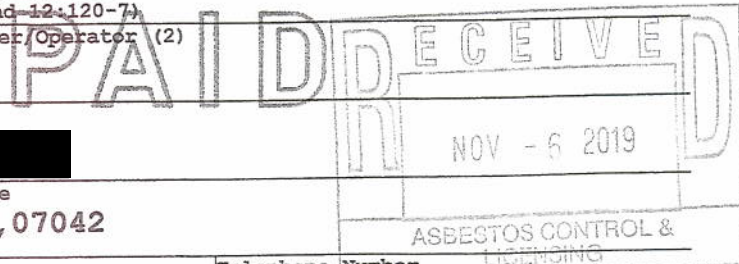
Date of Notification (1) 10/31/19		Name of Building Owner/Operator (2) Robert Mancini Private Home		<div style="border: 1px solid black; padding: 5px;"> RECEIVED  NOV - 6 2019 </div>					
Agencies Notified		Type Notification				Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input 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 long Beach Twp NJ 08091			
						Name of Contact Rob			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Robert Mancini 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]									
City (5) long Beach Twp NJ 08091				Square Feet 1000 +	# of Floors 2				
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 11/9/19		Scheduled Completion Date (11) 11/22/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 11/22/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 10/31/19			

Inv. # 15752



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

Date of Notification (1) <b>10/31/2019</b>		Name of Building Owner/Operator (2) <b>Ken Schlager</b>	
Agenies Notified	Type Notification	Street Address [REDACTED]	
[ ] EPA	[X] Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
[ ] DEP	[ ] Amended Notification	Name of Contact <b>Ken Schlager</b>	
[X] DOL	[ ] EMERGENCY	Telephone Number [REDACTED]	
[X] DOH	[ ] Cancellation		
[ ] DCA			



Name of Facility Where Abatement is Taking Place (3) <b>Ken Schlager</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City <b>Montclair</b>	County <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>11 - 15 - 19</b>		Sched. Completion Date (11) <b>11 - 18 - 19</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year		Street Address	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> [ ] Other - Describe: <u>Other Occupancy Descript</u>					
City, State, Zip Code					

Scope of Work (Check all that apply)										
[X] >3 sf or >3 lf		[X] Renovation		[ ] Full Containment with Negative Pressure						
[ ] >160 sf or >260 lf		[ ] Demolition		[X] Mini-Enclosure						
				[X] Glovebag Procedure						
				[ ] 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>100 LF</b>	<b>X</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11/19/19</b>		City, State <b>Bronx, NY, 10474</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature <i>Constantine Vivian</i>	
				Date <b>10/31/2019</b>	

11 Wendover Rd

Inv. # 15751



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

**PAID**

Check # 3876

**RECEIVED**  
NOV - 6 2019

Date of Notification (1) <b>10-30-19</b>		Name of Building Owner/Operator (2) <b>Lawrence Township Public Schools</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2565 Princeton Pike</b>	
		City, State, Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>James Alberti</b>	Telephone Number <b>609-671-5415</b>

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Lawrence Middle School (LM)</b>		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 <b>2455 Princeton Pike</b>			
City (5) <b>Lawrenceville</b>		Square Feet <b>50,000</b>	# of Floors <b>1</b>
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>school</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>
Street Address <b>1253 North Church Street</b>		Street Address <b>923 Haws Avenue</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>610-239-9920</b>
Start Date (10) <b>11-7-19</b>		Scheduled Completion Date (11) <b>11-11-19</b>	License No. <b>00398</b>
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <b>6:00AM-11:00PM</b> <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>	
		Street Address <b>923 Haws Avenue</b>	
		City, State, Zip Code <b>Norristown, PA 19401</b>	

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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
wall plaster		X		1st floor area #1 main corridor Purple	22 SF	X		X	

Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>11-11-19</b>		City, State <b>Morrisville, PA</b>	
Completed by <b>Matthew Kelly</b>		Title <b>Project Manager</b>	Signature <i>Matthew Kelly</i>	Date <b>10-30-19</b>	

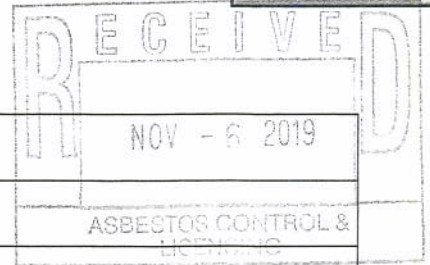
Inv. # - 15690



Check 3833

PAID

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



Date of Notification (1) 10/29/2019		Name of Building Owner/Operator (2) Augustinian Recollects of NJ Inc.	
Agencies Notified	Type Notification	Street Address 29 Ridgeway Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Fredric B Abiera	Telephone Number (973) 997-5052

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Augustinian Recollects of NJ Inc.		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 29 Ridgeway Avenue		Square Feet 2.31	# of Floors 2
City (5) West Orange		Bldg. Age 86	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services
Street Address PO Box 354		Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316
Start Date (10) 11/12/2019	Scheduled Completion Date (11) 11/19/2019	Name of OSHA Monitor A. Seine Lighthouse Solutions	
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 Other - Describe: _____		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

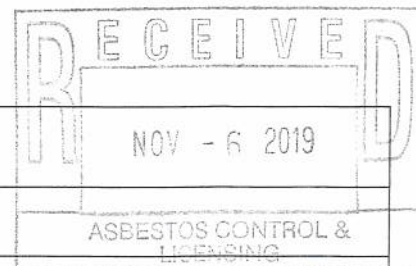
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space/Basement		X		Pipe Wrap	120 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA	
Completed by Amy Garcia	Title Project Manager	Signature 	Date 10/29/2019		

Inv.#  
15750



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



Date of Notification (1) <b>10 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>Brookfield Properties Retail, Inc.</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>350 N. Orleans Street, Suite 300</b>							
		City, State, Zip Code <b>Chicago, IL 60654</b>							
		Name of Contact <b>John McLaughlin</b>	Telephone Number <b>732-542-0334</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Monmouth Mall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>180 NJ 35</b>									
City (5) <b>Eatontown</b>		Square Feet <b>1,500,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>59</b>							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Batta Environmental Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>6 Garfield Way</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Newark, DE 19713</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Steve Woronicak</b>	Telephone No. <b>302-737-3376</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>09 / 30 / 19</b>	Scheduled Completion Date (11) <b>11 / 22 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>11:00PM-7:00AM</b>		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Towns Square Area 1 Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Field, Flashing, Curb Flashing	20,000 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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>90</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/22/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature <i>Christina Fay</i>		Date <b>10/25/19</b>			