State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP - 8 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/2/16	Name of Building Owner/Operator (2): IAT Project Development, LLC / Hollister Construction Services
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 339 Jefferson Road
	City, State, Zip Code: Parsippany, NJ 07054
	Name of Contact: Brian Lemchak
	Telephone Number: e-mail: BLEMCHAK@HOLLISTERCO.CO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Trenton Charter School	Type of Facility (4): ☒ School (K-12) charter school ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 500 Perry Street	
City (5): Trenton, NJ 08618	Square Feet: ____ # of Floors: ____ Bldg. Age: ____
County (6): Mercer County	County Code (7) (STATE USE ONLY): ____
	~~Current~~ Use (Prior if being demolished): School current + Trenton Times Bldg. previous use

Name of Monitoring Firm Hired by Building Owner (8): Viking Environmental Corp. ASCM No.	Name of Abatement Contractor (9): Guiliano Environmental, LLC
Street Address: or TBD	Street Address: ~~P.O. Box 1124~~ Sayreville, NJ 08871 EIN: 264737697
City, State, Zip Code	City, State, Zip Code: 222 Jernee Mill Road Building 2 Sayreville, NJ 08872
Project Manager for Monitoring Firm / Telephone No.	Telephone No.: office # (732) 238-7400 / License No: NJ01267 NY 46612
Start Date (10): 9/13/16	Scheduled Completion Date (11): TBD OR 9/30/16
	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply): Roof Abatement - Removal & Disposal of Roof ACM

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof-ACM Abatement	✓		✓	Roof ACM	21,000 SF	✓			

Name of Registered Waste Hauler: ~~Codi Transport Ltd. LLC~~ OR Guiliano Env.	NJDEP Waste Hauler ID No.: 0034591	Cubic Yards of Waste: 100 yd. TRL	Name of Registered Landfill: Tullytown Resource Recovery Facility 200 Bordentown Road, Tullytown, PA 19007 Permit 10149 Tel. #: (215) 736-0197
City, State: 222 Jernee Mill Road, Building 2 Sayreville, NJ 08872 (732) 238-7400	Disposal Date	City, State: Address Above ↑ Tullytown, PA 19007	

Completed by: Chris Guiliano	Title: Member	Signature	Date: 9/2/16

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

CHECK # 9192

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

Date of Notification (1): 9/6/16

Name of Building Owner/Operator (2): GOLDBERG REALTY ASSOCIATES

Agencies Notified: ☐ EPA ☒ DEP ☒ DCL ☒ DOH ☐ DOA

Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation

Street Address: 33 CLINTON ROAD

City, State, Zip Code: WEST CALDWELL NJ 07006

Name of Contact: JEAN ALBANICZ

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MARY ANN APARTMENTS

Street Address: 500 BLOOMFIELD AVE

City (5): CALDWELL

County (6): ESSEX

County Code (7) (STATE USE ONLY):

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 6000 # of Floors: 2 Bldg. Age: 60

Current Use (Prior to being demolished): APTS

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: Telephone No.:

Name of Abatement Contractor (9): A. MAC Contracting Inc.

Street Address: 185 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Telephone No.: 201-262-5941 License No.: 00155

Start Date (10): 9/6/16 Scheduled Completion Date (11): 9/12/16

Name of OSHA Monitor: Omega Environmental Services Inc.

Street Address: 250 Huyer Street

City, State, Zip Code: Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
CRAWLSPACE			X	PIPE	500 LF	X			
APARTMENT			X	PIPE	12 LF	X			

Name of Registered Waste Hauler: Newark Carting, Inc NJDEP Waste Hauler ID No.: 04609 Cubic Yards of Waste: 2 Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.

City, State, Zip Code: Newark, NJ 07105 Disposal Date: 9/6/16 on City, State, Zip Code: Bethlehem, PA 18016

Completed by: R. McDonald Title: President Signature: R. McDonald Date: 9/6/16

ASB-41 (R-08-08)

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

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

CHECK # 9192

Date of Notification (1): 9/6/16

Agencies Notified: [x] EPA [x] DLP [x] DOL [x] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # ____ [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): GOLDBERG REALTY ASSOCIATES

Street Address: 33 CLINTON RD

City, State, Zip Code: WEST CALDWELL, N.J 07006

Name of Contact: KRIS FARLEY

Telephone Number: ____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): QUEENS GARDEN APARTMENTS

Street Address: 3 RONALD DRIVE

City (5): COLONIA

County (6): MIDDLESEX

Name of Monitoring Firm Hired by Building Owner (8): ____

Street Address: ____

City, State, Zip Code: ____

Project Manager for Monitoring Firm: ____ Telephone No: ____

Start Date (10): 9/26/16

Scheduled Completion Date (11): 10/26/16

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: ____

Scope of Work (Check All That Apply)
[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[x] Renovation
[ ] Demolition

Type of Facility (4)
[ ] School (K - 12)
[ ] Subchapter 5 (Other than K-12)
[x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 35000 # of Floors: 4 Bldg. Age: +50

Current Use (Prior / During Abatement): RESIDENTIAL

(STATE USE ONLY) ____ ASCM No: ____

Name of Abatement Contractor (9): A.MAC Contracting Inc

Street Address: 185 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ

Telephone No: (201)262-5841 License No: 00156

Name of OSHA Monitor: Omega Environmental Services

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07606

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, flooring, other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Resilient Floor	Drywall	Duct Sealant	Insulation
BASEMENT #3			✓	PIPE INSULATION	218 LF	✓			
BASEMENT #4			✓	PIPE INSULATION	203 LF	✓			
BASEMENT #5			✓	PIPE INSULATION	175 LF	✓			

Name of Registered Waste Hauler: Newark Carting, Inc

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste: 6

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

Disposal Date: 9/22/16 GP

City, State: Bethlehem, PA

Completed by: Joseph Vocaturo

Title: Vice President

Signature: J Vocaturo

Date: 9/6/16

* Do not use this form for asbestos licensure exempted activities

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

RECEIVED
SEP 2016
ASBESTOS CONTROL &

Date of Notification (1): 9/6/17

Name of Building Owner/Operator (2): RENALDO QUIZPHE

Agencies Notified: [x] DEA [x] DHP [x] DOL [x] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended, Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: [redacted]

City, State, Zip Code: PATERSON, NJ 07513

Name of Contact: RENALDO QUIZPHE

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Type of Facility (4): [ ] School (K-12) [ ] Subchapter S (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)

Street Address: [redacted]

City (5): PATERSON

Square Feet: 1,950 | # of Floors: 2 | Bldg. Age: +50

County (6): PASSAIC

(STATE USE ONLY)

Current Use (If building demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Name of Abatement Contractor (9): A.MAC Contracting Inc.

Street Address:

Street Address: 185 Vreeland Ave

City, State, Zip Code:

City, State, Zip Code: Midland Park, NJ

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: (201)262-5841 | License No.: 00156

Start Date (10): 9/17/16

Scheduled Completion Date (11): 9/30/16

Name of OSHA Monitor: Omega Environmental Services

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify sf or LF)	Abatement Type: Removal	Repair	Encapsulate	Other
BASEMENT		✓		PIPE INSULATION	105LF	✓			

Name of Registered Waste Hauler: Newark Carting, Inc.

NJDEP Waste Hauler ID No.: 34509

Cubic Yards of Waste: 2

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

City, State: Newark, NJ

Disposal Date: 9/17/16

City, State: Bethlehem, PA

Completed by: Joseph Vocaturo

Title: Vice President

Signature:

Date: 9/6/17

ASB-41 (R-09-08)

* Do not use this form for asbestos licensure exempted activities

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

Rec'd # 9192

RECEIVED

Date of Notification (1)
9/16/16

Agencies Notified
- [x] EPA
- [x] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner (Operator) (2)
ARTHUR CONKLIN

Street Address
[redacted]

City, State, Zip Code
POMPTON PLAINS, NJ 07444

Name of Contact
MELISSA FLORENCE-LYNCH

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RESIDENCE

Street Address
[redacted]

City
POMPTON PLAINS

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,250	2	+50

County (5)
MORRIS

County Code (*)
(STATE USE ONLY)

Current Use (Prior if being demolished)
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACM No

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No

Name of Abatement Contractor (9)
A-MAC Contracting Inc

Street Address
185 Vreeland Ave

City, State, Zip Code
Midland Park, NJ

Telephone No
(201)262 5841

License No.
00156

Start Date (10)
9/17/16

Scheduled Completion Date (11)
9/30/16

Name of OSHA Monitor
Omega Environmental Services

Street Address
280 Huyler St

City, State, Zip Code
Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

Scope of Work (Check All That Apply)
- [x] 39 sf or 43 lf
- [ ] 160 sf or 260 lf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (14) Yes	No	N/A	Description of Asbestos Containing Material (ACM) e.g. (thermal systems insulation, surfacing, VAT, or miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
BASEMENT			✓	PIPE INSULATION	SOLE	✓			

Name of Registered Waste Hauler
Newark Carting, Inc

NJDEP Waste Hauler ID No
04509

Cubic Yards of Waste
1

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Newark, NJ

Disposal Date
9/17/16 ON

City, State
Bethlehem, PA

Completed by
Joseph Vocaturo

Title
Vice President

Signature
J Vocaturo

Date
9/16/16

ASB-41 (R-05-08)

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

Print Form

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

CL 3859

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SEP – 8 2016
CONTROL &

Date of Notification (1)	Name of Building Owner/Operator (2): Glenreal Equities, LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended, Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 210 River Street Suite 33
	City, State, Zip Code: Hackensack NJ 07606
	Name of Contact: Mr. Frank Somma — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Nutley NJ 07110	Square Feet: 9,846 — # of Floors: 4 — Bldg. Age: 76
County (6): Essex — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental Services, INC — ASCM No.: 00120	Name of Abatement Contractor (9): All Clean Environmental, LLC
Street Address: 280 Huyler Street	Street Address: 106 Vreeland Avenue
City, State, Zip Code: South Hackensack NJ 07606	City, State, Zip Code: South Hackensack NJ 07606
Project Manager for Monitoring Firm: Mr. Geiser Fajardo — Telephone No.: 201 489-8700	Telephone No.: 201 546-2027 — License No.: 01243
Start Date (10): September 19, 2016 — Scheduled Completion Date (11): October 20, 2016	Name of OSHA Monitor: Niche Analysis
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 8 am to 5pm	Street Address: 399 Knolwood
	City, State, Zip Code: White Plains, NY 10603

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Pipe / Basement		X		Insulation	350 LF	X			
Tank / Basement		X		Insulation	75 LF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: NJ04509	Cubic Yards of Waste	Name of Registered Landfill: IESI
City, State: Newark NJ		Disposal Date	City, State: Benthlehem PA 18015

Completed by: Carmen Repreza	Title: Office Manager	Signature: [signature]	Date: 09/06/2016

ASB-41 (R-06-08)

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

D&S Proj. #: 16-270

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

CK 6708

Date of Notification (1): 09/02/16

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment #: ___ ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): scott veale

Street Address: [redacted]

City, State, Zip Code: MONTCLAIR, NJ 07042

Name of Contact: scott veale

Telephone Number:

RECEIVED SEP 2016 ASBESTOS CONTROL &

FACILITY INFORMATION

Name of facility where abatement is taking place (3): scott veale

Street Address: [redacted]

City (5): MONTCLAIR

County (6): ESSEX

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8): | ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm: | Phone Number:

Start Date (10): 09/12/16 | Sched. Completion Date (11): 09/30/16

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

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

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

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

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	108 l ft	☒			

Registered Waste Hauler: D & S RESTORATION, INC. | NJDEP Hauler ID#: 13506 | Cubic Yards of Waste: 2 yds. | Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 | Disposal Date: 09/13/16 | City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC | Title: PRESIDENT | Signature: | Date: 09/02/2016

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

D&S Proj. #: 16-261

CK 6807

RECEIVED
SEP 0 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/30/16

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☐ Amended Amendment #: ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): thomas lehman

Street Address: [redacted]

City, State, Zip Code: WEST CALDWELL, NJ 07006

Name of Contact: thomas lehman

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): thomas lehman

Street Address: [redacted]

City (5): WEST CALDWELL

County (6): ESSEX

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 01169

Start Date (10): 08/31/16

Sched. Completion Date (11): 09/15/16

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

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >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) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement	☐	☒	☐	PIPE INSULATION	120 l ft	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 2 yds.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 09/01/16

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 08/30/ 2016

ASB-41 * Do not use this form for asbestos licensure exempted activities

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

RECEIVED
SEP - 8 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/2/16

Name of Building Owner/Operator (2): IAT Project Development, LLC / Hollister Construction Services

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation

Street Address: 339 Jefferson Road

City, State, Zip Code: Parsippany, NJ 07054

Name of Contact: Brian Lemchak

Telephone Number: (201) 896-7500

e-mail: BLEMCHAK@HOLLISTERCO.COM

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Trenton Charter School

Street Address: 500 Perry Street

City (5): Trenton, NJ 08618

Type of Facility (4): ☒ School (K-12) charter school ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet | # of Floors | Bldg. Age

County (6): Mercer County

County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): school current + Trenton Times Bldg. previous use

Name of Monitoring Firm Hired by Building Owner (8): Viking Environmental Corp. or TBD

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): Guiliano Environmental, LLC

Street Address: ~~P.O. Box 1124~~ Sayreville, NJ 08871

EIN: 264737697

City, State, Zip Code: 222 Jernee Mill Road Building 2 Sayreville, NJ 08872

Telephone No.: office # (732) 238-7400

License No: NJ01267 NY 46612

Start Date (10): 9/13/16

Scheduled Completion Date (11): TBD OR 9/30/16

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: _____

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply): Roof Abatement - Removal & Disposal of Roof ACM

☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof-ACM Abatement	✓		✓	Roof ACM	21,000 SF	✓			

Name of Registered Waste Hauler: ~~Guiliano Env.~~ ~~Codi Transport Ltd. LLC~~ OR

NJDEP Waste Hauler ID No.: 0034591

Cubic Yards of Waste: 100 yd. TRL

Name of Registered Landfill: Tullytown Resource Recovery Facility 200 Bordentown Road, Tullytown, PA 19007 Permit 10149 Tel. #: (215) 736-0197

City, State: 222 Jernee Mill Road, Building 2 Sayreville, NJ 08872 (732) 238-7400

Disposal Date

City, State: Address Above ↑ Tullytown, PA 19007

Completed by: Chris Guiliano

Title: Member

Signature

Date: 9/2/16

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

CHECK # 9192

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

Date of Notification (1): 9/6/16	Name of Building Owner/Operator (2): GOLDBERG REALTY ASSOCIATES
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 33 CLINTON ROAD
	City, State, Zip Code: WEST CALDWELL NJ 07006
	Name of Contact: JEAN ALBANIC 2
	Telephone Number: 973-808-7120

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MARY ANN APARTMENTS	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 500 BLOOMFIELD AVE	
City (5): CALDWELL	Square Feet: 6000 # of Floors: 2 Bldg. Age: 60
County (6): ESSEX	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): APTS

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No	Name of Abatement Contractor (9): A. MAC Contracting Inc	
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.	Telephone No.: 201-262-5941	License No.: 00155
Start Date (10): 9/6/16	Scheduled Completion Date (11): 9/12/16	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address: 250 Huyer Street	
		City, State, Zip Code: Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CRAWLSPACE			X	PIPE	500 LF	X			
APARTMENT			X	PIPE	12 LF	X			

Name of Registered Waste Hauler: Newark Caming, inc	NJDEP Waste Hauler ID No.: 04609	Cubic Yards of Waste: 2	Name of Registered Landfill: IESI PA Bethlehem Landfill Corp.
City, State, Zip Code: Newark, NJ 07105		Disposal Date: 9/6/16 on	City, State, Zip Code: Bethlehem, PA 18016
Completed by: R. McDonald	Title: President	Signature: R. McDonald	Date: 9/6/16

ASB-41 (R-08-08)

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

TRI-TECH ENERGY

Heating, Air Conditioning & Mechanical Contracting
Sheet Metal Fabrication

September 6, 2016

Mr. Franklin G. Meyer
NJ Department of Labor and Workforce Development
P.O. Box 949
Trenton, NJ 08625

Re: Asbestos Removal at Ridge Gardens

Dear Mr. Horner:

In the process of making emergency repairs on the heating main lines leaking in the crawlspace that is causing some apartments to have no hot water, some asbestos looking material was found. We request that the ten (10) day notification for asbestos removal be waived. We need A-Mac Contracting to remove the asbestos so that the repair can be made immediately.

Work Site: Mary Ann Apartments
500 Bloomfield Ave.
Caldwell, NJ

Owner: Goldberg Realty
33 Clinton Road
West Caldwell, NJ 07006
Contact (Super) Darrett
973-567-9640

Thank you for your cooperation in this matter.

Very truly yours,

TRI-TECH ENERGY, INC.

Richard A. Shatwell

RAS:efd

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

CHECK # 9192

Date of Notification (1): 9/6/16

Name of Building Owner/Operator (2): GOLD BERG REALTY ASSOCIATES

Agencies Notified: [x] EPA [x] DEP [ ] DOL [x] DOH [ ] DCA

Type Notification: [x] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: 33 CLINTON RD

City, State, Zip Code: WEST CALDWELL, NJ 07006

Name of Contact: KRIS FARLEY

Telephone Number: 610-360-8779

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): QUEENS GARDEN APARTMENTS

Street Address: 3 RONALD DRIVE

City (5): COLONIA

County (6): MIDDLESEX

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 5 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 35000 # of Floors: 4 Year Age: +50

Public Code (7) (STATE USE ONLY)

Current Use (Prior To Being Demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACUM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): A.MAC Contracting Inc

Street Address: 185 Vreeland Ave

City, State, Zip Code: Midland Park, NJ

Telephone No.: (201)262-5841

License No.: 00156

Start Date (10): 9/26/16

Scheduled Completion Date (11): 10/26/16

Name of OSHA Monitor: Omega Environmental Services

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe:

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, ceiling tile, other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
BASEMENT #3			✓	PIPE INSULATION	218 LF	✓		
BASEMENT #4			✓	PIPE INSULATION	203 LF	✓		
BASEMENT #5			✓	PIPE INSULATION	175 LF	✓		

Name of Registered Waste Hauler: Newark Carting, Inc

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste:

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

Disposal Date: 9/26/16

City, State: Bethlehem, PA

Completed by: Joseph Vocaturo

Title: Vice President

Signature: J Vocaturo

Date: 9/6/16

3-8-41 (R-05-08)

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

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

CHECK # 9192

RECEIVED
SEP 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/6/17

Name of Building Owner/Operator (2): RENALDO QUIZPHE

Agencies Notified: [X] CFA [X] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Street Address: [redacted]

City, State, Zip Code: PATERSON, NJ 07513

Name of Contact: RENALDO QUIZPHE

Telephone Number: 973-600-4557

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Street Address: [redacted]

City (5): PATERSON

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 5 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 1,950 # of Floors: 2 Bldg. Age: +50

County (6): PASSAIC

County Code (STATE USE ONLY)

Future Use of Facility (if being demolished): RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): A.MAC Contracting Inc.

Street Address: 185 Vreeland Ave

City, State, Zip Code: Midland Park, NJ

Telephone No.: (201)262-5841

License No.: 00156

Start Date (10): 9/17/16

Scheduled Completion Date (11): 9/30/16

Name of OSHA Monitor: Omega Environmental Services

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify sf or lf)	Abatement Type: Removal	Repair	Encapsulate	Enclose
BASEMENT			✓	PIPE INSULATION	105LF	✓			

Name of Registered Waste Hauler: Newark Carting, Inc.

NJDEP Waste Hauler ID No.: 34509

Cubic Yards of Waste: 2

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

City, State: Newark, NJ

Disposal Date: 9/17/16

City, State: Bethlehem, PA

Completed by: Joseph Vocaturo

Title: Vice President

Signature: J. Voc

Date: 9/6/17

ASB-41 (R-09-08)

* Do not use this form for asbestos licensure exempted activities

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

REC # 9192

RECEIVED

Date of Notification (1)
9/16/16

Agencies Notified
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification
- [x] Initial
- [ ] Amended
  Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2)
ARTHUR CONKLIN

Street Address
[redacted]

City, State, Zip Code
POMPTON PLAINS, NJ 07444

Name of Contact
MELISSA FLORENCE-LYNCH

Telephone Number
973-305-5870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RESIDENCE

Street Address
[redacted]

City (4)
POMPTON PLAINS

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet	# of Floors	Bldg. Age
1,250	2	+50

County (5)
MORRIS

County Code (6)
(STATE USE ONLY)

Current Use (Prior to being demolished)
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACUM No

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No

Name of Abatement Contractor (9)
A.MAC Contracting Inc

Street Address
185 Vreeland Ave

City, State, Zip Code
Midland Park, NJ

Telephone No
(201)262-5841

License No.
00156

Start Date (10)
9/17/16

Scheduled Completion Date (11)
9/30/16

Name of OSHA Monitor
Omega Environmental Services

Street Address
280 Huyler St

City, State, Zip Code
Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (14) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulation	Enclosure
BASEMENT			✓	PIPE INSULATION	SOLE	✓		

Name of Registered Waste Hauler
Newark Carting, Inc

NJDEP Waste Hauler ID No
04509

Cubic Yards of Waste
1

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Newark, NJ

Disposal Date
9/17/16 ON

City, State
Bethlehem, PA

Completed by
Joseph Vocaturo

Title
Vice President

Signature
J Vocaturo

Date
9/16/16

ASB-41 (R-05-98)

* Do not use this form for asbestos licensure exempted activities

Print Form

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

CL 3859

RECEIVED
SEP – 8 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2) Glenreal Equities, LLC	
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 210 River Street Suite 33	
		City, State, Zip Code: Hackensack NJ 07606	
		Name of Contact: Mr. Frank Somma	Telephone Number: 201 646-1234

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: [redacted]			
City (5): Nutley NJ 07110		Square Feet: 9,846	# of Floors: 4 / Bldg. Age: 76
County (6): Essex	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Residential	
Name of Monitoring Firm Hired by Building Owner (8): Omega Environmental Services, INC	ASCM No.: 00120	Name of Abatement Contractor (9): All Clean Environmental, LLC	
Street Address: 280 Huyler Street		Street Address: 106 Vreeland Avenue	
City, State, Zip Code: South Hackensack NJ 07606		City, State, Zip Code: South Hackensack NJ 07606	
Project Manager for Monitoring Firm: Mr. Geiser Fajardo	Telephone No.: 201 489-8700	Telephone No.: 201 546-2027	License No.: 01243
Start Date (10): September 19, 2016	Scheduled Completion Date (11): October 20, 2016	Name of OSHA Monitor: Niche Analysis	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 8 am to 5pm		Street Address: 399 Knolwood	
		City, State, Zip Code: White Plains, NY 10603	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[X] Full Containment with Negative Pressure
[X] 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) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Pipe / Basement		X		Insulation	350 LF	X			
Tank / Basement		X		Insulation	75 LF	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: NJ04509	Cubic Yards of Waste	Name of Registered Landfill: IESI
City, State: Newark NJ		Disposal Date	City, State: Benthlehem PA 18015
Completed by: Carmen Repreza	Title: Office Manager	Signature: [signature]	Date: 09/06/2016

ASB-41 (R-06-08)

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

D&S Proj. #: 16-270

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

CK 6908

Date of Notification (1): 09/02/16

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment #: ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): scott veale

Street Address: [redacted]

City, State, Zip Code: MONTCLAIR, NJ 07042

Name of Contact: scott veale

Telephone Number: 914-643-7289

RECEIVED SEP 2016 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3): scott veale

Street Address: [redacted]

City (5): MONTCLAIR

County (6): ESSEX

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Phone Number

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

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

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

Start Date (10): 09/12/16 | Sched. Completion Date (11): 09/30/16

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

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
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition
- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	108 l ft	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC. | NJDEP Hauler ID#: 13506 | Cubic Yards of Waste: 2 yds. | Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503 | Disposal Date: 09/13/16 | City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC | Title: PRESIDENT | Signature | Date: 09/02/2016

ASB-41 * Do not use this form for asbestos licensure exempted activities

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

D&S Proj. #: 16-261

CK 6507

RECEIVED
SEP 6 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 08/30/16

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☐ Initial ☐ Amended Amendment #: ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): thomas lehman

Street Address: [redacted]

City, State, Zip Code: WEST CALDWELL, NJ 07006

Name of Contact: thomas lehman

Telephone Number: 201-953-5044

FACILITY INFORMATION

Name of facility where abatement is taking place (3): thomas lehman

Street Address: [redacted]

City (5): WEST CALDWELL

County (6): ESSEX

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 08/31/16

Sched. Completion Date (11): 09/15/16

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

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

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

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) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement		X		PIPE INSULATION	120 l ft	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 2 yds.

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 09/01/16

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 08/30/ 2016

ASB-41 * Do not use this form for asbestos licensure exempted activities