

PAID

CK# -1930

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

Print Form

DOL - NOV DAY 2018

SEP 7 2018

WAIVER APPROVED

Date of Notification (1) Sept 7, 2018		Name of Building Owner/Operator (2) Brandon Sebastian							
Agencies Notified	Type Notification	Street Address							
<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 type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07860 Name of Contact Brandon							
Name of Facility Where Abatement is Taking Place (3) House									
Street Address		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.)		Square Feet 2,000							
City (5) Randolph		# of Floors 2							
County (6) Morris		Bldg. Age 80+							
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. n/a							
Street Address n/a		Name of Abatement Contractor (9) Harmony Contracting							
City, State, Zip Code n/a		Street Address 360 Palisades Ave.							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Garfield, NJ 07026							
Telephone No. n/a		Telephone No. 873-480-8128							
Start Date (10) 9/10/2018		License No. 01255							
Scheduled Completion Date (11) 9/12/2018		Name of O&M Monitor Harmony Contracting							
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisades Ave.							
<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 Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> as of or less than 2160 sf or less than 2880 ft <sup>2</sup> <input type="checkbox"/> Renovation <input type="checkbox"/> Full Enclosure with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glo-bag 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	Encapsulation	Enclosure
Sunken Living Room &			X	VAT & Mastic	400 SF	X			
Small Room in Back attached to									
Living Room									
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 9/7/2018			



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



Date of Notification (1) 11/13/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified		Type Notification							
<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							
Street Address		City, State, Zip Code							
[REDACTED]		Scotch Plains NJ 07076							
Name of Contact		Telephone Number							
Jack Kresge									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Scotch Plains		Square Feet	# of Floors						
		2,023	2						
County (6) Union		Bldg. Age							
		71							
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.							
Street Address		Name of Abatement Contractor (9)							
PO Box 354		Brinks Tank Services							
City, State, Zip Code		Street Address							
South Orange, NJ 07079		1256 Liberty Avenue							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Sarah Calandra		201-349-2666	844-462-7465						
Start Date (10) 11/23/2018		Scheduled Completion Date (11) 12/10/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: _____		A. Seine Lighthouse Solutions							
Scope of Work (Check All That Apply)		Street Address							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		PO Box 354							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code							
<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		South Orange, NJ 07079							
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 wrap	80 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Newark Carting		04509		Waste Management Landfill					
City, State		Disposal Date		City, State					
East Orange, NJ				Penn Argyle, PA					
Completed by		Title	Signature			Date			
Alison Lamers		Office Manager	[Signature]			11/13/2018			



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

Date of Notification (1) 11/14/2018		Name of Building Owner/Operator (2) Lakeview Townhomes at Eatontown	
Agencies Notified	Type Notification	Street Address 33 Wood Ave South, Suite 600	
<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 Iselin NJ 08830	
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645

NOV 20 2018

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Full 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) Eatontown NJ	Square Feet 8,000	# of Floors 3	Bldg. Age 1918						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Checkmark Industrial							
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 11/28/2018	Scheduled Completion Date (11) 12/28/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
see attached		X				X			
Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management						
City, State Wayne NJ	Disposal Date	City, State Tulleytown PA							
Completed by Corey Stankovic	Title CEO	Signature 	Date 11/14/2018						



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

RECEIVED

Date of Notification (1) 11/7/2018		Name of Building Owner/Operator (2) Genevieve Monette		NOV 20 2018					
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Cranford NJ					
Name of Contact Marko Stankovic, Project Manager				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) n/a			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) Cranford			Square Feet 1300	# of Floors 2	Bldg. Age 1938				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-570-2645	License No. 01334				
Start Date (10) 11/8/2018		Scheduled Completion Date (11) 11/20/2018		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One)				Street Address 54 Morgan Dr					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Sparta NJ 07871					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 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		Floor Tiles	500 SF	X			
basement		X		Pipe Insulation	90 LF	X			
attic		X		vermiculate	500 Cu. FT	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 20	Name of Registered Landfill Waste Management				
City, State Wayne NJ				Disposal Date	City, State Tulleytown PA				
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>		Date 11/7/2018			



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

Date of Notification (1) 11/14/2018		Name of Building Owner/Operator (2) Lakeview Townhomes at Eatontown		NOV 20 2018					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Wood Ave South, Suite 600  City, State, Zip Code Iselin NJ 08830  Name of Contact Marko Stankovic, Project Manager  Telephone Number 973-570-2645					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Guest 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]									
City (5) Eatontown NJ			Square Feet 3000	# of Floors 2	Bldg. Age 1968				
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address			Street Address 54 Morgan Dr						
City, State, Zip Code			City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 11/28/2018		Scheduled Completion Date (11) 12/28/2018		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Morgan Dr						
			City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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) <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
Outside Building		X		Transite Siding	2,500 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management					
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 11/14/2018				



State of NJ

## Notification of Asbestos Abatement

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

B &amp; G Proj. #: 2018-231

PAID

Check # 9350

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Sheyla Jannah	
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 Bloomfield, NJ 07003	
Name of Contact Sheyla Jannah		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sheyla Jannah			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		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	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) 11/28/2018		Sched. Completion Date (11) 11/29/2018		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    ☒ Renovation    ☐ Full Containment w/negative pressure    ☒ Glovebag procedure  
☒ >3 sf or >3 lf    ☐ ≥160 sf or ≥260 lf    ☒ Mini-enclosure    ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/29/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/15/2018



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

B & G proj. # 2018-232

PAID

Check # 9351

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Michele Bethoney	
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 Oradell, NJ 07639	
Name of Contact Michele Bethoney		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michele Bethoney			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		
City (5) Oradell, NJ		County (6) Bergen		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			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	
Sched. Start Date (10) 11/29/2018		Sched. Completion Date (11) 12/01/2018		License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure									
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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 B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Landfill			
City, State Lincoln Park, NJ		Disposal Date 11/30/2018		City, State Pen Argyle, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 11/15/2018			



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

B & G proj. #: 2018-233

PAID

Check # 9352

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Blanche Garcia & Shaun Killman	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Little Falls, NJ 07424	
Name of Contact Blanche Garcia & Shaun Killman		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Blanche Garcia & Shaun Killman			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		
City (5) Little Falls, NJ 07424			County (6) Passaic		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		Telephone Number (973)696-6869	
Project Manager for Monitoring Firm		Phone Number		License Number 00378	
Scheduled Start Date (10) 12/03/2018		Sched. Completion Date (11) 12/08/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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"/>	VAT (no mastic)	1,500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	joint compound	2,500 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/10/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/15/2018



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

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 124 Bayview Road		Square Feet Varies							
City (5) Downe Township		# of Floors Varies							
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.							
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. (856)452-1311		Telephone No. 609-567-1250							
Start Date (10)		License No. 01172							
Scheduled Completion Date (11)		Name of OSHA Monitor Health & Safety Services, 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 <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/06/2018			



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

OK 4744

Date of Notification (1) 11/16/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 177 Bayview Road		Square Feet Varies							
City (5) Downe Township		# of Floors Varies							
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.							
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. (856)452-1311		Telephone No. 609-567-1250							
Start Date (10) 11/20/2018		License No. 01172							
Scheduled Completion Date (11) 11/25/2018		Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date 11/20/2018		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/16/2018			



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

**OK 4745 PAID**

Date of Notification (1) 11/16/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DEMC) 0 2018							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 179 Bayview Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Downe Township		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 11/24/2018	License No. 01172						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Health & Safety Services, Inc.							
<input 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: vacant		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ		Disposal Date 11/20/2018		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/16/2018			



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

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) SC Holdings, Inc.		NOV 20 2018	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Brandywine Blvd.  City, State, Zip Code Newtown, PA 18940-4000  Name of Contact Adam Haydt	
				Telephone Number 610-657-4532	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Former Chemical Waste Management Site			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 Lister Avenue			Square Feet 100,000		
City (5) Newark			# of Floors 2		Bldg. Age 60+
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Prior Chemical Waste TSDF Site	
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 28 Pennell Road		Street Address 303 B National Road			
City, State, Zip Code Lima, PA 19063		City, State, Zip Code Exton, PA 19341			
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114		License No. 01161	
Start Date (10) July 30, 2018		Scheduled Completion Date (11) March 8, 2019		Name of OSHA Monitor EMSL	
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 200 Route 130 North  City, State, Zip Code Cinnaminson, NJ		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)
	Yes	No	N/A		
See attached					
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 150	Name of Registered Landfill GROWS North/Fairless Hills
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>	Date 11/15/18



Permit Fee Summary CWM Facility, 100 Lister, Newark								
Work Area	Is location normally solely by Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Encapsulate/Enclose	Regulated by NESHAP	TEM req'd	Fee
F Truck unloading area	na	fitting insulation	1.5	lf	REM	N	N	\$ 200.00
I Maintenance Shop	na	unused linoleum	50	sf	REM	N	N	\$ -
" "	na	unused gaskets	1	sf	REM	N	N	\$ -
" "	na	roof flashing	350	sf	REM	N	N	\$ -
" "	na	floor tile	150	sf	REM	N	N	\$ -
J Drum Storage	na	flashing	560	sf	REM	N	N	\$ -
" "	na	roof (3 layer)	210	sf	REM	N	N	\$ -
" "	na	roof (2 layer)	380	sf	REM	N	N	\$ -
" "	na	Flashing (silver painted)	1200	sf	REM	N	N	\$ -
" "	na	roof	10400	sf	REM	N	N	\$ -
" "	na	lab tops	145	sf	REM	N	N	\$ -
K Office Area	na	tile & mastic	1130	sf	REM	Y	Y	\$ 200.00
" "	na	mastic	30	sf	REM	N	N	\$ -
" "	na	window caulk	10	sf	REM	N	N	\$ -
" "	na	flashing	225	sf	REM	N	N	\$ -
" "	na	roof	2700	sf	REM	N	N	\$ -
N Tank Farm (Tank 600,601,602,& 604)	na	Tank covering on foam insulation	4500	sf	REM	N	N	\$ -
O Lab Area	na	mastic	30	sf	REM	N	N	\$ -
" "	na	tile & mastic	300	sf	REM	N	N	\$ -
" "	na	Lab Hood liner (transite)	100	sf	REM	N	N	\$ -
" "	na	Plaster	3900	sf	REM	Y	Y	\$ 200.00
" "	na	Roofing shingles	2000	sf	REM	N	N	\$ 200.00
" "	na	wall mastic	300	sf	REM	N	N	\$ -
" "	na	pipe insulation & pipe insulation debris	200	lf	REM	N	N	\$ -
R&S Outdoor Reactor Tank Area	na	Tank Containment Basin Floor	1600	sf	REM	N	N	\$ -
Projected Total								\$ 800.00

\* facility notification fee of \$200.00 for all work areas below NESHAPs.

Fee previously Paid  
Net Due Now

\$ 800.00  
\$ -

NOV 20 2018

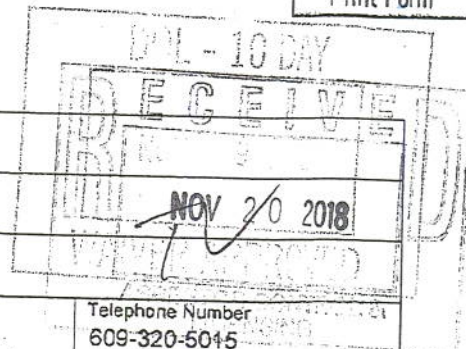


OK 1927

PAID

Print Form

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



Date of Notification (1) 11-8-18		Name of Building Owner/Operator (2) VQ Properties						
Agencies Notified	Type Notification	Street Address PO Box 266						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Lima, PA 19063						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Pam Fallows	Telephone Number 609-320-5045					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Vacant SFD		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 6 Carlton Avenue		Square Feet	# of Floors					
City (5) Haddon Township		Bldg. Age						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp					
Street Address		Street Address 282 Creek Road						
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) ASAP		Scheduled Completion Date (11) 11-20-18	Name of OSHA Monitor Andrew Ricco					
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 282 Creek Road						
		City, State, Zip Code Bellmawr, NJ 08031						
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior			X	Transite Siding	800 sf	X		
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 3	Name of Registered Landfill Salem County				
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ				
Completed by Andrew Ricco		Title President	Signature <i>Andrew Ricco</i>		Date 11-8-18			



11/13/2018 16:25 9733399747

UNICORN CONTRACTING

PAGE 03/05

OK 1249 PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

NOV 20 2018

1249

Date of Notification (1) 11/13/2018		Name of Building Owner/Operator (2) IBN Construction		Telephone Number 201-538-6918	
Agencies Notified	Type Notification	Street Address 49 Herman Street		City, State, Zip Code Newark, NJ 07105	
<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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Name of Contact Catey Palmer			
Name of Facility Where Abatement is Taking Place (3) New Jersey City University					
Street Address 251 West Side Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
City (3) Jersey City, NJ 07305		Square Feet 12,000	1 of Floors 2	Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (When being demolished) Vehicle Maintenance Bldg			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.		
Street Address		Street Address 32 Willow Way			
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-338-9176		
Start Date (10) 11/13/2018		Scheduled Completion Date (11) 02/15/2019	License No. 01331		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagon Wheel Rd., Bldg. 35-E			
Scope of Work (Check All That Apply)		City, State, Zip Code Fair Lawn, NJ 07410			
<input type="checkbox"/> ≥ 1 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Enclosed ("") 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 system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type
See attached	Yes No N/A				Removal Repair Enclosure Enclosure
Name of Registered Waste Hauler Unicorn Contracting Corp.		NIDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 40+	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed By Zhenko Nikolov		Title President	Signature		Date 11/13/2018



NOV 20 2018


NOV 20 2018

[illegible]

**PAID**

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

ETS JOB # 4959/17 CHECK # 29395


Date of Notification (1) <b>11/13/18</b>		Name of Building Owner / Operator (2) <b>NJIT</b>		<b>NOV 20 2018</b>	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>323 DR. MARTIN LUTHER KING BLVD.</b>	
				City, State & Zip Code <b>NEWARK, NJ 07102</b>	
				Name of Contact <b>MR. TODD K. MILLER</b>	
				Telephone Number <b>973-595-5509</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>NJIT - FACULTY MEMORIAL HALL</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>111 SUMMIT STREET AKA 120-142 BLEEKER STREET</b>			Square Feet <b>92,516</b>		
City (5) <b>NEWARK</b>			County (6) <b>ESSEX</b>		County Code (7) <b></b>
			Bldg. Age <b>52</b>		
			Current Use (Prior if being demolished) <b>UNIVERSITY</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL</b>			ASCM No. <b>00120</b>		
Street Address <b>280 HUYLER STREET</b>			Name of Abatement Contractor (9) <b>ETS CONTRACTING, INC.</b>		
City, State & Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>			Street Address <b>160 CLAY STREET</b>		
Project Manager for Monitoring Firm <b>ALEX PALLETS</b>			Telephone Number <b>201-310-9665</b>		City, State & Zip Code <b>BROOKLYN, NY 11222</b>
Scheduled Start Date (10) <b>11/26/2018</b>			Scheduled Completion Date (11) <b>11/25/2019</b>		Telephone Number <b>718-706-6300</b>
					License Number <b>00511</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: <b>MONDAY - FRIDAY 3:00 PM - 11:30 PM</b> <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor <b>TESTOR TECH.</b>		
			Street Address <b>10 59 JACKSON AVENUE</b>		
			City, State & Zip Code <b>LONG ISLAND CITY, NY 11101</b>		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: <b>TENT &amp; EXTERIOR NON-FRIABLE PROCEDURES, WRAP &amp; CUT</b>					
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)	
4 <sup>TH</sup> FLOOR		NO		PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	
				Amount (Specify Square Feet or Linear Feet) 213 LF 96 SF	
				Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) TENT EXTERIOR NON-FRIABLE PROCEDURES	
Name of Registered Waste Hauler #1 <b>JIMMY BYRNE T/A JIMMY BYRNE TRUCKING</b>		NJDEP Waste Hauler ID # <b>19551</b>		Cu. Yds. of Waste <b>120</b>	
City, State <b>1199 RANDALL AVENUE, BRONX, NY 10474</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill #1 <b>CUMBERLAND COUNTY LANDFILL</b>	
				City, State <b>620 NEWVILLE ROAD NEWBURG, PA 17240</b>	
Completed By (Print or Type) <b>THOMAS AHERN</b>		Title <b>Project Executive</b>		Signature  Date <b>11/13/18</b>	



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

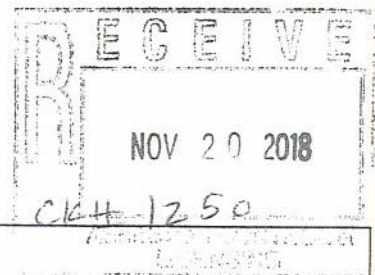
CV 073

**PAID**

Date of Notification (1) 11-12-2018		Name of Building Owner/Operator (2) Belleville Industrial Center ,Inc c/o LRM,LLC							
Agencies Notified	Type Notification	Street Address 669 River Drive ,Suite 201							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park NJ 07407							
		Name of Contact Yareli Pizzaro	Telephone Number 973-475-7050						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial 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 681 Main Street, Buiding 38		Square Feet N/A	# of Floors N/A						
City (5) Belleville NJ 07109		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7376	Telephone No. 973-692-6298						
License No. 01266									
Start Date (10) 11-13-2018	Scheduled Completion Date (11) 01-17-2019	Name of OSHA Monitor Amax Contracting 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 PO BOX 734							
		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 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
Ground Level			x	Transite panels	6600 SF	x			
Ground Level			x	Pipe Insulation(WRAP&CUT)	950 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 30 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 01-25-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 11-12-2018		

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



Date of Notification (1) 11/13/18		Name of Building Owner/Operator (2) RFC Excavating & Landscape Construction							
Agencies Notified	Type Notification	Street Address 87 Ethel Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ							
		Name of Contact Barbara Iellimo	Telephone Number 973-304-0500						
<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]									
City (5) North Haledon, NJ		Square Feet 1183	# of Floors 2						
		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) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331						
Start Date (10) 11/27/18	Scheduled Completion Date (11) 11/30/18	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM START		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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 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 Level Roof		X		Built up Roof	500 SF	X			
Living Room and 2nd Fl Bedroom		X		Decorative Wall and Ceiling Plaster	900 SF	X			
Garage		X		Transite Panels	1,500 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 5+	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Zhivko Nikolov		Title President		Signature 			Date 11/13/18		



CH#1084

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

**RECEIVED**  
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Date of Notification (1) <u>11/14/2018</u>		Name of Building Owner/Operator (2) <u>Susan Walker</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 <u>[REDACTED]</u>		
	City, State, Zip Code <u>Cape Coral, FL 33914</u>		
	Name of Contact <u>Doug Walker</u>		Telephone Number <u>[REDACTED]</u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Former Retail Store</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 <u>2290 Route 50</u>		Square Feet <u>1500 SF</u>	# of Floors <u>1</u>
City (s) <u>Tuckahoe</u>		Bldg. Age <u>40 yrs</u>	
County (6) <u>Cape May</u>		County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail</u>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address		Street Address <u>361 E. Fleming Pike</u>	
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
Project Manager for Monitoring Firm		Telephone No.	License No. <u>00689</u>
Start Date (10) <u>11/23/18</u>		Scheduled Completion Date (11) <u>11/29/18</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: _____		Name of OSHA Monitor <u>AEi2, LLC</u>	
		Street Address <u>361 E. Fleming Pike</u>	
		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
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 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)
	Yes	No	
Basement		X	Old Heater
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.5</u>
City, State <u>Hammonton, NJ</u>		Name of Registered Landfill <u>TBD</u>	
		Disposal Date <u>TBD</u>	City, State <u>Egg Harbor Twp., NJ</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature <u>[Signature]</u>	Date <u>11/14/18</u>

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

Date of Notification (1) 11/14/18		Name of Building Owner/Operator (2) David Alu (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 Beach Haven NJ 08008	
		Name of Contact David	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) David Alu (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) Beach Haven NJ 08008		Square Feet 1000 +	# of Floors 2
		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) 11/23/18	Scheduled Completion Date (11) 11/30/18	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 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 House			x	Exterior Siding	2500 SF	x			
Exterior Siding Garage			x	Exterior Siding	980 SF				

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 7	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 11/30/18		City, State Morrisville PA 1960	
Completed by Anthony T Perna		Title President		Signature 	
				Date 11/14/18	



Nov.13.2018 08:34 AM A. Mac Contracting

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)


Date of Notification (1) 11/13/18		Name of Building Owner/Operator (2) KAREN TOWLES		City, State, Zip Code FREEHOLD, NJ 07728	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including Sanitation) <input type="checkbox"/> Cancellation		Street Address [REDACTED]		Telephone Number [REDACTED]	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Other [REDACTED]		K-12 Other (Other than K-12) e.g. private & commercial buildings, homes,	
Street Address [REDACTED]		Equestrian Facility [REDACTED]		# of Floors 2	
City (5) FREEHOLD		County Code (7) (STATE USE ONLY) NJ		Bldg. Age +50	
County (6) MIDDLESEX		Name of Abatement Contractor (9) A. MAC Contracting Inc.		License No. 00166	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]		[REDACTED]	
Street Address [REDACTED]		Street Address 186 Vreeland Ave		[REDACTED]	
City, State, Zip Code [REDACTED]		City, State, Zip Code Midland Park, NJ 07432		[REDACTED]	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-282-8841		[REDACTED]	
Start Date (10) 11/13/18		Scheduled Completion Date (11) 11/14/18		Name of OSHA N Omega Envir	
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 Other - Describe: [REDACTED]		Street Address 280 Huyler St		[REDACTED]	
[REDACTED]		City, State, Zip Code Hackensack, NJ 07608		[REDACTED]	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> 30 sf or less <input checked="" type="checkbox"/> 31 to 100 sf or less <input type="checkbox"/> 101 to 1000 sf or less <input type="checkbox"/> More than 1000 sf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement Playroom		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [REDACTED] [REDACTED] [REDACTED]		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) VAT	
Amount (Specify SF or LF) 215 SF		Abatement Type Removal Repair Encapsulation Enclosure [REDACTED] [REDACTED] [REDACTED] [REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3	
City, State Newark, NJ 07105		Disposal Date 11/13/18 on		Name of Registered Landfill Rand Central Sanitary Landfill	
Completed by Joseph Vaccaro		Title Vice President		Signature [REDACTED]	
[REDACTED]		[REDACTED]		Date 11/13/18	



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

CHECK # \_\_\_\_\_

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Date of Notification (1) <b>11/2/18</b>		Name of Building Owner / Operator (2) <b>Peerless Tube Co c/o D.V. Biase</b>							
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"/> Emergency <input type="checkbox"/> Cancellation							
Street Address <b>225 Millburn Ave</b>		City, State & Zip Code <b>Millburn, NJ 07041</b>							
Name of Contact <b>Eduardo Dutra / AARK Companies</b>		Telephone Number <b>201-327-6100</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Factory</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>71 Locust Avenue</b>		Square Feet <b>NA</b>	# of Floors <b>NA</b>						
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) <b>NA</b>	Bldg. Age <b>NA</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlas Environmental</b>		ASCM No.							
Street Address <b>PO Box 11645</b>		Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC</b>							
City, State & Zip Code <b>Philadelphia, PA 19116</b>		Street Address <b>874 Piney Hollow Road, PO Box 70</b>							
Project Manager for Monitoring Firm <b>Jason Dua</b>		Telephone Number <b>267-784-4693</b>	License Number <b>01263</b>						
Scheduled Start Date (10) <b>11/14/18</b>	Scheduled Completion Date (11) <b>5/31/19</b>	Name of OSHA Monitor <b>EMSL Analytical, 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 Glove Bag Procedures <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
Old factory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation – homog 01	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old factory – offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl floor – homog 02	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old factory – 1 <sup>st</sup> & 2 <sup>nd</sup> floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window caulking – homog 09	2400 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old factory – roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingles/flashing – homog 11	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old factory – roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing material – homog 12	12500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New factory – high roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing material – homog 13	33000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bull Waste &amp; Recycling, Inc.</b>		NJDEP Waste Hauler ID No. <b>21435</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Salem County Landfill</b>					
City, State <b>Berlin, NJ</b>		Disposal Date <b>5/31/19</b>		City, State <b>Alloway, New Jersey</b>					
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>President</b>	Signature 				Date <b>11/2/18</b>		



CK #4675

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

RECEIVED

Date of Notification (1) <u>11-10-18</u>		Name of Building Owner/Operator (2) <u>TOM WELSH BUILDER</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 <u>661 POMONIA AVE</u>		City, State, Zip Code <u>HADDONFIELD N.J 08033</u>	
Name of Contact <u>TOM</u>		Telephone Number _____	
FACILITY INFORMATION			
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>1000</u>	
City (5) <u>AVALON</u>		# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</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.	
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
City, State, Zip Code		Street Address <u>369 S SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>11-20-18</u>		License No. <u>01371</u>	
Scheduled Completion Date (11) <u>11-30-18</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	
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		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
SIDING		TRAN SITE	
		1750 SF	
		X	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE N.J</u>		Cubic Yards of Waste <u>3</u>	
Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
City, State <u>WOODBINE</u>			
Completed By <u>MICHAEL KLOMM</u>		Signature <u>[Signature]</u>	
Title <u>SUP.</u>		Date <u>11-10-18</u>	



CK# 4675

PAID

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

NOV 20 2018

Date of Notification (1) <u>11-10-18</u>		Name of Building Owner/Operator (2) <u>HUNT &amp; SON LLC</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 <u>651 SEASHORE RD</u>						
		City, State, Zip Code <u>CAPE MAY N.J 08204</u>						
		Name of Contact <u>JASON</u>	Telephone Number _____					
FACILITY INFORMATION								
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 _____								
City (5) <u>CAPE MAY</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</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. _____	Telephone No. <u>856-779-0472</u>	License No. <u>#01371</u>					
Start Date (10) <u>11-20-18</u>	Scheduled Completion Date (11) <u>11-30-18</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)								
<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) 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
<u>SIDING</u>			<u>X</u>	<u>1750 SF</u>	<u>X</u>			
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>C M C MWA</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>11-10-18</u>					



PAID

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

Date of Notification (1) <b>11/15/2018</b>		Name of Building Owner/Operator (2) <b>Brian Fitzgibbon</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Brian Fitzgibbon</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Brian Fitzgibbon</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>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 29 18</b> Month Day Year		Sched. Completion Date (11) <b>12 1 18</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			R	E	N	C	E
Basement			X	Pipe Insulation	140 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>12/3/18</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>11/15/2018</b>		



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

check # 13335

GAC Project # 060-18

Date of Notification (1) <b>November 16, 2018</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) 74 STREET 1603, BLDG 4116, 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>MARVIN APTS, BLDG# 3801</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>BUSCH CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</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>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>		Street Address <b>511 MAIN STREET</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>11/26/18</b>		Scheduled Completion Date (11) <b>11/28/2018</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>Schedule: 12PM - 10PM 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 checked="" type="checkbox"/> $\geq 3$ sf or $>3$ 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 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>Apt# 20</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>100 SF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
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>5 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>11/28/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>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 16, 2018</b>



**PAID**

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

Check # 13334

GAC Project # 060-18

Date of Notification (1) <b>November 16, 2018</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 (2 Work Areas 800SF each) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT (REHS)          74 STREET 1603, BLDG 4116, 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>JOHNSON APTS, BLDG# 3737</b> Street Address <b>BUSCH CAMPUS</b> City (5) <b>NEW BRUNSWICK</b> County (6) <b>MIDDLESEX</b> County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b> Street Address <b>3 TERRI LANE</b> City, State, Zip Code <b>BURLINGTON, NJ 08016</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b> Current Use (prior if being demolished): <b>ACADEMIC</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b> Telephone Number <b>609-386-8800</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b> Street Address <b>511 MAIN STREET</b> City, State, Zip Code <b>BUTLER, NJ 07405</b> Telephone Number <b>973-492-0477</b> License Number <b>00840</b>	
Scheduled Start Date (10) <b>11/26/18</b> Scheduled Completion Date (11) <b>12/3/2018</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>	
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>Schedule: 12PM - 11PM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf    Demolition <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) <b>1600 SF</b>
Apt# 871, 873 (2 Work Areas)	<input checked="" type="checkbox"/>	VAT	<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>20 CY</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>12/3/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b> City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>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 16, 2018</b>

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



Jan 31 2000 11:12PM NJ Asbestos Control 609.633.0664

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

**CK1321** **PAID** **NOV-20-2018**

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) RJM Realty Group		Check# 1321					
Agencies Notified <input 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 515 West End Avenue					
		City, State, Zip Code New York, New York 10024		Telephone Number 817-915-5326					
		Name of Contact Harry Uvegi							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RJM Realty LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 841 Bergen Avenue			Square Feet 40,000	# of Floors 3	Bldg. Age 60+				
City (5) Jersey City, New Jersey 07306			Current Use Prior to being demolished Residential Units						
County (6) Hudson			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Datall Associates, Inc			ASCM No.						
Street Address 300 Grand Ave			Name of Abatement Contractor (9) Lilich Corporation						
City, State, Zip Code Englewood, NJ 07631			Street Address 808 McBride Ave						
Project Manager for Monitoring Firm Anthony Valentine			City, State, Zip Code Woodland Park, New Jersey						
Telephone No 201-569-6078			Telephone No 973-226-8410						
Start Date (10) 11/15/2018			License No. 01104						
Scheduled Completion Date (11) 09/17/2018			Name of OSHA Monitor Ina Environmental Laboratories, 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Govebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Steam Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 11/17/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 11/15/2018		

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



PAID


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

CK # 1933

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Charles E. Green & Son					
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 625 3rd St					
		City, State, Zip Code Newark, NJ 07107					
		Name of Contact	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Warehouse Scheduled for Demo		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 609 3rd St		Square Feet 10,000	# of Floors 2				
City (5) Newark		Bldg. Age 50+					
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc				
Street Address n/a		Street Address 360 Palisade Ave					
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026				
		License No. 01255					
Start Date (10) 11/24/18		Scheduled Completion Date (11) 12/05/18					
Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave					
		City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Roof		Flashing	650 SF	x			
Basement		Pipe Insulation	500 LF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>		Date 11/15/18			

RECEIVED  
NOV 20 2018

CK1315  
Date of Notification

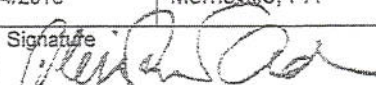
Signature 

\* Do not use this form for asbestos license



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

RECEIVED  
NOV 20 2018  
Check # 1226

Date of Notification (1) 08/30/2018		Name of Building Owner/Operator (2) Elizabeth Board of Education							
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 North Boulevard Street  City, State, Zip Code Elizabeth, New Jersey 07208  Name of Contact Gary Schmitt  Telephone Number 908-436-5000						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) The Thomas Edison Career & Tech Academy #87		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 & commercial buildings, homes, etc.)							
Street Address 625 Summer Street		Square Feet 30,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07028		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 09/01/2018	Scheduled Completion Date (11) 09/04/2018		Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West  City, State, Zip Code Union, NJ 07083						
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 / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (12)	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 Slop Sink Room		X		Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey			Disposal Date 09/04/2018	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 	Date 08/30/2018					

PAID

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

Date of Notification (1) 11/13/2018		Name of Building Owner/Operator (2) Residence		NOV 20 2018					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Elizabeth NJ 07202					
		Name of Contact Barbara Hasnik		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Elizabeth			Square Feet 1,815	# of Floors 3	Bldg. Age 88				
County (6) Union		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		Telephone No. 844-462-7465	License No. 01316				
Start Date (10) 11/23/2018		Scheduled Completion Date (11) 12/10/2018		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354					
<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 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"/> $\geq 160$ sf or $\geq 260$ lf		<input 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		pipe wrap	130 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 Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		Date 11/13/2018			



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

CHECK # 25735

**NOCK**

Date of Notification (1) 11-12-18		Name of Building Owner/Operator (2) Summit West Celgene, LLC		NOV 20 2018					
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 556 Morris Avenue City, State, Zip Code Summit, NJ 07901 Name of Contact Janos Angeli Telephone Number (732) 615 7374					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 556 Morris Avenue			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.)						
City (5) Summit, NJ			Square Feet 75,600GSF	# of Floors 5	Bldg. Age 1954				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TRC Environmental Corporation		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 41 Spring Street		Street Address 200 Broad Street							
City, State, Zip Code New Providence, New Jersey 07974		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Eric Gratson		Telephone No. 908 988-1700	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 11-26-18		Scheduled Completion Date (11) 06-30-19		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 10-59 Jackson Avenue						
			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 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	Toilet and Sink Caulking	8SF	x			
Basement			x	Mirror Glue Dollops	64SF	x			
Basement			x	Black Mastic	460SF	x			
Basement			x	All Stairs Floor Tile & Mastic	744SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071) / PCC (107588)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature		Date 11-12-18			

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



NOV 20 2018

**Title Of Project: 556 Morris Avenue, Summit, NJ 07901**  
**Additional Materials / Floors**

Pg. 2

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	ACM Pipe Insulation	300LF	Removal
1 <sup>st</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
1 <sup>st</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
1 <sup>st</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	1,900SF	Removal
1 <sup>st</sup> Floor	N/A	Lobby Door & Window Caulk	120SF	Removal
1 <sup>st</sup> Floor	N/A	Floor Tile & Mastic	20,195SF	Removal
1 <sup>st</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
1 <sup>st</sup> Floor	N/A	Radiator Insulation	220SF	Removal
1 <sup>st</sup> Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
2 <sup>nd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
2 <sup>nd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	6,220SF	Removal
2 <sup>nd</sup> Floor	N/A	Floor Tile Mastic	22,000SF	Removal
2 <sup>nd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
2 <sup>nd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
2 <sup>nd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
3 <sup>rd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
3 <sup>rd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	11,800SF	Removal
3 <sup>rd</sup> Floor	N/A	Tar/Glue Under Carpet	22,300SF	Removal
3 <sup>rd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
3 <sup>rd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
3 <sup>rd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
Attic	N/A	Ceiling & Upper Wall Glue Dollops	2,530SF	Removal
Attic	N/A	South West Office Floor Tile & Mastic	880SF	Removal
Attic	N/A	Door Caulk HVAC Room	4SF	Removal
Attic	N/A	Fire Doors	120SF	Removal
Attic	N/A	North West Office Floor Tile & Mastic	2,900SF	Removal
Attic	N/A	All Stairs Floor Tile	744SF	Removal
Attic	N/A	Caulk on HVAC Unit	10SF	Removal
Attic	N/A	Pipe Insulation	250LF	Removal
Attic	N/A	Electrical Panel	40SF	Removal
Attic	N/A	Electrical Wiring	150LF	Removal
Attic	N/A	Electrical Panel Black Transite	5SF	Removal



CK 5325

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)RECEIVED  
NOV 20 2018

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Rohan University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 201 Mullica Hill Rd		City, State, Zip Code Glassboro NJ 08028	
Name of Contact B-11		Telephone Number 609 685 1063	
Name of Facility Where Abatement is Taking Place (3) Oak Hall			
Street Address 201 Mullica Hill Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glassboro		Square Feet	
County (6) Gloucester		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Asheboro NJ 27015	
Telephone No.		Telephone No. 657-346-5916	
Start Date (10) 11/25/18		License No. C1070	
Scheduled Completion Date (11) 12/24/18		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	
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		City, State, Zip Code	
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) Basement		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) Floor tile & mastic		Amount (Specify SF or LF) 2000 sf	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20847	
City, State Delaware NJ		Cubic Yards of Waste	
Name of Registered Landfill WM of PA		Disposal Date TBD	
City, State Holliston PA		Signature [Signature]	
Completed by Joseph T Hall		Title V President	
Date 11/15/18			



CK5325 PAID

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

RECEIVED  
NOV 20 2018

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Rowan University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 201 Mulliken Hall Rd		City, State, Zip Code Glassboro NJ 08028	
Name of Contact Bull		Telephone Number 609 685 1063	
Name of Facility Where Abatement is Taking Place (3) Laurel Hall			
Street Address 201 Mulliken Hall Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glassboro		Square Feet	
County (6) Gloucester		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Haddon NJ 08035	
Telephone No.		Telephone No. 609-346-5916	
Start Date (10) 11/15/18		License No. 01070	
Scheduled Completion Date (11) 12/29/18		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	
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		City, State, Zip Code	
<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) basement		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) Floor tile & mastic		Amount (Specify SF or LF) 1800 SF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847	
City, State Delanco NJ		Cubic Yards of Waste	
Name of Registered Landfill WM of PA		Disposal Date TBD	
City, State Pottstown PA		Signature [Signature]	
Date 11/15/18			

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



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

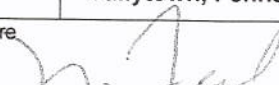
Ck# 1934

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) East Newark Town Center LLC							
Agencies Notified	Type Notification	Street Address 900 Passaic Ave							
<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 Newark, New Jersey							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 18		Type of Facility (4)							
Street Address 900 Passaic 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) East Newark		Square Feet 25,000	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 11/24/18		Scheduled Completion Date (11) 01/31/19							
Name of OSHA Monitor Harmony Contracting Inc									
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave							
<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>Scheduled for Demo</u>		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
2nd Floor		x		Floor Tile	370 SF	x			
3rd Floor		x		Floor Tile	4,540 SF	x			
4th Floor		x		Floor Tile	40 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Riverdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 11/15/18			



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

NOV 20 2018  
35737

Date of Notification (1) 11 / 13 / 18		Name of Building Owner/Operator (2) Eisco-NJ							
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 43 New Brunswick Avenue, Unit 3 City, State, Zip Code Hopelawn, NJ 08861 Name of Contact Jeff Telephone Number 732-713-8273							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newark Airport-Deicer tank		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 350 Earhart Drive		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Deicer Tank							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 11 / 27 / 18	Scheduled Completion Date (11) 12 / 01 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
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) 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"/>	insulation from deicer tank	400 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 12/01/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 11/13/18			



CK35378 PAID

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

RECEIVED  
NOV 20 2018  
35378

Date of Notification (1) 11 / 14 / 18		Name of Building Owner/Operator (2) Pantano Properties							
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 P O Box 155							
		City, State, Zip Code Manalapan, NJ 07726							
		Name of Contact Howard Klein	Telephone Number 732-618-0511						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence-chicken coop		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) Manalapan		Square Feet 600 sf	# of Floors 1						
		Bldg. Age 80							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) chicken coop							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 11 / 26 / 18	Scheduled Completion Date (11) 11 / 28 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
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"/> <input type="checkbox"/> <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	<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"/>
	<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 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 11/28/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 11/14/18		



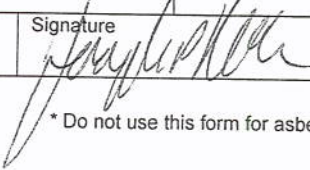
CK 5048

PAID

Print Form

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

As Per Frank Meyer 11/18/19

Date of Notification (1) NOV. 15, 2018		Name of Building Owner/Operator (2) EARTH URVI2, LLC							
Agencies Notified	Type Notification	Street Address 5 DARLINGTON DRIVE							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCKAWAY, NJ 07866							
		Name of Contact MIKE RAY	Telephone Number 973-220-0204						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMER FLORIST AND HOUSE		Type of Facility (4)							
Street Address 879 CLIFTON 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) CLIFTON		Square Feet 500 SF	# of Floors 3						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Bldg. Age 1910						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8373	License No. 00040						
Start Date (10) NOV. 17, 2018	Scheduled Completion Date (11) NOV. 19, 2018	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:		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 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) 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	VAT	120 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I		NJDEP Waste Hauler ID No. 12050	Cubic Yards of Waste 1 CY	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 11/20/18		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 	Date 11/15/18					



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

CHK # 3469

Date of Notification (1) <u>11</u> / <u>14</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>St Francis Medical Center</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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 Hamilton Ave</b> City, State, Zip Code <b>Trenton NJ 08629</b> Name of Contact <b>Rita Gelli</b> Telephone Number <b>609-599-5000</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>St Francis Medical Center</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>601 Hamilton Ave</b>		Square Feet <b>70,000</b>					
City (5) <b>Trenton</b>		# of Floors <b>3</b>					
County (6) <b>Mercer</b>		Bldg. Age <b>60+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.					
Street Address <b>120 N Warren Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
City, State, Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 BEAVER STREET</b>					
Project Manager for Monitoring Firm <b>Rollie Jones</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>					
License No. <b>00509</b>		Start Date (10) <u>11</u> / <u>14</u> / <u>18</u>					
Scheduled Completion Date (11) <u>11</u> / <u>14</u> / <u>18</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: <u>AM-4:00PM/11:30PM-</u> AM		Street Address <b>1123 BEAVER STREET</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 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		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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>6 LF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
BioMed Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Pipe Insulation	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<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>1 Cu Yd</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>			
City, State <b>BRISTOL, PA 19007</b>		Disposal Date <b>11/15/18</b>		City, State <b>FAIRLESS HILLS, PA 19047</b>			
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>		Date <b>11-14-18</b>		

ASB-41  
MAY 11 **GI18258**

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



PAID

EMERGENCY

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

NOV 20 2018

Date of Notification (1) <u>11-13-18</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HAWK EXCAVATING</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 <u>P.O. BOX 198</u>					
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>					
		Name of Contact <u>JOHN</u>	Telephone Number <u>609-780-3810</u>				
FACILITY INFORMATION							
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]							
City (5) <u>OCCAW CITY</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>				
		Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</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>		Name of Abatement Contractor (9) <u>KLEWCO 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>H01371</u>				
Start Date (10) <u>11-19-18</u>	Scheduled Completion Date (11) <u>11-25-18</u>	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"/> $\geq 3$ 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>		<u>TRAW SITE</u>	<u>2250 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		City, State <u>WOODBINE</u>			
Completed By <u>MICHAEL KLEW</u>	Title <u>SUP.</u>	Signature <u>M. KLEW</u>		Date <u>11-13-18</u>			



State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

PAL JOB# 18-1559

CK 93447

PAID

NOV 20 2018

Date of Notification (1) 11/15/2018		Name of Building Owner/Operator (2) Jonathan & Taylor Ingis							
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 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 Upper Saddle River, NJ 07458							
Name of Contact John Curran		Telephone Number _____							
<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 2,460							
City (5) Upper Saddle River		# of Floors 3							
County (6) Berger		Bldg. Age 64							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. _____							
Street Address [REDACTED]		Name of Abatement Contractor (9) PAL Environmental Services							
City, State, Zip Code [REDACTED]		Street Address 11-02 Queens Plaza South							
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Long Island City, NY 11101							
Telephone No. [REDACTED]		Telephone No. 718-349-0900							
Start Date (10) 11/26/2018		License No. 00853							
Scheduled Completion Date (11) 2/26/2019		Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
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		City, State, Zip Code Rockaway Park, NY 11694							
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
3rd Floor		X		Floor Tile & Mastic	300	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 20 Yards		Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY 11967		Disposal Date 11/28/2018		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature [Signature]		Date 11/15/2018			



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

Check #  
10514

Date of Notification (1) <b>Nov 16, 2018</b>		Name of Building Owner/Operator (2) <b>OLPH - St Agnes Church</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 # <b>1</b> <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>103 Center Street</b>																		
		City, State, Zip Code <b>Atlantic Highlands NJ 07716</b>																		
		Name of Contact <b>Sue Kiley</b>																		
		Telephone Number <b>732-291-0272 ext 115</b>																		
<b>FACILITY INFORMATION</b>																				
Name of Facility Where Abatement is Taking Place (3) <b>St Agnes Church (Convent House)</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>44 South Street</b>		Square Feet	# of Floors <b>3</b>																	
City (5) <b>Atlantic Highlands NJ 07716</b>		Bldg. Age <b>80+/-</b>																		
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Convent House</b>																		
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>Oct 22, 2018</b>	Scheduled Completion Date (11) <b>Dec 23, 2018</b>		Name of OSHA Monitor <b>EPC Technologies 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 <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>																		
		City, State, Zip Code <b>New Egypt NJ 08533</b>																		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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											
Basement, 1 <sup>st</sup> + 2 <sup>nd</sup> Floors		<input checked="" type="checkbox"/>	Floor Tiles 9"x9"	3500 SF	<input checked="" type="checkbox"/>															
exterior walls		<input checked="" type="checkbox"/>	Siding Shingles	6000 SF	<input checked="" type="checkbox"/>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name of Registered Waste Hauler <b>EPC Technologies</b></td> <td>NJDEP Waste Hauler ID No. <b>17000</b></td> <td>Cubic Yards of Waste <b>44</b></td> <td>Name of Registered Landfill <b>Waste Management of PA</b></td> </tr> <tr> <td>City, State <b>New Egypt NJ</b></td> <td>Disposal Date <b>Various Dates</b></td> <td>City, State <b>Morrisville PA</b></td> <td></td> </tr> <tr> <td>Completed by <b>Steve Schenker</b></td> <td>Title <b>President</b></td> <td>Signature <i>Steve Schenker</i></td> <td>Date <b>11-16-18</b></td> </tr> </table>									Name of Registered Waste Hauler <b>EPC Technologies</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>44</b>	Name of Registered Landfill <b>Waste Management of PA</b>	City, State <b>New Egypt NJ</b>	Disposal Date <b>Various Dates</b>	City, State <b>Morrisville PA</b>		Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <i>Steve Schenker</i>	Date <b>11-16-18</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>44</b>	Name of Registered Landfill <b>Waste Management of PA</b>																	
City, State <b>New Egypt NJ</b>	Disposal Date <b>Various Dates</b>	City, State <b>Morrisville PA</b>																		
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <i>Steve Schenker</i>	Date <b>11-16-18</b>																	



10-22-18

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

Check  
# 10514

Date of Notification (1) <b>Oct 4 2018</b>		Name of Building Owner/Operator (2) <b>OLPH - St Agnes Church</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>103 Center Street</b> City, State, Zip Code <b>Atlantic Highlands NJ 07716</b> Name of Contact <b>Sue Kiley</b> Telephone Number <b>732-291-0272</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>St Agnes Church Convent House</b> Street Address <b>44 South Street</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.)						
City (5) <b>Atlantic Highlands NJ 07716</b>	Square Feet	# of Floors <b>3</b>	Bldg. Age <b>80+-</b>					
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Convent House</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</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>Oct 22, 2018</b>	Scheduled Completion Date (11) <b>Nov 20, 2018</b>	Name of OSHA Monitor <b>EPC Technologies 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 <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
<b>Basement, 1st &amp; 2nd Floor</b>		<input checked="" type="checkbox"/>	<b>Floor Tiles</b>	<b>3500 SF</b>	<input checked="" type="checkbox"/>			
<b>Exterior Walls</b>			<b>Siding Shingles</b>	<b>6000 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>44</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Morrisville PA</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>10/4/18</b>		



PAID

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

Date of Notification (1) <b>11/16/18</b>		Name of Building Owner/Operator (2) <b>WILLIAM E REBECCA BUCKENHAM</b>		NOV 20 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		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 <b>PARK RIDGE, N.J. 07656</b>		Name of Contact <b>WILLIAM BUCKENHAM</b>		Telephone Number <b>1</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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2150</b>		
City (5) <b>PARK RIDGE,</b>			# of Floors <b>2</b>		Bldg. Age <b>+36</b>
County (6) <b>BERGEN</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>
Name of Monitoring Firm Hired by Building Owner (8)			ASCN No.		Name of Abatement Contractor (9) <b>A,MAC Contracting Inc.</b>
Street Address			Street Address <b>185 Vreeland Ave</b>		
City, State, Zip Code			City, State, Zip Code <b>Midland Park, NJ 07432</b>		
Project Manager for Monitoring Firm			Telephone No.		License No. <b>00156</b>
Start Date (10) <b>12/03/18</b>			Scheduled Completion Date (11) <b>12/18/18</b>		Name of OSHA Monitor <b>Omega Environmental Services 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 <input type="checkbox"/> Other - Describe:			Street Address <b>280 Huyler Street</b>		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
<b>ATTIC</b>			/	<b>VERMICULITE</b>	<b>960 SF</b>
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>			NJDEP Waste Hauler ID No. <b>04509</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Newark, NJ 07105</b>			Cubic Yards of Waste <b>10</b>		Disposal Date <b>12/03/18</b> on
Completed by <b>Joseph Vocaturo</b>			Title <b>Vice President</b>		City, State <b>Pen Argyl, PA 08702</b>
			Signature <i>J. Vocaturo</i>		Date <b>11/16/18</b>



## PAID

Date of Notification (1) <b>11/16/18</b>		Name of Building Owner / Operator (2) <b>Macy's Inc.</b>	
Agencies Notified	Type Notification	Street Address <b>7 West Seventh Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Cincinnati, OH 45202</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Tia Wenrich</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>(513) 579-7241</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Macy's Store</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>400 Quakerbridge Road</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	
Street Address <b>515 Grove St.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Jeremy Humble</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Telephone Number <b>856-547-0505</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>11/27/18</b>	Scheduled Completion Date (11) <b>11/28/18</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 Hours – Describe: <b>10:00PM to 7:00AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

<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

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<b>Bristol Environmental Inc.</b>	<b>18706</b>	<b>1 Cu Yd</b>	<b>Fairless Landfill</b>
City, State		Disposal Date	City, State
<b>Bristol, PA</b>		<b>11/28/18</b>	<b>Fairless Hills, PA</b>
Completed By (Print or Type)	Title	Signature	Date
<b>Gino Pizzigoni</b>	<b>Project Manager</b>	<i>Gino Pizzigoni / Jm</i>	<i>11-16-18</i>



APPROVED BY:

TOM VOORHEES, PAID  
NJ DOLState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

CHK# 3471

Date of Notification (1) <u>11</u> / <u>16</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Ewing Township Board of Education</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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>220 Ewingville Road</b> City, State, Zip Code <b>Ewing, NJ 08638</b> Name of Contact <b>Milton Shaw</b> Telephone Number <b>609-538-9800</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Fisher Middle School</b>		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 <b>1325 Lower Ferry Road</b>		Square Feet <b>30,000</b>							
City (5) <b>Ewing</b>		# of Floors <b>4</b>							
County (6) <b>Mercer</b>		Bldg. Age <b>60+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Academic</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.							
Street Address <b>120 N Warren Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Rollie Jones</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>							
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Start Date (10) <u>11</u> / <u>17</u> / <u>18</u>		Scheduled Completion Date (11) <u>11</u> / <u>17</u> / <u>18</u>							
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>8:00AM-4:00PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</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 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		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
Gym Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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>1 CYDS</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Bristol, PA</b>		Disposal Date <b>11/19/18</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 / JK</i>		Date <b>11-16-18</b>			

ASB-41  
MAY 11 GI18260

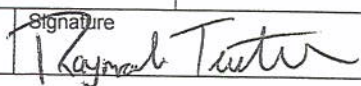
\* Do not use this form for asbestos licensure exempted activities.



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

CK 015947 PAID

NOV 20 2018

Date of Notification (1) 11-15-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ							
		Name of Contact Steve Pentek	Telephone Number 732-540-4838						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 132 Henley Ave		Square Feet N/A	# of Floors N/A						
City (5) New Milford		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. 631-924-8111	License No. 01136						
Start Date (10) 11-16-18	Scheduled Completion Date (11) 12-22-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Normal Hours		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
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
Control House 230 kv			X	Duct Bank	500 LF	X			
Name of Registered Waste Hauler Environmental Transport Group INC		NJDEP Waste Hauler ID No. NJD000692061	Cubic Yards of Waste 25	Name of Registered Landfill GROWS - Fairless Landfill					
City, State Gold Mine Road, Flanders NJ 07836			Disposal Date TBD	City, State 1000 New Ford Mill Rd, Morrisville, PA					
Completed by Raymond Tutiven		Title Supervisor		Signature 			Date 11-15-18		



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

D&S Proj. #: 18-247

OK 7398

PAID

RECEIVED  
NOV 20 2018

Date of Notification (1) 11/14/18		Name of Building Owner/Operator (2) trisha zelkovicz	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact trisha zelkovicz	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) trisha zelkovicz			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) SO. ORANGE			County (6) essex	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Bldg. Age	
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address 20 California Ave.		
Phone Number			City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 11/21/1818			Telephone Number 973-345-8020		
Sched. Completion Date (11) 11/30/18			License Number 01169		
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 D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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 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		duct INSULATION	20 SQ FT	X					
Registered Waste Hauler D & S RESTORATION, INC.				NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY					
City, State PATERSON, NJ 07503				Disposal Date 11/23/18		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT		Signature		Date 11/14/2018			



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

D&S Proj. #: 18-254

PAID

NOV 20 2018

Date of Notification (1) 11/16/18		Name of Building Owner/Operator (2) jeffrey lindberg	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code SO. ORANGE, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact jeffrey lindberg	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jeffrey lindberg			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) SO. ORANGE			County (6) essex	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11/20/1818			Sched. Completion Date (11) 12/14/18		
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 D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf ☒ Renovation ☐ Full Containment w/negative pressure  
☐  $\geq 160$  sf or  $\geq 260$  lf ☐ Demolition ☒ 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 tool rm		<input checked="" type="checkbox"/>		PIPE INSULATION	35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT various locations		<input checked="" type="checkbox"/>		PIPE INSULATION	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 radiator covers		<input checked="" type="checkbox"/>		radiator cover insulation	22 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/21/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/16/2018



PAID

CK# -1930

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

Print Form

DOL - NOV DAY 2018

SEP 7 2018

WAIVER APPROVED

Date of Notification (1) Sept 7, 2018		Name of Building Owner/Operator (2) Brandon Sebastian	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07860	
		Name of Contact Brandon	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,000	# of Floors 2
City (5) Randolph		Bldg. Age 30+	
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. n/a	Name of Abatement Contractor (9) Harmony Contracting
Street Address n/a		Street Address 360 Palisade Ave.	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 873-480-9125
Start Date (10) 9/10/2018		Scheduled Completion Date (11) 9/12/2018	License No. 01255
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: _____		Name of OSHA Monitor Harmony Contracting	
		Street Address 360 Palisade Ave.	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <sup>2</sup> <input type="checkbox"/> $\geq 150$ sf or $\geq 250$ ft <sup>2</sup>	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Enclosure with Negative Pressure <input type="checkbox"/> Min Enclosure <input type="checkbox"/> Glo Bag 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 (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Sunken Living Room & Small Room in Back attached to Living Room		VAT & Mastic	400 SF
Name of Registered Waste Hauler Harmony Contracting	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Garfield, NJ		Disposal Date TBD	City, State Morrisville PA 19067
Completed by E. Grovic	Title Secretary	Signature [Signature]	Date 9/7/2018



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

CK 2805 PAID

Date of Notification (1) 11/13/2018		Name of Building Owner/Operator (2) Residence		NOV 20 2018	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Scotch Plains NJ 07076 Name of Contact Jack Kresge Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Scotch Plains				Square Feet 2,023	# of Floors 2
County (6) Union				County Code (7) (STATE USE ONLY)	Bldg. Age 71
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		Telephone No. 844-462-7465	License No. 01316
Start Date (10) 11/23/2018		Scheduled Completion Date (11) 12/10/2018		Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354	
<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 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"/> $\geq 160$ sf or $\geq 260$ lf		<input 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)
	Yes	No	N/A		
Basement		X		pipe wrap	80 LF
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 Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>	Date 11/13/2018



CK 030 PAID

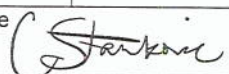
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/14/2018		Name of Building Owner/Operator (2) Lakeview Townhomes at Eatontown	
Agencies Notified	Type Notification	Street Address 33 Wood Ave South, Suite 600	
<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 Iselin NJ 08830	
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645

NOV 20 2018

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Full 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 8,000	# of Floors 3
City (5) Eatontown NJ		Bldg. Age 1918	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 11/28/2018	Scheduled Completion Date (11) 12/28/2018	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
see attached		X				X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management	
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA	
Completed by Corey Stankovic		Title CEO	Signature 		Date 11/14/2018

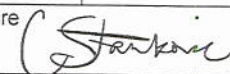


OK 231

PAID

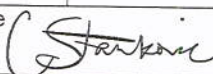
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11/7/2018		Name of Building Owner/Operator (2) Genevieve Monette		NOV 20 2018					
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Cranford NJ  Name of Contact Marko Stankovic, Project Manager Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) n/a			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			City (5) Cranford Square Feet 1300 # of Floors 2 Bldg. Age 1938						
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-570-2645 License No. 01334					
Start Date (10) 11/8/2018		Scheduled Completion Date (11) 11/20/2018		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 54 Morgan Dr  City, State, Zip Code Sparta NJ 07871					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 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		Floor Tiles	500 SF	X			
basement		X		Pipe Insulation	90 LF	X			
attic		X		vermiculate	500 Cu. FT	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 20	Name of Registered Landfill Waste Management				
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO		Signature 		Date 11/7/2018			



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

Date of Notification (1) 11/14/2018		Name of Building Owner/Operator (2) Lakeview Townhomes at Eatontown		NOV 20 2018					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Wood Ave South, Suite 600  City, State, Zip Code Iselin NJ 08830  Name of Contact Marko Stankovic, Project Manager  Telephone Number 973-570-2645					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Guest 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 3000						
City (5) Eatontown NJ			# of Floors 2		Bldg. Age 1968				
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residence					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) Checkmark Industrial					
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-570-2645 License No. 01334					
Start Date (10) 11/28/2018		Scheduled Completion Date (11) 12/28/2018		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 54 Morgan Dr  City, State, Zip Code Sparta NJ 07871					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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) <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
Outside Building		X		Transite Siding	2,500 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 20		Name of Registered Landfill Waste Management			
City, State Wayne NJ				Disposal Date		City, State Tulleytown PA			
Completed by Corey Stankovic		Title CEO		Signature 		Date 11/14/2018			



B &amp; G Proj. #:

2018-231

PAID

Check # 9350

Date of Notification (1)

11/15/18

Name of Building Owner/Operator (2)

Sheyla Jannah

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Bloomfield, NJ 07003

Name of Contact

Sheyla Jannah

Telephone Number

NOV 20 2018

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Sheyla Jannah

Street Address

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

City (5)

Bloomfield, NJ 07003

County (6)

Essex

County Code (7)

(State use only)

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

11/28/2018

Sched. Completion Date (11)

11/29/2018

Occupancy Status During Abatement (Check only one)

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

Describe: \_\_\_\_\_

☐ Other-Describe: \_\_\_\_\_

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

basement

☐☐☒

pipe insulation

170 LF

☒☐☐☐

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

1

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

11/29/2018

City, State

Pen Argyle, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

11/15/2018



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

B & G proj. #: 2018-233

PAID

Check # 9352

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Blanche Garcia & Shaun Killman	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Little Falls, NJ 07424	
		Name of Contact Blanche Garcia & Shaun Killman	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Blanche Garcia & Shaun Killman			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		
City (5) Little Falls, NJ 07424	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]			Street Address 105 Ryerson Road	
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 12/03/2018	Sched. Completion Date (11) 12/08/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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"/>	VAT (no mastic)	1,500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	joint compound	2,500 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/10/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/15/2018



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

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State Street		City, State, Zip Code Trenton, NJ 08625							
Name of Contact William Byster		Telephone Number (609)433-2001							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 124 Bayview Road		Square Feet Varies							
City (5) Downe Township		# of Floors Varies							
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.							
Street Address PO Box 365		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. (856)452-1311		Telephone No. 609-567-1250							
Start Date (10)		License No. 01172							
Scheduled Completion Date (11)		Name of OSHA Monitor Health & Safety Services, 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 <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Berlin, NJ 08009							
<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 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per reg	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill CCIA			
City, State Egg Harbor Township, NJ		Disposal Date		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 11/06/2018			



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

OK 4744

Date of Notification (1) 11/16/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) NOV 20 2018							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 177 Bayview Road									
City (5) Downe Township		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 11/25/2018	License No. 01172						
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 type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ		Disposal Date 11/20/2018		City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature Eric Keys			Date 11/16/2018			



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

**OK 4745 PAID**

Date of Notification (1) 11/16/2018		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 0 2018							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 179 Bayview Road		Square Feet Varies	# of Floors Varies						
City (5) Downe Township		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Deemed Unsafe							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 11/24/2018	License No. 01172						
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 type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd per res	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill CCIA					
City, State Egg Harbor Township, NJ			Disposal Date 11/20/2018	City, State Rosenhayn, NJ 08352					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/16/2018			



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

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) SC Holdings, Inc.		NOV 20 2018	
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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		100 Brandywine Blvd.	
				City, State, Zip Code Newtown, PA 18940-4000	
		Name of Contact Adam Haydt		Telephone Number 610-657-4532	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Former Chemical Waste Management Site				Type of Facility (4)	
Street Address 100 Lister 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) Newark				Square Feet 100,000	# of Floors 2
County (6) Essex				County Code (7) (STATE USE ONLY)	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies				Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 28 Pennell Road				Street Address 303 B National Road	
City, State, Zip Code Lima, PA 19063				City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm Eric Sutherland				Telephone No. 610-891-0114	License No. 01161
Start Date (10) July 30, 2018		Scheduled Completion Date (11) March 8, 2019		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North	
<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 Cinnaminson, NJ	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)
	Yes	No	N/A		
See attached					
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 150	Name of Registered Landfill GROWS North/Fairless Hills
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>	Date 11/15/18



**Permit Fee Summary**  
CWM Facility, 100 Lister, Newark

Work Area	Is location normally solely by Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Encapsulate/Enclose	Regulated by NESHA	TEM req'd	Fee
F Truck unloading area	na	fitting insulation	1.5	lf	REM	N	N	\$ 200.00
I Maintenance Shop	na	unused linoleum	50	sf	REM	N	N	\$ -
"	na	unused gaskets	1	sf	REM	N	N	\$ -
"	na	roof flashing	350	sf	REM	N	N	\$ -
"	na	floor tile	150	sf	REM	N	N	\$ -
J Drum Storage	na	flashing	560	sf	REM	N	N	\$ -
"	na	roof (3 layer)	210	sf	REM	N	N	\$ -
"	na	roof (2 layer)	380	sf	REM	N	N	\$ -
"	na	Flashing (silver painted)	1200	sf	REM	N	N	\$ -
"	na	roof	10400	sf	REM	N	N	\$ -
"	na	lab tops	145	sf	REM	N	N	\$ -
K Office Area	na	tile & mastic	1130	sf	REM	Y	Y	\$ 200.00
"	na	mastic	30	sf	REM	N	N	\$ -
"	na	window caulk	10	sf	REM	N	N	\$ -
"	na	flashing	225	sf	REM	N	N	\$ -
"	na	roof	2700	sf	REM	N	N	\$ -
N Tank Farm (Tank 600,601,602,& 604)	na	Tank covering on foam insulation	4500	sf	REM	N	N	\$ -
O Lab Area	na	mastic	30	sf	REM	N	N	\$ -
"	na	tile & mastic	300	sf	REM	N	N	\$ -
"	na	Lab Hood liner (transite)	100	sf	REM	N	N	\$ -
"	na	Plaster	3900	sf	REM	Y	Y	\$ 200.00
"	na	Roofing shingles	2000	sf	REM	N	N	\$ 200.00
"	na	wall mastic	300	sf	REM	N	N	\$ -
"	na	pipe insulation & pipe insulation debris	200	lf	REM	N	N	\$ -
R&S Outdoor Reactor Tank Area	na	Tank Containment Basin Floor	1600	sf	REM	N	N	\$ -
Projected Total								\$ 800.00

\* facility notification fee of \$200.00 for all work areas below NESHAPS.

Fee previously Paid  
Net Due Now

NOV 20 2018

\$ 800.00

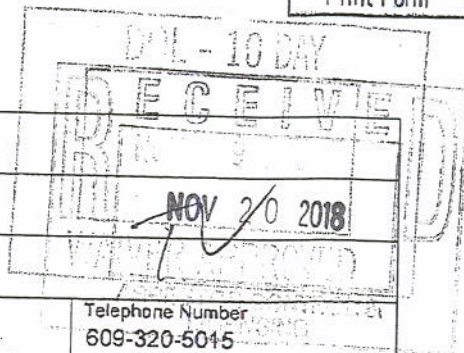


OK 1927

PAID

Print Form

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



Date of Notification (1) 11-8-18		Name of Building Owner/Operator (2) VQ Properties							
Agencies Notified	Type Notification	Street Address PO Box 266							
<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 Lima, PA 19063							
		Name of Contact Pam Fallows	Telephone Number 609-320-5015						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant SFD		Type of Facility (4)							
Street Address 6 Carlton 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) Haddon Township		Square Feet	# of Floors						
County (6) Camden		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Single Family Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Ricco Construction Corp							
City, State, Zip Code		Street Address 282 Creek Road							
Project Manager for Monitoring Firm		City, State, Zip Code Bellmawr, NJ 08031							
Telephone No.		Telephone No. 856-931-3366	License No. 01339						
Start Date (10) ASAP	Scheduled Completion Date (11) 11-20-18	Name of OSHA Monitor Andrew Ricco							
Occupancy Status During Abatement (Check Only One)		Street Address 282 Creek Road							
<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 Bellmawr, NJ 08031							
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 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			X	Transite Siding	800 sf	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909		Cubic Yards of Waste 3	Name of Registered Landfill Salem County				
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title President		Signature 		Date 11-8-18			



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

B & G proj. # 2018-232

PAID

Check # 9351

Date of Notification (1)

11/15/18

Name of Building Owner/Operator (2)

Michele Bethoney

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

Street Address

City, State, Zip Code

Oradell, NJ 07639

Name of Contact

Michele Bethoney

Telephone Number

NOV 20 2018

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Michele Bethoney

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

City (5)

Oradell, NJ

County (6)

Bergen

County Code (7)

(State use only)

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

11/29/2018

Sched. Completion Date (11)

12/01/2018

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-  
Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☐ Full Containment w/negative pressure

☒ Glovebag procedure

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☒ Mini-enclosure

☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
11/30/2018

City, State  
Pen Argyle, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

Gordana Luna

Date  
11/15/2018