Ch3179

Print Form

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 4/28/2017	Name of Building Owner/Operator (2): 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: Elizabeth, NJ 07201
	Name of Contact: Mustapha Akinkunmi — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Elizabeth, NJ 07201	Square Feet: 1500 — # of Floors: 2 — Bldg. Age: 70+
County (6): Union — County Code (7) *(STATE USE ONLY)*: _____	Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions	ASCM No.	Name of Abatement Contractor (9): Brinks Tank Services	
Street Address: PO Box 354		Street Address: 1256 Liberty Avenue	
City, State, Zip Code: South Orange, NJ 07079		City, State, Zip Code: Hillside, NJ 07205	
Project Manager for Monitoring Firm: Sarah Calandra	Telephone No.: 201-349-2666	Telephone No.: 844-462-7465	License No.: 01316
Start Date (10): 5/16/2017	Scheduled Completion Date (11): 5/19/2017	Name of OSHA Monitor: A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: PO Box 354 — City, State, Zip Code: South Orange, NJ 07079	

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[x] 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 wrap	150 lf	X			

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste	Name of Registered Landfill: Waste Management Landfill
City, State: East Orange, NJ		Disposal Date	City, State: Penn Argyle, PA

Completed by: Alison Lamers	Title: Office Manager	Signature: Alamers	Date: 4/28/2017

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

Print Form

CH3178

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 4/28/2017

Name of Building Owner/Operator (2): 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: Elizabeth, NJ 07201

Name of Contact: Mustapha Akinkunmi

Telephone Number: _____

FACILITY INFORMATION

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

Street Address: [redacted]

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

City (5): Elizabeth, NJ 07201

Square Feet: 1500 | # of Floors: 2 | Bldg. Age: 70+

County (6): Union

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

Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): A. Seine Lighthouse Solutions

ASCM No.:

Street Address: PO Box 354

City, State, Zip Code: South Orange, NJ 07079

Project Manager for Monitoring Firm: Sarah Calandra

Telephone No.: 201-349-2666

Name of Abatement Contractor (9): Brinks Tank Services

Street Address: 1256 Liberty Avenue

City, State, Zip Code: Hillside, NJ 07205

Telephone No.: 844-462-7465 | License No.: 01316

Start Date (10): 5/16/2017

Scheduled Completion Date (11): 5/19/2017

Name of OSHA Monitor: A. Seine Lighthouse Solutions

Occupancy Status During Abatement (Check Only One)

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

Street Address: PO Box 354

City, State, Zip Code: South Orange, NJ 07079

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[x] 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 wrap	150 lf	X			

Name of Registered Waste Hauler: Newark Carting

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste:

Name of Registered Landfill: Waste Management Landfill

City, State: East Orange, NJ

Disposal Date:

City, State: Penn Argyle, PA

Completed by: Alison Lamers

Title: Office Manager

Signature: Alamers

Date: 4/28/2017

ASB-41 (R-06-08)

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

Print Form

Emergency CK 10986

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

CK 09860

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/2/17	Name of Building Owner/Operator (2): Chris Haines Private Home	
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: Manahawkin NJ 08050
		Name of Contact: Chris — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chris Haines Private Home		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): Manahawkin NJ 08050		Square Feet: 1000+	# of Floors: 1 — Bldg. Age: 35+
County (6): Ocean	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): 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): 5/3/17	Scheduled Completion Date (11): 5/4/17	Name of OSHA Monitor: Same	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥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
kitchen living room bedrooms			x	floor tile	600 SF	x			

Name of Registered Waste Hauler: United Roll Off	NJDEP Waste Hauler ID No.: 22459	Cubic Yards of Waste: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 5/4/17	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 5/2/17

ASB-41 (R-06-08)

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

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MAY - 5 2017
ASBESTOS CONTROL & LICENSING

DOL - 10 DAY
MAY - 2 2017
WAIVER APPROVED

CA9404

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

Date of Notification (1): 5/2/17

Agencies Notified: EPA, DOL, DOH, DCA

Type of Notification: Initial; Amended; Amendment #; Emergency (including justification); Cancellation

Name of Building Owner/Operator (2): SHELBOURNE HEALTHCARE DEVELOPMENT GROUP LLC
Street Address: 595 E. LANCASTER AVE, SUITE 300
City, State, Zip Code: RADNOR, PA 19087
Name of Contact: JACK SNYDER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SHELBOURNE HEALTH CARE
Street Address: 237 + 239 WYCKOFF AVE
City (5): WALDWICK
County (6): BERGEN
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: 3200
# of Floors: 2
Bldg. Age: 62
Current Use (Prior if being demolished): RES

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address: 185 Vreeland Ave.
City, State, Zip Code: Midland Park, N.J.
Telephone No.: 201-262-5841
License No.: 00156

Start Date (10): 5/2/17
Scheduled Completion Date (11): 5/30/17

Name of OSHA Monitor: Omega Environmental Services Inc.
Street Address: 280 Huyler Street
City, State, Zip Code: Hackensack, N.J. 07606

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

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

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

Name of Registered Waste Hauler: Newark Carting, Inc.
NJDEP Waste Hauler ID No.: 04509
Cubic Yards of Waste: 12
Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, N.J. 07105
Disposal Date: 5/2/17
City, State: Penn Argyl, PA 08072

Completed by: R. McDonald
Title: President
Signature:
Date: 5/2/17

ASB-41 (R-06-08)

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

CK94460

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:23 and 5:16)

Check # 5460

Date of Notification (1): 4 / 28 / 17

Name of Building Owner/Operator (2): 287 HUTCHINSON

Agencies Notified: ☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)

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

Street Address: [redacted]

City, State, Zip Code: ENGLEWOOD, N.J. 07631

Name of Contact: NICOLE LOWE Telephone Number

FACILITY INFORMATION

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

Street Address: [redacted]

City (5): ENGLEWOOD

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

Square Feet | # of Floors | Bldg Age

County (6): BERGEN

County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Telephone No.

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

Street Address: 186 Vreeland Ave

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

Telephone No.: 201-262-8541 License No.: 00156

Start Date (10): 4 / 29 / 17 Scheduled Completion Date (11): 5 / 10 / 17

Name of OSHA Monitor: Omega Environmental Services

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM ____PM-____AM

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☑ >160 sf or ≥260 lf
☑ 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
BASEMENT	☐	☐	☐	VAT	207 SF	☑	☐	☐	☐
1ST FLOOR	☐	☐	☐	VAT	12 SF	☑	☐	☐	☐
2ND FLOOR	☐	☐	☐	VAT	150 SF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Newark Carting | NJDEP Waste Hauler ID No.: 04509 | Cubic Yards of Waste: 3 | Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

City, State: Newark, NJ | Disposal Date: 4/28/17 | City, State: Bethlehem, PA

Completed By (Print or Type): Joseph Vocaturo | Title: Vice President | Signature: J. Vocaturo | Date: 4/28/17

ASB-4
JAN 13

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

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

Ck# 0984

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/2/17	Name of Building Owner/Operator (2): City of Garfield
Agencies Notified: ☐ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 111 Outwater Ln
	City, State, Zip Code: Garfield, NJ 07026
	Name of Contact:
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Garfield Public Library	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 500 Midland Ave	
City (5): Garfield	Square Feet: 10,000 / # of Floors: 2 / Bldg. Age: 50+
County (6): Bergen / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Library
Name of Monitoring Firm Hired by Building Owner (8): Environvision Consultants / ASCM No.	Name of Abatement Contractor (9): Harmony Contracting Inc
Street Address: 21 Wagaraw Rd	Street Address: 360 Palisade Ave
City, State, Zip Code: Fair Lawn, NJ	City, State, Zip Code: Garfield, NJ 07026
Project Manager for Monitoring Firm: Guillermo Morales / Telephone No.: 973-636-9145	Telephone No.: 973460.6026 / License No.: 01255
Start Date (10): 5/5/17 / Scheduled Completion Date (11): 5/9/17	Name of OSHA Monitor: Harmony Contracting 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: 360 Palisade Ave
	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
Basement		X		Pipe Insulation	9 LF	X			
Basement Storage Room	X			VAT	1000 SF	X			
2nd Floor Loft		X		VAT	1000 SF	X			

Name of Registered Waste Hauler: Harmony Contracting Inc	NJDEP Waste Hauler ID No.: 033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: GROWS Landfill
City, State: Garfield, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed by: Kristina Caporino	Title: Secretary	Signature: Kristina Caporino	Date: 5/2/17

ASB-41 (R-06-08)

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

CK3912

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

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5 / 1 / 17	Name of Building Owner/Operator (2): Sterling High School District	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 501 South Warwick Road
		City, State, Zip Code: Somedale, NJ 08083
		Name of Contact: Gregg D'Ippolito / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Sterling High School			Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 801 Preston Avenue			
City (5): Somerdale		Square Feet: 50,000 / # of Floors: 2 / Bldg. Age: 80	
County (6): Camden	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8): Environmental Design, Inc.	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 5434 King Avenue, Suite 101		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Pennsauken, NJ 08109		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Tim Gromen / Telephone No.: 888-306-4545		Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 05 / 12 / 17	Scheduled Completion Date (11): 05 / 13 / 17	Name of OSHA Monitor: EMSL Analytical, Inc.	
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: 200 Route 130 North / City, State, Zip Code: Cinnaminson, NJ 08077	

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
Gymnasium	☐	☒	☐	Vibration Collars (Wrap & Cut)	48 LF	☒	☐	☐	☐
Gymnasium	☐	☒	☐	Elbows/Fittings (Wrap & Cut)	32 LF	☒	☐	☐	☐
Cafeteria Hallway	☐	☒	☐	Elbows/Fittings (Wrap & Cut)	16 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 1	Name of Registered Landfill: GROWS North Landfill
City, State: Freehold, NJ		Disposal Date: 05/13/2017	City, State: Morrisville, PA

Completed By (Print or Type): Christina Lynch	Title: Vice President of Operations	Signature:	Date: 5/1/17

ASB-41
JAN 13

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

CK4231

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 5-1-17	Name of Building Owner/Operator (2): EARTHTECH CONTRACTING
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 RT 50
	City, State, Zip Code: GREENFIELD N.J 08230
	Name of Contact: BRUCE — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 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): OCEAN CITY	Square Feet: 2000 — # of Floors: 2 — Bldg. Age: 50+
County (6): CAPE MAY — County Code (7) (STATE USE ONLY): —	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S SPRUCE ALE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE N.J 08052
Project Manager for Monitoring Firm — Telephone No.:	Telephone No.: 856-779-0472 — License No.: 00444
Start Date (10): 5-10-17 — Scheduled Completion Date (11): 5-17-17	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: — City, State, Zip Code:

Scope of Work (Check all that apply)

☐ ≥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
SIDING			X	TRANSITE	2250 SF	X			

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C. M.U.A
City, State: MAPLE SHADE N.J		Disposal Date:	City, State: WOODBINE
Completed By: MICHAEL KLEMM	Title: SUP.	Signature:	Date: 5-1-17

ASB-41

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

State of New Jersey

Check # 15936

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

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1)	Agencies Notified	Type Notification
5/2/2017	[ ]EPA [ ]DEP [X]DOL [X]DOH [ ]DCA	[X]Initial Notification [ ]Amended Notification [ ]EMERGENCY [ ]Cancellation

Name of Building Owner/Operator (2): Susan Petras

Street Address: [redacted]

City, State, Zip Code: Avenel, NJ,07001

Name of Contact: Susan Petras

Telephone Number:

FACILITY INFORMATION

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

Street Address: [redacted]

City (5): Avenel

County (6): Essex

County Code (7) (STATE USE ONLY):

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

Square Feet	# of Floors	Bldg. Age
1700	2	75

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8): N/A

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone Number: N/A

Name of Abatement Contractor (9): AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973)744-8800

License Number: 00371

Scheduled Start Date (10): 05 (Month) 12 (Day) 2017 (Year)

Sched. Completion Date (11): 05 (Month) 15 (Day) 2017 (Year)

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement
[ ]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»
[ ]other - Describe:«Other Occupancy Descript»

Street Address:

City, State, Zip Code:

Scope of Work (Check all that apply)

[X]≥3 sf or ≥3 lf
[ ]≥160 sf or ≥260 lf
[X]Renovation
[ ]Demolition
[ ]Full Containment with Negative Pressure
[ ]Mini-Enclosure
[X]Glove-bag Procedure
[ ]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	ENCAPSUL.	ENCLOSURE
Basement			X	Pipe Insulation	140 LF	X			

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.: 17040

Cubic Yards of Waste: 2.0

Name of Registered Landfill: Minerva Enterprise INC

City, State: Montclair, NJ 07042

Disposal Date: 05/16/2017

City, State: Waynesburg, Ohio 44688

Completed By (Print or Type)	Title	Signature	Date
Constantine Vivian	President	Constantine Vivian	5/2/2017

Print Form

CK2237

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

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MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5-2-2017	Name of Building Owner/Operator (2): Team Rhodi, LLC
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 615 Jersey Avenue City, State, Zip Code: Jersey City, NJ 07302 Name of Contact: Gerald Eglentowicz — 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 & commercial buildings, homes, etc.)	
Street Address: 315 Johnston Avenue			
City (5): Jersey City, NJ 07304		Square Feet: 2300	# of Floors: 3 — Bldg. Age: 127+
County (6): Hudson	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): Green Environmental Services, LLC	
Street Address		Street Address: 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code: Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-333-8855	License No.: 01174
Start Date (10): 5-12-2017	Scheduled Completion Date (11): 5-13-2017	Name of OSHA Monitor: Same as above	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing material	1850 SF	X			

Name of Registered Waste Hauler: Green Environmental Services, llc	NJDEP Waste Hauler ID No.: 0034889	Cubic Yards of Waste: 10	Name of Registered Landfill: G.r.o.w.s. North Landfill
City, State: Jersey City, NJ		Disposal Date: 5-13-2017	City, State: Morrisville, PA

Completed by: Liliana Serrano	Title: Office Manager	Signature: Liliana Serrano	Date: 5-2-2017

ASB-41 (R-06-08)

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

CH2691

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

RECEIVED
MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/1/17	Name of Building Owner/Operator (2): Joseph Cocicedo
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended ☒ Amendment # ☒ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Berkeley Heights, NJ 07922
	Name of Contact: Eric Plackis
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Berkeley Heights	Square Feet: 2211 / # of Floors: 2 / Bldg. Age: 70
County (6): Union	County Code (7) (STATE USE ONLY): / Current Use (Prior if being demolished): Home

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Brick Industries Inc.
Street Address		Street Address: P.O. Box 915
City, State, Zip Code		City, State, Zip Code: Brick, New Jersey 08723
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (732)899-7499 / License No.: 01196
Start Date (10): 5/1/17	Scheduled Completion Date (11): 5/8/17	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:		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
			X	asbestos floor tile	200 SF	X			

Name of Registered Waste Hauler: Brick Industries Inc.	NJDEP Waste Hauler ID No.: 21602	Cubic Yards of Waste: 3	Name of Registered Landfill: GROWS Inc.
City, State: Brick, New Jersey		Disposal Date: 5/8/17	City, State: PA

Completed by: Eric Plackis	Title: President	Signature: [signature]	Date: 5/1/17

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

check # 1205

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MAY - 5 2017
ASBESTOS CONTROL & ING

Date of Notification (1): 5 / 4 / 17		Name of Building Owner/Operator (2): City of Camden	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: PO Box 95120	
		City, State, Zip Code: Camden, NJ 08101	
		Name of Contact: James Rizzo	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 1175 1177 1179 MECHANIC STREET STRUCTURS		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 1175 1177 1179 MECHANIC STREET STRUCTURES			
City (5): Camden		Square Feet: varies	# of Floors: varies / Bldg. Age: 50+
County (6): CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): HOUSING DEEMED UNSAFE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): Controlled Environmental Systems	
Street Address		Street Address: 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code: Spring House, PA 19477	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 215 542 7000	License No.: 00847
Start Date (10): 5 / 5 / 17	Scheduled Completion Date (11): 6 / 31 / 17	Name of OSHA Monitor: CES	
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: 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)

☐ ≥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
See Attached Notice of Hazard	☐	☐	☒	See Attached Notice of Hazard	200 YD per res	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Waste Management of NJ	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 200/residenc	Name of Registered Landfill: GROWS
City, State: Fairless Hills, PA		Disposal Date: 631/17	City, State: Tullytown PA

Completed By (Print or Type): Patricia Visco	Title: Office Manager	Signature: Patricia Visco	Date: 5/4/2017

ASB-41
JAN 13

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

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MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05 / 04 / 17	Name of Building Owner/Operator (2): Bank of America	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 655 Third Avenue 12th Floor
		City, State, Zip Code: New York, NY 10017
		Name of Contact: Dino Nappi — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bank of America			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 73 Main Street			
City (5): New Egypt		Square Feet: 10,000	# of Floors: 1 — Bldg. Age: 30
County (6): Ocean	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8): Environmental Testing Consultants, LLC.	ASCM No.	Name of Abatement Contractor (9): JVN Restoration Inc	
Street Address: 413 N. Blackhorse Pike		Street Address: 47 Foster Road	
City, State, Zip Code: Runnemede, NJ 08078		City, State, Zip Code: Staten Island NY 10309	
Project Manager for Monitoring Firm: Horward Zenobie	Telephone No.: 855-209-1831	Telephone No.: 718-605-6256	License No.: 00774
Start Date (10): 05 / 13 / 17	Scheduled Completion Date (11): 06 / 30 / 17	Name of OSHA Monitor: Testor Tech	
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: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address: 10 59 Jackson Avenue	
		City, State, Zip Code: LIC, NY 11101	

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
Basement	☐	☒	☐	Floor Tile and Mastic	1,100 SF	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: NJ-566	Cubic Yards of Waste: 15	Name of Registered Landfill: IESI
City, State: Newark, NJ		Disposal Date: 05/20/17	City, State: Bethelhem, PA

Completed By (Print or Type): Ralph Barnhardt	Title: Project Manager	Signature:	Date: 05-04-17

ASB-41
MAY 11

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

check # 2859

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MAY - 5 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05 / 04 / 17	Name of Building Owner / Operator (2): Mondelez International
	Street Address: 2211 Route 208 North
	City, State, Zip Code: Fairlawn, New Jersey, 07410
	Name of Contact: JUDITH KEARN — Telephone Number:

Agencies Notified: ☐ EPA ☐ DEP ☑ DOH ☑ DOL ☐

Type of Notification: ☑ Initial ☐ Amended Amendment #____ ☐ Emergency w/ justification ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Mondelez International	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (I.e., private & cmmercial bldgs., homes, etc.)
Street Address: 2211 Route 208	
City (5): Fairlawn — County (6): Bergen — County Code (7):	Square Feet: 1,000,000 — # Of Floors: 3 — Building Age: 40 +
	Current Use (Prior if being demolished): Bakery/WAREHOUSE
Name of Monitoring Firm Hired by Bldg. Owner (8): AET — ASCM NO:	\ NORTHSTAR CONTRACTING GROUP, INC.
Street Address: 907 Doolittle Drive	Street Address: 32 Williams Parkway
City, State, Zip Code: Bridgewater, NJ 08807	City, State, Zip Code: East Hanover, NJ 07936
Project Mngr. For Monitoring Firm: Eric Houseknecth — Telephone Number: 908-218-1108	Telephone Number: 973-884-8682 — License Number: 00860
Sheduled Start Date (10): 05 / 27 / 17 — Sched. Completetion Date (11): 05 / 28 / 17	

Occupancy Status During Abatement (Check Only 1):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe: _____
☑ Other - Describe: 7:00 AM-7:00 PM

Name of OSHA Monitor: NORTHSTAR CONTRACTING GROUP, INC.
Street Address: 32 Williams Parkway
City, State, Zip Code: East Hanover, NJ 07936

Scope of Work (Check All That Apply)

☐ Demolition ☑ Renovation
☑ >3sf or >3lf
☐ >160 sf or >260 lf

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

Location of Asbestos Containing 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	ENCAPSUL	ENCLOSUR
	☐	☐	☐			☐	☐	☐	☐
BAKERY 1ST FLOOR	☐	☑	☐	PIPE & FITTING	130 LF	☑	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill: I.E.S.I.
City, State: NEWARK, NJ		Disposal Date	City. State: BETHLEHEM, PA 18105

Completed by (Print or Type)	Title	Signature	Date
Steve Stiles	Project Manager	Steve Stiles	05/04/17

ASB-41

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 5/2/17	Name of Building Owner/Operator (2): Capestro
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 2 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Pt. Pleasant Beach, NJ 08742
	Name of Contact: Steve Gladstone — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	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): Pt Pleasant, NJ	Square Feet: 3000 — # of Floors: 2 — Bldg. Age: 85+/-
County (6): Ocean — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8): MECS	ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.	
Street Address: PO Box 341		Street Address: PO Box 322	
City, State, Zip Code: Crosswicks, NJ 08515		City, State, Zip Code: Allentown, NJ 08501	
Project Manager for Monitoring Firm	Telephone No.: (609) 259-9688	Telephone No.: (609) 259-9688	License No.: 00493
~~Start~~ Date (10): 5/15/17	Scheduled Completion Date (11): 5/18/17	Name of OSHA Monitor: MECS	
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: PO Box 341 — City, State, Zip Code: Crosswicks, NJ 08515	

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
Basement/Crawlspace		X		Thermal Pipe Insulation	250 lf	X			

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 3 cu	Name of Registered Landfill: Fairless Landfill
City, State: Allentown, NJ		Disposal Date: 5/18/17	City, State: Morrisville, PA

Completed By	Title	Signature	Date
Mahlon E. Stevens	Project Manager		5/2/17

ASB-~~41~~
MAR 00

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Check # 25489

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 5/4/17	Name of Building Owner/Operator (2): Halliday
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Princeton, NJ 08542
	Name of Contact: Anne Halliday
	Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	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): Princeton, NJ	Square Feet: 2000 # of Floors: 2 Bldg. Age: 70+/-
County (6): Mercer	County Code (7) *(STATE USE ONLY)*:
	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): MECS	ASCM No.:
Street Address: PO Box 341	
City, State, Zip Code: Crosswicks, NJ 08515	
Project Manager for Monitoring Firm: Bill Weisgarber	Telephone No.: (609) 298-4070
~~Start~~ Date (10): 5/15/17	Scheduled Completion Date (11): 5/18/17
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8 am - 4 pm	

Name of OSHA Monitor: MECS	
Name of Abatement Contractor (9): Stevens Environmental Services, Inc.	
Street Address: PO Box 322	
City, State, Zip Code: Allentown, NJ 08501	
Telephone No.: (609) 259-9688	License No.: 00493
Street Address: PO Box 341	
City, State, Zip Code: Crosswicks, NJ 08515	

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
Attic Eve		X		Thermal Duct Insulation	8 lf	X			
				(Wrap and Cut)					

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 1/2 cu	Name of Registered Landfill: Fairless Landfill
City, State: Allentown, NJ		Disposal Date: 5/18/17	City, State: Morrisville, PA

Completed By	Title	Signature	Date
Mahlon E. Stevens	Project Manager		5/4/17

ASB-44
MAR 00

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VIA U.S. MAIL

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MAY - 5 2017
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 5/2/17

Name of Building Owner/Operator (2): APMT BUILDERS, LLC

Street Address: 175 WINDSOR ST

City, State, Zip Code: KEARNY N.J. 07032

Name of Contact: MRS PAULA MARTIN

Telephone Number:

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

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

FACILITY INFORMATION

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

Street Address: [redacted]

City (5): KEARNY N.J. 07032

County (6):

County Code (7) (STATE USE ONLY):

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

Square Feet: 2000 | # of Floors: 2 | Bldg. Age: 80

Current Use (Prior if being demolished): HOUSE

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

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): NOVATECH INC

Street Address: P.O. Box 814

City, State, Zip Code: OLD Bridge N.J. 08857

Telephone No.: 732 238x7500 | License No.: 00806

Name of OSHA Monitor: NOVATECH INC

Street Address: P.O. Box 814

City, State, Zip Code: OLD Bridge N.J. 08857

Start Date (10): 5/11/17

Scheduled Completion Date (11): 6/30/17

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[X] 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)	Abater Typ Removal	Repair
EXTERIOR			X	SIDING	<1000SF	X	

Name of Registered Waste Hauler: NOVATECH INC

NJDEP Waste Hauler ID No.: 18501

Cubic Yards of Waste: 10

Name of Registered Landfill: GROWS

Disposal Date: 7/3/17

City, State: MORRISTOWN PA.

City, State: OLD Bridge N.J. 08857

Signature:

Date: 5/2/17

Completed by: CARLOS ALMEIDA

Title: PRESIDENT

* Do not use this form for asbestos licensure exempte

Print Form

CH 2236

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ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 5-1-2017		Name of Building Owner/Operator (2): Team Rhodi, LLC	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 615 Jersey Avenue	
		City, State, Zip Code: Jersey City, NJ 07302	
		Name of Contact: Gerald Eglentowicz	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 & commercial buildings, homes, etc.)	
Street Address: 313 Johnston Avenue			
City (5): Jersey City, NJ 07304		Square Feet: 2374	# of Floors: 3 / Bldg. Age: 75+
County (6): Hudson	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): Green Environmental Services, LLC	
Street Address		Street Address: 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code: Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-333-8855	License No.: 01174
Start Date (10): 5-10-2017	Scheduled Completion Date (11): 5-11-2017	Name of OSHA Monitor: Same as above	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing material	1550 SF	X			

Name of Registered Waste Hauler: Green Environmental Services, llc	NJDEP Waste Hauler ID No.: 0034889	Cubic Yards of Waste: 10	Name of Registered Landfill: G.r.o.w.s. North Landfill
City, State: Jersey City, NJ		Disposal Date: 5-11-2017	City, State: Morrisville, PA
Completed by: Liliana Serrano	Title: Office Manager	Signature: Liliana Serrano	Date: 5-1-2017

ASB-41 (R-06-08)

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

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4960 Fax: 609-826-4976

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

NO CK

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 5 / 2 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Sherri Clements

Street Address: 33 General Lane City: Willingboro State: NJ Zip: 08046

Name of Contact: Renee Garrison - Adams Technical Maint. Telephone No:

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Clements Residence

Describe Facility Use: Residence

Street Address: [redacted] City: Willingboro State: NJ Zip: 08046

County Name: Burlington County Code *(State Use Only)*:

Scheduled Start Date: 5 / 3 / 2017 Scheduled Completion Date: 5 / 5 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe:

☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 748 SF Percentage Asbestos: %

☒ Mastic Square Footage: 748 SF Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

V. SIGNATURE

Completed By *(type or print legibly)*: Christina Lynch Title: Vice President of Operations

Signature: Christina Lynch Date: May 2, 2017

CK 6087

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 5/2/17	Name of Building Owner/Operator (2): Kenneth & Maureen Kinkela Private Home
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Manahawkin NJ 08050
	Name of Contact: Ken — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Kenneth & Maureen Kinkela Private Home	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): Manahawkin NJ 08050	Square Feet: 1000+ — # of Floors: 2 — Bldg. Age: 35+
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.	Telephone No.: 856-753-9800 — License No.: 00727
Start Date (10): 5/11/17	Scheduled Completion Date (11): 5/17/17	Name of OSHA Monitor: Same
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: / City, State, Zip Code:

Scope of Work (Check All That Apply)

☐ ≥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
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: 3	Name of Registered Landfill: G.R.O.W.S.
City, State: Elm NJ		Disposal Date: 5/17/17	City, State: Morrisville PA 19067

Completed by: Anthony T Perna	Title: President	Signature:	Date: 5/2/17

ASB-41 (R-06-08)

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

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MAY - 5 2017
31794
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 05 / 02 / 17		Name of Building Owner/Operator (2): JRD Construction, Inc.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 34 Tice Road	
		City, State, Zip Code: Farmingdale, NJ 07727	
		Name of Contact: Rich DeGennaro	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bethany Manor		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 500 Broad Street			
City (5): Keyport		Square Feet: 144,000 sf	# of Floors: 12 / Bldg. Age: 47
County (6): Monmouth	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Apartments	

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Rte. 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, New Jersey 08755		City, State, Zip Code: Toms River, New Jersey 08755	
Project Manager for Monitoring Firm: Nicholas Fernicola	Telephone No.: 732-349-9932	Telephone No.: 732-349-9932	License No.: 00624
Start Date (10): 05 / 16 / 17	Scheduled Completion Date (11): 05 / 19 / 17	Name of OSHA Monitor: E.M.S.L. Analytical	
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: 1056 Stelton	
		City, State, Zip Code: Piscataway, New Jersey 08854	

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
boiler room	☐	☒	☐	asbestos pipe insulation	20 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

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: 5/22/17	City, State: Tullytown, Pennsylvania

Completed By (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature:	Date: 5/2/17

ASB-41
JAN 13

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