

CH 2125

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

Print Form



Date of Notification (1) 9-28-2018		Name of Building Owner/Operator (2) Rockefeller Group	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1221 Avenue of the Americas	
		City, State, Zip Code New York, NY 10020	
		Name of Contact Mike Egjentowicz	Telephone Number 732-991-1173

**FACILITY INFORMATION**

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 & commercial buildings, homes, etc.)	
Street Address 1430 Park Avenue		Square Feet 3100	# of Floors 2
City (5) Hoboken, NJ 07030		Bldg. Age 70+	
County (6) Hudson	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) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174
Start Date (10) 10-8-2018	Scheduled Completion Date (11) 10-11-2018	Name of OSHA Monitor Green Environmental Services, 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 235 Virginia Avenue	
		City, State, Zip Code Jersey City, NJ 07304	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Roof		X		Roofing Material	2102 SF	X			
Above Office		X		Gray Transite Wallboard	1000 SF	X			

Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Jersey City, NJ		Disposal Date 10-11-2018		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 9-28-2018

Ch 2121

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

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ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 9-24-2018		Name of Building Owner/Operator (2) Lynn Maltz	
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 Ridgewood, NJ 07450	
		Name of Contact Lynn Maltz	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 (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 4225	# of Floors 2
City (5) Ridgewood, NJ 07450		Bldg. Age 75+	Current Use (Prior if being demolished)
County (6) Bergen	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174

Start Date (10) 9-25-2018	Scheduled Completion Date (11) 9-25-2018	Name of OSHA Monitor Green Environmental Services, 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 235 Virginia Avenue	
		City, State, Zip Code Jersey City, NJ 07304	

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
Garage		X		Duct Insulation	50 SF	X			

Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Grows North Landfill	
City, State Jersey City, NJ		Disposal Date 9-25-2018		City, State Morrisville, PA	
Completed by Liliana Serrano	Title Office Manager	Signature 		Date 9-24-2018	

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



CH 213

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 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 17:26 and 17:27)

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ASBESTOS ABATEMENT

Date of Notification (1) 9-21-2018		Name of Building Owner/Operator (2) Beth Buehler	
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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington, NJ 07031	
		Name of Contact Beth Buehler	Telephone Number

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) Bergen		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) North Arlington, NJ 07031		Square Feet: 2969 # of Floors: 2 Bldg. Age: 88+
County (6) Bergen	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) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue		
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174

Start Date (10) 9-22-2018	Scheduled Completion Date (11) 9-22-2018	Name of OSHA Monitor Green Environmental Services, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue	
<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 Jersey City, NJ 07304	

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 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
Basement		X		Pipe Insulation	240 LF	X			

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill Grows North Landfill	
City, State Jersey City, NJ		Disposal Date 9-22-2018		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager	Signature 		Date 9-21-2018

Ch 1871

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

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Date of Notification (1) 09/28/2018		Name of Building Owner/Operator (2) Elizabeth Guest	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; height: 15px; width: 100%;"></div>	
		City, State, Zip Code Mountainside, NJ 07092	
		Name of Contact Elizabeth Guest	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 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) Mountainside		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311
Start Date (10) 10/12/2018	Scheduled Completion Date (11) 10/13/2018	Name of OSHA Monitor D&S Abatement, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		
<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: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512		

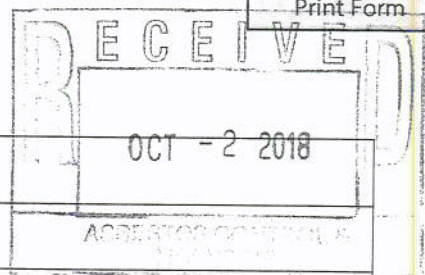
Scope of Work (Check All That Apply)

<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 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
Garage		X		Duct Insulation	50 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager		Signature 	Date 09/28/2018





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

Ch 1163

Date of Notification (1) 09/28/2018		Name of Building Owner/Operator (2) Kristen Cullen	
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 Chatham, NJ 07928	
		Name of Contact Kristen Cullen	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) House		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) Chatham	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 10/08/2018	Scheduled Completion Date (11) 10/09/2018	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<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: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512	

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 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
Garage		X		Duct Insulation	25 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 		Date 09/28/2018

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Ch 677240189

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

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ASBESTOS CONTROL

Date of Notification (1) 09/28/2018		Name of Building Owner/Operator (2) Rebekah Castro	
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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Rebekah Castro	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) West Orange		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet N/A	# of Floors N/A
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House		

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311

Start Date (10) 10/08/2018	Scheduled Completion Date (11) 10/09/2018	Name of OSHA Monitor D&S Abatement, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Totowa, NJ 07512		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: Occupied				

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
Garage		X		Duct Insulation	25 SF	X			

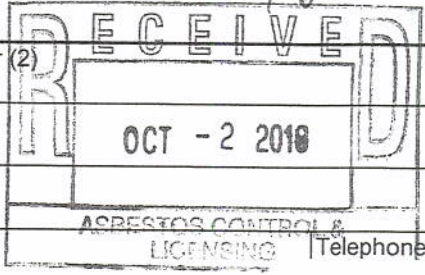
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 		Date 09/28/2018



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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)**

CK  
7825



Date of Notification (1) 9/28/18 Type Notification		Name of Building Owner / Operator (2) <b>Michael Kaplan</b>	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification	Street Address	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>New Brunswick, NJ 08901</b>	
	Amended Notification	Name of Contact <b>Michael Kaplan</b>	
	Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2,500</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>	ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>
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Street Address <b>64 Broad Street</b>	Street Address <b>443 Schoolhouse Road</b>
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City, State & Zip Code <b>Matawan, NJ 07747</b>	City, State & Zip Code <b>Monroe Township, NJ 08831</b>
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Project Manager for Monitoring Firm <b>Tom Geiger</b>	Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
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Scheduled Start Date (10) <b>10/9/18</b>	Scheduled Completion Date (11) <b>10/11/18</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>
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Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:	Street Address <b>443 Schoolhouse Road</b>
	City, State & Zip Code <b>Monroe Township, NJ 08831</b>

Scope of Work (Check all that apply) Demolition Large Project <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Quantity is $\geq 160$ SF or $\geq 260$ LF ACM	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: <b>Non-friable</b>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>80 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Carting</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>8</b>	Name of Registered Landfill <b>TRRF</b>
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City, State <b>Trenton, NJ</b>	Disposal Date <b>10/12/18</b>	City, State <b>Tullytown, Pa</b>
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Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>	Date <b>9/28/18</b>
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CK# 4636

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

**RECEIVED**  
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Date of Notification (1) <b>9-27-18</b>		Name of Building Owner/Operator (2) <b>TRANSFORMATION ENT.</b>								
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 W. CLARKSLANDMIG RD</b>								
		City, State, Zip Code <b>EGG HARBOR N.J 08218</b>								
		Name of Contact <b>TOM</b>	Telephone Number <b>609-965-7498</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>1500</b>	# of Floors <b>1</b>							
City (5) <b>MARGATE</b>		Bldg. Age <b>50+</b>								
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC.</b>								
Street Address		Street Address <b>369 S. SPRUCE AVE</b>								
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b># 01371</b>							
Start Date (10) <b>10-9-18</b>	Scheduled Completion Date (11) <b>10-17-18</b>	Name of OSHA Monitor <b>N/A</b>								
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"/> $\geq 3$ 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) <b>TO BE ABATED</b> 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) <b>1750 SF</b>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>		<b>X</b>				
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ACVA</b>						
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date		City, State <b>PLEASANTVILLE N.J.</b>						
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUPERVISOR</b>		Signature <i>[Signature]</i>			Date <b>9-27-18</b>			

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



CKH 4636

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

**RECEIVED**  
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Date of Notification (1) <b>9-27-18</b>		Name of Building Owner/Operator (2) <b>PINELANDS CONSTRUCTION</b>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>300 77TH ST.</b>	
		City, State, Zip Code <b>SEA ISLE CITY N.J. 08243</b>	
		Name of Contact <b>FRANIC</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>1500</b>	# of Floors <b>1</b>
City (5) <b>AVAILON</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE NJ 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>
Start Date (10) <b>10-7-18</b>	Scheduled Completion Date (11) <b>10-15-18</b>	Name of OSHA Monitor <b>N/A</b>	
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 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)
	Yes	No	
<b>SIDING</b>		<b>X</b>	<b>TRANSITE</b>
Amount (Specify SF or LF)		Abatement Type	
<b>1500 SF</b>		Removal	Encapsulate
		Repair	Enclosure
Name of Registered Waste Hauler <b>KLEMCO INC.</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>
City, State <b>MAPLE SHADE N.J. 08052</b>		Disposal Date	City, State <b>WOODBURIE N.J.</b>
Completed By <b>MICHAEL KLOMM</b>	Title <b>SUP.</b>	Signature <i>[Signature]</i>	Date <b>9-27-18</b>



CK# 4636

**PAID**  
State of New Jersey

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

**RECEIVED**  
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Date of Notification (1) <b>9-27-18</b>		Name of Building Owner/Operator (2) <b>HUNT &amp; SONS EXCAVATING</b>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>561 SEASHORE RD</b>	City, State, Zip Code <b>CAPE MAY N.J 08204</b>
		Name of Contact <b>JASON</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>1500</b>	# of Floors <b>2</b>
City (5) <b>WILDWOOD CREST</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b># 01371</b>
Start Date (10) <b>10-7-18</b>	Scheduled Completion Date (11) <b>10-15-18</b>	Name of OSHA Monitor <b>N/A</b>	
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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>2250 SF</b>	<b>X</b>			

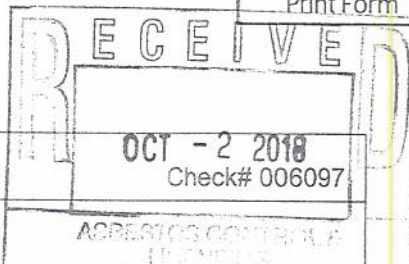
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>C M C MVA</b>
City, State <b>MAPLE SHADE N.J.</b>	Disposal Date	City, State <b>WOODBINE N.J.</b>	
Completed By <b>MICHAEL KUMM</b>	Title <b>PRES</b>	Signature <i>[Signature]</i>	Date <b>9-27-18</b>

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



CH 006097

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



Date of Notification (1) 09/26/2018		Name of Building Owner/Operator (2) Baekeland Rentals, Inc.	
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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Veronica Ave	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Giosue Masci	Telephone Number 973-968-3632

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former Air Products & Chemical Facility		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 172 Baekeland Ave		Square Feet 875	# of Floors 1
City (5) Middlesex		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC
Street Address 300 Kimball Drive		Street Address 16 Glenwild Ave	
City, State, Zip Code Parsippany		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 973-928-3995
			License No. 01181
Start Date (10) 09/26/2018	Scheduled Completion Date (11) 09/29/2018	Name of OSHA Monitor Hazmat Diagnostic 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 16 Glenwild Ave	
		City, State, Zip Code Bloomingdale, NJ 07403	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Boiler Room Roof			X	Roof Flashing	150SF	X			

Name of Registered Waste Hauler Freehold Carting Inc.		NJDEP Waste Hauler ID No. S-2265 / 15939	Cubic Yards of Waste TBD	Name of Registered Landfill WM Fairless Landfill	
City, State Freehold, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Tatiana Rotaru	Title COO	Signature 	Date 09/26/2018		



CE# 4638

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

## RECEIVED

OCT - 2 2018

Date of Notification (1) <u>9-28-18</u>		Name of Building Owner/Operator (2) <u>GLEASON BUILDINGS</u>								
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>136 57<sup>th</sup> ST</u>								
		City, State, Zip Code <u>SEA ISLE CITY N.J.</u>								
		Name of Contact <u>Tom</u>	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>1500</u>	# of Floors <u>2</u>							
City (5) <u>SEA ISLE CITY</u>		Bldg. Age <u>50+</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>								
Street Address		Street Address <u>369 S. SPRUCE AVE</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>							
Start Date (10) <u>10-17-18</u>	Scheduled Completion Date (11) <u>10-20-18</u>	Name of OSHA Monitor <u>N/A</u>								
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C.M.C MVA</u>						
City, State <u>MAPLE SHADE W.J.</u>		Disposal Date		City, State <u>WOOD BRIDGE N.J.</u>						
Completed By <u>MICHAEL KLOPP</u>		Title <u>PRES</u>	Signature <u>[Signature]</u>		Date <u>9-28-18</u>					



CK# 4638

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

**RECEIVED**  
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Date of Notification (1) <u>9-28-18</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>								
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>								
		City, State, Zip Code <u>GREENFIELD N.J 08230</u>								
		Name of Contact <u>BRUCE</u>								
		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address [REDACTED]										
City (5) <u>OCEAN CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>							
		Bldg Age <u>50+</u>								
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.								
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC</u>								
City, State, Zip Code		Street Address <u>369 S SPRUCE AVE</u>								
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>								
Telephone No.		Telephone No. <u>856-779-0422</u>	License No. <u>01371</u>							
Start Date (10) <u>10-10-18</u>	Scheduled Completion Date (11) <u>10-18-18</u>	Name of OSHA Monitor <u>N/A</u>								
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"/> $\geq 3$ 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) 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	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2750 SF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>						
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMA</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>				Date <u>9-28-18</u>			



CK# 4638

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

RECEIVED  
OCT - 2 2018

Date of Notification (1) 9-28-18 Name of Building Owner/Operator (2) EARTHTECH CONTRACTING

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA. Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation.

Street Address: 155 RT 50  
City, State, Zip Code: GREENFIELD N.J 08230  
Name of Contact: BRUCE Telephone Number: \_\_\_\_\_

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) RESIDENCE Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e., private & commercial buildings, homes, etc.)

Street Address: [REDACTED] Square Feet: 2000 # of Floors: 2 Bldg Age: 50+

City (5) OCEAN CITY County (6) CAPE MAY County Code (7) (STATE USE ONLY) \_\_\_\_\_ Current Use (Prior if being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. \_\_\_\_\_ Name of Abatement Contractor (9) KLEMCO INC

Street Address: 369 S SPRUCE AVE City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm \_\_\_\_\_ Telephone No. 856-779-0472 License No. 01371

Start Date (10) 10-10-18 Scheduled Completion Date (11) 10-18-18 Name of OSHA Monitor N/A

Occupancy Status During Abatement (Check only one):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: \_\_\_\_\_

Scope of Work (Check all that apply):  >3 sf or >3 lf,  >160 sf or >260 lf,  Renovation,  Demolition,  Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250 SF</u>	<u>X</u>			

Name of Registered Waste Hauler: KLEMCO INC NJDEP Waste Hauler ID No: 17904 Cubic Yards of Waste: \_\_\_\_\_ Name of Registered Landfill: C.M.C.M.V.A

City, State: MAPLE SHADE N.J Disposal Date: \_\_\_\_\_ City, State: WOODBINE

Completed By: MICHAEL KLEMA Title: SUP. Signature: [Signature] Date: 9-28-18



**NOTIFICATION OF ASBESTOS ABATEMENT**  
Pursuant to NJAC 8:60 and 5:16

Check#3174

**R E C E I V E**

OCT -2 2018

ASBESTOS CONTROL

Date of Notification (1) <u>09</u> / <u>28</u> / <u>18</u>		Name of Building Owner/Operator (2) Eileen McMahon	
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 [REDACTED]	
		City, State, Zip Code Weehawken, NJ 07086	
		Name of Contact Eileen McMahon	Telephone Number

**FACILITY INFORMATION**

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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Weehawken, NJ 07086			
County (6) Hudson	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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	Telephone No.	License No. 01127

Start Date (10) <u>10</u> / <u>09</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>10</u> / <u>18</u>	Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> ≥ 160 sf or ≥260 lf	<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"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 09/28/18	

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



Check#3173

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:160 and 5:16)

RECEIVED  
OCT - 2 2018  
ASBESTOS ABATEMENT

Date of Notification (1)  
09 / 28 / 18

Name of Building Owner/Operator (2)  
Anna Leticia Avila

Agencies Notified  
 EPA  
 DOLWD  
 DHSS  
 DCA (NJAC 5:23-8)

Type Notification  
 Initial  
 Amended Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Bloomfield, NJ 07003

Name of Contact  
Anna Leticia Avila

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Private house

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-1 2)  
 Other (i.e., private and commercial buildings, homes, etc.)

Street Address  
[REDACTED]

City (5)  
Bloomfield, NJ 07003

Square Feet # of Floors Bldg. Age

County (6)  
Essex

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)  
Gr Tech LLC

Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No. Telephone No. License No.  
973-638-1777 01127

Start Date (10)  
10 / 08 / 18

Scheduled Completion Date (11)  
10 / 09 / 18

Name of OSHA Monitor  
Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM \_\_\_\_\_ AM

Street Address  
20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

>3 sf or >3 If  
 > 160 sf or >260 If

Renovation  
 Demolition

Clean up and decontamination with negative pressure  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  Tent with Negative Pressure  
 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 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  
Gr Tech LLC

NJDEP Waste Hauler ID No.  
0033785

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
T.R.R.F. Inc

City, State  
Wayne, NJ 07470

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed By (Print or Type)  
N. Jevtic

Title  
Owner

Signature  
*N. Jevtic*

Date  
09/28/18

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



Ch 774

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

RECEIVED Print Form OCT - 2 2018

Date of Notification (1) 09/28/18 Name of Building Owner/Operator (2) AMERITRUST RESIDENTIAL SERVICES Agencies Notified: EPA, DEP, DOL, DOH, DCA Type Notification: Initial, Amended, Amendment #, Emergency, Cancellation Street Address: 3525 Piedmont RD NE - Building 7 Suite 70 City, State, Zip Code: Atlanta, GA, 30305 Name of Contact: APRIL Telephone Number:

FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address: 2024 WALKER AVE City (5) UNION County (6) UNION County Code (7) (STATE USE ONLY) Type of Facility (4): School (K-12), Subchapter 8, Other (i.e. private & commercial buildings, homes, etc.) Square Feet: 1500 # of Floors: Bldg. Age: Current Use (Prior if being demolished) home

Name of Monitoring Firm (8) Street Address: City, State, Zip Code: Project Manager for Monitoring Firm Telephone No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address: 6 WHITE DOVE COURT City, State, Zip Code: LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 License No. 1200

Start Date (10) 10/07/18 Scheduled Completion Date (11) 10/15/18 Name of OSHA Monitor AAA LEAD PROFESSIONALS 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: 6 WHITE DOVE COURT City, State, Zip Code: LAKEWOOD, NJ 08701

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

Table with 5 columns: 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 (Removal, Repair, Encapsulate, Enclosure). Row 1: INTERIOR, Yes/No/N/A, TSI, 150LF, x

Name of Registered Waste Hauler: NEWARK CARTING NJDEP Waste Hauler ID No.: 04509 Cubic Yards of Waste: 6 Name of Registered Landfill: IESI

City, State: NEWARK, NJ Disposal Date: 10/15/18 City, State: BETHLEHEM PA

Completed by: JOSEPH PERLSTEIN Title: OWNER Signature: Date:



CK 7174

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

Print Form  
**RECEIVED**  
 OCT - 2 2018

Date of Notification (1) 09/28/18		Name of Building Owner/Operator (2) AMERITRUST RESIDENTIAL SERVICES	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3525 Piedmont RD NE - Building 7 Suite 70	
		City, State, Zip Code Atlanta, GA, 30305	
		Name of Contact APRIL	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 424 W 12TH ST		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) LINDEN	Square Feet 1000	# of Floors	Bldg. Age
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
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. 732-668-9078	License No. 1200
Start Date (10) 10/07/18	Scheduled Completion Date (11) 10/15/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

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 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
INTERIOR				TSI	150LF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 10/15/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date



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

Print Form

R E C E I V E

OCT - 2 2018

ASBESTOS ABATEMENT

Date of Notification (1) 09/27/18		Check#3254		Name of Building Owner/Operator (2) St John the Baptist Church	
Agencies Notified		Type Notification		Street Address	
<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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		3044 Kennedy Blvd	
				City, State, Zip Code Jersey City, NJ 07306	
				Name of Contact Ryan Mooney	
				Telephone Number 201-932-4397	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Golden Door Charter School			Type of Facility (4)		
Street Address 3044 Kennedy Blvd			<input checked="" 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) Jersey City		Square Feet 30,000	# of Floors 3	Bldg. Age 60+	
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation		
Street Address		Street Address 426 69th Street			
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074	
Start Date (10) October/01/2018		Scheduled Completion Date (11) 10/02/2018		Name of OSHA Monitor Same as above	
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: <u>Starting at 3:30 PM</u>			City, State, Zip Code		

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"/> 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			
						Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			ACM pipe insulation	3 LF		x		

Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH		
Completed by Gina Betances		Title Office Manager	Signature 		Date 9/27/18



Ch 23560

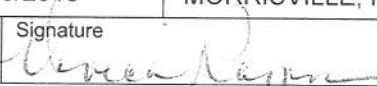
**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

Print Form

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OCT - 2 2018

ASBESTOS ABATEMENT

Date of Notification (1) 9/28/2018		Name of Building Owner/Operator (2) J. SUPOR								
Agencies Notified <input checked="" 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 500 SUPOR BOULEVARD, BUILDING #11							
	City, State, Zip Code HARRISON, NJ 07029		Name of Contact MARK A. TRIANO							
		Telephone Number 973-481-2600								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) BUILDING #2		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 1000 FRANK E. ROGERS BOULEVARD		Square Feet	# of Floors							
City (5) HARRISON		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) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address		Street Address 11 VREELAND AVENUE								
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700							
		License No. 00494								
Start Date (10) 10/8/2018		Scheduled Completion Date (11) 11/9/2018								
Name of OSHA Monitor SAME AS (9) ABOVE										
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: <u>VACANT</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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	
ROOF		X		METAL CORRUGATED PANELS	150,000 SF	X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2,000	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State TOTOWA, NJ		Disposal Date 11/9/2018		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 			Date 9/28/2018			



CH 0005

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

Print Form

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OCT - 2 2018

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 09/26/2018 CHECK #0065		Name of Building Owner/Operator (2) CHURCH OF ST. MARY	
Agencies Notified <input checked="" 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 LEGION PL	
		City, State, Zip Code CLOSTER NJ.07624	
		Name of Contact CANICE CRISTOFOLETTI	Telephone Number (201)768-7565

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) CHURCH OF ST. MARY		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 20 LEGION PL		Square Feet 100X100	# of Floors 1
City (5) CLOSTER NJ.07624		Bldg. Age 50YEARS	
County (6) BERGEN	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) ALL SOLUTIONS CONTRACTING INC	
Street Address		Street Address 24 CHURCH ST		
City, State, Zip Code		City, State, Zip Code ELMWOOD NJ 07407		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201)873-9418	License No. 01301

Start Date (10) 09/28/2018	Scheduled Completion Date (11) 09/29/2018	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING 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 24 CHURCH ST	
		City, State, Zip Code ELMWOOD NJ 07407	

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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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) 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
MAIN CHURCH	X			FLOOR TILE	450 SF	X			

Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL	
City, State PEN ARGYL		Disposal Date TDB		City, State PEN ARGYL PA 18072	
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 09/26/2018	



OH 3255

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:120)

**RECEIVED**  
 OCT - 2 2018

Date of Notification (1) 09/28/18		Check # 3255		Name of Building Owner/Operator (2) St. Anne School						
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1-30 Summit Ave						
				City, State, Zip Code Fairlawn, NJ, 070410						
		Name of Contact Roberto		Telephone Number 973-955-9589						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) St. Anne 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 & commercial buildings, homes, etc.)							
Street Address 1-30 Summit Ave			Square Feet 30,000+	# of Floors 3	Bldg. Age 50+					
City (5) Fairlawn		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School						
County (6) Bergen		ASCM No. N/A		Name of Abatement Contractor (9) EA Services						
Name of Monitoring Firm Hired by Building Owner (8) N/A			Street Address 426 69th st							
Street Address N/A			City, State, Zip Code Guttenberg, NJ, 07093							
City, State, Zip Code N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Name of OSHA Monitor N/A						
Start Date (10) 10/08/18		Scheduled Completion Date (11) 10/10/18		Name of OSHA Monitor N/A						
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: 10am			Street Address N/A							
			City, State, Zip Code N/A							
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 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	
Maintenance Shop		X		ACM Elbows	3 SF		X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise				
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH						
Completed by Michael Fajardo		Title Project Manager		Signature <i>Mf</i>		Date 09/28/18				



2018-09-27 12:03

Ch 5138

**Shade Environmental** >> 609 633 0664  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 6:18)

**RECEIVED**  
 P 2/4  
**OCT - 2 2018**  
**DOL - 10 DAY**

Date of Notification (1) <u>09</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) Kelly Catlin							
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 [REDACTED] City, State, Zip Code Howell, NJ 07331 Name of Contact Kelly Catlin							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Catlin Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Howell		3,600	3						
County (6) Monmouth		Current Use (Prior if being demolished) Residence	Bldg. Age 80						
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Shade Environmental, LLC							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCN No.							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chlorofield, NJ 08516		City, State, Zip Code Maple Shade, NJ 08152							
Project Manager for Monitoring Firm Bill Welsgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0699						
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) <u>09</u> / <u>20</u> / <u>18</u>		Scheduled Completion Date (11) <u>10</u> / <u>01</u> / <u>18</u>							
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 205 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable 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	Encapsulation	Enclosure
Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 10/01/2018	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature <i>[Signature]</i>		Date 9/27/18				

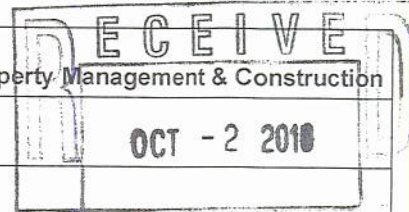


# PAID

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

Check No. **5331**

Date of Notification (1) <b>September 26, 2018</b>		Name of Building Owner/Operator (2) <b>State of NJ, Dept. of Treasury, Div. of Property Management &amp; Construction</b>	
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4</small> <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 <b>20 West State Street</b>
			City, State, Zip Code <b>Trenton NJ. 08625</b>
			Name of Contact <b>Joseph Kratochvil</b>
		Telephone Number <b>609 273 1363</b>	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>NJSP Toop "B" Headquarters</b>		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 <b>250 Minnisink Road</b>		Square Feet <b>38,632</b>	# of Floors <b>2</b>
City (5) <b>Totowa, NJ 07512</b>		Bldg. Age <b>38</b>	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Business/Storage</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>	ASCM No. <b>112</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>	
Street Address <b>344 West State Street</b>		Street Address <b>223 Randolph Avenue</b>	
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>	
Project Manager for Monitoring Firm <b>William Weisgarber, Jr.</b>	Telephone No. <b>609-656-8101</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>

Start Date (10) <b>October 10, 2018</b>	Scheduled Completion Date (11) <b>December 31, 2018</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>	
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 <b>464 Valley Brook Avenue</b>	
		City, State, Zip Code <b>Lyndhurst, NJ 07071</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) 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 perimeter windows			X	Caulking	1,220 In ft	X			

Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>	NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>		Disposal Date <b>10/11/2018 - 12/31/2018</b>	City, State <b>Waynesburg, OH</b>
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>	Signature 	Date <b>9/26/2018</b>

CH 8702

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:16)

**R E C E I V E**

**OCT - 2 2018**

Date of Notification (1) <b>09 / 28 / 18</b>		Name of Building Owner/Operator (2) <b>Dixon Projects</b>	
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 <b>15 Dogwood Terrace</b>	
		City, State, Zip Code <b>Livingston NJ 07039</b>	
		Name of Contact <b>Gary Fleishman</b>	Telephone Number <b>1-973-493-1307</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Dixon Projects</b>		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 <b>59-61 Sterling Ave.</b>			
City (5) <b>Weehawken</b>	Square Feet <b>3008</b>	# of Floors <b>2</b>	Bldg. Age <b>95</b>
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>residential</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L</b>	ASCN No. <b>0021</b>	Name of Abatement Contractor (9) <b>CPR ENVIRONMENTAL SERVICE</b>	
Street Address <b>2200 PATTERSON PLANK RD. UNIT 7</b>		Street Address <b>8421 Hegerman Street</b>	
City, State, Zip Code <b>NORTH BERGEN NJ 07047</b>		City, State, Zip Code <b>Phila PA 19136</b>	
Project Manager for Monitoring Firm <b>CARMELO ALTAMONTE</b>	Telephone No. <b>2016646583</b>	Telephone No. <b>215 333-5117</b>	License No. <b>01328</b>
Start Date (10) <b>10 / 07 / 18</b>	Scheduled Completion Date (11) <b>10 / 08 / 18</b>	Name of OSHA Monitor <b>A.E.S.L</b>	

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 <b>SAME</b>
	City, State, Zip Code <b>SAME</b>

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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) 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
<b>BASEMENT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PIPE INSULATION</b>	<b>75LF</b>	<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 <b>CENTURY WASTE SERVICES</b>	NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste	Name of Registered Landfill <b>WASTE MANAGEMENT</b>
City, State <b>ELIZABETH NJ</b>		Disposal Date	City, State <b>BRISTOL PA</b>
Completed By (Print or Type) <b>ANTHONY JONES</b>	Title <b>PROJECT MANAGER</b>	Signature <i>Anthony Jones</i>	Date <b>9.28.18</b>

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



CH 1883

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 Pursuant to N.J.A.C. 17:26 and 17:27

**R E C E I V E**

OCT - 2 2018

ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 09-27-18		Name of Building Owner/Operator (2) Arthur Konefal	
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 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 Rutherford, NJ 07070	
		Name of Contact Arthur Konefal	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Home		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) Rutherford		Square Feet	# of Floors
County (6) Bergen		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 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 10-06-18	Scheduled Completion Date (11) 10-08-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<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 City NJ 07087	

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

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	4300 SF	x			

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 Union City, NJ		Disposal Date 10-10-18		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 09-27-18



Ch 7046

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

Print Form

**R E C E I V E**

**OCT - 2 2018**

ASBESTOS CONTROL & LICENSURE

Date of Notification (1) 9/28/18		Name of Building Owner/Operator (2) Jennifer Kramer Private Home	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code West Berlin NJ 08091 Name of Contact Jen Telephone Number: _____	

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) Jennifer Kramer 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 1000+ # of Floors 1 Bldg. Age 35+
City (5) West Berlin NJ 08091	County (6) Camden	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) House

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 10/8/18	Scheduled Completion Date (11) 10/12/18	Name of OSHA Monitor Same
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)

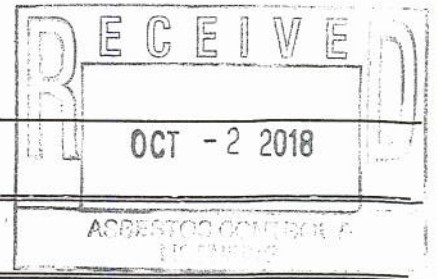
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Exterior Siding			x	Exterior Siding	1400SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 10/12/18	City, State Morrisville PA 19067	
Completed by Anthony T Perma	Title President	Signature 	Date 9/28/18



**P A I D**



Date of Notification (1)  
 10/19/18

Name of Building Owner/Operator (2)  
 sol novick

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Emergency (including justification),  Cancellation

Street Address: [REDACTED]

City, State, Zip Code: roselle park, nj 07204

Name of Contact: sol novick

Telephone Number: [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 sol novick

Street Address: [REDACTED]

City (5): roselle park, County (6): union, County Code (7): [REDACTED]

Type of Facility (4):  School (K - 12),  Subchapter 8 (Other than K-12),  Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet, # of Floors, Bldg. Age, Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8): [REDACTED], ASCM No.: [REDACTED]

Name of Abatement Contractor (9): D & S RESTORATION, INC.

Street Address: 20 California Ave., City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020, License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc., Street Address: 20 California Avenue, City, State, Zip Code: Paterson, NJ 07503

Start Date (10): 10/01/18, Sched. Completion Date (11): 10/10/18

Occupancy Status During Abatement (Check only one):  Other-Describe: NORMAL HOURS

Scope of Work (check all that apply):  >3 sf or >3 lf,  Renovation,  Demolition,  Full Containment w/negative pressure,  Mini-enclosure,  Glovebag procedure,  Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	79 lf	X			

Registered Waste Hauler: D & S RESTORATION, INC., NJDEP Hauler ID#: 13506, Cubic Yards of Waste: 1 yd, Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503, Disposal Date: 10/02/18, City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC, Title: PRESIDENT, Signature: [REDACTED], Date: 09/26/2018