

PAI

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

Print Form

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OCT 1 2019

CH 20195

Date of Notification (1) 09/17/2019		Name of Building Owner/Operator (2) Port Authority of NY & NJ	
Agencies Notified	Type Notification	Street Address 241 Erie Street	ASBESTOS CONTROL & LICENSING
<input 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 Jersey City, NJ 07310	
		Name of Contact Uday Mehta	Telephone Number 201-593-4881

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Port Authority of NY & NJ, Lincoln Tunnel Administration Building		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 500 Boulevard E.		Square Feet	# of Floors
City (5) Weehawken		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No.	Name of Abatement Contractor (9) D&S Restoration, Inc.
Street Address 241 Erie Street		Street Address 20 California Avenue	
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881	Telephone No. 973-345-8020
		License No. 01169	
Start Date (10) 10/08/2019	Scheduled Completion Date (11) 12/31/2019	Name of OSHA Monitor D&S Restoration, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (Check All That Apply)

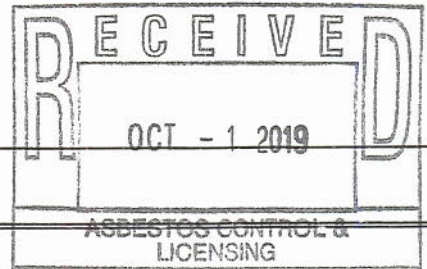
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Roof Mechanical Room	X			pipe insulation	387	x			
Roof Mechanical Room	X			duct insulation	4073	x			

Name of Registered Waste Hauler D&S Restoration, Inc.		NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill	
City, State Paterson, NJ 07503			Disposal Date TBD	City, State Morrisville, PA	
Completed by Duke Joldzic	Title Corporate Officer	Signature 		Date 9/18/19	

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

D&S Proj. #: 19-193



CH 4991 Inv 14730 PAID

Date of Notification (1) 10/19/12/15/1/19		Name of Building Owner/Operator (2) Frances Agliata	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Elizabeth, NJ 07208	
Name of Contact Frances Agliata		Telephone Number	

FACILITY INFORMATION

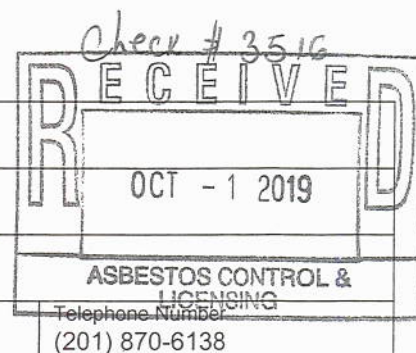
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Elizabeth, NJ 07208			County (6) Union		Bldg. Age 80
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		

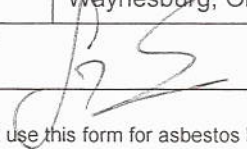
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/26/19		Sched. Completion Date (11) 09/30/2019		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
Basement		X		Boiler Insulation	28 SF	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Bogdan Joldzic		Date 09/25/19	

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NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 42:120)



Date of Notification (1) 9/26/2016		Name of Building Owner/Operator (2) BCAC							
Agencies Notified	Type Notification	Street Address 146 Poplar Street							
<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 Ridgefield Park, NJ 07660							
		Name of Contact Mr. Robert Bobby Cimmino							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 143 Brunswick Avenue		Square Feet 6,000 SF	# of Floors 3						
City (5) Jersey City		Bldg. Age 70							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 10/07/2019	Scheduled Completion Date (11) 11/20/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 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) <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
Building # 1		x		Black Roofing & Flashing	3,500 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 	Date 9/26/2019					

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

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ASBESTOS CONTROL & LICENSING

Ch 3515 Inv 14882

Date of Notification (1) 9/26/2026		Name of Building Owner/Operator (2) BCAC	
Agencies Notified	Type Notification	Street Address 146 Poplar Street	
<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 Ridgefield Park, NJ 07660	
		Name of Contact Mr. Robert Bobby Cimmino	Telephone Number (201) 870-6138

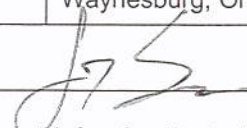
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 139 Brunswick Avenue		Square Feet 3,000 SF	# of Floors 3
City (5) Jersey City		Bldg. Age 70	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 10/07/2019	Scheduled Completion Date (11) 11/20/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

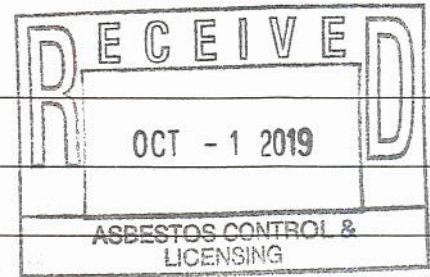
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Building # 2		x		Black Roofing	1,000 SF	x			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio	
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 	Date 9/26/2019	

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



Date of Notification (1) 09/27/19 <i>Inv 1488</i>		Name of Building Owner/Operator (2) Thomas Reynolds		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">OCT - 1 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040 Name of Contact Thomas Reynolds			
		Telephone Number			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		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) Maplewood		Square Feet	# of Floors
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Competent supervisor		ASCM No.	
Street Address		Name of Abatement Contractor (9) Academy Construction Inc	
City, State, Zip Code		Street Address 205 Route 46 Suite 14	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 10/09/19		Scheduled Completion Date (11) 10/16/19	Name of OSHA Monitor Same as above
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 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) <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	170lf	x		x	

Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>	Date 09/27/19	

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

RECEIVED	Check No. 1413
	OCT - 1 2019
ASBESTOS CONTROL & LICENSING	
Telephone Number	

Date of Notification (1) 09/27/2019		Name of Building Owner/Operator (2) Lynda VanGorder	
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	[REDACTED] City, State, Zip Code Somerville, New Jersey 08876 Name of Contact Lynda VanGorder	

FACILITY INFORMATION

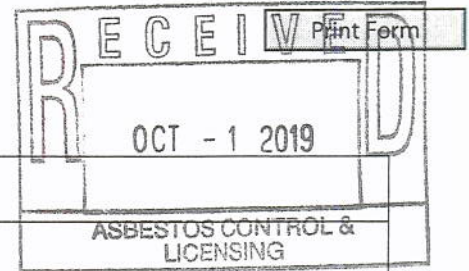
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Somerville, New Jersey 08876		Square Feet 2,500	# of Floors 2
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code		Street Address 246 Union Boulevard	
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, New Jersey 07512	
Telephone No.		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 10/08/2019	Scheduled Completion Date (11) 10/10/2019	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 checked="" 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 checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	106 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 10/10/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 09/27/2019



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

CK 1981

Date of Notification (1) 09/26/2019 <i>Inv 14879</i>		Name of Building Owner/Operator (2) Tonnelle North Bergen, LLC.							
Agencies Notified	Type Notification	Street Address 329 B South Main Street							
<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 Doylestown, PA 18901							
		Name of Contact Jamie Graziano	Telephone Number 215-230-8080 ext. 5						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 7408 Tonnelle Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) North Bergen		Square Feet 4100	# of Floors 1						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Vacant							
Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc.							
City, State, Zip Code		Street Address 189 Townsend Street							
Project Manager for Monitoring Firm		City, State, Zip Code New Brunswick, NJ 08901							
Telephone No.		Telephone No. 732 565-3655	License No. 01352						
Start Date (10) 10/21/19	Scheduled Completion Date (11) 3/30/20	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Ground Floor			x	VAT	3000sf	x			
				Mastic	800sf	x			
roof			x	Main roof flashing cap stone	300sf	x			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ			Disposal Date October 2019	City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature <i>Todd Grant</i>			Date 09/26/2019			

CH1980

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

Print Form

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 OCT - 1 2019
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/26/2019		Name of Building Owner/Operator (2) Tonnelle North Bergen, LLC.	
Agencies Notified	Type Notification	Street Address 329 B South Main Street	
<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 Doylestown, PA 18901	
		Name of Contact Jamie Graziano	Telephone Number 215-230-8080 ext. 5

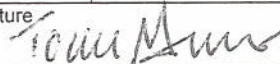
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 7416 Tonnelle Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Bergen		Square Feet 3550	# of Floors 1
County (6) Hudson		Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc. Street Address 189 Townsend Street	
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901	
Project Manager for Monitoring Firm		Telephone No. 732 565-3655	License No. 01352
Start Date (10) 10/28/19	Scheduled Completion Date (11) 3/30/20	Name of OSHA Monitor EMCA	
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 17 Meredith Pl. City, State, Zip Code Piscataway, NJ 08854	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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
Lower Roof			X	flashing	600	X			

Name of Registered Waste Hauler Nova Development Group, Inc.	NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 40	Name of Registered Landfill GROWS, Inc.
City, State New Brunswick, NJ		Disposal Date November 2019	City, State Morrisville, PA
Completed by Todd Grant	Title President	Signature 	Date 09/26/2019

RECEIVED

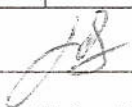
OCT 1 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09-25-19		Name of Building Owner/Operator (2) Joseph M. Sanzari, Inc.		001 1 2019					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 West Franklyn St. City, State, Zip Code Hackensack, NJ 07601 Name of Contact Romane Olivier Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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						
City (5) Hackensack			# of Floors		Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth NJ 07201							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201 216-9603					
Start Date (10) 09-27-19		Scheduled Completion Date (11) 09-30-19		License No. 01206					
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 Delfa Contracting LLC							
Street Address 1119 East Grand St.		City, State, Zip Code Elizabeth NJ 07201							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement		x		VAT	1500 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ		Disposal Date 10-01-19		City, State Tullytown, PA			Date 09-25-19		
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 09-25-19		

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

RECEIVED <small>Print Form</small> OCT - 1 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 09-27-19		Name of Building Owner/Operator (2) Joseph Monaco	
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 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 Joseph Monaco		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private 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 # of Floors Bldg. Age	
City (5) Maplewood		County (6) Essex	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 1119 East Grand St.	
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth NJ 07201	
Telephone No.		Telephone No. 201 216-9603	
License No. 01206		Start Date (10) 10-07-19	
Scheduled Completion Date (11) 10-11-19		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St.	
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 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		City, State, Zip Code Elizabeth NJ 07201	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Basement	x	Ceiling Plaster	700 SF
Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Elizabeth, NJ	Disposal Date 10-11-19	City, State Tullytown, PA	Date 09-27-19
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 09-27-19

CK 5584 Inv4874

State of New Jersey

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

PAID

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OCT - 1 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1)

9/27/19

Agencies Notified

- ☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)

American Demolition

Street Address

2 English Lane Egg

City, State, Zip Code

Egg Harbor NJ 08234

Name of Contact

Bernard

Telephone Number

609 926 7373

Name of Facility Where Abatement is Taking Place (3)

Residential

FACILITY INFORMATION

Street Address



Type of Facility (4)

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

City (5)

Margate

County (6)

Atlantic

County Code (7)
(STATE USE ONLY)

08402

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Anti Ice Abatement Demolition LLC

Street Address

1212 Burlington Ave

City, State, Zip Code

Atlantic NJ 08015

Telephone No.

609-346-5916

License No.

C1070

Name of OSHA Monitor

Start Date (10)

10/7/19

Scheduled Completion Date (11)

11/7/19

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

City, State, Zip Code

Scope of Work (Check All That Apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 160 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)

OUTSIDE

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)

Siding

Amount (Specify SF or LF)

3000 SF

Abatement Type

Removal Repair Encapsulate Enclosure

Name of Registered Waste Hauler

WJE LLC

NJDEP Waste Hauler ID No.
20647

Cubic Yards of Waste

Name of Registered Landfill

LHM of PA

Disposal Date

TBD

City, State

Atlantic NJ

Signature

[Signature]

Date

9/27/19

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