

PAID

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

CK 328 38

Date of Notification (1)

10 / 23 / 18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

RECEIVED

OCT 26 2018

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
39,400# of Floors
2Bldg. Age
54

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Abatement with Negative Pressure

☒ Full Containment with Negative Pressure
☒ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSUL

ENCLOSUR

1st Floor labs 108b,112b,112c,114a,124

X

Floor tile and Mastic

535sf

X

1st Floor labs 108,112,114,120,124

x

Duct Mastic

36sf

X

Name of Registered Waste Hauler

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
20

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Disposal Date
11/7/18-12/31/18

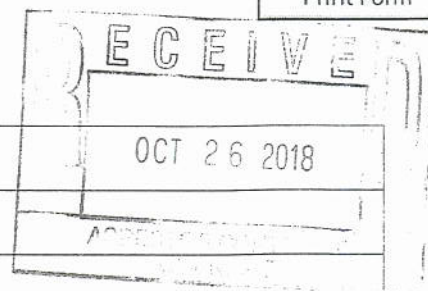
Signature

Date

10/23/18

CK 7272 PAID

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



| | | | |
|---|--|--|----------------------------------|
| Date of Notification (1) 10/23/18 | | Name of Building Owner/Operator (2) South Street Construction | |
| 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 | |
| | | City, State, Zip Code | |
| | | Name of Contact Norman Meyer | Telephone Number 732-300-0767 |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors |
| City (5) Lakewood | | Bldg. Age | |
| County (6) Ocean | 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. | License No. 1200 |
| Start Date (10) 11/2/18 | Scheduled Completion Date (11) 11/6/18 | 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 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) <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 | | | | FLOOR TILES | 60SF | x | | | |
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|---|--|------------------------------------|---------------------------|-------------------------------------|------------------|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 3 | Name of Registered Landfill IESI | |
| City, State NEWARK, NJ | | | Disposal Date 11/6/18 | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | Date 10/23/18 |

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED
OCT 26 2018

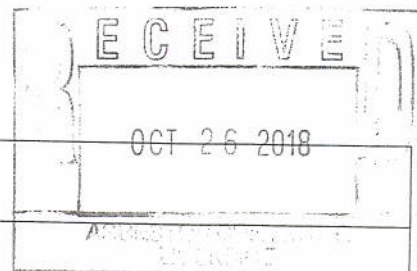
CK 28518 PAID

| | | | |
|--|--|--|--|
| Date of Notification (1) 10/23/18 | | Name of Building Owner/Operator (2) Northern Highlands Regional BOE | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled | |
| Street Address 298 Hillside Ave. | | City, State, Zip Code Allendale, NJ 07401 | |
| Name of Contact Jamie Atchison | | Telephone Number 201-327-8700 | |

| | | | | | |
|--|----------------------|-------------------------------------|---|--|--|
| Name of Facility Where Abatement is Taking Place (3) Northern Highlands Regional High School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <100k sf # of Floors: 2 Bldg. Age: 1958 Current Use (prior if being demolished): High School | | |
| Street Address 298 Hillside Ave. | | | Name of Contractor (9) Panoramic Window & Door Systems Inc. | | |
| City (5) Allendale | County (6) Bergen | County Code (7) (State Use Only) | Street Address 712 Sergeantsville Road | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental | | | City, State, Zip Code Stockton, NJ 08559 | | |
| Street Address 401 Saint James Ave. | | | Telephone Number P (732)926-0900 x102 | | |
| City, State, Zip Code Phillipsburg, NJ 08865 | | | License Number 01237 | | |
| Project Manager for Monitoring Firm Jon Gilbert | | | Telephone Number 908-454-6316 | | |
| Scheduled Start Date (10) 11/06/18 | | | Scheduled Completion Date (11) 11/11/18 | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Occupied Tues 9am - 5pm Prep Wed 9am - 11pm Prep & Removal Thurs, Fri, Sat 7am - 3pm Removal | | | Name of OSHA Monitor IAQ GURU LLC | | |
| | | | Street Address 87 Main Street | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

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|--|---|---|---|---|--------------------------|---|--------------------------|
| Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) | Amount (Specify SF or LF) | Abatement Type Remove Repair Encap Enclose | | | |
| Board offices | | Window Caulk | (G&C)2286LF (P) <200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Offices, & Band Rooms (99, 99A) | | Window Caulk | (G&C)776LF (P) <128SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Girls Room, & Conference Room 100 | | Window Caulk | (G&C)460LF (P) 208 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc | NJDEP Waste Hauler ID # 0036057 | Cubic Yards of Waste | Name of Registered Landfill Chrin Brothers Sanitary Landfill | | | | |
| Disposal Date | | | City, State Easton, PA | | | | |
| Completed by (Print or Type) Mark M Jovic | | | Signature | | Date 10/23/18 | | |
| Title Project Manager | | | | | | | |

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



CK 35195 **PAID**

| | | | |
|--|--|---|--|
| Date of Notification (1) 10 / 23 / 18 | | Name of Building Owner/Operator (2) Township of Berkeley | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P O Box B City, State, Zip Code Bayville, NJ 08721 Name of Contact Jeanette Telephone Number 732-244-7400 | |

FACILITY INFORMATION

| | | | |
|--|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence-Garage | | 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 83 Bayview Avenue | | Square Feet 1200 sf | |
| City (5) Bayville | | # of Floors 1 | Bldg. Age 65 |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence-Garage | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) 11 / 07 / 18 | Scheduled Completion Date (11) 11 / 09 / 18 | Name of OSHA Monitor E.M.S.L. Analytical | |
| 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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | |

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 |
| exterior-garage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1200 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 Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 11/09/18 | City, State Tullytown, Pennsylvania | | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | Date 10/23/18 | | |

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

Pg 1
PROJECT COMPLETE

| | | | | | |
|--|---|---|--|--|--|
| Date of Notification (1) <div style="text-align: center;">9 / 20 / 18</div> | | Name of Building Owner/Operator (2) Caldwell Public Library | | <div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">OCT 26 2018</div> | |
| Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment # 3-10/22/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 268 Bloomfield Ave | | | |
| | | City, State, Zip Code Caldwell, NJ 07006 | | | |
| | | Name of Contact Matthew Battle | | Telephone Number 201-927-9118 | |

| FACILITY INFORMATION | | | | | |
|--|--|---|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | | 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 268 Bloomfield Ave | | | Square Feet +20,000 | # of Floors 2 | Bldg. Age +75 |
| City (5) Caldwell | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Library | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | |
| Start Date (10) <div style="text-align: center;">10 / 8 / 18</div> | | Scheduled Completion Date (11) <div style="text-align: center;">10 / 22 / 18</div> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM / ____ PM - ____ AM | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State, Zip Code BRISTOL, PA 19007 | | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Corner Offices | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Mastic | 625 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Server Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Bathroom Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Glue Daubs | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Janitors Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|-----------------------------------|--|-------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature <i>Dillan DeCaro</i> | | Date 10/22/18 |

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

Pg 2
PROJECT COMPLETE

| | | | | | | |
|--|---|---|--|--|--|--|
| Date of Notification (1) <u>9</u> / <u>20</u> / <u>18</u> | | Name of Building Owner/Operator (2) Caldwell Public Library | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 26 2018 </div> | | |
| Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment # <u>3-10/22/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 268 Bloomfield Ave | | | |
| | | | City, State, Zip Code Caldwell, NJ 07006 | | | |
| | | Name of Contact Matthew Battle | | Telephone Number 201-927-9118 | | |

| FACILITY INFORMATION | | | | | |
|--|--|---|--|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | | 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 268 Bloomfield Ave | | | Square Feet +20,000 | # of Floors 2 | Bldg. Age +75 |
| City (5) Caldwell | | | Current Use (Prior if being demolished) Library | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | |
| Start Date (10) <u>10</u> / <u>8</u> / <u>18</u> | | Scheduled Completion Date (11) <u>10</u> / <u>22</u> / <u>18</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM | | | Street Address 1123 BEAVER STREET | | |
| | | | City, State, Zip Code BRISTOL, PA 19007 | | |

| | | | | | |
|---|--|---|--|---|--|
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) (13) <u>TO BE ABATED</u> IN Facility | 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 Stairwell Landing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT ONLY | 112 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Wall | 14 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|-----------------------------------|--|-------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature <i>Dillan DeCaro</i> | | Date 10/22/18 |

Approved by:
Tom Voorhees, NJ DOC

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

PAID

chk # 3455

| | | | | | |
|---|--|--|--|--|---|
| Date of Notification (1) 10/22/18 | | Name of Building Owner / Operator (2) Wells Fargo Bank | | <div>RECEIVED</div> <div>OCT 26 2018</div> <div>Telephone Number 732-565-4504</div> | |
| 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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | | Street Address One South Broad Street |
| | | City, State & Zip Code Philadelphia, PA 19107 | | | |
| | | Name of Contact Gordon McGill | | | |
| | | | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Wells Fargo Toms River Admin | | | 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 40 Main Street | | | Square Feet 30,000 | | |
| City (5) Toms River | | County (6) Ocean | County Code (7) | # of Floors 3 | Bldg. Age 45+ |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| Street Address 120 North Warren Street | | | Street Address 1123 Beaver Street | | |
| City, State & Zip Code Trenton, NJ 08010 | | | City, State & Zip Code Bristol, PA 19007 | | |
| Project Manager for Monitoring Firm Rollie Jones | | Telephone Number 609-392-4200 | | License Number 00509 | |
| Scheduled Start Date (10) 10/23/18 | | Scheduled Completion Date (11) 10/23/18 | | Name of OSHA Monitor Bristol Environmental Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM to 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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 or 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 |
| 3rd Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 12 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---|--|--|-------------------------|
| Name of Registered Waste Hauler Service Transport Inc. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 1/4 CU YD | Name of Registered Landfill Minerva Landfill | |
| City, State New Castle, DE | | Disposal Date 10/23/18 | | City, State Waynesburg, Ohio | |
| Completed By (Print or Type) Gino Pizzigoni | | Title Project Manager | Signature <i>Gino Pizzigoni</i> | | Date 10/22/18 |

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chk#3454

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

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PAGE 02/03

K1103

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:126)

RECEIVED
OCT 26 2018

| | | | |
|--|---|---|---|
| Date of Notification (1) 10/19/18 | | Name of Building Owner/Operator (2) Hoffman Koss Fu Niture | |
| Agencies Notified: <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address: 475 Route 46 W1 ST | | City, State, Zip Code: Fairfield, N.J. 07004 | |
| Name of Contact: Mike Guidke | | Telephone Number: 201-417-3773 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) WALE House | | Type of Facility (4) <input type="checkbox"/> Hotel (K-12) <input type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address: 125 South St. | | Square Feet: 1500 | |
| City (5) Passaic | | # of Floors: 1 | |
| County (6) Passaic | | Bldg. Age: +50 | |
| Country Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) COMMERCIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) AMAC Contracting Inc. | |
| Street Address: 163 Midland Ave | | City, State, Zip Code: Midland Park, NJ 07432 | |
| City, State, Zip Code | | Telephone No. 201-262-5111 | |
| Project Manager for Monitoring Firm | | License No. 00156 | |
| Start Date (10) 10/19/18 | | Scheduled Completion Date (11) 10/30/18 | |
| 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 Other - Describe: | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Street Address: 280 Huyler Street | | City, State, Zip Code: Hackensack, NJ 07606 | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> 24 hr or 20 hr <input checked="" type="checkbox"/> 8:00 AM to 5:00 PM | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full containment with Negative Pressure enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-fragile procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Crawl Space | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | PIPE INSULATION | | |
| Amount (Specify SF or LF) 520 LF | | Abatement Type: Removal Repair Encapsulate Enclosure | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04508 | |
| City, State Newark, NJ 07105 | | Cubic Yards of Waste 7 | |
| Disposal Date 10/19/18 ON | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| City, State York, PA 17402 | | By, State Penn Argyl, PA 08702 | |
| Completed by Joseph Vocaturo | | Title Vice President | |
| Signature J. Vocaturo | | Date 10/19/18 | |

chk# 3446

RECEIVED

OCT 26 2018

Telephone Number

(917) 992-1356

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

CK 3456

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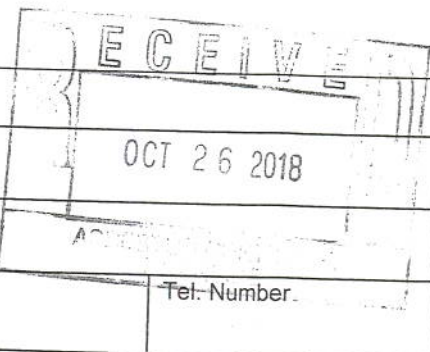
chk # 3456

| | | | | | | | | | |
|--|---|--|--|-------------------------------|----------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 5 / 18 | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
| Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment #1-10/23/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 243 East State Street City, State, Zip Code Trenton, NJ, 08608 Name of Contact Charlie Messing Telephone Number (917)992-1356 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Trenton Central Office | | 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 243 East State Street | | Square Feet 51,075 | | | | | | | |
| City (5) Trenton | | # of Floors 5 | | | | | | | |
| County (6) Mercer | | Bldg. Age +-50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Verizon | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc | | ASCN No. | | | | | | | |
| Street Address 1253 North Church Street | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Kristopher Smith | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 609-313-8218 | | Telephone No. 215-788-6040 | | | | | | | |
| Start Date (10) 10 / 22 / 18 | | License No. 00509 | | | | | | | |
| Scheduled Completion Date (11) 11 / 2 / 18 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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 Exit Area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 36 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Center Hall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 28 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Boiler Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 822 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | | Signature Dillan DeCaro | | Date 10-23-18 | | | |

CK 5801

PAID

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



| | | | |
|--|--|---|--|
| Date of Notification (1) 10/22/2018 | | Name of Building Owner/Operator (2) Ashland Incorporated | |
| Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA | Notification Type () Initial Notification (X) Amended Amendment # 1 () Emergency (including justification) () Cancellation | Street Address 500 Hercules Road | |
| | | City, State, Zip Code Wilmington, DE 19805 | |
| | | Name of Contact Edward Meeks | |
| | | Tel. Number | |

| FACILITY INFORMATION | | | |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1000 Harrison Ave | | Square Feet | # of Floors |
| City (5) Kearny, NJ 07032 | | Bldg. Age | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Bldg. Owner | | ASCM No. | Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC |
| Street Address | | Street Address 300-2 State Route 17 South - Suite #3 | |
| City, State, Zip Code | | City State, Zip Code Lodi, NJ 07644 | |
| Project Manager for Monitoring Firm (8) | Telephone Number | Telephone Number (973)685-9791 | License Number 01191 "A" |
| Scheduled Start Date (10) 10/24/2018 | Scheduled Completion Date (11) 11/22/2019 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: | | Street Address | |
| | | City, State, Zip Code | |
| Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf () Renovation (X) Demolition () Full Containment with Negative Pressure () Mini-Enclosure () Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Building 714 - Roof Area | | X | | Roof Flashing | 140 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|-------------------------------|-----------------------------|--|
| Name of Reg. Waste Hauler Cid Construction Services, LLC | NJDEP Waste Hauler ID # 32905 | Cubic Yards of Waste TBD | Name of Reg. Landfill 110 Sand Company Landfill |
| City, State Garfield, NJ | Disposal Date TBD | City, State Melville, NY | |
| Completed by Roque G Schipilliti | Title Project Manager | Signature | Date 10/22/2018 |

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UNICORN CONTRACTING

PAGE 03/04

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

OCT 26 2018
10:10 AM

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| | | | | | |
|--|--|---|--|---|--|
| Date of Notification (1) 10/22/18 | | Name of Building Owner/Operator (2) Rose Emolo | | Street Address | |
| Agencies Notified | | Type Notification | | City, State, Zip Code | |
| <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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Paterson, NJ 07614 Name of Contact Rose Emolo | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| City (5) Paterson, NJ | | | Square Feet 1948 | # of Floors 2 | Bldg. Age 55+ |
| County (6) Passaic | | | Current Use (Prior to building demolished) Home | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) | |
| Street Address | | | Unicorn Contracting Corp. | | |
| City, State, Zip Code | | | 32 Willow Way Woodland Park, NJ 07424 | | |
| Project Manager for Monitoring Firm | | | Telephone No. | License No. | |
| | | | 973-333-9171 | 01331 | |
| Start Date (10) 10/23/18 | | | Scheduled Completion Date (11) 10/24/18 | | Name of OSHA Monitor Envirovision Consultants, Inc. |
| 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: 7AM START | | | 20-21 Wagon Wheel Rd., Bldg. 35-E Fair Lawn, NJ 07410 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (12) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal system's insulation, surfacing, VAT, or other miscellaneous) | |
| | | Yes No N/A | | | |
| BASEMENT | | X | | THERMAL SYSTEM INSULATION | |
| BASEMENT | | X | | BOILER INSULATION | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | NJDEP Waste Hauler ID No. 0035844 | | Cubic Yards of Waste 7 | Name of Registered Landfill Fairless Hills Landfill |
| City, State Woodland Park, New Jersey | | Disposal Date TBD | | City, State Morrisville, PA | |
| Completed by Dimo Golcev | | Title General Manager | | Signature | Date 10/22/18 |

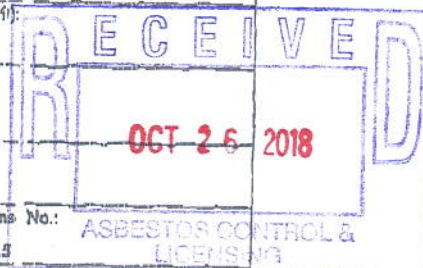
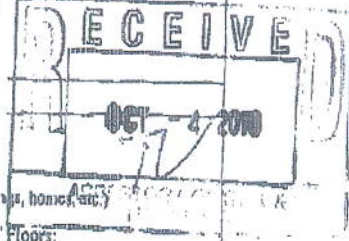
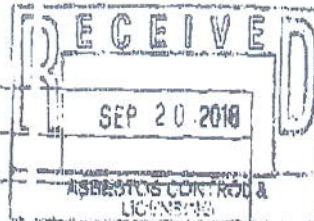
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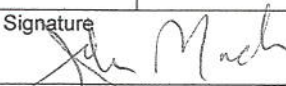
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:27 and N.J.A.C. 17:26-2.12)

| | | | | | | | | | |
|---|---|--|--|--------------------------------------|--|---------|--------|---------------|-----------|
| Date of Notification (1): 09/14/2018 | | Name of Building Owner/Operator (2): Passaic Valley Water Commission | | | | | | | |
| Agency Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) 2 <input type="checkbox"/> Cancellation 3 | Street Address: 1528 Main Avenue City, State, Zip Code: Clifton, NJ 07011 Name of Contact: Joseph Aldighieri Telephone Number: 201-398-3960 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility/Control Building: 800 Union Blvd | | Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| City (5): Clifton | County (6): Passaic | County Code (7): 07012 | Square Feet: 132.5 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL | | ASCM No.: 0003 | Name of Abatement Contractor (6): Apex Development, Inc. | | | | | | |
| Street Address: 1253 North Church Street | | Street Address: 350 Broadway | | | | | | | |
| City, State, Zip Code: Moorestown, NJ 08057 | | City, State, Zip Code: Newark, NJ 07104 | | | | | | | |
| Project Manager for Monitoring Firm: Mike Stocku | | Telephone No.: 609-304-3969 | Telephone No.: (973) 390-0101 | | | | | | |
| Start Date (10): 09/28/18 | | Scheduled Completion Date (11): 10/12/18 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe: | | Name of OSHA Monitor: Metro Analytical Laboratories | | | | | | | |
| Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018 | | | | | | | |
| Full Containment with Negative Pressure Minimal-Enclosure Glovebag Procedure Non-Sampled (*) and Non-Friable Procedure | | Full Containment with Negative Pressure Minimal-Enclosure Glovebag Procedure Non-Sampled (*) 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 | Encapsulation | Enclosure |
| CRAWL SPACE | | X | | ELBOWS/PIPE INSULATION (GLOVEBAG) | 8 LF | | | | |
| CRAWL SPACE | | X | | PIPE INSULATION (WRAP & CUT) | 752 LF | | | | |
| CRAWL SPACE | | X | | Clearing of suspect debris | 20 SF | | | | |
| Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING/APEX | | NJDEP Waste Hauler ID No.: 19551 APEX-0035729 | | Cubic Yards of Waste: 30 | Number of Registered Landfill: MIN: RVA ENTERPRISES, INC. | | | | |
| City, State: Brooklyn, NY 10474 | | Disposal Date: | | City, State: Waynesburg, OH 44688 | | | | | |
| Completed By: Chinyelu Okegbunam | | Title: Vice President | | Signature: | Date: 09/14/2018 | | | | |



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

| Date of Notification (1) <div style="font-size: 1.5em; font-family: cursive;">NOCK</div> 10 / 24 / 18 | | Name of Building Owner/Operator (2) Cape May County Chosen Freeholders | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 26 2018 ASBESTOS CONTROL & LOBBING </div> | | | | | |
|---|---|--|-------------------------------------|--|--|---|--------------------------|---|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 4 Moore Road, DN 149 City, State, Zip Code Cape May Court House, NJ 08210 Name of Contact Kevin Lare | | Telephone Number 609-465-1125 | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Cape May County Correctional Institution | | | | 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 Crest Haven Complex 125 Crest Haven Rd | | | | City (5) Cape May Court House, NJ 08210 | | | | | |
| County (6) Cape May | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A/ Demolition | | ASCN No. | | Name of Abatement Contractor (9) Yannuzzi Environmental Services | | | | | |
| Street Address | | Street Address 135 Kinnelon Road, Suite 102 | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | License No. 01228 | | | | | |
| Start Date (10) 10 / 12 / 18 | | Scheduled Completion Date (11) 12 / 30 / 18 | | Name of OSHA Monitor Yannuzzi Group, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | Street Address 135 Kinnelon Road | | | | | |
| | | | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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"/> 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 |
| Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boiler TSI | 120 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interview Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic, Non-Friable | 110 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic, Non-Friable | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Female Control Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic, Non-Friable | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Yannuzzi Group Inc. | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 40 | Name of Registered Landfill Waste Management | | | | |
| City, State Kinnelon, NJ 07405 | | Disposal Date 12/30/2018 | | City, State Fairless Hills | | | | | |
| Completed By (Print or Type) John Mucha | | Title Project Manager | | Signature  | | Date | | | |

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

B & G proj. #:

2018-213

PAID

Sub 8

Check # 9286

| | | | | |
|---|--|--|--|---|
| Date of Notification (1) 09/12/18 | | Name of Building Owner/Operator (2) Paterson Public Schools | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 26 2018 ASBESTOS CONTROL & REMEDIATION </div> |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 200 Sheridan Avenue | | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | | City, State, Zip Code Paterson, NJ 07504 | | |
| | | Name of Contact Richard Matthews | | |
| | | Telephone Number 973-321-0772 | | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|--|---|--|
| Name of facility where abatement is taking place (3) Public School # 20 | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 500 East 37th Street | | | Square Feet 50,000 | | |
| City (5) Paterson, NJ 07504 | | | # of Floors 2 | | |
| County (6) Passaic | | | Bldg. Age 90 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Public School | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental, Inc. | | ASCM No. 0026 | | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address 1253 North Church Street | | Street Address 105 Ryerson Road | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| City, State, Zip Code Moorestown, NJ 08057 | | Telephone Number (973)696-6869 | | License Number 00378 | |
| Project Manager for Monitoring Firm James A Guilardi | | Phone Number 856-840-8800 x 31 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Scheduled Start Date (10) 11/07/2018 | | Sched. Completion Date (11) 11/10/2018 | | Street Address 105 Ryerson Road | |
| 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: <input type="checkbox"/> Other-Describe: start 3:30 pm | | | | City, State, Zip Code Lincoln Park, NJ 07035 | |

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Room 16 closet | | | <input checked="" type="checkbox"/> | ceiling plaster | 100 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"/> |


| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 11/10/2018 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 09/28/2018 |

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

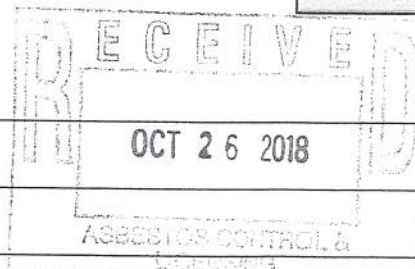
CK 213 PAID

| | | | | | | | | | |
|--|--|---|---|--|--------------------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 10/18/2018 | | Name of Building Owner/Operator (2) Stephen Kitko | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 26 2018 ASBESTOS CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newton NJ 07860 | | | | | | | |
| | | Name of Contact Marko Stankovic, Project Manager | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Newton | | | Square Feet 1870 | # of Floors 2 | Bldg. Age 1957 | | | | |
| County (6) Sussex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Checkmark Industrial | | | | | |
| Street Address | | | | Street Address 54 Morgan Dr | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Sparta NJ 07871 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-570-2645 | License No. 01334 | | | | |
| Start Date (10) 10/19/2018 | | Scheduled Completion Date (11) 10/26/2018 | | Name of OSHA Monitor Checkmark Industrial | | | | | |
| 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 54 Morgan Dr | | | | | |
| | | | | City, State, Zip Code Sparta NJ 07871 | | | | | |
| 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 |
| first, second, attic | | X | | transite pipe | 20 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Owner of Home | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 1 | Name of Registered Landfill SCMUA | | | | |
| City, State Newton NJ | | | | Disposal Date | City, State Lafayette NJ | | | | |
| Completed by Corey Stankovic | | | Title CEO | Signature <i>Stankovic</i> | | | Date 10/18/2018 | | |

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

| | | | | | | | | | |
|--|---|--|--|---|---|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/16/2018 | | Name of Building Owner/Operator (2) Zsuzsanna Nagy | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 26 2018 </div> | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Wayne NJ 07470 Name of Contact Marko Stankovic, Project Manager | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | Type of Facility (4) | | | | | |
| Street Address | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Wayne | | | | Square Feet 1160 | # of Floors 1 | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Checkmark Industrial | | | | | | |
| Street Address | | Street Address 54 Morgan Dr | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Sparta NJ 07871 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-570-2645 | License No. 01334 | | | | | |
| Start Date (10) 10/17/2018 | | Scheduled Completion Date (11) 10/23/2018 | | Name of OSHA Monitor Checkmark Industrial | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 54 Morgan Dr | | | | | |
| <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 Sparta NJ 07871 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | X | | 9" x 9" floor tiles & mastic | 1000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 4 | Name of Registered Landfill Waste Management | | | | |
| City, State Wayne NJ | | | | Disposal Date | City, State Tulleytown PA | | | | |
| Completed by Corey Stankovic | | Title CEO | | Signature  | | Date 10/16/2018 | | | |

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



| | | | | | | | | | | | |
|--|--|---|----|---|-----------------|--|---|----------------|--------|-------------|-----------|
| Date of Notification (1) 10/23/2018 | | Name of Building Owner/Operator (2) Christian Health Care Center | | OCT 26 2018 | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 301 Sicomac Ave City, State, Zip Code Wyckoff, NJ 07481 Name of Contact Mike Doss Telephone Number 201-848-4492 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Abandoned Structure Residence | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 287 Sicomac Ave | | | | Square Feet 1500 | | | | | | | |
| City (5) Wyckoff | | | | # of Floors 2 | | | | | | | |
| County (6) Bergen | | | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Abandoned | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCN No. | | Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc | | | | | | | |
| Street Address | | Street Address 135 Kinnelon Road Suite 102 | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 908-218-0880 | | | | | | | |
| Start Date (10) 10/24/2018 | | Scheduled Completion Date (11) 10/25/2018 | | License No. 01228 | | | | | | | |
| Name of OSHA Monitor Yannuzzi Environmental Services, Inc. | | | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Street Address 135 Kinnelon Road Suite 102 | | | | | | | |
| | | | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | | | | | | | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | | | | | | | |
| | | | | <input type="checkbox"/> Glovebag Procedure | | | | | | | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| Crawl Space | | Yes | No | N/A | Pipe Insulation | 140 LF | X | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | NJDEP Waste Hauler ID No. 17467 | | Cubic Yards of Waste 2 | | Name of Registered Landfill Waste Management Fairless | | | | | |
| City, State Kinnelon, NJ | | | | Disposal Date 10/25/2018 | | City, State Fairless Hills, PA | | | | | |
| Completed by John Mucha | | Title Project Manager | | Signature | | Date 10/23/2018 | | | | | |