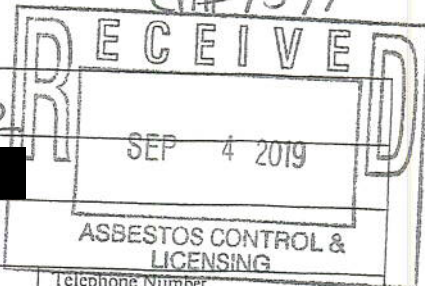


VIA U.S. MAIL
CH# 4599



INN# 14180

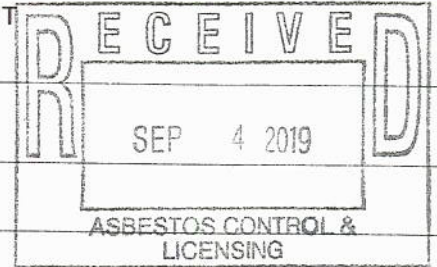
PAID

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

Date of Notification (1) 8/29/19		Name of Building Owner/Operator (2) MR WALTER STAWARZ	
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 [REDACTED]	City, State, Zip Code ELIZABETH NJ.
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Name of Contact MR STAWARZ	
Street Address [REDACTED]		FACILITY INFORMATION	
City (5) ELIZABETH NJ.	County (6) UNION	County Code (7) (STATE USE ONLY)	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.)
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Square Feet 3,000
Street Address [REDACTED]		# of Floors 2	
City, State, Zip Code [REDACTED]		Bldg. Age 90	
Project Manager for Monitoring Firm [REDACTED]		Current Use (Prior if being demolished) HOUSE	
Start Date (10) 9/7/19		Scheduled Completion Date (11) 10/7/19	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of Abatement Contractor (9) NOVATECH	
Scope of Work (Check All That Apply) <input checked="" 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		Telephone No. 732 238x7500	
Location of Asbestos-Containing Material (ACM) In Facility (13) BASEMENT		License No. 000806	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Name of OSHA Monitor NOVATECH	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION		Street Address P.O. Box 814	
Amount (Specify SF or LF) 2200 L/FX		City, State, Zip Code OLD BRIDGE NJ. 08857	
Name of Registered Waste Hauler NOVATECH		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	
NJDEP Waste Hauler ID No. 18501		Abatement Type Removal Repair Encapsulate Enclosure	
Cubic Yards of Waste 6		Name of Registered Landfill G.R.O.W.S	
City, State OLD BRIDGE NJ. 08857		Disposal Date 9/18/19	
Completed by CARLOS AMEIDA		City, State POCONO PA.	
Title PRESIDENT		Signature [Signature]	
		Date 8/29/19	

INV# 14182
CK 6005 PAID

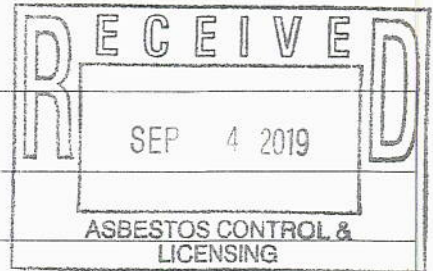
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 29 / 19		Name of Building Owner/Operator (2) David Jack							
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 [REDACTED] City, State, Zip Code Deptford, NJ 08096							
		Name of Contact David Jack	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jack 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Deptford	Square Feet 936	# of Floors 2	Bldg. Age 59						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Associates, Inc.		ASCM No.							
Street Address 359 Dresher Road		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Horsham, PA 19044		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Larry Nagelberg		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 215-768-4681		Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 09 / 07 / 19	Scheduled Completion Date (11) 09 / 10 / 19	Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock and Joint Compound	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock and Joint Compound	4 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 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 09/10/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 8/29/19			

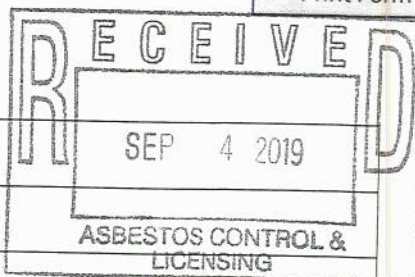
Inv# 14183
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 30 / 19		Name of Building Owner/Operator (2) Davis Enterprises	
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 8000 Sagemore Drive, Suite 8201 City, State, Zip Code Marlton, NJ 08053 Name of Contact Scott Stegall Telephone Number 856-784-0707	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ryan's Run East - Building 2300		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 1330 Old Kings Highway East		Square Feet 20,000	
City (5) Maple Shade		# of Floors 2	
County (6) Burlington		Bldg. Age 47	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Building	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		ASCM No.	
Street Address PO Box 11645		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Philadelphia, PA 19116		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Jason Dua		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 267-784-4693		Telephone No. 856-755-0099	
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.	
Start Date (10) 09 / 16 / 19		Scheduled Completion Date (11) 10 / 25 / 19	
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 200 Route 130 North	
Scope of Work (Check all that apply) <input checked="" 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		City, State, Zip Code Cinnaminson, NJ 08077	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	
Units 2311-2316		7,912 SF	
Units 2311-2316		4,352 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	
City, State Freehold, NJ		Cubic Yards of Waste 120	
Disposal Date 10/25/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA			
Completed By (Print or Type) Christina Fay		Title Vice President of Operations	
Signature <i>Christina Fay</i>		Date 8/30/19	

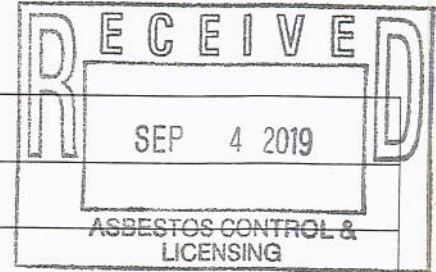
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/30/2019		Name of Building Owner/Operator (2) Ronald Frederick Des Rosiers							
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 Bloomfield, NJ 07003							
		Name of Contact Ronald Frederick Des Rosiers	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Bloomfield		Bldg. Age 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.	License No. 01311						
Start Date (10) 09/10/2019	Scheduled Completion Date (11) 09/11/2019	Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	200 LF	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 Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 08/30/2019			

Inv# 14180
CK 16200020915

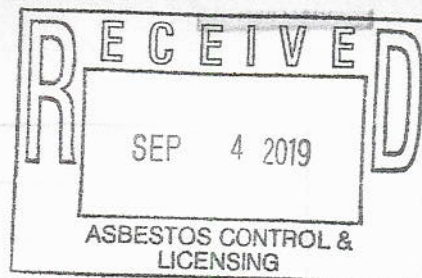
PAID State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/30/2019		Name of Building Owner/Operator (2) Dexter Charles							
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 Maplewood, NJ 07040							
		Name of Contact Dexter Charles	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age 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. 9733458685	License No. 01311						
Start Date (10) 09/11/2019	Scheduled Completion Date (11) 09/12/2019	Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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		VAT	600 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 Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 08/30/2019			

Inv# 13586
 CK 1872 PAID

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



Date of Notification (1) 08/29/2019		Name of Building Owner/Operator (2) Monmouth Regional School District							
Agencies Notified	Type Notification	Street Address 1 Norman J Field Way							
<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	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tinton Falls NJ 07724							
		Name of Contact Andrew Teeple	Telephone Number 732-542 5815						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Regional High School		Type of Facility (4)							
Street Address 1 Norman J Field Way		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)							
City (5) Tinton Falls NJ 07724		Square Feet n/a	# of Floors n/a						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No.	Name of Abatement Contractor (9) Anax Contracting LLC						
Street Address PO BOX 385		Street Address PO BOX 734							
City, State, Zip Code Ocenville NJ 08231		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Donna D'Errico		Telephone No. 609-652-1833	License No. 01266						
Start Date (10) 08-24-2019		Name of OSHA Monitor Amax Contracting LLC							
Scheduled Completion Date (11) 09-20-2019		Street Address PO BOX 734							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Woodland Park NJ 07424							
<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: OCCUPIED BUILDING									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥250 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) 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	Enclose
Gymnasium bleacher area south			x	wood floor/homasote sub&mastic	520 SF	x			
Gymnasium bleacher area north			x	wood floor/homasote sub&mastic	680 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0035184	Cubic Yards of Waste 50 cy	Name of Registered Landfill Fairlawn Hills					
City, State Woodland Park NJ 07424		Disposal Date 08-27-2019		City, State Monroeville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 08-29-2019			

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

Inv# 14128

PAID

Check # 2140 / 2181

Date of Notification (1) August 30, 2019 August 22, 2019		Name of Building Owner / Operator (2) Balogh Associates	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	31 Schoolhouse Road City, State & Zip Code Somerset, NJ 08873 Name of Contact Pauline Balogh	
		732-805-9800	

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ASBESTOS CONTROL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Comcast Cable Communications, LLC		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, home, etc.)	
Street Address 381 Lord Street		Square Feet	# of Floors
City (5) Avenel		Bldg. Age 50	
County (6) Middlesex		Current Use (Prior if being demolished) Office Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 10 Friends Lane		Street Address 829 Radio Road	
City, State & Zip Code Newtown, PA 18940		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Firoz Jan		Telephone Number 267-685-1800	License Number 00817
Scheduled Start Date (10) September 4, 2019	Scheduled Completion Date (11) October 17, 2019		
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 Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
Lobby, Former Payment Ctr, Hallway, Common Areas			X	Floor Tile and Mastic	1,000 SF	X			
Payment Center			X	Floor Tile and Mastic	200 SF	X			
Area btw Common Areas and Headend			X	Floor Tile and Mastic	100 SF	X			
Headend			X	Floor Tile and Mastic	100 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 14	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087	Disposal Date October 18, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date August 30, 2019 August 22, 2019

Check # 2140

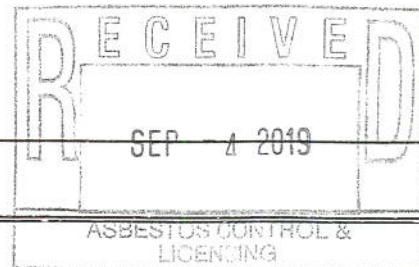
**Do not use this form for asbestos licensure exempted activities.*

Inv 1481

Proj. #: 19-175

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

PAID



Date of Notification (1) 10/18/19		Name of Building Owner/Operator (2) Larry Hunt	
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 [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lake Hopatcong, NJ 07849	
		Name of Contact Larry Hunt	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) Lake Hopatcong, NJ 07849			County (6) Sussex		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 85
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address [REDACTED]			Street Address 309 W. End Ave		
City, State, Zip Code [REDACTED]			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 09/10/19		Sched. Completion Date (11) 09/16/19			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor KLOMAX, LLC					
Street Address 309 W. End Ave					
City, State, Zip Code Hopatcong, NJ 07843					

Scope of Work (check all that apply)

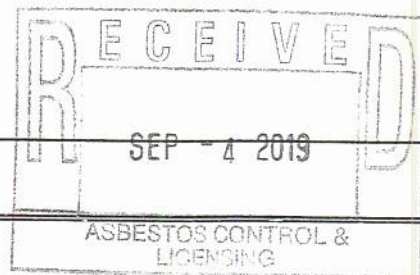
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Transite Board	28 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 08/29/19

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:120)

Proj. #: 19-176



Date of Notification (1) 10/18/12/19/11/19/		Name of Building Owner/Operator (2) Diana Heithmer	
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 [REDACTED]		City, State, Zip Code Union, NJ 07083	
Name of Contact Diana Heithmer		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Union, NJ 07083			# of Floors 02		
County (6) Union			Bldg. Age 75		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address _____		_____		Street Address 309 W. End Ave	
City, State, Zip Code _____		_____		City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm _____		Phone Number _____		Telephone Number 833-455-6629	
Start Date (10) 09/12/19		Sched. Completion Date (11) 09/17/19		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
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				Street Address 309 W. End Ave	
Location of asbestos-containing material (acm) to be abated in facility (13) Basement				City, State, Zip Code Hopatcong, NJ 07843	

Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			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
Basement			Pipe Insulation	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler KLOMAX, LLC			NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY			
City, State Hopatcong, NJ 07843			Disposal Date TBD		City, State TULLYTOWN, PA			
Completed by (Print or Type) Paige Boylan			Title Owner		Signature [Signature]		Date 08/29/19	

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

RECEIVED	
SEP - 4 2019	
ASBESTOS CONTROL & LICENSING	

Proj. #: 19-177

Date of Notification (1)
10/8/12/19/11/19

Agencies Notified	Type Notification
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	Amendment #: _____
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Name of Building Owner/Operator (2)

Evan Drachman

Street Address

City, State, Zip Code

Hoboken, NJ 07030

Name of Contact

Evan Drachman

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

County (6)

County Code (7)
(State use only)

Maplewood, NJ 07040

Essex

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
1,300 SF	02	65

Current Use (Prior if being demolished)
Residential

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

ASCM No.

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

09/09/19

Sched. Completion Date (11)

09/16/19

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe: _____
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ 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 m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	23 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
0038241

Cubic Yards of Waste
1 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

Signature

Date
08/29/19

CH 1273

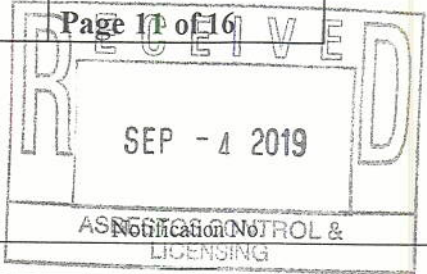
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)

Print Form
RECEIVED
SEP - 4 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08.30.19		Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	319 EAST STATE STREET						
		City, State, Zip Code						
		Name of Contact	Telephone Number					
		DAN ROACH	609-989-3518					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 794-796 STUYVESANT AVE		Type of Facility (4)						
Street Address 794-796 STUYVESANT AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) TRENTON		Square Feet 2385	# of Floors 2 Bldg. Age 89					
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES					
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE						
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205						
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465 License No. 01316					
Start Date (10) 09.03.19	Scheduled Completion Date (11) 09.10.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC						
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 354						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code SOUTH ORANGE, NJ 07079						
Scope of Work (Check All That Apply)								
<input 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" 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
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL				
City, State EAST ORANGE, NJ			Disposal Date	City, State PEN ARGYLE, PA				
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature	Date				

ESD**PRINCETON PLASMA
PHYSICS LABORATORY**
Environmental Services Division**PROCEDURE**No. EM-OP-01
Rev 8

Page 1 of 16



NOCK

Attachment I
Notification of Asbestos Abatement
Page 1 of 2

Operator No.

Postmark Date

Date Received

ASBESTOS CONTROL &
LICENSINGType of Notification
Agencies Notified
Type of Operation☒ Original ☐ Revised
☒ EPA ☒ NJDOL
☐ Demolition
☐ Renovation
☒ Removal
☒ Yes ☐ No☐ Cancelled
☐ NJDCA ☐ NJDOH
☐ Ordered Demolition
☐ Emergency removal

Is Asbestos Present?

Scheduled dates of asbestos removal (DD/MM/YY)
Schedules dates of demolition renovation (DD/MM/YY)

Start date:

09/13/2019

Date Completed:

09/21/2019

Facility:Owner Name: USDOE Princeton Plasma Physics Lab
Address: 100 Stelarator Road
City: Princeton State: NJ Zip: 08543
Contacts: Todd Sandt Telephone: 609-243-3592Building Name: Lab Wing
Address: 100 Stelarator Road
City: Princeton State: NJ Zip: 08543
Site Location: Rooms L242 and L243 with hallway; Stairwell F landing
County code (NJDEP Use)
Size: Floors: 1 Age: 60**Contractors:**Removal Contractor: Plymouth Env., Inc
License No.: 00398
Address: 923 Haws Ave.
City: Norristown State: PA Zip: 19401
Contact: Jim Kelly Telephone: 610-239-9920
Monitoring Firm: Briggs Environmental
ASCM No.: 00004
Address: 3 Crosswicks Street
City: Bordentown State: NJ Zip: 08505
Project Manager: Mike Hoodak Telephone: 609-298-5520
Other Operator or OSHA Monitor
Address:
City: State: Zip:

Present use: Office Prior use: Same

Type of Facility ☐ School (K-12) ☐ Sub Chapter 8 (other)
☒ Other (private, commercial building, home)Occupancy status during abatement (check only one)
☒ Facility closed/vacated during entire period☐ Abatement performed outside of normal hours
Describe: Work performed on weekend.Scope of Work: ☐ Glove bag
☐ Mini enclosure
☒ Full containment with negative pressure
☒ Large project (>160 sq ft or >260 lin ft)**Other Information:**

Location of ACM in Facility	Is area normally used only by Maint/ Custodial Staff?			Description of ACM (e.g., VAT, thermal, surface, other miscellaneous)	Amount (ft ² or ft)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Enclose	Encapsulate
Room L242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	190 ft ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room L243	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	243 ft ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	100 ft ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell F Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	100 ft ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ESD**PRINCETON PLASMA
PHYSICS LABORATORY**
Environmental Services Division**PROCEDURE**

No. EM-OP-01

Rev 6
Page 12 of 16**Attachment I
Notification of Asbestos Abatement
Page 2 of 2**

SEP - 4 2019

Approximate amount of asbestos, including:		RACM to be removed	Non-friable ACM not to be removed		ASBESTOS CONTROL & Unit of Measure	
			Category I	Category II	feet	inches
1. RACM to be removed						
2. Category I ACM not to be removed						
3. Category II ACM not to be removed						
Room L242	190 ft ²	VAT / Mastic			ft ²	
Room L243	243 ft ²	VAT / Mastic			ft ²	
Hallway	100 ft ²	VAT / Mastic			ft ²	
Stairwell F Landing	100 ft ²	VAT / Mastic			ft ²	

Transporter(s)

Waste Transporter 1:		NJDEP ID No.: 15939	
Freehold Cartage, Inc.			
Address: 825 Highway 33			
City: Freehold	State: NJ	Zip: 07728	
Contact: Benjamin Sanchez	Telephone: (732) 462-1001		

Waste Transporter 2:		NJDEP ID No.:	
Address:			
City:	State:	Zip:	
Contact:	Telephone:		

Removal Contractor:	Plymouth Env., Inc	License No.	00398
Address: 923 Haws Ave.			
City:	Norristown, PA	State: PA	Zip: 19401
Contact:	Jim Kelly	Telephone:	610-239-9920

If ordered demolition:

Name of Agency:		
Address:	Title:	
Authority:	State:	Zip:
Date of Order:	Date Order to Begin:	

Procedure (including analytical method, if appropriate) used to detect presence of Asbestos:

I certify that an individual trained in the provisions of this regulation (40CFR61, Subpart M) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Signature of Owner/Operator

Date

Todd Sandt

8/29/2019

Registered Landfill

Name of Registered Landfill: GROWS North Landfill		
Address: 1000 New Ford Mill Road		
City: Morrisville	State: PA	Zip: 19065
Date of disposal	TBD	Cubic Yards TBD
If Emergency		
Hour & date of Event:		
Description of Event:		

Explanation of unsafe conditions, equipment damage, and financial burden:

Procedure to be followed in the event that unexpected asbestos is found or non-friable ACM becomes crumbled Pulverized, or reduced to powder:

I certify that the information contained on this form is correct

Signature of Owner/Operator

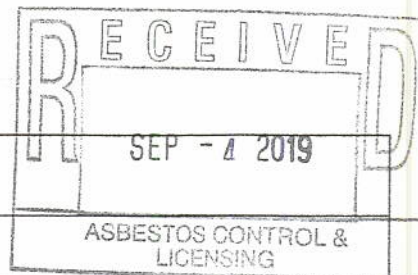
Date

Todd Sandt

8/29/2019

INV14175
CH4723

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



Date of Notification (1) 08 / 30 / 19		Name of Building Owner/Operator (2) Fair Lawn 22-08 Route 208 LLC		SEP - 1 2019					
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22-08 Route 208 City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Tom Alessandrello Telephone Number 973-418-3735					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BES Property Management LLC			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 22-08 Route 208			Square Feet 75,000						
City (5) Fair Lawn			# of Floors 1		Bldg. Age 50+				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) office bldg					
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 0079		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 20-21 Wagaraw Road Bldg 35 E.		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145		License No. 0666					
Start Date (10) 09 / 14 / 19		Scheduled Completion Date (11) 09 / 15 / 19		Name of OSHA Monitor Bako Construction & Restoration, 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 265A Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Brand Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbow insulation	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2 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"/>
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills/ Waste Management				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Damir Valjevack		Title Project Manager		Signature 		Date 08/30/19			

Inv 14173

B & G proj. #: 2019-210

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

Check # 9533

Date of Notification (1) 08/30/19		Name of Building Owner/Operator (2) Robert & Gregory DeStefano		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP - 1 2019 ASBESTOS CONTROL & LICENSING </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"/> Amendment <input type="checkbox"/> Cancellation		
Street Address [REDACTED]		City, State, Zip Code Clifton, NJ 07011		
Name of Contact Robert & Gregory DeStefano		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Robert & Gregory DeStefano			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/12/2019		Sched. Completion Date (11) 09/13/2019	Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Full Containment w/negative pressure
		<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	150 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/13/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/30/2019

Inv 14172

B & G proj. #: 2019-187

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

Check # 9531

Date of Notification (1) 08/13/19		Name of Building Owner/Operator (2) Apple Montessori School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> DECEIVED SEP - 4 2019 ASBESTOS CONTROL & INSING Telephone Number 973-728-8900 x 120 </div>
Agencies Notified	Type Notification	Street Address 75 E Ramapo Avenue		
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430		
		Name of Contact John Donovan / Mark Lindsey & Son Plumbing		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Apple Montessori School			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 75 E Ramapo Avenue			Square Feet		
City (5) Mahwah			County (6) Bergen		County Code (7) (State use only)
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
			License Number 00378	
Scheduled Start Date (10) 09/10/2019		Sched. Completion Date (11) 09/11/2019		
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:				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Full Containment w/negative pressure
		<input type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> 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						
boiler room			<input checked="" type="checkbox"/>	boiler room	22 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 1	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 09/11/2019		City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/30/2019

Inv 14171

B & G proj. #: 2019-203

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

Check # 9532

Date of Notification (1) 08/13/2019		Name of Building Owner/Operator (2) Eliza Wright		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP - 4 2019 ASBESTOS CONTROL & REMEDIATION Telephone Number: 516-516-5165 </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Jersey City, NJ 07305		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Eliza Wright		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Eliza Wright			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Jersey City, NJ 07305	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 09/11/2019		Sched. Completion Date (11) 09/12/2019	License Number 00378		
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:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ wrap & cut

☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☐ 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	155 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

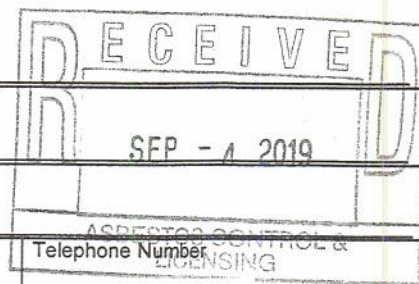
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/12/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/30/2019

Inv 141609
B & G proj. #: 2019-208

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

Check # 9528

Date of Notification (1) 08/12/19		Name of Building Owner/Operator (2) David Piombino & Michelle Stella	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code South Orange, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michelle Stella	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) David Piombino & Michelle Stella			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) South Orange	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 09/09/2019		Sched. Completion Date (11) 09/14/2019	License Number 00378		
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:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> 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						
basement			<input checked="" type="checkbox"/>	VAT (no mastic)	882 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-law suite			<input checked="" type="checkbox"/>	VAT (no mastic)	440 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/13-14/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/29/2019

Inv 14168

B & G proj. #:

2019-199

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

Check # 9504

Date of Notification (1) 08/29/19		Name of Building Owner/Operator (2) New Jersey Division of Property Management & 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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address P.O. Box 026		City, State, Zip Code Trenton, NJ 08625	
Name of Contact Drew DiDonato		Telephone Number 609-984-1750	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JMSF, North, JJC Johnstone Campus (NON Sub chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 99 W Burlington Street			Square Feet # of Floors Bldg. Age		
City (5) Bordentown, NJ 08505	County (6) Burlington	County Code (7) (State use only)	Current Use (Prior if being demolished) Juvenile Detention Center		
Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental Management, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 344 West State Street		Street Address 105 Ryerson Road			
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm William Weisgarber		Phone Number 609-656-8101	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/09/2019	Sched. Completion Date (11) 09/11/2019				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: occupied					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> 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						
Storage Room # 4			<input checked="" type="checkbox"/>	Brown Stick Pin adhesive assoc. with fiberglass duct insulation	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				WRAP & CUT procedure		<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 2	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 09/12/2019		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 08/29/2019		

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

Print Form	
SEP - 4 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 8/29/19		Name of Building Owner/Operator (2) Maura Cuneo							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Park Ridge, NJ 07656 Name of Contact Maura Cuneo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Park Ridge		Square Feet 2550	# of Floors 2						
County (6) Bergen		Bldg. Age 65+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/3/19	Scheduled Completion Date (11) 9/6/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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									
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
Living Room		x		VAT	341 SF	x			
Stairs		x		VAT	65 SF	x			
Hallway		x		VAT	28 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol			Title President	Signature	Date 8/29/19				

RECEIVED	Print Form
SEP - 4 2019	
ASBESTOS CONTROL & LICENSING	

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

Date of Notification (1) 8/29/19		Name of Building Owner/Operator (2) Cranford Parks & Recreation							
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 401 Centennial Ave.		City, State, Zip Code Cranford, NJ 07016							
Name of Contact Steve Robertazzi		Telephone Number 908-709-7283							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Pool House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Centennial Ave.		Square Feet 20000	# of Floors 2						
City (5) Cranford		Bldg. Age 65+/-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Pool House							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/9/19	Scheduled Completion Date (11) 9/15/19	Name of OSHA Monitor							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room	x			Pipe Wrap	227 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature			Date 8/29/19		

INV# 14194
CK10739 PAID

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

RECEIVED	
SEP 4 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9 / 3 / 19		Name of Building Owner/Operator (2) Brixmor Property Group	
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 One Fayette Street, Suite 150		City, State, Zip Code Conshohocken, PA 19428	
Name of Contact Pranav Ambati		Telephone Number 610-834-7799	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tinton Falls Plaza		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 980 Shrewsbury Avenue		Square Feet 30,000	
City (5) Tinton Falls		# of Floors 1	
County (6) Monmouth		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial/retail	

Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.		Name of Abatement Contractor (9) ECOServices, LLC	
Street Address 700 Turner Industrial Way, Ste 105		Street Address 303 B National Road		City, State, Zip Code Exton, PA 19341	
City, State, Zip Code Aston PA 19014		Telephone No. 610-558-8902		License No. 01161	
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 484-872-8884		Name of OSHA Monitor EMSL	
Start Date (10) 9 / 17 / 19		Scheduled Completion Date (11) 11 / 01 / 19		Street Address 200 Route 130 North	

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/ 4 PM- 12 AM		City, State, Zip Code Cinnaminson, NJ 08077	
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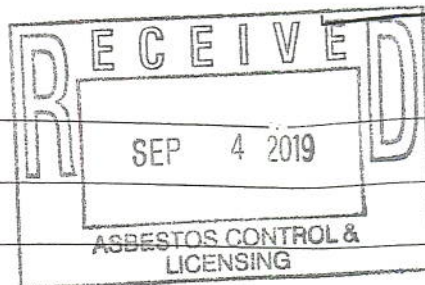
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 8 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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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
Space 07 B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile mastic	6000 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 Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 20		Name of Registered Landfill GROWS North Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA		Completed By (Print or Type) Jack Bally	
Title Sr. Project Manager		Signature Jack Bally @		Date 9/3/19			

INV# 14195 PAID
CK 017476

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



Date of Notification (1) 8/30/2019		Name of Building Owner/Operator (2) UNION PAVING							
Agencies Notified	Type Notification	Street Address 1140 GLOBE AVE.							
<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 MOUNTAINSIDE NJ 07092							
		Name of Contact TRAVIS CAREY	Telephone Number 973-390-6840						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT CONTRACT #7 PULASKI		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 RAYMOND BLVD C/S BLANCHARD ST		Square Feet N/A	# of Floors N/A						
City (5) NEWARK NJ 07114		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES						
Street Address N/A		Street Address 17 OLD DOCK RD							
City, State, Zip Code N/A		City, State, Zip Code YAPHANK NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
		License No. 01136							
Start Date (10) 9/11/2019	Scheduled Completion Date (11) 9/27/2019	Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES							
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 WORK PIPE		Street Address 17 OLD DOCK RD							
		City, State, Zip Code YAPHANK NY 11980							
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) <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
30" PIPE CAST IRON			X	COAL TAR WRAP	40LFT	X			
Name of Registered Waste Hauler WRS Environmental Services		NJDEP Waste Hauler ID No. 36A19	Cubic Yards of Waste 2	Name of Registered Landfill Chemical Waste Management					
City, State 5 Kellaght, Edison NJ		Disposal Date 9/27/2019		City, State Emele, Mahems					
Completed by Petro Green		Title Supervisor	Signature Petro Green		Date 8/30/19				

APPROVED BY:
TOM VOORHEES
NJ DOL PAID

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

INV# 14123
CHK #3629

Date of Notification (1) 8/30/19		Name of Building Owner / Operator (2) Trenton Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 4 2019 ASBESTOS CONTROL & LICENSING 609-656-4900 </div>
Agencies Notified	Type Notification	Street Address 1490 Prospect Street		
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638		
		Name of Contact Mr. Dwayne Mosley		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grace Dunn			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 401 Dayton Street			Square Feet 60000		
City (5) Trenton	County (6) Mercer	County Code (7)	# of Floors 3	Bldg. Age 60+	
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 Steve Mania			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) 9/3/19		Scheduled Completion Date (11) 9/4/19		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: 7:00 AM to 3:30 PM <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 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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
B-20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nail Crete	150 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double layered floor tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	150 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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date 9/4/19		City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 8/30/19

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

INV# 4178 PAID

CK 5226

Date of Notification (1) 8/30/19		Name of Building Owner/Operator (2) Mrs. Margaret Ross						
Agency 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 [REDACTED]	City, State, Zip Code MONTCLAIR, NJ. 07042					
		Name of Contact Mrs Ross	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mrs Ross		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 2000	# of Floors 2					
City (5) MONTCLAIR		Bldg. Age 1950						
County (6) ESSEX	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) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 9/12/19	Scheduled Completion Date (11) 9/13/19	Name of OSHA Monitor Omega Environmental						
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: 8:00AM TO 5:00PM		Street Address 280 Huyler St						
		City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	NA			Removal	Repair	Encapsulate
BASMENT			<input checked="" type="checkbox"/>	VAT	80 SF	<input checked="" type="checkbox"/>		
BASMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	145 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 34cc	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601			Disposal Date 9/13/19	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>			Date 8/30/19			

27.08.2019 02:55 PM A. Mac Contracting

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 PAGE 27
 SEP 4 2019
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 ASBESTOS CONTROL & LICENSING
 AUG 27 2019
 WAIVER APPROVED

INV# 140266
 CK 1287 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:29 and 12:126)

Date of Notification (1) 8/27/19		Name of Building Owner/Operator (2) KHILTI REALTY LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 34 OWENS DRIVE		City, State, Zip Code WAYNE NJ 07472	
Name of Contact MOHAMMED		Telephone Number 973-930-4428	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 34 OWENS DRIVE		Square Feet 60,000	
City (5) WAYNE		# of Floors 1	
County (6) PASSAIC		Bldg. Age 62	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE, WAREHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-282-5841	
Telephone No.		License No. 00166	
Start Date (10) 8/27/19		Scheduled Completion Date (11) 9/3/19	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
		Street Address 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07608	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 of or 23 lf <input type="checkbox"/> 2150 of or 2280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
WAREHOUSE		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
WRAP + CUT ELBOWS		38	
		X	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07106		Cubic Yards of Waste 1	
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Signature R. McDonald	
Title President		Date 8/27/19	