

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

**CK 7423 PAID**

Date of Notification (1) 11/26/18		Name of Building Owner/Operator (2) Ted Camacho		NOV 28 2018					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [REDACTED] City, State, Zip Code Trenton, NJ Name of Contact Ted Camacho Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton, NJ			Square Feet	# of Floors	Bldg. Age				
County (6) mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 12/06/18		Scheduled Completion Date (11) 12/20/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)				Street Address 6 WHITE DOVE COURT					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				TSI	750SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 20	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 12/20/18	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 11/26/18			

CK 2833

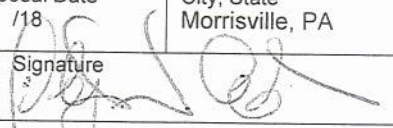
PAID

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

Date of Notification (1) <b>11-20-18</b>		Name of Building Owner/Operator (2) Residence		NOV 23 2018	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Roselle Park, NJ 07204  Name of Contact Dean Belvis	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Roselle Park				Square Feet 1526	# of Floors 2
				Bldg. Age 99	
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354				Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079				City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316
Start Date (10) 12/3/18		Scheduled Completion Date (11) 12/11/18		Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code South Orange, NJ 07079	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Pipe Wrap	105 LF
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>	Date 11-20-18



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

Date of Notification (1) 11/23/18		Name of Building Owner/Operator (2) Bayonne Economic Opportunity Foundation							
Agencies Notified	Type Notification	Street Address 555 Kennedy Boulevard							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 Bayonne, New Jersey 07002							
		Name of Contact Samantha Howard	Telephone Number 201-688-7271						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) (Former) Holy Family Academy		Type of Facility (4)							
Street Address 625 Summer Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth, New Jersey 07028		Square Feet 30,000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Current Use (Prior if being demolished) (Former) Holy Family Academy						
Street Address 26 Columbia Turnpike		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Florham Park, New Jersey 07932		Street Address 606 McBride Ave							
Project Manager for Monitoring Firm Gavin Gilmore		City, State, Zip Code Woodland Park, New Jersey	Telephone No. 973-225-8400						
Telephone No. 973-585-9040		License No. 01104							
Start Date (10) 12/07/2018	Scheduled Completion Date (11) 01/25/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and/or 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		Base Counter Flashing Caulk	215 LF	X			
Exterior		X		Caulk to (round) Skylight Frame	114 LF				
Main/South Corridor		X		Ceiling Plaster (Full Containment)	725 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 12/ /18	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 11/23/2018		

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

RECEIVED  
NOV 28 2018

Date of Notification (1) <u>11/20/18</u>		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Maplewood, NJ 07040							
Name of Contact Brandon Rumley		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2219							
City (5) Maplewood		# of Floors 2							
County (6) Essex		Bldg. Age 90							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCN No.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465							
License No. 01316									
Start Date (10) 12/6/18		Scheduled Completion Date (11) 12/14/18							
Name of OSHA Monitor A. Seine Lighthouse Solutions									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	75 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		Date 11/20/18			



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

Chk # 1049

Date of Notification (1) 11/21/2018		Name of Building Owner/Operator (2) Bilgoray Buildings LLC							
Agencies Notified	Type Notification	Street Address 743 Livingston Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07208							
		Name of Contact Natalie Bilgoray	Telephone Number 212-920-9867						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 2,200	# of Floors 2						
City (5) Elizabeth		Bldg. Age 1930							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 12/01/2018	Scheduled Completion Date (11) 12/07/2018	Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 11/21/2018			

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

NOV 26 2018

Date of Notification (1) <b>11/ 21 /18</b>		Name of Building Owner/Operator (2) <b>Joseph Carannante</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code <b>Point Pleasant, NJ 08742</b>							
Name of Contact <b>Eric Plackis</b>		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1548</b>							
City (5) <b>Brielle</b>		# of Floors <b>2</b>							
County (6) <b>Monmouth</b>		Bldg. Age <b>70</b>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. _____							
Street Address [REDACTED]		Name of Abatement Contractor (9) <b>Brick Industries, Inc.</b>							
City, State, Zip Code [REDACTED]		Street Address <b>PO Box 915</b>							
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code <b>Brick, NJ 08723</b>							
Telephone No. [REDACTED]		Telephone No. <b>732-899-7499</b>							
Start Date (10) <b>11/26/18</b>		License No. <b>01196</b>							
Scheduled Completion Date (11) <b>12/10/18</b>		Name of OSHA Monitor [REDACTED]							
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 [REDACTED]							
City, State, Zip Code [REDACTED]		City, State, Zip Code [REDACTED]							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement, 2nd floor living area			X	Interior plaster	1500SF	X			
Basement			X	Pipe insulation	10LF	X			
Name of Registered Waste Hauler <b>Brick Industries, Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>		Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Grows North Landfill</b>				
City, State <b>Brick, NJ</b>		Disposal Date <b>12/10/18</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>		Signature 		Date <b>11/ 21 /18</b>			



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

NOV 28 2018

Date of Notification (1) 11/20/18		Name of Building Owner/Operator (2) Rich Quarentello							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input 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 # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bradley Beach, NJ 07720							
		Name of Contact Eric Plackis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bradley Beach		Square Feet 3000	# of Floors 2						
County (6) Monmouth		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries, Inc.							
Street Address		Street Address PO Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 732-899-7499	License No. 01196						
Start Date (10) 11/21/18	Scheduled Completion Date (11) 11/28/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
				Floor Tile	300SF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill Grows North Landfill					
City, State Brick, NJ		Disposal Date 11/28/18		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature [Signature]		Date 11/20/18			

CK 1247

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

NOV 28 2018

Date of Notification (1): 11/19/18		Name of Building Owner/Operator (2): STEPAN COMPANY						
Agencies Notified ( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	Type Notification (X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	Street Address: 100 WEST HUNTER AVE.		City, State, Zip Code: MAYWOOD, NJ 07607				
		Name of Contact: MR. JOHN OSTROSKI		Telephone Number: 201-712-7656				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3): BUILDING #7 2 <sup>ND</sup> FLOOR			Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)					
Street Address: 100 WEST HYNTER AVE								
City & State (5): MAYWOOD, NJ			Square Feet: 23000	# of Floors: 1	Bldg. Age: NA			
County (6): BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): MANUFACTURING & LABORATORY				
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA		Name of Abatement Contractor (9): JLs Group, Inc.				
Street Address: 71 ARCH STREET				Street Address: 25-11 95 <sup>th</sup> Street				
City, State, Zip Code: PATERSON, NJ 07522				City, State, Zip Code: East Elmhurst, NY 11369				
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036		Telephone No.: (877) 230-1080	License No.: 01368			
Start Date (10): 12/1/18	Scheduled Completion Date (11): 12/9/18		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: P.O. Box 8265					
			City, State, Zip Code: Haledon, NJ 07538					
Scope of Work (Check all that apply):								
( ) $\geq 3$ sf or $\geq 3$ lf (X) $\geq 160$ sf or $\geq 260$ lf		(X) Renovation ( ) Demolition		( ) Full Containment with Negative Pressure ( ) Mini Enclosure ( ) Glovebag Procedure (X) 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	Encapsulat
2ND FLOOR		X	FLOOR TILES	600 SF	X			
Name of Registered Waste Hauler: JLS GROUP, INC			NJDEP Waste Hauler ID No.: 2A-799	Cubic Yards of Waste: 4	Name of Registered landfill: 110 SANDS			
City, State: EAST ELMHURST		Disposal Date: 12/12/18		City, State: MELLVILLE, NY				
Completed By: EVA CUPIT		Title: MANAGER		Signature: <i>Eva Cupit</i>		Date: 11/19/18		