

CH 23507

PAID

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

Print Form

RECEIVED

SEP 11 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/6/2018		Name of Building Owner/Operator (2) WEST NEW YORK HOUSING AUTHORITY							
Agencies Notified	Type Notification	Street Address 6100 ADAMS STREET	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WEST NEW YORK, NJ 07093							
		Name of Contact DAVE MARTIN	Telephone Number 609-238-0794						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WEST NEW YORK HOUSING AUTHORITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6100 ADAMS STREET		Square Feet	# of Floors						
City (5) WEST NEW YORK		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 N. CHURCH STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm MIKE STOCKU		Telephone No. 856-840-8800	License No. 00494						
Start Date (10) 9/7/2018	Scheduled Completion Date (11) 9/9/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED; START 9/7: 3 PM		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 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) <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
SEE ATTACHED		X							
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 12	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 9/10/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 9/6/2018			

08/31/2018 10:28 Two Brothers Contracting

FAX 973 956 8811

P.002/004

Print Form

SEP 11 2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:80 and 12:120)

Date of Notification (1) 8/1/2018		Name of Building Owner/Operator (2) WEST NEW YORK HOUSING AUTHORITY	
Agencies Notified	Type Notification	Street Address 6100 ADAMS STREET	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 WEST NEW YORK, NJ 07093	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact DAVE MARTIN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WEST NEW YORK HOUSING AUTHORITY		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 6100 ADAMS STREET		Square Feet	
City (5) WEST NEW YORK		# of Floors	
County (6) HUDSON		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 1263 N. CHURCH STREET		Street Address 11 VREELAND AVENUE	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07812	
Project Manager for Monitoring Firm MIKE STOCKU		Telephone No. 856-840-8800	
Start Date (10) 8/8/2018		Scheduled Completion Date (11) 9/9/2018	
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, START 8:00 AM & 9:00 PM		Name of OSHA Monitor SAME AS (9) ABOVE	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 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"/> Glovebox <input type="checkbox"/> Non-Exhausted (*) and Non-Frangible Procedure		Street Address	
City, State, Zip Code			
Location of Asbestos-Containing Material (ACM) in Facility (13) <u>TO BE ABATED</u>	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)
FIRST FLOOR OFFICE AREA	X	Popcorn Ceiling (Layer 1)	400 SF
		Smooth Coat Plaster (Layer 2)	400 SF
		Brown Coat Plaster (Layer 1)	400 SF
		Ceiling Patch Material	10 SF
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJ DEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ	Disposal Date 8/10/2018	City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 8/1/2018

ASB-41 (R-05-08)

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

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Project #

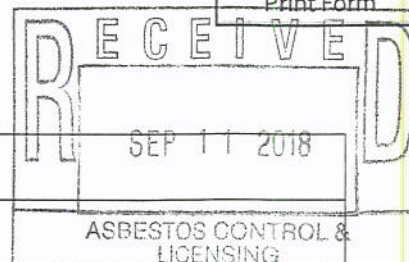
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 4382

Date of Notification (1) 09/06/2018		Name of Building Owner/Operator (2) Garden State Ventures LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 11 2018 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified		Type Notification				Street Address 408 Main st/ Suite 502	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Boonton, NJ 07005	
				Name of Contact Jeremy Doppelt		Telephone Number 973-334-1831	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)			
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Morristown, NJ				Square Feet		# of Floors	
County (6) Morris				County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address				Street Address 72 Brookside Rd			
City, State, Zip Code				City, State, Zip Code Randolph, NJ 07869			
Project Manager for Monitoring Firm				Telephone No.		License No.	
				973933-2550		01358	
Start Date (10) 09/15/2018		Scheduled Completion Date (11) 09/17/2018		Name of OSHA Monitor IRIS			
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Rt 22 West			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
Basement area		x		TSI	160 LF	x	
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa			
Completed by Nikica Mrda		Title President		Signature <i>[Signature]</i>		Date 09/06/2018	

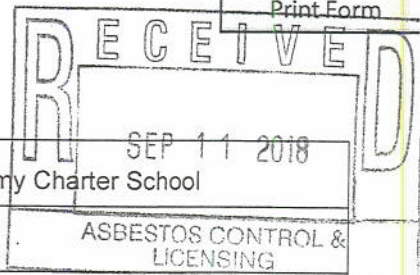
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/06/18		Check # 3248		Name of Building Owner/Operator (2) Our Lady of Guadalupe					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 227 Centre St City, State, Zip Code Elizabeth, NJ, 07202 Name of Contact Carl Telephone Number 908-403-9047					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Guadalupe				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 227 Centre St.				Square Feet 20,000+					
City (5) Elizabeth				# of Floors 3					
County (6) Union				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 09/15/18		Scheduled Completion Date (11) 09/17/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Sec Office		X		9x9 Floor Tiles	8 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Employee		Signature 		Date 09/06/18			

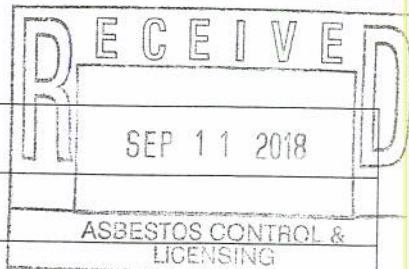
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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:26)



Date of Notification (1) 09/05/18		Check # 3246		Name of Building Owner/Operator (2) Our Lady of Victories/Empowerment Academy Charter School				
Agencies Notified		Type Notification		Street Address		ASBESTOS CONTROL & LICENSING		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		240 Ege Avenue				
				City, State, Zip Code Jersey City, NJ, 07304				
				Name of Contact Dwayne Muller		Telephone Number 212-882-1784		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Empowerment Academy Charter School				Type of Facility (4)				
Street Address 240 Ege Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Jersey City				Square Feet 20,000+		# of Floors 3		
						Bldg. Age 50+		
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services				
Street Address N/A				Street Address 426 69th st				
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093				
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 09/14/18		Scheduled Completion Date (11) 09/16/18		Name of OSHA Monitor N/A				
Occupancy Status During Abatement (Check Only One)				Street Address N/A				
<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: 9am				City, State, Zip Code N/A				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Boiler Room		X		ACM Elbows	4 LF		X	
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise		
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH		
Completed by Michael Fajardo		Title Office Employee		Signature 		Date 09/05/18		

CH 1210

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

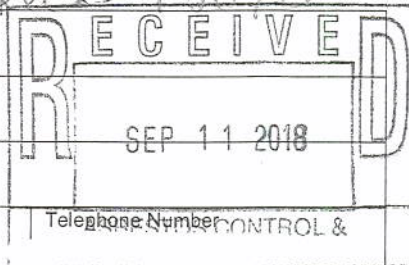


Date of Notification (1) 09/07/2018		Name of Building Owner/Operator (2) Piccola Investment Group LLC							
Agencies Notified	Type Notification	Street Address 38 Lorine Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Turnersville, NJ 08012							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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 6,524	# of Floors 2						
City (5) Millville		Bldg. Age 65+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-276-0099						
Start Date (10) 09/17/2018		Scheduled Completion Date (11) 09/20/2018	License No. 01317						
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 United Safety LLC							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment 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		Air Cell Pipe Insulation	30 LF	X			
Basement		X		Floor Debris	25 SF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager	Signature 			Date 9/07/2018			

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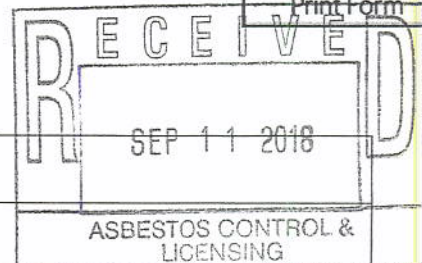
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:120)

Check 18042



Date of Notification (1) 9/8/18		Name of Building Owner/Operator (2) Christine Perner							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Sparta, NJ 07871							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Christine Perner							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2100							
City (5) Sparta		# of Floors 2	Bldg. Age 66						
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/10/18	Scheduled Completion Date (11) 9/17/18	Name of OSHA Monitor							
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: bathroom		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 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) <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
bathroom			x	floor tile	140 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ			Disposal Date TBD	City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/8/18			

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



Date of Notification (1) 09/05/2018		Name of Building Owner/Operator (2) MARILYN PETROKUBI	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WEST ORANGEN NJ.	
		Name of Contact MARILYN PETROKUBI	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private		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 1,800	# of Floors 1
City (5) WEST ORANGEN NJ.		Bldg. Age 89	
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 338 73 ST.	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047	
Project Manager for Monitoring Firm N/A		Telephone No. 201 -776 - 0642	License No. 01300
Start Date (10) 09/06/2018	Scheduled Completion Date (11) 09/06/2018	Name of OSHA Monitor IRIS Environmental	
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 0333 US 22.	
		City, State, Zip Code UNION NJ.	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT AND STAIRS		X	FLOOR TILE 9x9
Name of Registered Waste Hauler TRI STATE TRANSFER ASSOCC		NJDEP Waste Hauler ID No. 19951	Name of Registered Landfill MINERVA ENTERPRISE INC
City, State BRONX N.Y.		Disposal Date TBD	City, State WAYNESBURG OHIO
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 09/05/2018

PAID

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

Print Form

CK.# 1826

Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) East Newark Town Center LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 11 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 900 Passaic 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 Newark, New Jersey							
		Name of Contact							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Commercial Building for Demolition				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 900 Main St				Square Feet 21,000 SF					
City (5) Newark				# of Floors 2					
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code n/a		Telephone No. n/a		License No. 01255					
Project Manager for Monitoring Firm n/a		Telephone No. 973460.6026		Name of OSHA Monitor Harmony Contracting Inc					
Start Date (10) 9/17/18		Scheduled Completion Date (11) 12/31/18		Street Address 360 Palisade Ave					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned</u>				City, State, Zip Code Garfield, NJ 07026					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Section #24		x		Roofing Material	5,000 SF	x			
Section #25		x		Roofing Material	5,000 SF	x			
Section #26		x		Roofing Material	5,000 SF	x			
Section #26 A		x		Roofing Material	5,300 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Girovic		Title Secretary		Signature E. Girovic		Date 9/7/18			

CH10491

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

RECEIVED
SEP 11 2018

Date of Notification (1) 9-8-18		Name of Building Owner/Operator (2) Trade Winds LLC		SEP 11 2018					
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 237 Rock Road West City, State, Zip Code Lambertville NJ 08530 Name of Contact AJ Peluso Telephone Number 908 963-1168					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office/Garage Bldgs Street Address 43 Princeton-Hightstown Rd City (5) Princeton Junction NJ County (6) Meeker				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.) Square Feet # of Floors 1 Bldg. Age 50+-					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies Street Address P.O. Box 337 City, State, Zip Code New Egypt, NJ 08533 Project Manager for Monitoring Firm Steve Schenker Start Date (10) 9-18-18		ASCM No. N/A Telephone No. 609 758-3365		Name of Abatement Contractor (9) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533 Telephone No. 609 758-3365 License No. 00394					
Scheduled Completion Date (11) 10-13-18		Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
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:									
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof SR # 2	x			Rolled Roofing	7200 SF	x			
Roof SR # 3	x			Rolled Roofing	2400 SF	x			
Roof BR # 2	x			Rolled Roofing	4200 SF	x			
Intention Farmers Bldg		x		Brown Glue Dots	9 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 40	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date Various Dates		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature <i>Steve Schenker</i>		Date 9-8-18			

CK#5151

PAID

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

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">SEP 11 2018</div>
<div style="border: 1px solid black; padding: 2px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>

Date of Notification (1) 9/8/18		Name of Building Owner/Operator (2) Dan John Management				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 908 Fairmont Ave City, State, Zip Code Whitehall, PA 18052 Name of Contact Tim Telephone Number 908 223 5469				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Locust Garden		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 26 Locus Drive Building 4 Unit 42		Square Feet 10000	# of Floors 2			
City (5) Summit		Bldg. Age 55+				
County (6) Union		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc				
Street Address		Street Address 95 Montrose Rd				
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722				
Project Manager for Monitoring Firm		Telephone No. 7322941757				
Start Date (10) 9/17/18		Scheduled Completion Date (11) 9/25/18				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7am-7pm		Current Use (Prior if being demolished) apartment				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> </table>	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) 125 lf
Yes	No	N/A				
laundry room	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">x</td> <td style="width: 33%; text-align: center;"></td> <td style="width: 33%; text-align: center;">x</td> </tr> </table>	x		x	pipe insulation	125 lf
x		x				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> </tr> </table>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> </tr> </table>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> </tr> </table>					

Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Fairless	
City, State Colts Neck, New Jersey		Disposal Date 9/25/18		City, State Tullytown, PA	
Completed by Bree McGuire		Title Secretary Treasurer		Signature 	Date 9/8/18

PAID

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

Date of Notification (1)

September 07, 2018

Name of Building Owner/Operator (2)

Residential Dwelling

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code

Name of Contact

Silvia Hatzell

SEP 11 2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential Dwelling

Street Address

Type of Facility (4)

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

City (5)

Collingswood

Square Feet

1115 SF

of Floors

1.5

Bldg. Age

67 yrs

County (6)

Camden

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Building Owner (8)
Quality Environmental ConceptsASCM No.
NoneName of Abatement Contractor (9)
Quality Environmental Concepts

Street Address

1053 North Tuckahoe Road

Street Address

1053 North Tuckahoe Road

City, State, Zip Code

Williamstown, New Jersey 08094

City, State, Zip Code

Williamstown, New Jersey 08094

Project Manager for Monitoring Firm
Edward Knorr

Telephone No.

856-629-1166

Telephone No.

856-629-1166

License No.

01086

Start Date (10)

09-17-2018

Scheduled Completion Date (11)

09-19-2018

Name of OSHA Monitor

Quality Environmental Concepts

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

1053 North Tuckahoe Road

City, State, Zip Code

Williamstown, New Jersey 08094

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			✓	Asbestos cloth wrap on ductwork transfer joints	10 SF	✓			

Name of Registered Waste Hauler

Quality Environmental Concepts

NJDEP Waste Hauler ID No.

19710

Cubic Yards of Waste

2cy

Name of Registered Landfill

Salem County Land Fill

City, State

Williamstown, New Jersey

Disposal Date

TBD

City, State

Alloway, NJ

Completed by
Edward Knorr

Title

Vice President

Signature

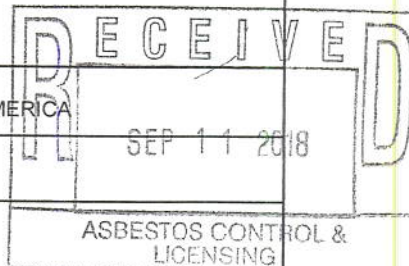
Edward Knorr

Date

09-07-2018

CK32030

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



Date of Notification (1)

9 / 7 / 18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

PRUDENTIAL INSURANCE COMPANY OF AMERICA

Street Address

751 BROAD STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

WILLIAM BARRET

Telephone Number

973-802-2175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL

Type of Facility (4)

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

Street Address

751 BROAD STREET

Square Feet

830,000

of Floors

27

Bldg. Age

65

City (5)

NEWARK

County (6)

ESSEX

**County Code (7)
 (STATE USE ONLY)**

Current Use (Prior if being demolished) Pharm. Lab.
 COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

9 / 17 / 18

Sched. Completion Date (11)

10 / 17 / 18

Name of OSHA Monitor

EMSL

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: MONDAY -FRIDAY 6 PM-2 AM

Street Address

1056 STELTON ROAD

City, State, Zip Code

PISCATAWAY, NJ 08854

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR COLUMN D2			X	PIPE FITTINGS	6 LF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 2	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 9/17/18-10/17/18	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 9/17/18				

PAID

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

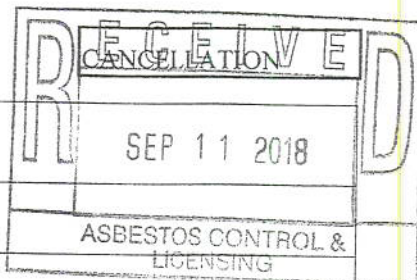
Check # 10492

Date of Notification (1) 9-8-18		Name of Building Owner/Operator (2) Susan Erickson							
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 Marlboro NJ 07746 Name of Contact Susan Erickson Telephone Number							
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 [REDACTED]		Square Feet # of Floors ASBESTOS CONTROL & LICENSING 80+							
City (5) Marlboro Twp NJ	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 9-18-18	Scheduled Completion Date (11) 9-22-18	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Insulation Panel Board	12 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste < 1	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 9-22-18		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 9-8-18			

Open Time Frame

Check#3153

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



Date of Notification (1) 09 / 07 / 18		Name of Building Owner/Operator (2) Firoz Patka	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Firoz Patka	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Morristown, NJ 07960		Square Feet	# of Floors
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

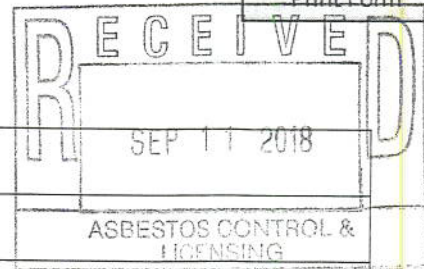
Start Date (10) 09 / 09 / 18	Scheduled Completion Date (11) 09 / 10 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	
		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 09/07/18

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



Date of Notification (1) 09/06/2018		Name of Building Owner/Operator (2) Mitchell Bross							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Mitchell Bross	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) Livingston		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. _____	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 09/20/2018	Scheduled Completion Date (11) 09/21/2018	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: <u>Occupied</u>		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
Furnace Room		X		Pipe Insulation	20 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 Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 09/06/2018			


no 25246476404

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

Print Form

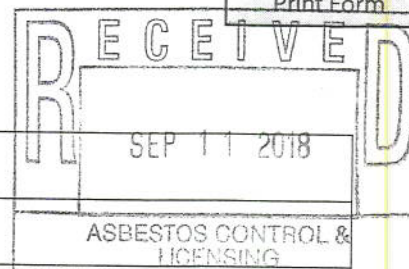
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Date of Notification (1) 09/06/2018		Name of Building Owner/Operator (2) Kirk Singleton							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Union, NJ 07083 Name of Contact Kirk Singleton							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 09/19/2018		Scheduled Completion Date (11) 09/20/2018	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
Scope of Work (Check All That Apply)		City, State, Zip Code Totowa, NJ 07512							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	Enclosure
Furnace/Laundry Room		X		Floor Tile	30 SF	X			
Basement		X		Pipe Insulation	50 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 Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 09/06/2018			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 42:120)

Print Form



Date of Notification (1) 09/06/2018		Name of Building Owner/Operator (2) Timothy O'Connor							
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 Basking Ridge							
		Name of Contact Timothy O'Connor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Basking Ridge		Square Feet N/A	# of Floors N/A						
County (6) Somerset		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. 01311							
Start Date (10) 09/17/2018	Scheduled Completion Date (11) 09/20/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
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) <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
Attic		X		Vermiculate	610 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 09/06/2018		

09/06/2018 09:45

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CH 1138

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:29 and 12:120)

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SEP 11 2018	PAGE 02/03
CHECK # 038	
DOL - 10 DAY	
ASBESTOS CONTROL & LICENSING	
SEP 11 2018	
WAIVER APPROVED	
Telephone Number	

Date of Notification (1) 9/06/18		Name of Building Owner/Operator (2) DAVID GUZMAN	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code JERSEY CITY, NJ 07310	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Squares 2300	
City (5) JERSEY CITY		# of Floors 2	
County (6) HUDSON		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.M.A.C. Contracting Inc.	
Street Address		Street Address 185 Midland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-282-5841	
Start Date (10) 9/06/18		Scheduled Completion Date (11) 9/30/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 280 Huyler Street	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		City, State, Zip Code Hackensack, NJ 07608	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION	
Amount (Specify SF or LF) 115 LF		Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 3	
Disposal Date 9/06/18 ON		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Penn Argyl, PA 08702		Completed by Joseph Vaccaro	
Title Vice President		Signature J. Vaccaro	
Date 9/06/18			

09/07/2018 09:48 2012620321

AMAC

CH1139

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

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SEP 11 2018

Check # 1107

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) KENT VILLAGE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCN <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 EAST 40TH ST City, State, Zip Code PATERSON NJ 07507 Name of Contact JOHN PETERMIKAT JR Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) KENT VILLAGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Senior Center (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 25 E 40TH ST BUILDING 25		Square Feet 12,000	Est. Age 60
City (5) PATERSON		Current Use (Prior if being demolished) OFFICE	
County (6) PASSAIC	County Code (7) DO1 - 10 DAY STATELESS ONLY	Name of Abatement Contractor (8) A. Mac Construction Co.	
Name of Monitoring Firm (Hired by Building Owner) (9) SEP 7 2018 WAIVER APPROVED		Street Address 185 VROELAND AVE.	
Street Address		City, State, Zip Code Midland Park N.J.	
City, State, Zip Code		Telephone No. 201-282-5841	License No. 00160
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 9/7/18	Scheduled Completion Date (11) 9/14/18	Name of On-Site Monitor Omega Environmental Services 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 type="checkbox"/> Other - Describe:		Street Address 280 HAYLER STREET	
		City, State, Zip Code Hackensack N.J. 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sq ft or less <input type="checkbox"/> 150 sq ft or more		<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"/> Gloving Procedure <input type="checkbox"/> Non-contained ("") and Non-Plastic Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15) Boiler Room	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (13) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous) Boiler	Amount (Specify SF or LF) 7200 X
Name of Registered Waste Handler Newark Carting, Inc.		HAZOP Waste Handler ID No. 04509	Cubic Yards of Waste 1
City, State Newark, N.J. 07105		Disposal Date 9/7/18	Name of Registered Landfill Grand Central Sanitary Landfill
Completed by R. McDonald		Title President	Signature R. McDonald Date 9/7/18

CK 2900

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

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SEP 11 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9-6-2018		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified	Type Notification	Street Address 1 College Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Toms River, NJ 08754	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mike Bruno	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 732-255-0400	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ocean County College-Nursing Building #4		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 1 College Drive Building #4		Square Feet 11,000	# of Floors 1
City (5) Toms River, NJ	County (6) Ocean	County Code (7)	Bldg. Age 48
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm	Telephone Number 732-223-2225	Telephone Number 609-914-4279	License Number 01185
Scheduled Start Date (10) 9-24-2018	Scheduled Completion Date (11) 10-8-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during regular operating Hours: Describe: 8:30am - 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

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	Encapsulat	Enclosure
Rooms N116 & N117	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room N118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room N118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room N116, N117 and N119	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Cove Base	300 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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 9-6-2018

CH8554

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

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 SEP 11 2018
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09 / 06 / 18		Name of Building Owner/Operator (2) Louise Holman	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Willingboro NJ 08046	
		Name of Contact Louise Holman	Telephone Number 609 665-3404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same		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 Same			
City (5)		Square Feet 2001	# of Floors 1
		Bldg. Age 49	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L	ASCM No. 0021	Name of Abatement Contractor (9) CPR ENVIRONMENTAL SERVICE	
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman Street	
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136	
Project Manager for Monitoring Firm Carmelo Altamonte	Telephone No. 2018646583	Telephone No. 215 333-5117	License No. 01328
Start Date (10) 9 / 8 / 18	Scheduled Completion Date (11) 9 / 9 / 18	Name of OSHA Monitor A.E.S.L	
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 SAME	
		City, State, Zip Code SAME	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
hallway, living room, 3 bedrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	834SF	<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 REPUBLIC SERVICES	NJDEP Waste Hauler ID No. 2798	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT
City, State NEW BRUNSWICK NJ		Disposal Date	City, State MORISVILLE PA
Completed By (Print or Type) ANTHONY JONES	Title PROJECT MANAGER	Signature <i>Anthony Jones</i>	Date 9.6.18

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

(Previously sent) Check # 1405

Date of Notification (1) September 6, 2018 August 3, 2018		Name of Building Owner / Operator (2) LensCrafters	
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	4000 Luxottica Place City, State & Zip Code Mason, OH 45040	
		Name of Contact Kevin Kraus	

RECEIVED
SEP 11 2018
ASBESTOS CONTROL & LICENSING
513-765-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LensCrafters – Macy's		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 Menlo Park Mall, 55 Parsonage Road, Unit 501		Square Feet 5,000	# of Floors 1
City (5) Edison		Bldg. Age 59 Years	
County (6) Middlesex	County Code (7) USE ONLY	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 24 Commerce Street, Suite 300		Street Address 829 Radio Road	
City, State & Zip Code Newark, NJ 07102		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 973-265-9763	License Number 00817
Scheduled Start Date (10) September 10, 2018	Scheduled Completion Date (11) October 10, 2018	Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

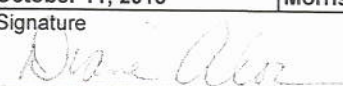
Scope of Work (Check all that apply)

☐ ≥3 sf or ≥ 50 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 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
Main Area			X	Floor File and Mastic	1,000 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date October 11, 2018		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date September 6, 2018 August 3, 2018	

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

Check # 1405

Date of Notification (1) August 10, 2018 August 3, 2018		Name of Building Owner / Operator (2) LensCrafters		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">SEP 11 2018</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	ON-HOLD <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	4000 Luxottica Place City, State & Zip Code Mason, OH 45040		
		Name of Contact Kevin Kraus		
				ASBESTOS CONTROL & LICENSING Telephone Number 513-765-6000


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LensCrafters - Macy's		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 Menlo Park Mall, 55 Parsonage Road, Unit 501		Square Feet 5,000	# of Floors 1
City (5) Edison		Bldg. Age 59 Years	
County (6) Middlesex		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 24 Commerce Street, Suite 300		Street Address 829 Radio Road	
City, State & Zip Code Newark, NJ 07102		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 973-265-9763	License Number 00817
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) TBD		Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
Main Area			X	Floor Tile and Mastic	1,000 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date September 14, 2018		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date August 10, 2018 August 3, 2018	

*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)

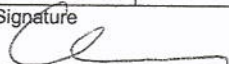
Date of Notification (1) August 3, 2018		Name of Building Owner / Operator (2) LensCrafters		Check # 1405					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 11 2018 </div>					
		Street Address 4000 Luxottica Place		ASBESTOS CONTROL & LICENSING					
		City, State & Zip Code Mason, OH 45040							
		Name of Contact Kevin Kraus		Telephone Number 513-765-6000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LensCrafters – Macy's			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 Menlo Park Mall, 55 Parsonage Road, Unit 501			Square Feet # of Floors Bldg. Age 5,000 1 59 Years						
City (5) Edison			Current Use (Prior if being demolished) Commercial						
County (6) Middlesex		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) Synatech, Inc.					
Street Address 24 Commerce Street, Suite 300				Street Address 829 Radio Road					
City, State & Zip Code Newark, NJ 07102				City, State & Zip Code Little Egg Harbor, NJ 08087					
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 973-265-9763		Telephone Number 609-296-6916					
Scheduled Start Date (10) August 13, 2018		Scheduled Completion Date (11) September 13, 2018		License Number 00817					
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 <input type="checkbox"/> Other – Describe: <input 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) 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) 1,000 SF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
Main Area		X		Floor File and Mastic		X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills				
City, State Little Egg Harbor, NJ 08087				Disposal Date September 14, 2018	City, State Morrisville, PA				
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane Aloia</i>		Date August 3, 2018			

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

CH6094

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

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SEP 11 2018
ASBESTOS CONTROL & LICENSING


Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) Stacy Janzer Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Stacy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stacy Janzer Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/17/18	Scheduled Completion Date (11) 9/21/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/21/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 		Date 9/7/18			

* Emergency *

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

ck 6995

Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) Jen Embaby private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 11 2018 CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Marlton NJ 08053							
		Name of Contact Jennifer							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jen Embaby private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Marlton NJ 08053				Square Feet 1000+	# of Floors 2				
County (6) Burlington				County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 9/8/18		Scheduled Completion Date (11) 9/10/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>weekend</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 9/10/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/7/18			

Ch 10993

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

Print Form

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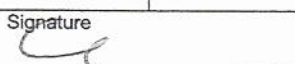
SEP 11 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) Len Goldberg Private Home	
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 North Beach Haven NJ 08008	
		Name of Contact Eric	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Len Goldberg Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2
City (5) North Beach Haven NJ 08008		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/19/18	Scheduled Completion Date (11) 9/27/18	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2200 SF	x			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 9/27/18		City, State Morrisville PA 1960	
Completed by Anthony T Perna		Title President	Signature 		Date 9/7/18

PAGE 1 of 2

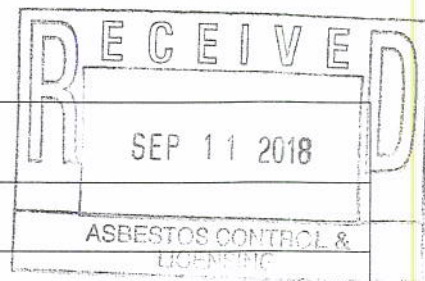
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

Check # 11932

Date of Notification (1) 9 / 10 / 18		Name of Building Owner/Operator (2) Township of Berkeley Heights		<div>RECEIVED</div> <div>SEP 11 2018</div> <div>ASBESTOS CONTROL & REMEDIATION</div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 29 Park Ave City, State, Zip Code Berkeley Heights, NJ 07922 Name of Contact John Bussiculo	
Telephone Number (908) 464-2700							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Berkeley Heights Engineering Bldg- at Municipal Complex			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 29 Park Ave (Block 608 Lot 4)			Square Feet 2,100				
City (5) Berkeley Heights			# of Floors 50+				
County (6) Union			County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) municipal complex				
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental		ASCN No. 00099		Name of Abatement Contractor (9) Controlled Environmental Systems			
Street Address 300 Kimball Drive		City, State, Zip Code Parsippany, NJ 07054		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900		License No. 00847			
Start Date (10) 9 / 24 / 18		Scheduled Completion Date (11) 10 / 31 / 18		Name of OSHA Monitor CES			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ _____ PM- _____ AM				Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477			
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) 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)			
Through out		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation			
Through out		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Flooring			
Various Doors		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Door Insulation			
Interior Perimeter Walls		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mastic Daub associated w/wood wall			
Amount (Specify SF or LF)		205 LF		2240 SF			
Amount (Specify SF or LF)		79 SF		1300 SF			
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste			
City, State Hatfield, PA		Disposal Date		Name of Registered Landfill Western Berks Community Landfill			
City, State Birdsboro, PA 19508		Signature Patricia Visco		Date 9-10-2018			

PAGE 2 of 2
CH 110312

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



Date of Notification (1) 9 / 10 / 18		Name of Building Owner/Operator (2) Township of Berkeley Heights							
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 29 Park Ave City, State, Zip Code Berkeley Heights, NJ 07922 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Berkeley Heights Engineering Bldg- at Municipal Complex		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 29 Park Ave (Block 608 Lot 4)		Square Feet 2,100							
City (5) Berkeley Heights		# of Floors	Bldg. Age 50+						
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) municipal complex							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental		ASCM No. 00099	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 300 Kimball Drive		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	License No. 00847						
Start Date (10) 9 / 24 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ _____ PM- _____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Window Caulking Facades	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk at Facades	270 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof & Flashing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Patch Cement	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 10/31/18	City, State Birdsboro, PA 19508						
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 9-10-2018			