

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

PAID

C# 1353

Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) Abdul Hamdan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ							
		Name of Contact [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 2000	# of Floors 2						
City (5) Long Branch		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	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						
Start Date (10) 11/27/17		Scheduled Completion Date (11) 12/4/17	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: DEMO		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 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-Facility 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	TRANSITE SHINGLES	1500 SF	X			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 11/17/17				

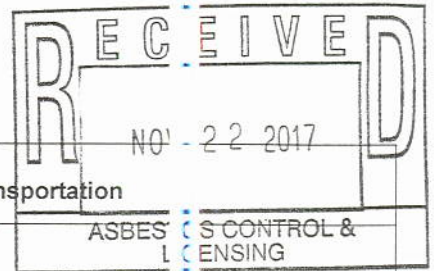
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

check # 1054

Date of Notification (1) 11 / 20 / 17		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 22 2017 Hazardous Waste Control & </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact James Rizzo	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 1811-1913 FILMORE STREET STRUCTURE				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 2019, 2027 FILMORE STREET STRUCTURE				Square Feet varies # of Floors varies Bldg. Age 50+			
City (5) Camden		County (6) CAMDEN		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.				Name of Abatement Contractor (9) Controlled Environmental Systems			
Street Address				Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code				City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 215 542 7000 License No. 00847			
Start Date (10) 11 / 21 / 17		Scheduled Completion Date (11) 1 / 31 / 18		Name of OSHA Monitor CES			
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: 7:00AM-5:00PM / ____ PM - ____ AM				Street Address 1121 N Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477			
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
See Attached Notice of Hazard		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		See Attached Notice of Hazard			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc			
City, State Fairless Hills, PA		Disposal Date 1/31/18		Name of Registered Landfill GROWS City, State Tullytown PA			
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i> Date 1/20/17			

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



Date of Notification (1) 11 / 20 / 17		Name of Building Owner/Operator (2) State of New Jersey - Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave City, State, Zip Code Ewing Township, NJ 08618	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJ DOT Fernwood Maintenance Yard- D J Goldberg Transportation Complex		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 1035 Parkway Ave		Square Feet	# of Floors
City (5) Ewing Township		Bldg. Age 50+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address 120 North Warren St		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm	Telephone No. 609 392 4200	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 10 / 9 / 17	Scheduled Completion Date (11) 1 / 31 / 18	Name of OSHA Monitor CES	
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: 8:00AM-5:00PM PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	9600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill
City, State Hatfield, PA		Disposal Date 1/31/18	City, State Birdsboro, PA 19508	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 1/20/17

R E C E I V E D	NOV 22 2017	Print Form
	ASBESTOS CONTROL & REMEDIATION	

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

Ch 4258

Date of Notification (1) 11/20/2017		Name of Building Owner/Operator (2) First Reformed Church of Hawthorne	
Agencies Notified	Type Notification	Street Address 259 Lafayette Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hawthorne, NJ 07506	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jack DeKnight	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) First Reformed Church of Hawthorne/ Pastor's 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 261 Lafayette Ave.		Square Feet 2000	# of Floors 2
City (5) Hawthorne, NJ 07506		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pastor's Residence	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.
Street Address 20-21 Wagaraw Road Bldg. 35E		Street Address 265A Route 46 Suite 3D	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973 636 9145	Telephone No. 973-256-7010
		License # 0666	
Start Date (10) 11/30/2017	Scheduled Completion Date (11) 12/02/2017		Name of OSHA Monitor Bako Construction & 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 <input type="checkbox"/> Other - Describe: _____		Street Address 265A Route 46 Suite 3D	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fri	
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/Crawlspace		X	Asbestos Pipe Insulation
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10
City, State Totowa, NJ		Disposal Date 12/02/2017	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Totowa, NJ		City, State Tullytown, PA	
Completed by Damir Valjevac		Title Project Manager	Signature <i>Damir Valjevac</i>
		Date 1/20/2017	


* Do not use this form for asbestos license exempted activities.

CH 4529

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

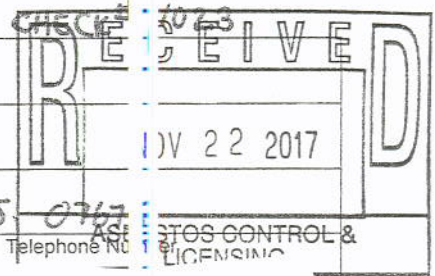
RECEIVED	Print Form
NOV 22 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) November 15, 2017		Name of Building Owner/Operator (2) Ms. Ruth Mendez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield NJ 07657							
		Name of Contact Ms. Ruth Mendez							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ms. Ruth Mendez		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 2600SF	# of Floors 2						
City (5) South Hackensack NJ 07606		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) All Clean Environmental, LLC		ASCM No.							
Street Address SAME		Name of Abatement Contractor (9) All Clean Environmental LLC							
City, State, Zip Code SAME		Street Address 100 Louis Street Unit F							
Project Manager for Monitoring Firm Rene Repreza		City, State, Zip Code South Hackensack NJ 07606	Telephone No. 201 546 2027						
Start Date (10) 11 16 2017	Scheduled Completion Date (11) 11 17 2017	Telephone No. 201 937 1073	License No. 01243						
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 In House							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address [REDACTED]							
<input checked="" 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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 Boiler Room			X	Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ04509	Cubic Yards of Waste	Name of Registered Landfill LESI					
City, State Newark NJ		Disposal Date TBD		City, State					
Completed by Rene Repreza		Title President	Signature 			Date 11/15/2017			

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

CH 1003

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Date of Notification (1) 11/20/17		Name of Building Owner/Operator (2) KATHLEEN BOTTEN	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WASHINGTON TWP, N.J. 07677	
		Name of Contact KATHLEEN BOTTEN	

FACILITY INFORMATION

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-1) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) WASHINGTON TWP	Square Feet 1950	# of Floors 2	Bldg. Age 150
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License I 00156
Start Date (10) 12/11/17	Scheduled Completion Date (11) 12/30/17	Name of OSHA Monitor Omega Environmental Services Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<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 Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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			✓	FLOOR TILE	529SF	✓			

Name of Registered Waste Hauler Newark Carting Inc,		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 12/11/17	City, State Pen Argyl, PA 08702		
Completed by Joseph Vaccaro		Title Vice President	Signature J. Vaccaro	Date 12/20/17	

CH1309

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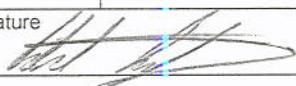
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

NOV 22 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/20/17		Name of Building Owner/Operator (2) Simone Tsigounis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leonia, NJ 07605							
		Name of Contact Simone Tsigounis							
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 2700	# of Floors 3						
City (5) Leonia		Bldg. Age 70 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant 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) 12/4/17	Scheduled Completion Date (11) 12/8/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 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	2,800	x			
Basement		x		Pipe Wrap	23 LF	x			
2nd Fl		x		VAT	310 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 12 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 11/20/17			

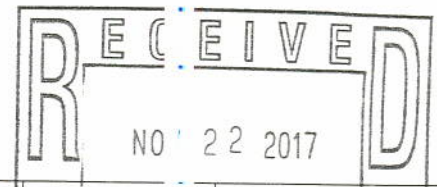
PAID**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1): 11/17/17		Name of Building Owner/Operator (2): PENNINGTON PASSAIC LLC.			
Agencies Notified	Type Notification	Street Address: 512 7 TH . AVE. 16 FL.			
(X) EPA	(X) Initial Notification	City, State, Zip Code: NY, NY 10018			
(X) DEP	() Amendment Notification	Name of Contact: DAVID ROGATSKY			
(X) DOL	() Emergency	Telephone Num			
(X) DOH	() Cancellation				
() DCA					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3): COMMERCIAL		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)			
Street Address: 209-211 PENNINGTON AVE.					
City & State (5): PASSAIC, NJ		Square Feet: NA	# of Floors: 5		
County (6): PASSAIC		County Code (7) (STATE USE ONLY)	Bldg. Age: NA		
Current Use (Prior if being demolished): VACANT					
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, INC.		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.		
Street Address: PO BOX 8466		Street Address: 339 North 6 th Street			
City, State, Zip Code: HALEDON, NJ 07538		City, State, Zip Code: Prospect Park, NJ 07508			
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	License No.: 00641		
Start Date (10): 11/27/17	Scheduled Completion Date (11): 1/30/18	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.			
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address: 339 North 6th Street			
		City, State, Zip Code: Prospect Park, NJ 07508			
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-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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)	Type
	Yes	No			
SEE ATTACHED		X	PIPE- FITTINGS	3,050 LF	2
SEE ATTACHED		X	GLUE-DUCT-FLOOR TILES MASTIC	5,065 SF	2
SEE ATTACHED		X	MIXED DEBRIS	30 YDS	2
Name of Registered Waste Hauler: SERVICES TRANSPORT GROUO, INC.		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste:	Name of Register IESI	
City, State: NEW CASTLE, DE		Disposal Date: 1/30/18	City, State: WAYNESBURG, PA 19720		
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 	Date: 11/17/17	

Positive ACM: October 13, 2017 Inspection:



Location	Sample #	Material	PLM Results	TEM Results	Quantit ASBES	Notes
Basement, 1 st , 2 nd , 3 rd , 4 th & 5 th Floor (throughout Section A,B,C)	004-006, 47-49, 061-036	Pipe & Elbow Insulation	ACM	N/A	Approx. 2 LF	ASBESTOS CONTROL & REMEDIATION CONFIRMED ACM
5 th Floor – Section A & B corridors by elevator	041-042	Wall & Ceiling Glue	Inconclusive	ACM	Approx. 18 SF	
3 rd , 4 th & 5 th floors – corridors and elevator 2	068-070	AC Duct Insulation (above drop ceiling)	ACM	N/A	Approx. 12 SF	Confirmed ACM
1 st , 2 nd , 3 rd , 4 th , and 5 th floors Section B and A (inside wall radiators)	071-073	Inside wall Radiator Insulation	Inconclusive	ACM	115 SF	
2 nd floor – Church (rear left and right rooms)	077-080	9x9 Vat floor tile & mastic	Inconclusive	ACM	500 SF	Confirmed ACM
1 st Floor – Boiler Room	081-83	Boiler Insulation & pipe fittings	ACM		600 SF	Confirmed ACM
1 st Floor & Basement – Section A	084-086	Fire Door Insulation	ACM		9 doors	Vermiculate (ACM)
Basement #2 (boiler room)		Boiler/Tank & Pipe Insulation	ACM		700 SF	Confirmed ACM
Basement #2		Mechanical Room	ACM		250 LF	Confirmed ACM
Basement section A		AC room	ACM		150 SF	Confirm ACM
4 th Floor (between section C & B)		Mixing Debris	ACM		15 Yards	Confirmed ACM
1 st floor- Lobby		Mixing Debris	ACM		15 Yards	Confirmed ACM
5 th Floor – Section B (confined space)		Pipe and elbow insulation	ACM		400 LF	Confirm ACM