

B &amp; G proj. #: 2017-174

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

Check # 8701

PAID

Date of Notification (1)

11/17/17

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Diane DePaolis

Street Address

City, State, Zip Code

South Orange, NJ 07079

Name of Contact

Diane DePaolis

RECEIVED	
NOV 24 2017	
ASBESTOS CONTROL & LICENSING	
Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Diane DePaolis

Street Address

City (5)

South Orange

County (6)

Essex

County Code (7)  
(State use only)

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

ASCM No.  
n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/06/2017

Sched. Completion Date (11)

12/07/2017

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: \_\_\_\_\_

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☒ Glovebag procedure☒ 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)	Remove	Repair	Encap	Encl
	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#  
19563Cubic Yards of Waste  
1Name of Registered Landfill  
Tullytown Resource & Recovery CenterCity, State  
Lincoln Park, NJDisposal Date  
12/08/2017City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

Date  
11/22/2017



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

chk #3292

Date of Notification (1) 11 / 22 / 17		Name of Building Owner/Operator (2) Jackson Twp Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 24 2017  <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 151 Don Connor Blvd			
		City, State, Zip Code Jackson, NJ 08527				Name of Contact Ed Ostroff			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jackson Twp Memorial High School				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 100 Don Connor Blvd				Square Feet					
City (5) Jackson				# of Floors					
County (6) Ocean				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Finog Enviromental Hazards, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 617 Stokes Rd				Street Address 1123 BEAVER STREET					
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211		License No. 00509					
Start Date (10) 12 / 4 / 17		Scheduled Completion Date (11) 12 / 5 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:00PM-12:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	4 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro /gk		Date 11-22-17			

ASB-41  
MAY 11 6517137

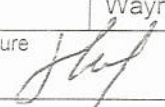
\* Do not use this form for asbestos licensure exempted activities.

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

RECEIVED	Print Form
NOV 24 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/20/2017		Name of Building Owner/Operator (2) Oster Properties						
Agencies Notified	Type Notification	Street Address 429 Sylvan Ave	ASBESTOS CONTROL & LICENSING					
<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 Englewood Cliffs 07632						
		Name of Contact Eden Kongoli						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)						
Street Address 201 Ridgedale Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Cedar Knolls		Square Feet 80,000+	# of Floors 1					
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environm. Solutions, LLC.		ASCM No. _____	Name of Abatement Contractor (9) HAZMAT DIAGNOSTIC LLC					
Street Address P.O. BOX1224		Street Address 16 GLENWILD AVE						
City, State, Zip Code Union, NJ 07083		City, State, Zip Code BLOOMINGDALE, NJ 07403						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973 494 3762	Telephone No. 973 928 3995					
Start Date (10) 12/01/2017		Scheduled Completion Date (11) 01/20/2018	License No. 01181					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HAZMAT DIAGNOSTIC LLC						
<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: Mon-Sun		Street Address 16 GLENWILD AVE						
		City, State, Zip Code BLOOMINGDALE, NJ 07403						
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
See attached		X			X			
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Linden, PA		Disposal Date TBD		City, State Waynesburg, OH				
Completed by Tatiana Rotaru		Title Administrative Assistant	Signature 		Date 11/20/2017			



LIST OF ASBESTOS ABATEMENT CONTAINING MATERIALS TO BE REMOVED



Location of Asbestos Containing Material <b>To Be Abated</b> in Facility	Description of Asbestos Containing Material	Amount
Main Roof	Roofing material	Appr. 34,000SF
Main Roof	Flashing	Appr. 456SF
Main Roof	Pitch pockets	Appr. 30SF
Lower Roof	Flashing	Appr. 120SF
Ground Floor Exterior	Window Caulking	Appr. 256LF

no ck

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

RECEIVED	Print Form
	NOV 24 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) November 22, 2017		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address 641 Mill Creek Road							
<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 #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin, NJ 08050							
		Name of Contact Jeff Bassano							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 72 - Manahawkin Bay Bridge - Contract 4		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 2060 East Bay Ave									
City (5) Manahawkin		Square Feet N/A	# of Floors Bldg. Age						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bridge Structures							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.						
Street Address		Street Address 62 Yellowbrook Road							
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089						
			License No. 01055						
Start Date (10) August 18, 2017		Scheduled Completion Date (11) December 31, 2017							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Bridge Reconstruction / Demolition		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) <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
Bridge Pier Protection Plates			X	Asbestos Mastic	700 SF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management					
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer		Signature 		Date 11/22/2017			




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

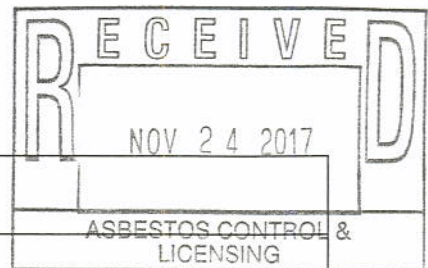
RECEIVED	Print Form
	NOV 24 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/21/17		Name of Building Owner/Operator (2) Robert Zanone			
Agencies Notified		Type Notification		Street Address	
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Norwood, NJ 07648 Name of Contact Robert Zanone	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Norwood				Square Feet 1950	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 65 +/-
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.		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 11/22/17		Scheduled Completion Date (11) 11/24/17		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: 8 A.M to 4 P.M				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		x		Pipe Wrap	1 LF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 1 CU	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 11/21/17

CL 2315

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



Date of Notification (1) 11 / 21 / 17		Name of Building Owner/Operator (2) 214 Washington St. LLC							
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 1422 Grand St., Ste 5B City, State, Zip Code Hoboken, NJ 07030 Name of Contact Matthew Testa Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 214 Washington Street		Square Feet      # of Floors      Bldg. Age							
City (5) Hoboken		County Code (7)(STATE USE ONLY)							
County (6) Hudson		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 12 / 01 / 17	Scheduled Completion Date (11) 12 / 15 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC/ All Pro Management, LLC		NJDEP Waste Hauler ID No. 324797/ 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill/ Fairless Landfill/ IESI Landfill				
City, State Elizabeth, NJ/ Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA/ Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik			Date 11/21/17		



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

RECEIVED	NOV 24 2017
	ASBESTOS CONTROL & LICENSING

MD 23780002195

Date of Notification (1) 11/21/2017		Name of Building Owner/Operator (2) Adan Sutherland							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ, 07960							
		Name of Contact Adan Sutherland	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 11/30/2017	Scheduled Completion Date (11) 12/01/2017	Name of OSHA Monitor EHW ABATEMENT 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: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Duct insulation	80 SF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 111946	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature <i>[Signature]</i>		Date 11/21/2017			