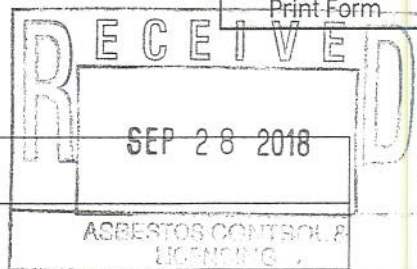


CH 48272

PAID

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

Print Form



Date of Notification (1) 09/21/2018		Name of Building Owner/Operator (2) Nutley Board of Education							
Agencies Notified	Type Notification	Street Address 315 N. Franklin ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ, 07110							
		Name of Contact Phil Nicolette	Telephone Number 9736615183						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nutley High School		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 287 Franlin ave		Square Feet 120000	# of Floors 3						
City (5) Nutley		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc		ASCM No. _____	Name of Abatement Contractor (9) Niram inc						
Street Address 120 North Warren st.		Street Address 4 E. Frderick pl.							
City, State, Zip Code Trenton, NJ, 08608		City, State, Zip Code Cedar Knolls, NJ, 07927							
Project Manager for Monitoring Firm Ronld C. Jones		Telephone No. 609-392-4200	License No. 01081						
Start Date (10) 10.05.2018	Scheduled Completion Date (11) 10.12.2018	Name of OSHA Monitor Niram 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: Normal school hours, Will work 10/6 & 10/7 - 7am - 3:30 PM		Street Address 4 E. Frederick pl							
		City, State, Zip Code Cedar Knolls, NJ, 07927							
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
Auditorium		x		Plaster ceiling	7000	x			
Name of Registered Waste Hauler TriStateTransfer		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 40	Name of Registered Landfill Minerva					
City, State Bronx, NY		Disposal Date 10.12.2018		City, State Waynesburgh, OH					
Completed by Marcin Owczarski		Title Pr.Mngr		Signature 		Date 09.20.2018			

Ch 1541

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

Print Form

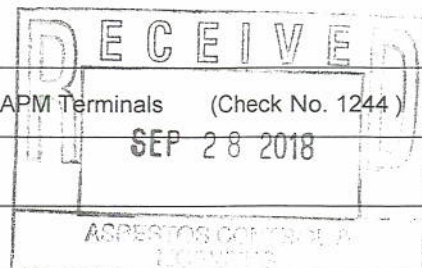
RECEIVED

SEP 28 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/17/18		Name of Building Owner/Operator (2) Jose Monge							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Paterson, NJ 07513 Name of Contact Jose Monge							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Paterson		Square Feet 2000	# of Floors 2 Bldg. Age 70+						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc.		ASCM No.	Name of Abatement Contractor (9) Nova Development Group, Inc.						
Street Address 98 Sand Park Rd.		Street Address 189 Townsend Street							
City, State, Zip Code Cedar Grove, NJ 07009		City, State, Zip Code New Brunswick, NJ 08901							
Project Manager for Monitoring Firm Prakash Khaitan		Telephone No. 973 857-7188	Telephone No. 732 565-3655 License No. 01284						
Start Date (10) 9/22/18	Scheduled Completion Date (11) 9/29/18	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	30lf	x			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ			Disposal Date September 2018	City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature <i>Todd Grant</i>			Date 8/17/18			

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



Date of Notification (1) 09/24/2018		Name of Building Owner/Operator (2) Port Authority of New York & New Jersey/ APM Terminals (Check No. 1244)	
Agencies Notified	Type Notification	Street Address 5080 McLester St	City, State, Zip Code Elizabeth, New Jersey 07201
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Slobodan Buljevic	
		Telephone Number 201-595-4874	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AQI Drivers Assistance Building at APM Terminal		Type of Facility (4)		
Street Address 5080 McLester St.		<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) Elizabeth, New Jersey 07207		Square Feet 10,000	# of Floors	Bldg. Age 50+
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APM Terminal Drivers Assistance Bldg		
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 40 Monmouth Park Highway, Suite 2		Street Address 606 McBride Ave		
City, State, Zip Code West Long Branch, New Jersey 07764		City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 09/13/2018	Scheduled Completion Date (11) 10/12/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 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)

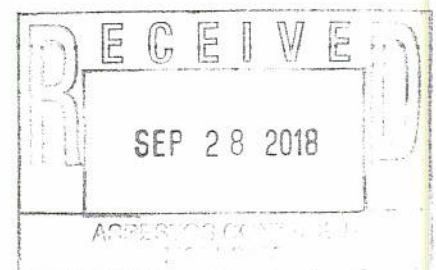
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent |
| | | <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
Employee Break Room & Locker Rm		X		12x12 tan floor tile and associated mastic	310 SF	X			
Drivers Reception Window Area		X		12x12 tan floor tile and associated mastic	450 SF	X			
Old Bank Office Restroom		X		12x12 tan floor tile and associated mastic	90 SF	X			
Hallway along Restrooms & Utility Rm		X		12x12 tan floor tile and associated mastic	72 SF	X			
AQI Office		X		12x12 brown floor tile and associated mastic	330 SF	X			
Main Hallway		X		12x12 brown floor tile and associated mastic	120 SF	X			

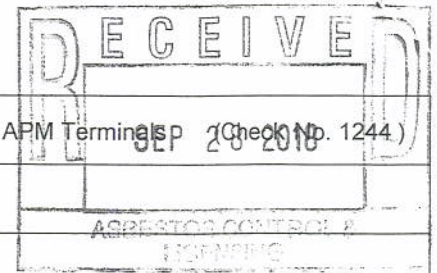
Supply Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
Telephone Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
APM Manager's Office		X		12x12 brown floor tile and associated mastic	135 SF	X			
Driver's Assistance Office		X		12x12 brown floor tile and associated mastic	530 SF	X			
Throughout building			X	Black composite window sill	110 SF	X			
Throughout building			X	Interior window caulking	23	X			
Throughout building			X	Exterior window glazing	23	X			
Main Roof Level;	X			Rolled roofing felt	2,880 SF	X			
Overhang Roof level	X			Rolled roofing felt	60 SF	X			
Main Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Overhang Roof level	X			Flashing/sealant compound-roofing	50 SF	X			
Canopy Roof	X			Rolled roofing felt	1,800 SF	X			
Canopy Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Asbestos Transportation Co/DBA ATC			18724		60	Minerva Enterprise, LLC			
City, State					Disposal Date	City, State			
Yaphank, New York					10/12/2018	Waynesburg, Ohio			
Completed by			Title		Signature	Date			
Adriana Olejarova			President		<i>Adriana Olejarova</i>	09/24/2018			

ASB-41 (R-06-08)

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



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



Date of Notification (1) 09/10/2018		Name of Building Owner/Operator (2) Port Authority of New York & New Jersey/ APM Terminals (Check No. 1244)	
Agencies Notified	Type Notification	Street Address 5080 McLester St	ASBESTOS CONTROL & REMEDIATION
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, New Jersey 07201	
		Name of Contact Slobodan Buljevic	

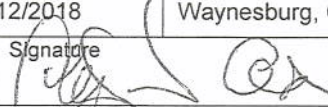
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AQI Drivers Assistance Building at APM Terminal		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 5080 McLester St.		Square Feet 10,000	# of Floors Bldg. Age 50+
City (5) Elizabeth, New Jersey 07207		Current Use (Prior if being demolished) APM Terminal Drivers Assistance Bldg	
County (6) Union	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Ave	
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225	Telephone No. 973-225-8400
		License No. 01104	
Start Date (10) 09/13/2018	Scheduled Completion Date (11) 10/12/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

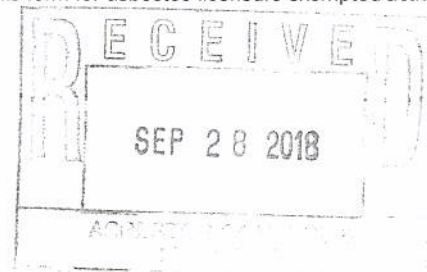
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent |
| | | <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Employee Break Room & Locker Rm		X		12x12 tan floor tile and associated mastic	310 SF	X			
Drivers Reception Window Area		X		12x12 tan floor tile and associated mastic	450 SF	X			
Old Bank Office Restroom		X		12x12 tan floor tile and associated mastic	90 SF	X			
Hallway along Restrooms & Utility Rm		X		12x12 tan floor tile and associated mastic	72 SF	X			
AQI Office		X		12x12 brown floor tile and associated mastic	330 SF	X			
Main Hallway		X		12x12 brown floor tile and associated mastic	120 SF	X			

Supply Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
Telephone Closet		X		12x12 brown floor tile and associated mastic	24 SF	X			
APM Manager's Office		X		12x12 brown floor tile and associated mastic	135 SF	X			
Driver's Assistance Office		X		12x12 brown floor tile and associated mastic	530 SF	X			
Throughout building			X	Black composite window sill	110 SF	X			
Throughout building			X	Interior window caulking	23	X			
Throughout building			X	Exterior window glazing	23	X			
Main Roof Level;	X			Rolled roofing felt	2,880 SF	X			
Overhang Roof level	X			Rolled roofing felt	60 SF	X			
Main Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Overhang Roof level	X			Flashing/sealant compound-roofing	50 SF	X			
Canopy Roof	X			Rolled roofing felt	1,800 SF	X			
Canopy Roof	X			Flashing/sealant compound-roofing	400 SF	X			
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		
Asbestos Transportation Co/DBA ATC			18724		60		Minerva Enterprise, LLC		
City, State					Disposal Date		City, State		
Yaphank, New York					10/12/2018		Waynesburg, Ohio		
Completed by			Title		Signature		Date		
Adriana Olejarova			President				09/10/2018		

ASB-41 (R-06-08)

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



09/18/2018 18:55 9732539928

PAID

VMC COMPANY INC

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

RECEIVED
PAGE 02/04
SEP 18 2018
DOE-10 DAY
ASBESTOS CONTROL & REMEDIATION
TV
WAVE APPROVED
Telephone Number

CH 2018

Date of Notification (1)
09/18/2018

Name of Building Owner/Operator (2)
WILDWOOD PUBLIC SCHOOLS

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DOA

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

Street Address
4500 PACIFIC AVE

City, State, Zip Code
WILDWOOD, NJ 08260

Name of Contact
PAT QUINNAN

Name of Facility Where Abatement is Taking Place (3)
WILDWOOD HIGH SCHOOL

Street Address
4300 PACIFIC AVE

City (5)
WILDWOOD

County (6)
OCEAN

County Code (7)
(STATE USE ONLY)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ALPHA CONSULTANTS INC

ASCM No.

Name of Abatement Contractor (9)
VMC COMPANY, INC

Street Address
208 PLAZA AVE

City, State, Zip Code
CLIFTON, NJ 07011

Telephone No.
973-253-8828

License No.
00704

Project Manager for Monitoring Firm
JOHN SMYER

Telephone No.
609-652-1838

Start Date (10)
09/20/18

Scheduled Completion Date (11)
09/20/18

Name of OSHA Monitor
VMC Co. 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: **3 PM - 10 PM**

Street Address
City, State, Zip Code

Scope of Work (Check All That Apply)
☒ 231 af or 231 lf
☐ 2160 af or 2280 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible 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
BOILER ROOM	X			BOILER INSULATION	56F		X		

Name of Registered Waste Hauler
Newark Carting, Inc

NJ DEP Waste Hauler ID No.
05409

Cubic Yards of Waste

Name of Registered Landfill
IEI Landfill

City, State
Newark, NJ

Disposal Date

City, State
Bethlehem, PA

Completed by
Voytek Roszkowski

Title
President

Signature
V. Roszkowski

Date
09/18/2018

9/24/8

AMENDED

PAID

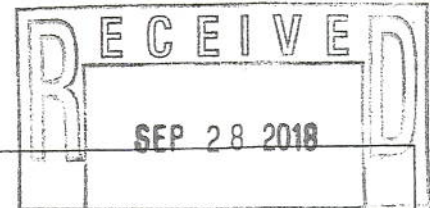
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4769

Date of Notification (1) 9/25/18		Name of Building Owner/Operator (2) BASF		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 28 2018 </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2655 R 22 WEST City, State, Zip Code UNION, NJ, 07083 Name of Contact STEVE SANDERS		Telephone Number 908-624-7470					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF				Type of Facility (4)					
Street Address 2655 R 22 WEST				<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 155000	# of Floors 1	Bldg. Age 68 YEARS					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORAGE / OFFICE						
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9)						
Street Address 655 WEST SHORE TRAIL			Street Address Best Removal Inc.						
City, State, Zip Code SPARTA, NJ, 07871			City, State, Zip Code 450 South River Street						
Project Manager for Monitoring Firm J.P. VAN DOEREN		Telephone No. 973-651-2041	Telephone No. 201-329-7444		License No. 00388				
Start Date (10) 9/27/18		Scheduled Completion Date (11) 10/17/18		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 6:00 AM TO 5:00 PM				280 Huyler Street					
				City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WHSE AREAS			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	135 LF	<input checked="" type="checkbox"/>			
THRU OUT WHSE AREA			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	20 LF			<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3.2 CF	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 10/17/18		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>			Date 9/25/18			

ORIGINAL

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

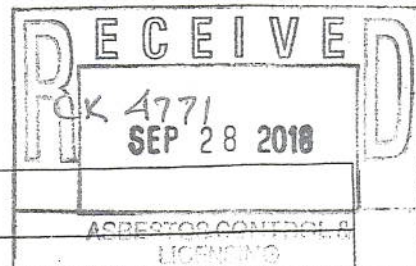


Date of Notification (1) 8/31/18		Name of Building Owner/Operator (2) BASF							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2655 R 22 WEST		City, State, Zip Code UNION NJ. 07083							
Name of Contact STEVE SANDERS		Telephone Number 908-624-7470							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF		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 2655 R 22 WEST		Square Feet 155000							
City (5) UNION		# of Floors 1							
County (6) UNION		Bldg. Age 68 YEARS							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) STORAGE / OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) EH1		ASCM No.							
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) Best Removal Inc.							
City, State, Zip Code SPARTA, NJ. 07871		Street Address 450 South River Street							
Project Manager for Monitoring Firm J P VAN DOEHREN		City, State, Zip Code Hackensack, NJ 07601							
Telephone No. 973-651-2041		Telephone No. 201-329-7444							
Start Date (10) 9/17/18		License No. 00388							
Scheduled Completion Date (11) 10/5/18		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
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 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
S.E. CORNER VACANT STORAGE			✓	VAT	3600 SF	X			
S.E. CORNER VACANT STORAGE			✓	THERMAL SYSTEM INSULATION	245 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 25 CYS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 10/5/18		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature 		Date 8/31/18			

CK4771

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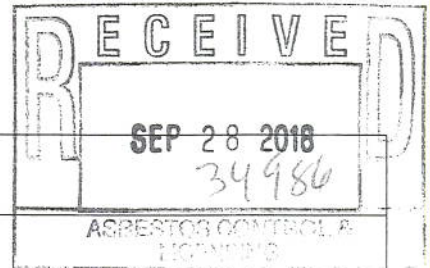
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/25/18		Name of Building Owner/Operator (2) FINKE BROS		ASBESTOS CONTROL & LICENSING					
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 564 CENTER ST City, State, Zip Code CARLSTADT . NJ. 07072					
		Name of Contact FRANK. FINKE		Telephone Number 201-438-2017					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FINKE BROS			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 564 CENTER ST									
City (5) CARLSTADT			Square Feet 3800	# of Floors 2	Bldg. Age 1940				
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) BLDG ART					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc.					
Street Address				Street Address 450 South River Street					
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444					
				License No. 00388					
Start Date (10) 10/8/18		Scheduled Completion Date (11) 10/9/18		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM				Street Address 280 Huyler Street					
				City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASMENT			✓ THERMAL SYSTEM INSULATION	20LF	X				
BASMENT			- THERMAL SURFACING	48SF	Y				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2.120		Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, NJ 07601				Disposal Date 10/9/18		City, State Waynesburg, OH 44688			
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano		Date 9/25/18			

CH 34986

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



Date of Notification (1) 09 / 25 / 18		Name of Building Owner/Operator (2) Zarrilli Homes	
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 186 Mantoloking Road	
		City, State, Zip Code Brick, NJ 08723	
		Name of Contact Patrick Bottazzi	Telephone Number 732-232-2358

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Spring Lake		Square Feet 1200	# of Floors 1
		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 10 / 09 / 18	Scheduled Completion Date (11) 10 / 11 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 10/11/18	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 9/25/18	

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

CK-7091

Date of Notification (1) 9/25/18		Name of Building Owner/Operator (2) Gary Jandersit Private Home		RECEIVED SEP 28 2018 AIR CONTROL & TESTING					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Manahawkin NJ 08050 Name of Contact Gary					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gary Jandersit 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) Manahawkin NJ 08050				Square Feet 1000+	# of Floors 1				
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 West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727					
Start Date (10) 9/26/18		Scheduled Completion Date (11) 9/26/18		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 type="checkbox"/> Other - Describe:				City, State, Zip Code					
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 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
Floor Tile			x	Floor Tile	100 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 9/26/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/25/18		

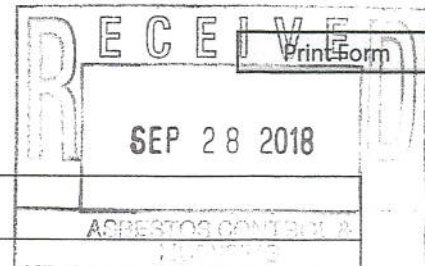
CK 474

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:22)

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 28 2018</div>
<div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">NOTIFICATION</div>

Date of Notification (1) 09/24/2018		Name of Building Owner/Operator (2) La Casa Don Pedro							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>							
		City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Chris Pagan	Telephone Number <div style="background-color: black; height: 1.2em; width: 100%;"></div>						
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		City (5) Newark							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Square Feet N/A						
		# of Floors N/A	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 09/26/2018		Scheduled Completion Date (11) 09/27/2018							
Name of OSHA Monitor EHW ABATEMENT LLC									
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: OCCUOIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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> <th style="width: 33%;">Yes</th> <th style="width: 33%;">No</th> <th style="width: 33%;">N/A</th> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>		Yes	No	N/A		X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Yes	No	N/A							
	X								
BASEMENT			PIPE INSULATION						
			30LF						
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD						
City, State PATERSON, NJ, 07524		Name of Registered Landfill TRI STATE TRANSFER							
		Disposal Date TBD	City, State Bronx NY						
Completed by Victor espritu		Title Project manager	Signature 						
		Date 09/24/2018							



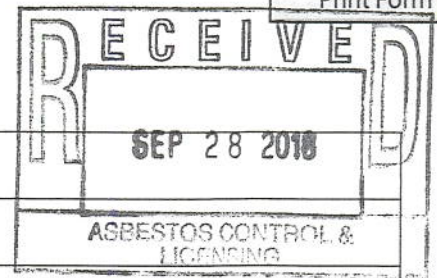
CH475

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

Date of Notification (1) 09/24/2018		Name of Building Owner/Operator (2) La Casa Don Pedro							
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 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 Newark, NJ, 07107							
Name of Contact Chris Pagan		Telephone Number [REDACTED]							
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A							
City (5) Irvington		# of Floors N/A							
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
City, State, Zip Code		Street Address 89 FRANKLIN STREET							
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07524							
Telephone No.		Telephone No. 973-333-5144							
Start Date (10) 09/26/2018		License No. 01274							
Scheduled Completion Date (11) 09/27/2018		Name of OSHA Monitor EHW ABATEMENT LLC							
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: OCCUOIE		Street Address 89 FRANKLIN STREET							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code PATERSON, NJ, 07524							
<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)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	20LF		X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste TBD		Name of Registered Landfill TRI STATE TRANSFER			
City, State PATERSON, NJ, 07524		Disposal Date TBD		City, State Bronx NY					
Completed by Victor espíritu		Title Project manager		Signature <i>Victor espíritu</i>		Date 09/24/2018			

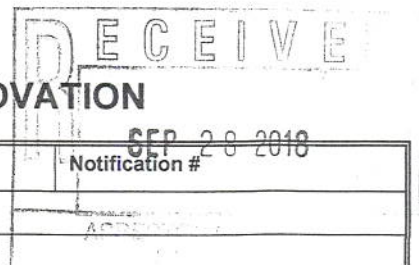
CK 2068

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



Date of Notification (1) 9/24/2018		Name of Building Owner/Operator (2) Eastern Hospitality Advisors							
Agencies Notified	Type Notification	Street Address 482 Delaware Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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	City, State, Zip Code Buffalo, NY 14202							
		Name of Contact Tom Wheeler	Telephone Number 716-362-1230						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bally's Fitness		Type of Facility (4)							
Street Address 350 Route 46		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wayne		Square Feet 46,000	# of Floors 2						
		Bldg. Age 40							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc						
Street Address		Street Address 135 Kinnelon Road Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-218-0880	01228						
Start Date (10) 10/8/2018	Scheduled Completion Date (11) 10/15/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥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) <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
Roof			X	Flashing	824 LF	X			
Boiler Room			X	Mod Fittings	20 LF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows/ Fairless					
City, State Kinnelon, NJ			Disposal Date 10/15/2018	City, State Fairless Hills, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature 	Date 9/24/2018					

NOTIFICATION OF DEMOLITION AND RENOVATION



Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled) <input type="radio"/>					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) Commercial					
OWNER NAME: Eastern Hospitality					
Address: 482 Delaware Avenue					
City: Buffalo	State: NY	Zip: 14202			
Contact: Tom Wheeler	Tel: 716-362-1230				
REMOVAL CONTRACTOR: Yannuzzi Environmental Services, Inc.					
Address: 135 Kinnelon Road Suite 102					
City: Kinnelon	State: NJ	Zip: 07405			
Contact: John Mucha	Tel: 908-218-0880				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>					
IV. IS ASBESTOS PRESENT? (Yes/No) YES					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Former Bally's Fitness					
Address: 350 Route 46					
City: Wayne	State: NJ	County: Passaic			
Site Location: Roof & Boiler Room					
Building Size: 40,000 SF	# of Floors: 2	Age in Years: 40			
Present Use: Abandoned	Prior Use: Gym & Fitness Center				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM NOB TEM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	TSI	X		Ln Ft: 20	Ln M:
Surface Area	Roof Flashing		X	Sq Ft: 824	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/20/2018				Complete: 2/28/2019	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/20/2018				Complete: 2/28/2019	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet Mechanical Demolition with Hydraulic Excavator

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

All Asbestos will be removed & disposed of by NJDOL Licesnsed Asbestos Handlers Prior to Demolition

XII. WASTE TRANSPORTER #1

Name: Yannuzzi Group Inc

Address: 135 Kinnelon Road Suite 102

City: Kinnelon

State: NJ

Zip: 07405

Contact Person: John Mucha

Tel: 9028-218-0880

WASTE TRANSPORTER #2

N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Grows/Fairless Landfill of Waste Management

Address: 4209 Lincoln Hwy

City: Fairless Hills

State: PA

Zip: 19030

Tel: 215-244-9514

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:*Wet with AMMONIA WATER, Regulate Air, P/B in double lined Labeled bag/containers*

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

John Mucha
(Signature of Owner/Operator)
John Mucha

9/24/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Mucha
(Signature of Owner/Operator)
John Mucha

9/24/2018

(Date)