Emergency

PAID Check 10104

RECEIVED SEP 20 2017 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9-15-17	Name of Building Owner/Operator (2): Orlando / Byrne / Brin / Capecelatro
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 10 South Main Street
	City, State, Zip Code: Pennington NJ 08534
	Name of Contact: Gary Virch (Contractor)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single family Farm	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Hopewell Twp NJ 08525	Square Feet: — # of Floors: 2 Bldg. Age: 80+-
County (6): Mercer County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): Old Barn

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	Telephone No.: 609 758-3365 License No.: 08394
Start Date (10): 9-18-17	Scheduled Completion Date (11): 9-18-17	Name of OSHA Monitor: EPC Technologies Inc
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: Later in Afternoon		Street Address: P.O. Box 337
		City, State, Zip Code: New Egypt NJ 08533

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Back of Barn Bldg			X	Siding Shingles	150 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: 9-19-17	City, State: Morrisville PA

Completed by: Steve Schenker	Title: President	Signature: Steve Schenker	Date: 9-15-17

ACB-41 (9-08-08)

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

CK# 3241

PAID

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 9/18/17	Name of Building Owner/Operator (2): Circus Partners, LLC
Agencies Notified: ☒ EPA ☒ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: Route 109	
City, State, Zip Code: Spring Lake, New Jersey	
Name of Contact: Rick Ross	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Circus Partners, LLC Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: NB Rt 35	
City (5): Wall	Square Feet: 3000 / # of Floors: 1 / Bldg. Age: 55+
County (6): Monmouth / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): restaurant

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	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
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732 294 1757 / License No.: 00029
Start Date (10): 9/28/17 / Scheduled Completion Date (11): 9/30/17		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: 7AM-4PM		Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Chimney (pipe)			X	trans. te pipe	8 LF	X			

Name of Registered Waste Hauler: Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: /	Name of Registered Landfill: Chrins Landfill
City, State: Colts Neck, New Jersey		Disposal Date: 9/30/17	City, State: Easton, PA

Completed by: Bree McGuire	Title: Secretary Treasurer	Signature:	Date: 9/18/17

ASB-41 (R-06-08)

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CK# 3241

PAID

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

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/18/17	Name of Building Owner/Operator (2): Sluif Residence
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Rumson
	Name of Contact: Dave
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sluif Residence			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]			
City (5): Rumson	Square Feet: 3500	# of Floors: 2	Bldg. Age: 50+
County (6): Monmouth	County Code (7) (STATE USE ONLY): _____		Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Ace Insulation Co., Inc	
Street Address		Street Address: 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code: Colts Neck, New Jersey	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 732 294 1757	License No.: 00029
Start Date (10): 9/27/17	Scheduled Completion Date (11): 10/2/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 7AM-4PM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement			X	Pipe insulation	100 LF	X			

Name of Registered Waste Hauler: Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 2	Name of Registered Landfill: ~~Clarips~~ Fairless Landfill
City, State: Colts Neck, New Jersey		Disposal Date: 10/2/17	City, State: Easton, PA

Completed by: Bree McGuire	Title: Secretary Treasurer	Signature: [signature]	Date: 9/18/17

ASB-41 (R-06-08)

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

NO CK

Print Form

RECEIVED
SEP 20 2017
CONTROL &

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

Date of Notification (1): 09-07-17	Name of Building Owner/Operator (2): PSEG
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial **ON HOLD** [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield, NJ 07086
	Name of Contact: Dawn Neville — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Harrison Substation			Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 57 South 5th Street			
City (5): Harrison		Square Feet: N/A	# of Floors: N/A / Bldg. Age: N/A
County (6): Hudson	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Electrical Switching yard
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.: N/A		Name of Abatement Contractor (9): WRS Environmental Services, Inc.
Street Address: N/A			Street Address: 17 Old Dock Road
City, State, Zip Code: N/A			City, State, Zip Code: Yaphank, NY 11980
Project Manager for Monitoring Firm: N/A	Telephone No.	Telephone No.: 631-924-8111	License No.: 01136
Start Date (10): 09-17-17 **ON HOLD**	Scheduled Completion Date (11): 12-17-17		Name of OSHA Monitor: WRS Environmental Services, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Cabinet breaker			Street Address: 17 Old Dock Road / City, State, Zip Code: Yaphank, NY 11980

Scope of Work (Check All That Apply)

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

[ ] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Switching Yard			X	Transite pipe	250 LF	X			

Name of Registered Waste Hauler: Waste Management Services	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 20	Name of Registered Landfill: GROWS Landfill North
City, State: Newark, NJ 07114		Disposal Date: TBD	City, State: Morrisville, PA 19067

Completed by: Amanda Vallone	Title: Admin Ops Manager	Signature: Amanda Vallone	Date: 09-07-17

ASB-41 (R-06-08)

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NO CK

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 07 / 26 / 17	Name of Building Owner/Operator (2): East First Avenue Storage Urban Renewal LP
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 615-633 East First Avenue
	City, State, Zip Code: Roselle, NJ 07203
	Name of Contact: Eric Dull — Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 615-633 East First Avenue			
City (5): Roselle		Square Feet	# of Floors / Bldg. Age
County (6): Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Schedule for demolition	

Name of Monitoring Firm Hired by Building Owner (8): Bio Terra Solutions	ASCM No.: 0615995	Name of Abatement Contractor (9): ALL PRO MANAGEMENT LLC	
Street Address: P.O. Box 1224		Street Address: 27 Outwater Lane	
City, State, Zip Code: Union, NJ		City, State, Zip Code: Garfield, NJ 07026	
Project Manager for Monitoring Firm: Rick Eustaquio	Telephone No.: 973-494-3762	Telephone No.: 973-928-4888	License No.: 1188
Start Date (10): 08 / 07 / 17	Scheduled Completion Date (11): 10 / 07 / 17	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address: 27 Outwater Lane; City, State, Zip Code: Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Offices	☐	☐	☒	VAT/Mastic	6,000 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	VAT/Mastic	2,000 SF	☒	☐	☐	☐
Throughout- 1st and 2nd Floor	☐	☐	☒	Pipe Insulation	2,200 LF	☒	☐	☐	☐
Throughout- 1st and 2nd floor	☐	☐	☒	Windows	1,712 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: ATC/ Century Waste LLC	NJDEP Waste Hauler ID No.: SW-24310/32797	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Minerva Enterprises/IESI Bethlehem Landfill
City, State: Shirley, NY/ Elizabeth, NJ		Disposal Date: TBD	City, State: Waynesburg, OH/ Bethlehem, PA

Completed By (Print or Type): Allen Monchik	Title: Project Manager	Signature	Date: 7/24/17

ASB-41
JAN 13

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NO CK

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

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09 / 18 / 17	Name of Building Owner/Operator (2): East First Avenue Storage Urban Renewal LP
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 615-633 East First Avenue
	City, State, Zip Code: Roselle, NJ 07203
	Name of Contact: Eric Dull — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 615-633 East First Avenue	
City (5): Roselle	Square Feet: — # of Floors: — Bldg. Age: —
County (6): Union — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Schedule for demolition
Name of Monitoring Firm Hired by Building Owner (8): Bio Terra Solutions — ASCM No.: 0615995	Name of Abatement Contractor (9): ALL PRO MANAGEMENT LLC
Street Address: P.O. Box 1224	Street Address: 27 Outwater Lane
City, State, Zip Code: Union, NJ	City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Rick Eustaquio — Telephone No.: 973-494-3762	Telephone No.: 973-928-4888 — License No.: 1188
Start Date (10): 08 / 04 / 17 — Scheduled Completion Date (11): 11 / 06 / 17	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address: 27 Outwater Lane — City, State, Zip Code: Garfield, NJ 07026

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor Offices	☐	☐	☒	VAT/Mastic	6,000 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	VAT/Mastic	2,000 SF	☒	☐	☐	☐
Throughout- 1st and 2nd Floor	☐	☐	☒	Pipe Insulation	2,200 LF	☒	☐	☐	☐
Throughout- 1st and 2nd floor	☐	☐	☒	Windows	1,712 LF	☒	☐	☐	☐

Name of Registered Waste Hauler: ATC/ Century Waste LLC	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: As Needed	Name of Registered Landfill:
City, State: Shirley, NY/ Elizabeth, NJ		Disposal Date: TBD	City, State: Waynesburg, OH/ Bethlehem, PA

Completed By (Print or Type)	Title	Signature	Date
Allen Monchik	Project Manager		9/18/17

ASB-41
JAN 13

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

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

D&S Proj. #: 17-256
CK# 7135

PAID RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09/14/17

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

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

Name of Building Owner/Operator (2): elizabeth WANG

Street Address: [redacted]

City, State, Zip Code: FAIR LAWN, NJ 07410

Name of Contact: elizabeth, WANG

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): elizabeth WANG

Street Address: [redacted]

City (5): FAIR LAWN

County (6): BERGEN

County Code (7) (State use only):

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

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 09/26/17

Sched. Completion Date (11): 10/20/17

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

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

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 01169

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

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement		X		PIPE INSULATION	40 l ft	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 1 yd

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 09/27/17

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 09/14/ 2017

ASB-41

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

Print Form

NO CK

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

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 09-12-17	Name of Building Owner/Operator (2): PSEG
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial **ON HOLD** [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 4000 Hadley Road
	City, State, Zip Code: South Plainfield NJ 07080
	Name of Contact: Dawn Neville

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bayway Switching Station	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 602 Trenton Ave	
City (5): Elizabeth NJ 07202	Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Union; County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Switching yard
Name of Monitoring Firm Hired by Building Owner (8): N/A; ASCM No.: N/A	Name of Abatement Contractor (9): WRS Environmental Services Inc.
Street Address: N/A	Street Address: 17 Old Dock Road
City, State, Zip Code: N/A	City, State, Zip Code: Yaphank NY 11980
Project Manager for Monitoring Firm: N/A; Telephone No.: N/A	Telephone No.: 631-924-8111; License No.: 01136
Start Date (10): 09-22-17 **ON HOLD**; Scheduled Completion Date (11): 12-22-17	Name of OSHA Monitor: WRS Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Electrical circuit cabinet	Street Address: 17 Old Dock Road City, State, Zip Code: Yaphank NY 11980

Scope of Work (Check All That Apply)

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

[ ] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Electrical Switching Yard			x	Transite	300 LF	x			

Name of Registered Waste Hauler: Waste Management Services	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste	Name of Registered Landfill: Grows landfill North
City, State: Newark NJ 07114		Disposal Date: TBD	City, State: Morrisville PA 19067

Completed by: Amanda Vallone	Title: Admin Ops Manager	Signature: Amanda Vallone	Date: 09-12-17

ASB-41 (R-06-08)

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

PAID Check # 9606

RECEIVED
SEP 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/18/17	Name of Building Owner/Operator (2): FIRST PRESBYTERIAN CHURCH OF ENGLEWOOD
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 150 PALISADES AVE
	City, State, Zip Code: ENGLEWOOD NJ 07631
	Name of Contact: ROBERT RYDER
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FIRST PRESBYTERIAN CHURCH		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 150 PALISADES AVE			
City (5): ENGLEWOOD		Square Feet: 12,000	# of Floors: 2	Bldg. Age: 68
County (6): BERGEN	County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished): OFFICE / CHURCH	

Name of Monitoring Firm Hired by Building Owner (8): DETAIL ASSOCIATES INC	ASCM No.: 0012	Name of Abatement Contractor (9): A. Mac Contracting Inc.	
Street Address: 300 GRAND AVE		Street Address: 185 Vreeland Ave.	
City, State, Zip Code: Englewood NJ 07631		City, State, Zip Code: Midland Park, N.J.	
Project Manager for Monitoring Firm: TONY V.	Telephone No.: 201 569 6708	Telephone No.: 201-262-5841	License No.: 00156
Start Date (10): 9/29/17	Scheduled Completion Date (11): 10/13/17	Name of OSHA Monitor: Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 280 Huyler Street	
		City, State, Zip Code: Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

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

[X] Renovation
[ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE			X	PIPE	1325 LF	X			
CRAWL SPACE			X	TRANSITE	300 SF	X			

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 8	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105		Disposal Date: 9/09/17 or	City, State: Pen Argyl, PA 08072

Completed by: R. McDonald	Title: President	Signature: R McDonald	Date: 9/18/17

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

PAID

CK #9604

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

Date of Notification (1): 9/15/17	Name of Building Owner/Operator (2): HOLISTER CONSTRUCTION SERVICES
Agencies Notified: ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☐ Amendment # ☑ Emergency (including justification) ☐ Cancellation
	Street Address: 339 JEFFERSON ROAD
	City, State, Zip Code: PARSIPPANY, N.J 07054
	Name of Contact: DAVID WILLIAMS Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL BUILDING	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 214 MAIN ST	
City (5): HACKENSACK	Square Feet: 15,000 # of Floors: 4 Bldg. Age: +50
County (6): BERGEN	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.:	Name of Abatement Contractor (9): A.MAC Contracting Inc.
Street Address:	Street Address: 185 Vreeland Ave
City, State, Zip Code:	City, State, Zip Code: Midland Park, NJ 07432
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: (201)262-5841 License No.: 00156
Start Date (10): 9/16/17 Scheduled Completion Date (11): 9/20/17	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy/Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:	Street Address: 280 Huyler Street
	City, State, Zip Code: Hackensack, NJ 07606

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2ND FLOOR			✓	PIPE INSULATION	30 LF	✓			

Name of Registered Waste Hauler: Newark Carting Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 1	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, NJ 07105		Disposal Date: 9/16/17 On	City, State: Pen Argyl, PA 08702

Completed by: Joseph Vocaturo	Title: Vice President	Signature: J. Vocaturo	Date: 9/15/17

ASB-41 [9-98-06]

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