**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**
12/31/2014

**Name of Building Owner/Operator (2)**
Novus fine chemicals

**Street Address**
50 Cragwood Road Suite#205
South Plainfield NJ 07080

**City, State, Zip Code**
South Plainfield NJ 07080

**Name of Contact**
Kian Rasekh

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Former Novus fine chemicals

**Street Address**
426 Orchard street and 411-413 Broad street

**City (5)**
Carlstadt New Jersey

**County (6)**
Bergen County

**Project Manager for Monitoring Firm**
n/a

**Start Date (10)**
1/7/2015

**Scheduled Completion Date (11)**
5/30/2015

**Occupancy Status During Abatement (Check Only)**
☒ Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours**

**Scope of Work (Check All That Apply)**
☒ ≥33 sf or ≥3 if
☒ ≥160 sf or ≥260 if

---

**Description of Asbestos-Containing Material (ACM)**
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
In Facility

**Name of Registered Waste Hauler**
Newark Carting Inc

**City, State, Zip Code**
Po Box 5670 Newark NJ 07106

**Disposal Date**
City, State 2335 Appleton

**Completed by**
Carlos Gomes

**Title**
President

**Signature**

---

**Type of Facility (4)**

---

**Number of Buildings Affected**
2

**Bldg. Age**
+50 years

**Building Type**
Commercial buildings, homes, etc

---

**Name of OSHA Monitor**
J&S Environmental Corp

**Name of Registered Waste Hauler**
ISES Bethlehem PA

**Name of Registered Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
180 yards

**Name of Registered Waste Hauler**
ISES Bethlehem PA

**Date**
12/31/2014

---

*Do not use this form for asbestos examination only. licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/14/2015

Name of Building Owner/Operator (2)
Roosevelt Investments LLC

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
6600 Industrial HWY

City, State, Zip Code
Carteret NJ 07008

Name of Contact
Tel

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Property

Street Address
588 Roosevelt Ave

City (5)
Carteret NJ

County (6)
Union County

County Code (7) (STATE USE ONLY)

Current Use (Prior if demolished)

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

ASCM No.
N/A

Name of Abatement Contractor
Dinago Environment LLC

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 070015

Telephone No.
973-491-0677

License No.
r1240

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Start Date (10)
4/24/2015

Scheduled Completion Date (11)
4/28/2015

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 ≥280 lf
- Renovation
- Demolition
- Full Containment w/ Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (CD) NFL

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)
Exterior
first floor kitchen
second floor bedroom (beige)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes
No
N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)
shingles siding
linoleum / mastc
linoleum

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Disposal Site
ISES Bethlehem Landfill

City, State
Po Box 5670 Newark NJ 07105

Disposal Date
City, State
2335 Apple

Completed by
Carlos Gomes

Title
President

Signature

Abatement Type

Non-Friable Procedure
- OSF x
- OSF x
- OSF x

Negative Pressure
- OSF x
- OSF x
- OSF x

Landfill
ISES Bethlehem Landfill

Extra Landfill

Date
2335 Apple
4/14/2015

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/17/15</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Daily Harris</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td></td>
<td>Initial Amended Cancellation</td>
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<td>DEP</td>
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<tr>
<td>DCA</td>
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<tr>
<td>Street Address</td>
<td>1855 Sleepy Hollow Rd</td>
<td>City, State, Zip Code</td>
<td>Point Pleasant, NJ 08742</td>
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<tr>
<td>Name of Contact</td>
<td>Eric Plackis</td>
<td>Phone Number</td>
<td>T.</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
<td>Type of Facility (4)</td>
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<tr>
<td>Square Feet</td>
<td>14,370</td>
<td>School [K-12]</td>
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<td>Current Use (Prior if demolished)</td>
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<td>County Code (7)</td>
<td>Ocean</td>
<td>Commercial buildings, homes,</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
<td>Name of Abatement Contractor</td>
<td>Brick Industries Inc.</td>
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<tr>
<td>Start Date (10)</td>
<td>4/17/15</td>
<td>Street Address</td>
<td>P.O. Box 916</td>
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<td>Scheduled Completion Date (11)</td>
<td>4/17/15</td>
<td>City, State, Zip Code</td>
<td>Brick, New Jersey 08726</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td></td>
<td>Telephone No.</td>
<td>(732)899-7499</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<td>Other – Describe:</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<td>≥2,000 sf or ≥3,000 lf</td>
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<tr>
<td>≥0.00000001 sf or ≥0.00000002 lf</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
4/13/2015

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Name of Building Owner/Operator (2)
Asbury Partners, LLC

Street Address
1100 Ocean Ave

City, State, Zip Code
Asbury Park, NJ 07712

Name of Contact
Mike Ressalle

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Salvation Army Retirement Community

Street Address
200-210 5th Avenue

City (5)
Asbury Park

County (6)
Monmouth

County Code (7)
(STATE USE ONLY)
n/a

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCN No.

Name of Abatement Contractor
Site Enterprises, Inc.

Street Address
815 12th Street

City, State, Zip Code
Hammonton, NJ 08037

Project Manager for Monitoring Firm
James Proctor

Telephone No.
609-704-8850

Start Date (10)
4/8/2015

Scheduled Completion Date (11)
4/22/2015

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

Scope of Work (Check All That Apply)

- ≥2.5 ft or ≥3 ft
- ≥160 sq ft or ≥250 ft
- Renovation
- Demolition
- Full Containment with Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*)
- Abatement Type
- Negative Pressure
- On-Fire Procedure
- Landfill

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Description of Asbestos-Containing Material (ACM)

(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (SF)

Abatement

SF

Name of Registered Waste Hauler
Site Enterprises Inc.

City, State
815 12th Street, Hammonton NJ 08037

Disposal Date
4/22/2015

Name of Responsible Person
Thomas Rock

Title
PM

Signature

Landfill

III

Cubic Yards of Waste
20 cy

Name of Registered Waste Hauler
GROWS Landfill

City, State
Morrisville, PA

Date
4/13/2015

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 4/17/15  
**Name of Building Owner/Operator (2):** St. Luke's Hospital

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
<td></td>
<td>185 Roseberry St.</td>
<td>Phillipsburg, NJ 08865</td>
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<td>✔ DOLWD</td>
<td>Amended Amendment #1</td>
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<tr>
<td>✔ DHSS</td>
<td>Emergency (including justification)</td>
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<tr>
<td>✗ DCA (NJAC 5:23-6)</td>
<td>Cancellation</td>
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<tr>
<td></td>
<td></td>
<td>Ted Ruhl</td>
<td></td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Luke's Hospital</td>
<td>Hospital/K-12</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
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</thead>
<tbody>
<tr>
<td>185 Roseberry St.</td>
<td>100,000+</td>
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<tr>
<td>Phillipsburg, NJ 08865</td>
<td>2</td>
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<tr>
<td></td>
<td>40+</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if demolished)</th>
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<tr>
<td>Hospital</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Criterion Laboratories</th>
<th>Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Warren</td>
<td>NA</td>
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<td>Alliance Environmental Systems</td>
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<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>3370 Progress Dr., Ste. J</td>
<td>215-244-1300</td>
<td>610-701-9000</td>
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<tr>
<td>Bensalem, PA 19020</td>
<td></td>
<td></td>
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<tr>
<td>Mike Panepresso</td>
<td></td>
<td>005</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>4/13/15</td>
<td>5/1/15</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 9:00PM PM 1:30AM</td>
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<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tr>
<td>☑ ≥3 sf or ≥3 if</td>
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<tr>
<td>☑ ≥160 sf or ≥260 if</td>
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<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
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<tr>
<td>☐ Mini-Enclosure</td>
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<tr>
<td>☐ Glovebag Procedure</td>
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<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)</th>
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<tbody>
<tr>
<td>Ground Floor</td>
</tr>
<tr>
<td>Yes</td>
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<tr>
<td>Pipe Fittings</td>
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<td>15</td>
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<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<th>Abatement Type</th>
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<td>Removal</td>
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<td>Encapsulate</td>
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<td>Endure</td>
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<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Wastes</th>
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<td>David Geppert Recycling</td>
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<th>Name of Registered Landfill</th>
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<td>Western Berks Co. Community Landfill</td>
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<td>Hatfield, PA</td>
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<th>Disposal Date</th>
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<th>City, State</th>
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<td>Birdsboro, PA</td>
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<th>Completed By (Print or Type)</th>
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<td>Mark Griffin</td>
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<td>Estimator</td>
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<td>4/17/15</td>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 4 / 17 / 15

Name of Building Owner/Operator (2) Petroleum Marketing Group

Agencies Notified
☐ EPA
☐ DOH
☐ DSS
☐ DCA
☐ NJAC 5:23-8

Type Notification
☐ Initial
☐ Amended
☐ Amendment #0
☐ Emergency (including Justification)
☐ Cancellation

Street Address
2359 Research Court
City, State, Zip Code
Woodbridge, VA 22192

Name of Contact
Ted Beck

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
3503 Route 46

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 6 (Other K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

City (5)
Parsippany, NJ 07054
Square Feet
2500

County (6)
Morris
County Code (7) (STATE USE ONLY)
Vacant Gas Station

Name of Monitoring Firm Hired by Building Owner (8)
Accredited Environmental Technologies

Asbestos No.
ACSM No. NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
28 N. Pennell Rd.
City, State, Zip Code
West Chester, PA 19382

Media, PA 19063
Project Manager for Monitoring Firm
Dave Turowsky

Telephone No.
610-391-0114

Telephone No.
610-701-9000

License No.
1

Start Date (10)
5 / 4 / 15

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: 7AM-PM / 3:30PM-AM

Scheduled Completion Date (11)
5 / 8 / 15

Name of OSHA Monitor
AET

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 sf
☐ Renovation
☒ Demolition

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?
(12)
Yes No N/A

Joint Compound

Rooms 1 - 4

Joint Compound

Room 1

Joint Compound

Interior Windows

Joint Compound

Roof

Joint Compound

Name of Registered Waste Hauler
David Geppert Recycling

Cubic Yards of Waste
30

Name of Registered Landfill
Western Berks Community Landfill

City, State
Hatfield, PA

Completed By (Print or Type)
Mark Griffin
Title
Estimator

Disposal Date
TBD

Date
4/17/15

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
4/16/15

Name of Building Owner/Operator (2):
PSE&G

Agencies Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Amendment #
- Emergency (including justifications)
- Cancellation

Street Address:
55 Webro Road

City, State, Zip Code:
Clifton NJ 07012

Name of Contact:
Jim Sullivan

Telephone:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Intersection of Newark Ave and Kennedy Blvd

Street Address:
Intersection of Newark Ave and Kennedy Blvd

City (5):
Jersey City

County Code (7):
Hudson

County (5):

Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other th
- Other (i.e. private & cor
- Social buildings, homes,
- K-12

Square Feet:
n/a

# of Floors:
n/a

Bldg. Age:
n/a

Current Use (Prior if being demolished):

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

ASCM No.:
n/a

Name of Abatement Contractor (9):
WRS Environmental Service

Street Address:
17 Old Dock Rd

City, State, Zip Code:
Yaphank NY 11980

Project Manager for Monitoring Firm:
n/a

Telephone No.:
631-924-8111

License No.:

Start Date (10):
4/15/15

Scheduled Completion Date (11):
4/15/15

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: roadway isolated by barricades

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 if
- ≥150 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted C) and No Table Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Location:

Yes
No
N/A

(13)

Description of Asbestos-Containing Material (ACM): (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amou

Speed

Spray

SF or L

Abatement Type:

Removal
Repair
Encapsulate

Endoscope

Table Procedure

x

x

x

x

x

Date:
4/16/15

Signature:

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1): 4/20/15

Name of Building Owner/Operator (2): Stevens Management Associates, Inc.

Agencies Notified: [X] DOL
Type Notification: [X] Initial
Amendment #: 0
Emergency (including justification): No

Street Address:
6834 North Crescent Blvd.
City, State, Zip Code:
Pennsauken, NJ 08110

Name of Contact:
Ken Stevens
Telep No.

Name of Facility Where Abatement is Taking Place (3):
No Name

Type of Facility (4):
\[\square\text{School (K-12)}\]
\[\square\text{Subchapter B (Other)}\]
\[\square\text{Other (i.e. private & commercial buildings, homes, etc.)}\]

Square Footage: 6,000
# of Floors: 1
Current Use (Prior if being Unoccupied):
molished

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

Name of Abatement Contractor (9):
ecoservices, LLC

Street Address:
28 N. Pennell Road
City, State, Zip Code:
Media, PA

Project Manager for Monitoring Firm:
Dave Turosky
Telephone No.: 610-891-0114

Telephone No.:
610-755-7563

Name of OSHA Monitor:
EMSL

Start Date (10): 5/4/15
Scheduled Completion Date (11): 5/8/15

Occupancy Status During Abatement (Check Only One):
\[\times\text{Facility Closed/Vacated During Entire Period of Abatement}\]

Abatement Performed Outside of Normal Facility Hours:
No

Facility Description:

Scope of Work (Check All That Apply):
\[\times\text{Renovation}\]
\[\times\text{Demolition}\]

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13):

Office
Floor Tile: 1,500
Office
Pipe Insulation: 75

Name of Registered Waste Hauler:
ecoservices, LLC

Cubic Yards of Waste:
2

Name of Registered Hauler ID No.:

Disposal Date:
TBD

City, State:
Exton, PA

Name of Registered GROWS:

City, State:
Morrisville, PA

Completed by:
Jack Bally
Title:
Sr. Project Manager

Signature:

Date:
4/20/15

* Do not use this form for asbestos insure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/20/15

Name of Building Owner/Operator (2) Stevens Management Associates, Inc.

Agencies Notified

☐ EPA  ☐ DEP  ☐ DOL  ☐ DOH  ☐ DCA
☐ Initial  ☐ Amended  ☐ Amendment #  ☐ Emergency (including justification)

Street Address 6834 North Crescent Blvd.

City, State, Zip Code Pennsauken, NJ 08110

Name of Contact Ken Stevens  Tel: 856-3019 3-0800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) No Name

Street Address 7026 Camden Avenue

City (5) Pennsauken

County (6) Camden  County Code (7) ________

Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies

ASCM No. Name of Abatement Contractor (9) ecoservices, LLC

Street Address 28 N. Pennell Road

City, State, Zip Code Media, PA

Project Manager for Monitoring Firm Dave Turcotte

Telephone No. 610-891-0114

Start Date (10) 5/6/15

Scheduled Completion Date (11) 5/8/15

Occuancy 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 ft 

☒ ≥160 sf or ≥260 ft

☒ Renovation

☒ Demolition

☒ Full Containment with N

☒ Mini-Enclosure

☒ Glovebag Procedure

☒ Non-Exempted (*) and 1

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Office

Crawl space under Office

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Floor Tile

Pipe Insulation

Cubic Yards of Waste

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

Name of Registered Waste Hauler ecoservices, LLC

Name of Registered Waste Hauler ID No.

Name of Register GROWS

City, State Exton, PA

City, State Morrisville, PA

Completed by Jack Bally

Title Sr. Project Manager

Signature

Date 4/20/15

Do not use this form for asbestos

ensue exempted activities.