
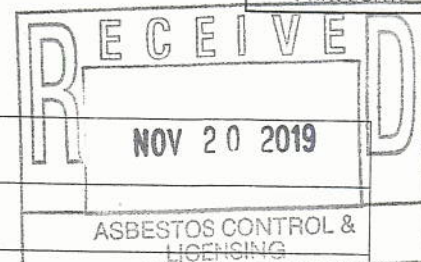


PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
RECEIVED
NOV 20 2019
ASBESTOS CONTROL & LICENSING

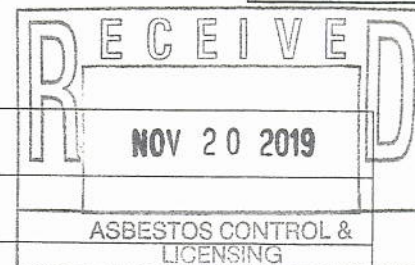
Date of Notification (1) 11/18/19 <i>JNV 11/18/19</i>		Name of Building Owner/Operator (2) Agata Tylutki							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Agata Tylutki							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) Wayne		Bldg. Age 65+/-							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/19/19	Scheduled Completion Date (11) 11/23/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Family Room		X		VAT	336 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 11/18/19		

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



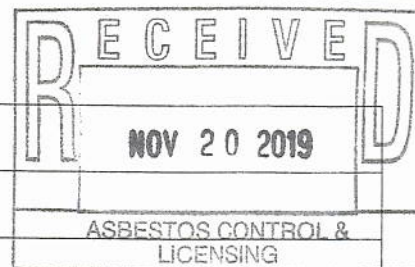
Date of Notification (1) 11/18/2019 <i>Inv 11/18/19</i>		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact Marie Schweery	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 50 & 52 Cottonwood Ln		Square Feet 6,000	# of Floors 2						
City (5) Oldbridge		Bldg. Age 65+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 12/17/2019	Scheduled Completion Date (11) 12/19/2019	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
50 A-D Cottonwood Ln-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
52 A-D Cottonwood Ln -Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transportation Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle		Disposal Date 12/19/19		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President		Signature <i>[Signature]</i>		Date 11/18/19			

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



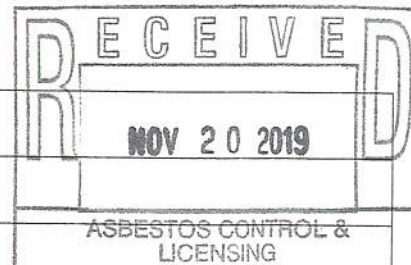
Date of Notification (1) 11/18/2019 <i>Inv 16159</i>		Name of Building Owner/Operator (2) Glenwood Apartments & County Club		<div style="border: 1px solid black; padding: 5px; text-align: center;"> NOV 20 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Cherry Hill Lane City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Marie Schweery Telephone Number 732-727-1414					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments			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 4 & 6 Sandalwood Court			Square Feet 4000 # of Floors 2 Bldg. Age 65+						
City (5) Oldbridge			Current Use (Prior if being demolished) Apartment						
County (6) Morris		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) DIA General Construction, Inc					
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-389-0089 License No. 00693					
Start Date (10) 12/11/2019		Scheduled Completion Date (11) 12/16/2019		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4 A-D Sandalwood Crt-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
6 A-D Sandalwood Crt-Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transportation Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 6 CY		Name of Registered Landfill Minerva Landfill			
City, State New Castle				Disposal Date 12/16/19		City, State Waynesburg, OH 44688			
Completed by Milan Njezic		Title Vice President		Signature 		Date 111819			

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



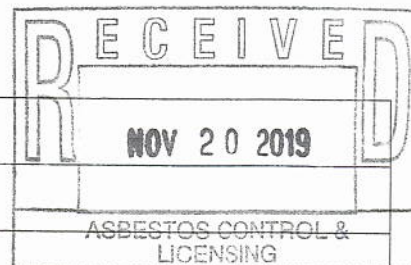
Date of Notification (1) 11/18/2019 <i>Inv 16156</i>		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Old Bridge, NJ 08857							
		Name of Contact Marie Schweery	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 18 -22 Glenwood Dr		Square Feet 6,000	# of Floors 2						
City (5) Oldbridge		Bldg. Age 65+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 12/23/2019	Scheduled Completion Date (11) 12/31/2019	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
18 A-D Glenwood Dr-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
20 A-D Glenwood Dr -Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
22 A-D Glenwood Dr-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
Name of Registered Waste Hauler Service Transportation Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 9 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle			Disposal Date 12/31/19	City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature <i>Milan Njezic</i>	Date 111819					

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



Date of Notification (1) 11/18/2019		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<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 Old Bridge, NJ 08857							
		Name of Contact Marie Schweery	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 3 & 5 Poplar Ln		Square Feet 6,000	# of Floors 2						
City (5) Oldbridge		Bldg. Age 65+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 12/18/2019	Scheduled Completion Date (11) 12/23/2019	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Ave, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
3 A-D Poplar Ln-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
5 A-D Poplar Ln -Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transportation Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle			Disposal Date 12/23/19	City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 111819					

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



CK10340

Date of Notification (1)
11/18/2019 *Inv 16151*

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

Street Address
1 Cherry Hill Lane

City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Marie Schweery

Telephone Number
732-727-1414

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartments

Street Address
3 & 5 Willow Run

City (5)
Oldbridge

County (6)
Morris

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet
6,000

of Floors
2

Bldg. Age
65+

Current Use (Prior if being demolished)
Apartment

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

ASCM No. _____

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.
973-389-0089

License No.
00693

Start Date (10)
12/13/2019

Scheduled Completion Date (11)
12/18/2019

Name of OSHA Monitor
DIA General Construction, Inc

Occupancy Status During Abatement (Check Only One)

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

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
3 A-D Willow Run-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
5 A-D Willow Run -Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			

Name of Registered Waste Hauler
Service Transportation Group

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
6 CY

Name of Registered Landfill
Minerva Landfill

City, State
New Castle

Disposal Date
12/09/19

City, State
Waynesburg, OH 44688

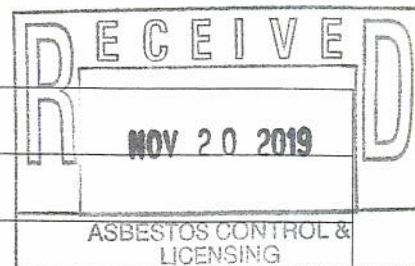
Completed by
Milan Njezic

Title
Vice President

Signature

Date
11/18/19

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



CK 10394

Date of Notification (1)
11/18/2019 *Inv 11d50*

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

Street Address
1 Cherry Hill Lane

City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Marie Schweery

Telephone Number
732-727-1414

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartments

Street Address
31 & 33 Apple Tree Ln

City (5)
Oldbridge

County (6)
Morris

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
4000

of Floors
2

Bldg. Age
65+

Current Use (Prior if being demolished)
Apartment

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

ASCM No.

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-389-0089

License No.
00693

Start Date (10)
12/09/2019

Scheduled Completion Date (11)
12/12/2019

Name of OSHA Monitor
DIA General Construction, Inc

Occupancy Status During Abatement (Check Only One)

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

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
31 A-D Apple Tree Ln-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
33 A-D Apple Tree Ln-Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			

Name of Registered Waste Hauler
Service Transportation Group

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
6 CY

Name of Registered Landfill
Minerva Landfill

City, State
New Castle

Disposal Date
12/12/19

City, State
Waynesburg, OH 44688

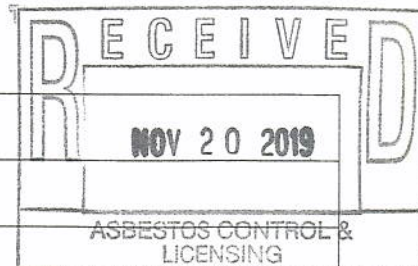
Completed by
Milan Njezic

Title
Vice President

Signature
[Signature]

Date
11/18/19

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:60 and 17:120)



CK 10395
11/18/2019 *Inv 16148*

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

Street Address
1 Cherry Hill Lane

City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Marie Schweery

Telephone Number
732-727-1414

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartments

Street Address
35-39 Spruce Ln

City (5)
Oldbridge

County (6)
Morris

County Code (7)
(STATE USE ONLY)

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

Square Feet
9000

of Floors
2

Bldg. Age
65+

Current Use (Prior if being demolished)
Apartment

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

ASCM No.

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-389-0089

License No.
00693

Start Date (10)
12/03/2019

Scheduled Completion Date (11)
12/09/2019

Name of OSHA Monitor
DIA General Construction, Inc

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

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
35 A-D Spruce Ln-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
37 A-D Spruce Ln-Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
39 A-D Spruce Ln-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			

Name of Registered Waste Hauler
Service Transportation Group

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
9 CY

Name of Registered Landfill
Minerva Landfill

City, State
New Castle

Disposal Date
12/09/19

City, State
Waynesburg, OH 44688

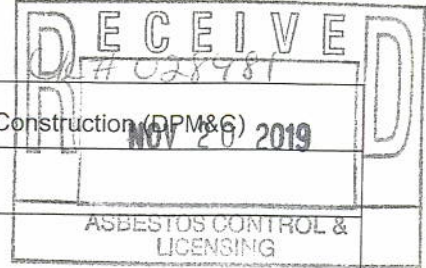
Completed by
Milan Njezic

Title
Vice President

Signature
[Signature]

Date
11/18/19

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



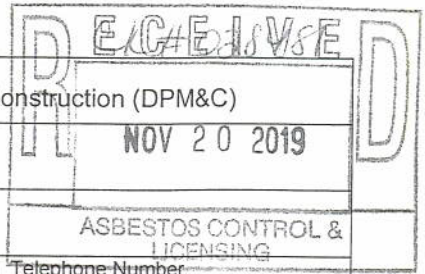
CK028481

Date of Notification (1) 11/15/19 <i>INV 11/14/19</i>		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
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 33 West State Street, 9th Floor		City, State, Zip Code Trenton, NJ 07825							
Name of Contact Mr. William Byster, P.M.		Telephone Number 609-984-4705							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000 +							
City (5) Woodbridge Township		# of Floors 2							
County (6) Middlesex		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No.							
Street Address 2333 U.S. Highway 22 West		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.							
City, State, Zip Code Union, NJ 07083		Street Address 1141 Route 23							
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		City, State, Zip Code Wayne, NJ 07470							
Telephone No. 800-908-6679		Telephone No. (973) 628-9200							
License No. 00408		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Start Date (10) 11/18/2019		Scheduled Completion Date (11) 12/22/2019							
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 1141 Route 23							
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
1st Floor			X	Floor Tile	260 SF	X			
Exterior-Gables			X	White Sealant	30 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 10		Name of Registered Landfill Grand Central Landfill			
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 11/15/19			

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

CK028481

Date of Notification (1) 11/15/19 <i>Inv 16145</i>		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)	
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 07825	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. William Byster, P.M.	Telephone Number 609-984-4705

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,000 +	# of Floors 2
City (5) Woodbridge Township		Bldg. Age 50 +	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address 2333 U.S. Highway 22 West		Street Address 1141 Route 23	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		Telephone No. 800-908-6679	License No. 00408
Start Date (10) 11/18/2019	Scheduled Completion Date (11) 12/22/2019	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, 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 1141 Route 23	
		City, State, Zip Code Wayne, NJ 07470	

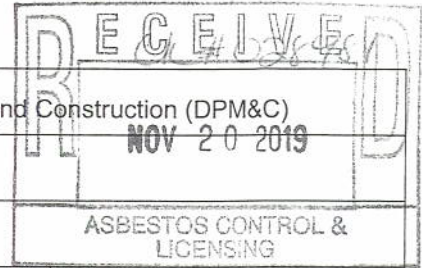
Scope of Work (Check All That Apply)

- | | | |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input 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			X	Window Glazing	48 LF	X			

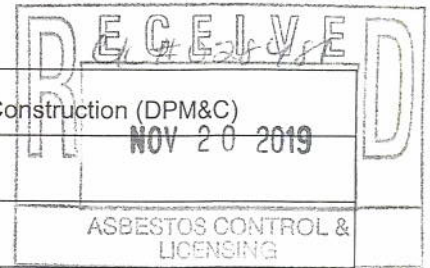
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill
City, State Wayne, New Jersey		Disposal Date	City, State Pen Argyl, Pennsylvania
Completed by Jerry Bijelonic	Title Project Manager	Signature <i>[Signature]</i>	Date 11/15/19

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:120)



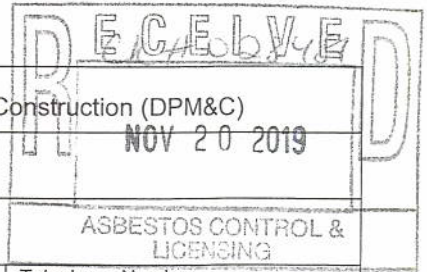
Date of Notification (1) 11/15/19 <i>Inv 16110</i>		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> 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 Trenton, NJ 07825							
		Name of Contact Mr. William Byster, P.M.	Telephone Number 609-984-4705						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Woodbridge Township		Square Feet 2,000 +	# of Floors 2						
		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 2333 U.S. Highway 22 West		Street Address 1141 Route 23							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		Telephone No. 800-908-6679	Telephone No. (973) 628-9200						
		License No. 00408							
Start Date (10) 11/18/2019	Scheduled Completion Date (11) 12/22/2019	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
<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 Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor-Kitchen			X	Floor Sheeting	480 SF	X			
1st Floor			X	Duct Insulation	32 SF	X			
Basement-Boiler			X	Boiler Insulation/Flue Cement	56 SF	X			
Exterior			X	Door/Window Caulking	432 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature 			Date 11/15/19		

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



Date of Notification (1) 11/15/19 <i>JHV-11/15/19</i>		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor							
<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 Trenton, NJ 07825							
		Name of Contact Mr. William Byster, P.M.	Telephone Number 609-984-4705						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000 +	# of Floors 2						
City (5) Woodbridge Township		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 2333 U.S. Highway 22 West		Street Address 1141 Route 23							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		Telephone No. 800-908-6679	Telephone No. (973) 628-9200						
License No. 00408									
Start Date (10) 11/18/2019	Scheduled Completion Date (11) 12/22/2019	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, 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 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Door Caulk	42 LF	X			
Exterior			X	Tar Sealant	30 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 11/15/19			

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



Date of Notification (1) 11/15/19 <i>Inv 16/17</i>		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction (DPM&C)							
Agencies Notified	Type Notification	Street Address 33 West State Street, 9th Floor							
<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 Trenton, NJ 07825							
		Name of Contact Mr. William Byster, P.M.	Telephone Number 609-984-4705						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Woodbridge Township		Square Feet 2,000 +	# of Floors 2						
County (6) Middlesex		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 2333 U.S. Highway 22 West		Street Address 1141 Route 23							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Ricardo Eustaquio		Telephone No. 800-908-6679	Telephone No. (973) 628-9200						
License No. 00408									
Start Date (10) 11/18/2019	Scheduled Completion Date (11) 12/22/2019	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
<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 Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Floor Tile	300 SF	X			
1st Floor			X	Wall Mastic	90 SF	X			
Exterior			X	Black Tar Roof Flashing	10 SF	X			
Exterior			X	Transite Siding	1,500 SF				
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 11/15/19		

INV-15836
CK6904

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

RECEIVED	
CHECK#	NOV 20 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/19		Name of Building Owner / Operator (2) SWAB Enterprises	
Agencies Notified	Type Notification	Street Address 818 West Shore Dr	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Brigantine, NJ 08203	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Roy Greenblatt	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-781-3229	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

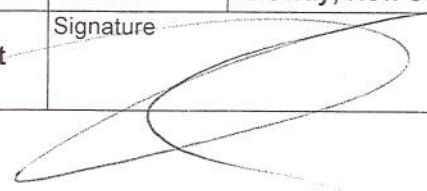
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Glassboro Lanes			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 503 Delsea Dr			Square Feet NA		
City (5) Glassboro			County (6) Gloucester		County Code (7) NA
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental			Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
Street Address PO Box 11645			Street Address 325 Tansboro Road		
City, State & Zip Code Philadelphia, PA			City, State & Zip Code Berlin, NJ 08009		
Project Manager for Monitoring Firm Jason Dua			Telephone Number 267-784-4693		License Number 01263
Scheduled Start Date (10) 11/18/19		Scheduled Completion Date (11) 11/27/19		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson NJ 08077		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Bar Entry Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 30	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 11/27/19	City, State Alloway, New Jersey		
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 11/06/19