State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.S.A.C. 56:5-3 and 56:12-97-7)

GAC Project # 635-2018

**Date of Notification (1)**  March 27, 2018
**Name of Building Owner/Operator (2)**  MADISON BOARD OF EDUCATION

**Agencies Notified**  ✔ EPA
**Street Address**  359 WOODLAND ROAD
**DCA**
**City, State, Zip Code**  MADISON, NJ 07940
**DOL**
**Name of Contact**  WAYNE DESJADON
**DEP- No Longer REQUIRED**
**Telephone Number**  973-593-3157
**DOH**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  MADISON HIGH SCHOOL
**Type of Facility (4)**  ✔ School (K-12)
**Street Address**  170 RIDGEDALE AVENUE
**Subchapter B (other than K-12)**
**City** MADISON
**Other (i.e. private & commercial buildings, homes, etc.)**
**County** MORRIS
**Sq. Feet**  N/A
**County Code (7) (State Use Only)**
**# of Floors**  2
**Name of Monitoring Firm Hired by Bldg. Owner (8)**  RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.
**Bldg. Age**  50+ years
**ASCM No.**  0090

**Name of Contractor (9)**  GREENWOOD ABATEMENT CONSULTANTS, INC.
**Street Address**  401 ST. JAMES AVENUE
**City, State, Zip Code**  PHILLIPSBURG, NJ 08865
**Telephone Number**  908-454-6316
**License Number**  00840

**City State, Zip Code**  BUTLER, NJ 07405
**Project Manager for Monitoring Firm**  JON GILBERT
**Telephone Number**  973-492-0477
**Name of OSHA Monitor**  ENVIROVISION, INC.
**Scheduled Start Date (10)**  04/06/2018
**Street Address**  20-21 WARGARAW ROAD
**Scheduled Completion Date (11)**  04/09/2018
**City** FAIRLAWN, NJ

**Occupancy Status During Abatement (Check only one)**
- ✔ Facility Closed/Vacated During Entire Period of Abatement
- ✔ Abatement Performed Outside of Normal Facility Hours - Describe
- ✔ Facility Occupied During Entire Period of Abatement
  
  **SHIFT HOURS 3PM - 12MID (24 Hours as needed)**

**Source of Work (Check all that apply)**
- ✔ ≥ 3 sf or ≥ 3 lf
- ✔ ≥ 180 sf or ≥ 260 lf
- ✔ Renovation
- ✔ Demolition
- ✔ Full Containment with Negative Pressure
- ✔ Mini-Enclosure
- ✔ Glovebag Procedure
- ✔ Non-Exempted (*) and Non-Friable Procedure
- ✔ Location Normally Used
  - Yes
  - No

**Location of Asbestos-Containing Material (ACM) in Facility (13)**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Exterior Roof Various Locations**

**Name of Roofing Contractor:**

**Newark Carting, Inc.**

**Newark, NJ 04509**

**Cubic Yards of Waste:**  10 CY

**Name of Registered Landfill:**

**G.R.O.W.S. North Landfill**

**Disposal Date:**  04/09/2018

**City, State:** 100 New Ford Mill Rd.

**Morrisville, Pa 19067**

**215-738-1700**

**Notes:** None

**Completed by (Print or Type):** RAYMOND C. PEDALINO

**Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino

**Date:** March 27, 2018

**Copies To:** MADISON BOE Attn: Mr. W. Desjadon and RK O&E, Attn: Jon Gilbert
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:29)

Date of Notification (1) 2/23/2018

Agencies Notified
[ ] EPA  [ ] Initial
[ ] DEP  [ ] Amended
[ ] DOL  [ ] Amendment #
[ ] DOH  [ ] Emergency (including justification)
[ ] DCA  [ ] Cancellation

Name of Building Owner/Operator (2)
Catelli Brothers Meats

Street Address
696 Broad St

City, State, Zip Code
Shrewsbury, NJ 07702

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Commercial Bldg for Demo

Street Address
765 Broad Street

City (5)
Shrewsbury, NJ

County (8)
Monmouth

County Code (7) (STATE USE ONLY)

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

ASCM No.
n/a

Type of Facility (4)

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

Square Feet
3,000

Square Feet # of Floors Bldg. Age
3,000 50+

Current Use (Prior if being demolished)

Commercial Bldg for Demo

Name of Abatement Contractor (9)
Harmony Contracting

Street Address
360 Palisade Ave.

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

License No.
01255

Start Date (10) 2/26/2018

Scheduled Completion Date (11) 3/3/2018

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 ft
[ ] ≥ 160 sf or ≥ 280 ft
[ ] Renovation
[ ] Demolition

SEE WORK EXPLANATION

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

End Result

Name of Registered Waste Hauler

Nacirema Demolition

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

TBD

Name of Registered Landfill

GROWS Landfill

City, State

Disposal Date

TBD

City, State, Zip Code
Tullytown, PA 19087

Completed by

E. Cirovic

Title
Secretary

Signature

Date 2/23/2018

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/29/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mercer County Improvement Authority</td>
</tr>
<tr>
<td>Street Address</td>
<td>80 Hamilton Avenue 2nd Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton NJ 08611</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Allan Collins Deputy Executive Director</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-278-8100</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Mercer County Courthouse</td>
</tr>
<tr>
<td>Street Address</td>
<td>209 S Broad St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Trenton NJ 08611</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Pernoni Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>515 Grove St S 1B</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haddon Heights NJ 08035</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Tom Adams</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-656-2912</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4/12/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/30/18</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Parking garage upper deck st Level</td>
<td>x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Horizon Disposal Ser.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>10416</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Trenton NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Signature</td>
<td>President</td>
</tr>
<tr>
<td>Date</td>
<td>3/29/18</td>
</tr>
</tbody>
</table>

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20-7 and 12:120-7)

Date of Notification (1)
3 / 5 /18

Agencies Notified
EPA
DEP
X DOL
X DOH
X DCA

Type Notification
Initial Notification
Amended Notification #3
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RT 28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07066

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) County (6) County Code (7) (STATE USE ONLY)
RAHWAY UNION 104

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH
Telephone Number
973-729-5649

Expected State Date (10)
1 / 5 /18

Month Day Year

Sched. Completion Date (11)
1 / 15 /18

Month Day Year

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Demolition
X Renovation

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/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 ENCLOSURE

ENCLOSURE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No.
825 HIGHWAY 33 15393

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE

Disposal Date
11/29/17-11/15/18

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type) Title
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

Signature

Date
3/5/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1 / 4 /18

Agencies Notified

EPA  DEP  DOH  DOL  DCA

Type Notification

Initial Notification  Amended Notification #2  Cancellation  On Hold  EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code RAHWAY, NEW JERSEY 07085

Name of Contact PATRICIA JOHNSON

Telephone Number 732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N

City RAHWAY  County UNION  County Code USE ONLY 104

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Square Feet 40,000  # of Floors 1  Bldg. Age 65

Name of OSHA Monitor AMERISCI LABORATORIES INC #11480

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CCH

Telephone Number 973-728-5049

City, State, Zip Code SPARTA, NEW JERSEY 07871

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY-FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 15933

Cubic Yards of Waste 120

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15

City, State FREEHOLD, NEW JERSEY

Comanned by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Signature 11/4/18

ENCLOSURE

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td></td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 625 HIGHWAY 33

City, State FREEHOLD, NEW JERSEY

Disposal Date 11/29/17-11/15/18

City, State MONTGOMERY, PA 17752

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15

Completed by (Print or Type) BENJAMIN SANCHEZ

Title DIRECTOR OF OPERATIONS

Signature 11/4/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11 / 28 /2017

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

Type of Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
129 E. LINCOLN AVENUE, P.O. BOX 2000, RYEO 14414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY

County (6)
UNION

County Code (7)
ASCM No. 104

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

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CII

Telephone Number
673-729-5649

Expected State Date (10)
11 / 29 /2017

Sched. Completion Date (11)
11 / 15 /2018

Month
Day
Year

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

Scope of Work (Check all that apply)
- Demolition
- >3SF OR LF
- >160 SF OR 280 LF

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM MASTIC</td>
</tr>
<tr>
<td>PIPE FITTINGS</td>
</tr>
<tr>
<td>DUCT INSULATION</td>
</tr>
<tr>
<td>PIPE SADDLES</td>
</tr>
<tr>
<td>DUCT SEAM MASTIC</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>FIRE DOORS (40)</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)
5,720 SF
489 LF
400 SF
6 LF
12 SF
250 LF
800 SF

Abatement Type
REMOVAL
REPAIR
ENCAPSULATE
ENCLOSE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Disposal Date
11/29/17-11/15/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT CENTER

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature
Date 11/28/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11 / 15 /17

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

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Address
128 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414
City, State, Zip Code
RAHWAY, NEW JERSEY 07076

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
128 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)
ASCM No.
104

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

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Current Use (Prior to being demolished)
COMMERCIAL

Expected State Date (10)
11 / 29 /17

Sched. Completion Date (11)
11 / 15 /18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY -FRIDAY 5PM-1AM
  SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
- Demolition
- Renovation
- >3SF OR LF
- >160 SF OR 260 LF

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)

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

1ST FLOOR CORRIDOR
- ACM MASTIC
  5,720 SF
  X
- PIPE FITTINGS
  498 LF
  X
- DUCT INSULATION
  400 SF
  X
- PIPE SADDLES
  6 LF
  X
- DUCT SEAM MASTIC
  12 SF
  X
- PIPE INSULATION
  250 LF
  X
- FIRE DOORS (40)
  800 SF
  X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

Disposal Date
11/29/17-11/15/18

Completed by (Print or Type)
BENJAMIN SANchez
Title
DIRECTOR OF OPERATIONS
Signature

Date
11/17/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
03 / 28 / 18

Name of Building Owner/Operator (2)
Walters Residential

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
Barneget, NJ 08005

Name of Contact
Victor

Telephone Number
[Redacted]

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Manahawkin

County (6)
Ocean

County Code (?)(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm

Telephone No.

License No.
732-349-9932

00624

Start Date (10)
04 / 09 / 18

Scheduled Completion Date (11)
04 / 11 / 18

Name of OSHA Monitor
E.M.S.I. 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- AM

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

Yes No N/A

exterior

asbestos siding

900 sf

Location Description

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Exclusion

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
04/11/18

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Ferminola

Title
Project Manager

Signature

Date
3/28/18

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification:** 03 / 27 / 18

**Name of Building Owner/Operator:** State of New Jersey

**Name of Facility Where Abatement is Taking Place:**

New Jersey Executive State House

**Street Address:**

125 W. State Street

**City:** Trenton

**State:** NJ

**Zip Code:** 08608

**Telephone Number:** 610-825-9300

**Type of Facility:**

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

**Square Feet:**

100,00

**# of Floors:**

4

**Bldg. Age:**

80

**County Code:**

Mercer

**County:**

**Current Use (Prior if being demolished):**

State House

**Name of Monitoring Firm Hired by Building Owner:**

N/A

**ASCM No.:**

N/A

**Name of Abatement Contractor:**

Shade Environmental, LLC

**Street Address:**

623 Cutler Avenue

**City, State, Zip Code:**

Maple Shade, NJ 08052

**Telephone No.:**

856-755-0099

**License No.:**

00842

**Name of OSHA Monitor:**

EMSL Analytical, Inc.

**Street Address:**

200 Route 130 North

**City, State, Zip Code:**

Cinnaminson, NJ 08077

**Start Date:**

03 / 26 / 18

**Scheduled Completion Date:**

04 / 06 / 18

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM - PM - AM

**Scope of Work (Check all that apply):**

- ≥ 3 sf or ≥ 1 ft
- ≥160 sf or ≥260 sf
- 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

**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:**

- (Specify SF or LF)

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebag Procedure

- Non-Exempted (*) and Non-Friable Procedure

**Abatement Type:**

- Removal

- Encapsulation

- Endorse

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

IN Facility

**Name of Registered Waste Hauler Freehold Cartage**

**NJDEP Waste Hauler ID No.:**

15939

**Cubic Yards of Waste:**

5

**Name of Registered Landfill:**

GROWS North Landfill

**Disposal Date:**

04/06/2018

**City, State:**

Morrisville, PA

**Completed By:**

Christina Lynch

**Title:**

Vice President of Operations

**Signature:**

Date: 3/27/18

*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)**
3/26/2018

**Name of Building Owner/Operator (2)**
Paquannock, Lincoln Park & Fairfield Sewerage Authority

**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- DOH
- DCA

**Type Notification**
- [ ] Initial
- [x] Amendment # 001
- Emergency (Including justification)
- [ ] Cancellation

**Street Address**
Lincoln Blvd

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Name of Contact**
Michael E. Solla

**Telephone Number**
973-696-4494

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Two Bridges Wastewater Treatment Plant

**Street Address**
Lincoln Blvd

**City (5)**
Lincoln Park

**County (6)**
Morris

**County Code (7)**
(State Use Only)

**Name of Monitoring Firm Hired by Building Owner (8)**
Lighthouse Environmental, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Neuber Environmental Services, Inc.

**Street Address**
42 Ridge Road

**City, State, Zip Code**
Phoenixville, PA 19460

**Telephone No.**
610 933-4332

**License No.**
00836

**Name of OSHA Monitor**
Neuber Environmental Services, Inc.

**Street Address**
42 Ridge Road

**City, State, Zip Code**
Phoenixville, PA 19460

**Start Date (10)**
4/2/2018

**Scheduled Completion Date (11)**
5/31/2018

**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 ft
- [x] ±160 sf or ≥260 ft
- [ ] Demolition (By Neuber)
- [x] Renovation

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grit Building</td>
<td>X</td>
<td>Roofing/Flashing</td>
<td>1,875 SF</td>
<td>X</td>
</tr>
<tr>
<td>Grit Building</td>
<td>X</td>
<td>Caulk on HVAC</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Grit Building</td>
<td>X</td>
<td>Ductwork paper</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Grit Building</td>
<td>X</td>
<td>Flange Gaskets</td>
<td>45 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Rovic Transport

**NJ DEP Waste Hauler ID No.**
20785

**Cubic Yards of Waste ~40**

**Name of Registered Landfill**
PWS Bethlehem Landfill

**City, State**
Riverdale, NJ

**Disposal Date**
4/2018

**Completed by**
Timothy Walter

**Title**
Project Manager

**Signature**

**Date**
3/26/18

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification (1)**
3/20/18

**Name of Building Owner/Operator (2)**

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

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

**Street Address**

**Name of Facility Where Abatement is Taking Place (3)**
N & D DAVID REDEY

**City (5)**
WEHAWKEN

**County (6)**
HUDSON

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

**Name of Abatement Contractor (9)**
Best Removal Inc.

**Street Address**
450 South River Street

**City, State, Zip Code**
Hackensack, NJ 07601

**Telephone No.**
201-329-7644

**License No.**
00388

**Name of OSHA Monitor**
Omega Environmental

**Street Address**
280 Huyler Street

**City, State, Zip Code**
South Hackensack, NJ 07606

**Start Date (10)**
4/6/18

**Scheduled Completion Date (11)**
4/9/18

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:30AM TO 5:00PM

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor Kitchen</td>
<td>X</td>
<td>VAT</td>
<td>650 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal System Insulation</td>
<td>225 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Best Removal Inc.

**Disposal Date**
4/9/18

**Name of Registered Landfill**
Minerva Enterprises, LLC

**City, State**
Waynesburg, OH 44688

**Completed by**
J. Maiorano

**Title**
Estimator

**Signature**

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

Date of Notification (1) 3/26/18
Agency Notified: DEP
type: Initial
Name of Building Owner/Operator (2) Michael Surbrugg

City, State, Zip Code Warren, NJ 07059
Name of Contact Michael Surbrugg

Name of Facility Where Abatement is Taking Place (3)
Residential Single Family Home

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

Square Feet 1911
# of Floors 2
Bid, Age 80 yrs.

County Code (7) (STATE USE ONLY) Somerset

Current Use (Prior to being demolished) Single Family Residence

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (9)
A. Holly Company

Street Address 174 Passaic Avenue
City, State, Zip Code Fairfield, NJ 07004

Telephone No. 962-702-3311
License No. 01330

Name of OSHA Monitor A. Seine

Address South Orange, NJ 07079

Name of Registered Waste Hauler A. Holly Company

ID No. 25691

Cubic Yards of Waste .5

Name of Registered Landfill Fairless Landfill

City, State, Zip Code P.O. Box 354 South Orange, NJ 07079

Completed by Gary Torello Title Project Manager

Signature 3/26/18

Do not use this form for asbestos license exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 13:1.20)

Date of Notification (1): 3-25-18

Name of Building Owner/Operator (2): HUNT & SON LLC

Street Address: 651 SEASHORE RD
City, State, Zip Code: CAPE MAY N.J. 08204

Name of Contact: JASON

FACILITY INFORMATION

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

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

Square Footage: 1500
# of Floors: 2
Bldg. Age: 70

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (5): N/A

Name of Abatement Contractor (9): KLEMCO INC

Street Address: 364 S SPRUCE AVE
City, State, Zip Code: MAPLE SHADE N.J. 08052

License No.: 00444

Name of OSHA Monitor: N/A

Project Manager for Monitoring Firm: Telephone No.: 856-729-0472

Start Date (10): 4-1-18
Scheduled Completion Date (11): 4-10-18

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):
- [ ] ≥30 sf or ≥30 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] 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):

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>1250 SF</td>
<td>CMC MUA</td>
</tr>
<tr>
<td>TRANSITE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: KLEMCO INC

City, State: MAPLE SHADE N.J

Disposal Date: 3-25-18

Completed By: MICHAEL KROM

Title: PRES.

Signature: [Signature]

Date: 3-25-18

* 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**: 3-25-18

**Name of Building Owner/Operator**: HUNT & SON LLC

**Address**: 651 SEASHORE RD

**City, State, Zip Code**: CAPE MAY, N.J. 08204

**Name of Contact**: JASON

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

**Square Feet** 1500

**# of Floors**: 2

**Bldg. Age**: 50

**Current Use**: VACANT

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: RESIDENCE

**Street Address**: [Redacted]

**City**: CAPE MAY

**County**: CAPE MAY

**Name of Monitoring Firm Hired by Building Owner**: [Redacted]

**ASCM No.**: N/A

**Name of Abatement Contractor**: KLEEMCO INC

**Address**: 349 S. SPRUCE AVE

**City, State, Zip Code**: MAPLE SHADE, N.J. 08052

**Telephone No.**: 856-779-2472

**License No.**: 000444

**Name of OSHA Monitor**: N/A

**Start Date**: 4-4-18

**Scheduled Completion Date**: 4-10-18

**Occupancy Status During Abatement**: Yes

**Facility Closed/ Vacated During Entire Period of Abatement**: Yes

**Abatement Performed Outside of Normal Facility Hours**: No

**Other - Describe**:

**Scope of Work (Check all that apply)**
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM)

#### TO BE ABATED

<table>
<thead>
<tr>
<th>IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANDING</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM)

- i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous

### Amount (Specify SF or LF)

- LF: 12505

**Abatement Type**

- [ ] Repair
- [ ] Encapsulation
- [ ] Removal

**Name of Registered Waste Hauler**: KLEEMCO INC

**Waste Hauler ID No.**: [Redacted]

**Cubic Yards of Waste**: 4

**Name of Registered Landfill**: [Redacted]

**Disposal Date**: 4

**City, State**: MAPLE SHADE, N.J.

**Completed By**: MICHAEL VITI

**Title**: PRES

**Signature**: [Redacted]

**Date**: 3-25-18

---

*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:** 3-25-18

**Name of Building Owner/Operator:** Hunt & Son LLC

**Street Address:** 651 Seashore Rd

**City, State, Zip Code:** Cape May, N.J. 08204

**Name of Contact:** Jason

**Facility Information**

**Name of Facility Where Abatement is Taking Place:** Residence

**Typc of Facility:**
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 50

**Current Use (Prior if Being Demolished):** Vacant

**Abatement Contractor:** Klemco Inc

**Ocuppancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

**Start Date:** 4-4-18

**Scheduled Completion Date:** 4-10-18

**Scope of Work**

- 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**

- **Location Normally Used Solely by Maintenance/Custodial Staff?:** Yes

- **Description of Asbestos-Containing Material (ACM):** Transite 2250 sf

**Amount (Specify SF or LF):** X

**Abatement Type**

**Name of Registered Waste Hauler:** Klemco Inc

**Cubic Yards of Waste:** 4

**Name of Registered Landfill:** CMC MUA

**Disposal Date:** Woodbine

**Completed By:** Michael Klemm

**Title:** Pres

**Signature:** [Signature]

**Date:** 3-25-18

---

*Do not use this form for asbestos licensure exempted activities.*
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 5:6A-6 AND 12:7A-20)

**Date of Notification (1)** 3/26/2018

**Name of Building Owner/Operator (2)**

**County of Bergen**

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Justification</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address** 220 E. Ridgewood Ave

**City, State, Zip Code** Paterson, NJ 07501

**Name of Contact** Mr. Syed Mir 1st. Number 201-634-2794

**Facility Information**

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

- Mosquito Office

**Street Address** 220 E. Ridgewood Ave

**City, State, Zip Code** Paterson, NJ 07501

**Name of Monitoring Firm** Omega Environmental Services

**Street Address** 260 Huyler St. South Hackensack NJ 07606

**Project Manager for Monitoring Firm** M. Alex Nalecki

**Telephone Number** 201-489-8700

**Scheduled Start Date (10)** 04/09/2018

**Scheduled Completion Date (11)** 04/14/2018

**Occupancy Status During Abatement (Check only one):**

- Facility Closed/Vacated During Entire Period of Abatement

- Abatement Performed Outside of Normal Facility Hours

**Other Describe:**

**Source of Work (Check all that apply):**

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Exempted(Regular) & Non-Firement Procedure
- Glovebag Procedure

**Location of Asbestos-Containing Material (ACM) in Facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solvay by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st through 2nd Floor</td>
<td>NO</td>
<td>120 LF</td>
</tr>
<tr>
<td>1st through 3rd Floor</td>
<td>YES</td>
<td>Window/Door Glazing &amp; Caulk, Mica Units 50 SF</td>
</tr>
<tr>
<td>2nd and 3rd Floor</td>
<td>YES</td>
<td>VAT/Moist 3,200 SF</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler** NJDEP Waste Hauler ID # 26652

**Cubic Yards of Waste** 20

**Name of Reg. Landfill** Tulip Town, PA

**City, State** Paterson, NJ 07501

**Disp. Date** 4/16/2018

**Title** Business Administrator

**Signature** Mike Damevski

**Date** 3/26/2018

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*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:16)

Date of Notification (1)
03 / 27 / 18

Agency Notified
☒ EPA
☒ DOH
☒ DCA
☒ NJDOH
☒ DOLWD
☒ NJATC
☒ NCATC
☒ NJATCD
☒ NJDOH
☒ NJATC
☒ NJATCD

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

Name of Building Owner/Operator (2)
Scott Motor Coach

Street Address
1133 Route 88

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Diane Donato

Telephone Number
732-370-1022 x 220

FACILITY INFORMATION

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

Street Address
2193 Route 9 North

City (5)
Toms River

County (6)
Ocean

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

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1899 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm

Telephone No.

License No.
732-349-9932
00624

Start Date (10)
04 / 06 / 18

Scheduled Completion Date (11)
04 / 13 / 18

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check one only)
☒ Facility Closed/Abandoned During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM-PM-AM-PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥150 sf or ≥260 If
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

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)
970 sf

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

Abatement Type

Exposure

Repair
Encapsulation
Enclosure

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
Tullytown, Pennsylvania

Disposal Date
04/13/18

Completed By (Print or Type)
Nicholas Fennica

Signature

Title
Project Manager

Date
3/27/18

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

Date of Notification (1) 03 / 27 / 18
Name of Building Owner/Operator (2)
Scott Motor Coach

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #___
☐ Emergency (including justification)
☐ Cancellation

Street Address
1133 Route 88
City, State, Zip Code
Lakewood, NJ 08701
Name of Contact
Diane Donato
Telephone Number
732-370-1022 x 220

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building
2175 Route 9 North
City (5)
Toms River
County (6)
Ocean
County Code (?)(STATE USE ONLY)

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

Square Feet
2000 sf
# of Floors
1
Bldg. Age
80
Current Use (Prior if being demolished)
Building

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm

Telephone No.
License No.
732-349-9932
00624

Start Date (10)
04 / 06 / 18
Scheduled Completion Date (11)
04 / 13 / 18

Name of OSHA Monitor
E.M.S.L. Analytical
Street Address
1056 Stelton
City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ 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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

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

asbestos siding 1400 sf

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
Endorse

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
04/13/18

Completed By (Print or Type)
Nicholas Fernicola
Title
Project Manager
Signature

Received
APR 2 2018

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

Date of Notification (1)
03 / 27 / 18

Name of Building Owner/Operator (2)
Jersey Shore Medical Center

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
1945 Route 33

City, State, Zip Code
Neptune, NJ 07753

Name of Contact
Lisa Fritz

Telephone Number
732-776-4100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jersey Shore Medical Center-Ackerman Building 4

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

Square Feet
750,000 sf

# of Floors
7

Bldg. Age
65

Current Use (Prior if being demolished)
Hospital

County Code (7)(STATE USE ONLY)

County (6)
Monmouth

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

Environmental Tactics

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
03 / 05 / 18

Scheduled Completion Date (11)
04 / 30 / 18

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 - AM

Scope of Work (Check all that apply)
☐ ≥ 3 SF or ≥ 3 If
☐ ≥ 160 SF or ≥ 260 If
☐ Demolition
☐ Renovation
☐ 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)

Yes No N/A

Cath Lab Ackerman 4

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)
400 sf

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
10

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
04/30/18

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
3/27/18

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

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

City (5): NEW MILFORD NJ.

County (6): BERGEN

Type of Facility (4):

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

Square Feet: 2,200

# of Floors: 2

Bidg. Age: 91

Current Use (Prior if being demolished): N/A

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

ASCN No.: N/A

**Name of Abatement Contractor (9):**

NORTH EAST ENVIRONMENTAL LLC.

Street Address:

1126. 51 ST. STREET

City, State, Zip Code:

NORTH BERGEN NJ, 07047

**Name of OSHA Monitor:**

ENVIRO-PROBE, INC.

Street Address:

108 LIBERTY ST.

City, State, Zip Code:

METUCHEN NJ, 08840

**Start Date (10):**

03/29/2018

Scheduled Completion Date (11): 03/31/2018

**Occupy Status During Abatement (Check One Only):**

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

**Scope of Work (Check All That Apply):**

- [ ] ≤23 sf or ≤23 lf
- [ ] ≥260 sf or ≥260 lf
- [ ] Renovation
- [x] 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):**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>[x]</td>
<td>VAT Floor tiles 9X9 &amp; Mastic</td>
<td>650 SF.</td>
<td>[ ] Removal</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:**

TRI STATE TRANSFER & ASSOCIATES.

**Name of Registered Landfill:**

MINERVA ENTERPRISE INC.

**City, State:**

BRONX, NY.

**Disposal Date:**

TBD.

**Name of Registered Landfill:**

MINERVA ENTERPRISE INC.

**City, State:**

WAYNESBURG OHIO

**Completed by:**

CARLOS ESQUIVEL

**Title:**

SAFETY MANAGER

**Signature:**

[

**Date:**

03/26/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Date of Notification (1)**
3/25/2018

**Name of Building Owner/Operator (2)**
Mark Berkowitz

** Agencies Notified**
- [X] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DOA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

**City, State, Zip Code**
Short Hills, NJ 07078

**Name of Contact**
Mark Berkowitz

**Telephone Number**

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

**County Code (7)**
Essex

**FACILITY INFORMATION**

**Type of Facility (4)**
- [X] 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 to being demolished)**

**Name of Monitoring Firm hired by Building Owner (8)**

**ASCM No.**

**Name of Abatement Contractor (9)**
MKD Property Maintenance LLC

**Street Address**
105 Van Riper Ave

**City, State, Zip Code**
Clifton, NJ 07011

**Telephone No.**
201-899-9008

**License No.**
01336

**Name of OSHA Monitor**

**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)**
- [X] 23 sf or ≥ 23 ft²
- [X] ≥ 160 sf or ≥ 260 ft²
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
105 LF

**Abatement Type**

**Name of Registered Waste Hauler**
TBD

**NJDEP Waste Hauler ID No.**
TBD

**Cubic Yards of Waste**
1 YD

**Name of Registered Landfill**
110 Sand Company

**City, State**
Melville, NY 11747

**Disposal Date**

**Name of Project Manager**
Darko Raloski

**Title**
Project Manager

**Signature**

**Date**
3/25/2018

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey - Notification of Asbestos Abatement**

**GAC Project # 060-18**

**Date of Notification (1):** March 27, 2018

**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

**City, State, Zip Code:** PISCATAWAY, NJ 08854

**Telephone Number:** 848-445-2550

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** STANLEY BERGEN, BLDG# 7252

**Street Address:** RBHS NEWARK CAMPUS

**City (5):** NEWARK

**County (6):** ESSEX

**County Code (7):** ASCM No. 00098

**Name of Contractor (9):** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 3 TERRI LANE

**City, State, Zip Code:** BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm:** BRIAN R. KEARNEY

**Telephone Number:** 609-386-8800

**Scheduled Start Date (10):** 04/6/18

**Scheduled Completion Date (11):** 04/9/18

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

**Sq. Feet: N/A**

**# of Floors: 14**

**Bldg Age: 80+ years**

**Current Use (prior if being demolished):** ACADEMIC

---

**OCCUPANCY STATUS DURING ABATEMENT (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
  - [X] Other: Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

---

**SCOPE OF WORK (Check all that apply):**
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Glove bag Procedure / Wrap & Cut

---

**Location of Asbestos-Containing Material (ACM) in Facility (13):**

**Location Normally Used Solely by Maint/Custodial Staff? (12):**
- YES
- NO

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

**Amount (Specify SF or LF):** 1200 SF

**Abatement Type:**
- [X] Remove, Repair, Encap, Environ

---

**Name of Registered Landfill:** G.R.O.W.S. North Landfill

**Disposal Date:** 04/9/2018

**City, State:** 100 New Ford Mill Rd, Morrisville, Pa 19067

**215-736-1700**

---

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

---

**Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405**
- NJDEP Waste Hauler Id #: 12561

**Hauler #2: Newark Carting, Inc., Newark, NJ 07107**
- NJDEP Waste Hauler Id #: 4559

**Complimented by:**
- [ ] Print or Type

**Title:** SENIOR PROJECT MANAGER

**Name:** Raymond C. Pedalino

**Signature:** Raymond C. Pedalino

**Date:** March 27, 2018
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.S.C., 8:69-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) | March 27, 2018

Agencies Notified
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type
- Initial Notification
- Amended Notification #
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116 LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV. HEALTH & SAFETY

Type of Facility (4)
- School (K-12)
- Subchapter 5 (other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
511 MAIN STREET
City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477
License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGAR ROY ROAD, BLDG# 35E
City, State, Zip Code
FAIRLAWN, NJ 07410

Scope of Work (Check all that apply)
- > 3 sf or >3 if
- > 150 sf or > 250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VLT, or other miscell.)

Amount (Specify SF or LF)
240 SF

Abatement Type
Remove; Repair; Encap; Endo

Name of Req. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
5 CY

Name of Registered Landfill
G.R.O.W.S. North Landfill

Disposal Date
04/09/2018

City, State
100 New Ford Mill Rd. Morrisville, Pa 19067

215-736-1700

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER
Signature
Raymond C. Pedalino
Date
March 27, 2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State: New Jersey

Date of Notification (1): 3/29/18

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

Type Notification: Initial Notification

Name of Building Owner/Operator: MERCK SHARP & DOHME CORP.

Street Address: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY29-414

City, State, Zip Code: RAHWAY, NEW JERSEY 07085

Name of Contact: PATRICIA JOHNSON

Telephone Number: 732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: MERCK SHARP & DOHME CORPORATION

Street Address: 126 EAST LINCOLN AVENUE - BUILDING 80N

City: RAHWAY, NEW JERSEY

County: UNION

County Code: (STATE USE ONLY) ASCM No. 104

Type of Facility: - School (K-12)
- Subchapter 8 (Other than K-12)
- Other ( ie. private & commc. bldgs., homes, etc.)

Square Feet: 40,000

# of Floors: 1

Bldg. Age: 65

Current Use (Prior if being demolished): COMMERCIAL

Name of Monitoring Firm Hired by Building Owner: ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor: PAR ENVIRONMENTAL CORPORATION

Street Address: 313 SPOOK ROCK ROAD

City, State, Zip Code: SUFFERN, NEW YORK 10901

Telephone Number: 845-369-7500

License Number: 1101

Expected State Date: 1/5/18

Sched. Completion Date: 11/15/18

Month/Day/Year: 1/5/18

Name of OSHA Monitor: AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours: MONDAY -FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work: Demolition

More than 500 SF or LF

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous):

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility:

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X ACM MASTIC complete</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State: FREEHOLD, NEW JERSEY

Cubic Yards of Waste: 120

Name of Registered Landfill:

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State: MONTGOMERY, PA 17752

Complied by (Print or Type): BENJAMIN SANCHEZ

Title: DIRECTOR OF OPERATIONS

Signature: [Signature]

Date: 3/29/17-11/15/18

Disposal Date: 11/15/2018

NYDEP Waste Hauler ID No.: 15930

Cubic Yards of Waste: 120

Name of Registered Landfill:

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State: MONTGOMERY, PA 17752

Complied by (Print or Type): BENJAMIN SANCHEZ

Title: DIRECTOR OF OPERATIONS

Signature: [Signature]

Date: 3/29/18

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility:

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
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Name of Registered Waste Hauler:

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State: FREEHOLD, NEW JERSEY

Cubic Yards of Waste: 120

Name of Registered Landfill:

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State: MONTGOMERY, PA 17752

Complied by (Print or Type): BENJAMIN SANCHEZ

Title: DIRECTOR OF OPERATIONS

Signature: [Signature]

Date: 3/29/18

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility:

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
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Name of Registered Waste Hauler:

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State: FREEHOLD, NEW JERSEY

Cubic Yards of Waste: 120

Name of Registered Landfill:

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State: MONTGOMERY, PA 17752

Complied by (Print or Type): BENJAMIN SANCHEZ

Title: DIRECTOR OF OPERATIONS

Signature: [Signature]

Date: 3/29/18

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility:

<table>
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<th>Location of Asbestos-containing Material (ACM)</th>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3 / 26 / 18

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY-28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-894-2257

Agencies Notified

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<td>Cancellation</td>
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<td>On Hold</td>
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<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) County (6) County Code (7) (STATE USE ONLY)
RAHWAY UNION 104

Name of Monitoring Firm Hired by Building Owner (8)
ENVIROMETAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Type of Facility (4)
X Other (ie. private & comm. blds., homes, etc.)

Square Feet
40,000

# of Floors
1

Bidg. Age
65

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

License Number
1101

Name of OSHA Monitor
AMERICISC LABORATORIES INC #11480

Expected State Date (10) Sched. Completion Date (11)
1 / 5 / 18 11 / 15 / 18

Month Day Year Month Day Year

Occupancy Status During Abatement (Check one only)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Demolition
X Renovation

X Full Containment with Negative Pressure

X Mini Enclo.
X Glovebag Procedure
X Non-Fibrous Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED
in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes/No</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surface, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>daycare</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
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<td>489 LF</td>
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<td>daycare</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td>6 LF</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td>FIRE DOORS (40)</td>
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<tr>
<td>2ND FLOOR CORRIDOR</td>
<td>X</td>
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<td>1080 SQ FT</td>
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<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

Hauler ID No.
15339

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

Disposal Date
11/29/17-11/15/18

Completed by (Print or Type)
BENJAMIN SANCHEZ
Signature

Title
DIRECTOR OF OPERATIONS
Date
3-26-18
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69-7 and 12:120-7)

- **Date of Notification**: 3/5/18
- **Name of Building Owner/Operator**: MERCK SHARP & DOHME CORP.
  - **Street Address**: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
- **City, State, Zip Code**: RAHWAY, NEW JERSEY 07065
- **Name of Contact**: PATRICIA JOHNSON  
  - **Telephone Number**: 732-554-2257

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place**: MERCK SHARP & DOHME CORPORATION  
  - **Street Address**: 126 EAST LINCOLN AVENUE - BUILDING 80N
  - **City**: RAHWAY  
  - **County**: UNION  
  - **County Code (STATE USE ONLY)**: ASCM No. 104
- **Type of Facility**: COMMERCIAL  
  - **Square Feet**: 40,000  
  - **# of Floors**: 1  
  - **Bldg. Age**: 65
- **Name of Abatement Contractor**: PAR ENVIRONMENTAL CORPORATION  
  - **Street Address**: 313 SPOOK ROCK ROAD
  - **City, State, Zip Code**: SUFFERN, NEW YORK 10901
  - **Telephone Number**: 845-399-7300  
  - **License Number**: 1101
- **Name of OSHA Monitor**: AMERISCI LABORATORIES INC  
  - **License #**: #11480  
  - **Street Address**: 117 EAST 30TH STREET
  - **City, State, Zip Code**: NEW YORK, NEW YORK 10016

### Expected State Date (10)
- **Month**: 1  
- **Day**: 5  
- **Year**: 18

### Sched. Completion Date (11)
- **Month**: 11  
- **Day**: 15  
- **Year**: 18

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**:
- **Abatement Performed Outside of Normal Facility Hours**: MONDAY - FRIDAY 5PM-1AM  
  - SATURDAY 7AM-3:30 PM
- **Other**: MONDAY - FRIDAY 5PM-1AM  
  - SATURDAY 7AM-3:30 PM

### Scope of Work (Check all that apply)
- **Demolition**
- **Renovation**
- **Full Containment with Negative Pressure**
- **Mini Enclo .**
- **Glovebag Procedure**
- **Non-Firable Procedure**

### Location of Asbestos-containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
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<td>1ST FLOOR CORRIDOR</td>
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<td>PIPE INSULATION</td>
<td>250 LF</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
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</table>

- **Name of Registered Waste Hauler**: FREEHOLD CARTAGE, INC.
  - **825 HIGHWAY 33**
  - **City, State**: FREEHOLD, NEW JERSEY
  - **Disposal Date**: 11/29/17-11/15/18

- **Name of Registered Landfill**: LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
  - **447 ALEXANDER DRIVE/ROUTE 15**
  - **City, State**: MONTGOMERY, PA 17752

- **Completed by (Print or Type)**: BENJAMIN SANCHEZ  
  - **Title**: DIRECTOR OF OPERATIONS  
  - **Signature**: [Signature]  
  - **Date**: 3/5/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80-7 and 12:120-7)

Date of Notification (1)
1 / 4 / 18

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)
X Other (ie, private & commcl. blgs., homes, etc.)

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUPTERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH
Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
1 / 5 / 18

Sched. Completion Date (11)
11 / 15 / 18

Name of OSHA Monitor
AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
Demolition
Renovation
X Full Containment with Negative Pressure
X Mini Enclo.
X Glovebag Procedure
X Non-Friable Procedure

Location of Asbestos-containing Material (ACM)
TO BE ABATED
in Facility (13)

Yes No N/A

1ST FLOOR CORRIDOR
ACM MASTIC
5,720 SF
X

1ST FLOOR CORRIDOR
PIPE FITTINGS
489 LF
X

1ST FLOOR CORRIDOR
DUCT INSULATION
400 SF
X

1ST FLOOR CORRIDOR
PIPE SADDLES
6 LF
X

1ST FLOOR CORRIDOR
DUCT SEAM MASTIC
12 SF
X

1ST FLOOR CORRIDOR
PIPE INSULATION
250 LF
X

1ST FLOOR CORRIDOR
FIRE DOORS (40)
800 SF
X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

City, State, Zip Code
MONTGOMERY, PA 17752

Disposal Date
11/29/17 - 11/15/18

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
11/14/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

11 / 28 /17

Agencies Notified

EPA
DEP
X DOL
DOH
X DCA

Type Notification

Initial Notification
Amended Notification
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY

County (6)
UNION

County Code (7)

Type of Facility (4)
X School (K-12)

Subchapter 8 (Other than K-12)

Other (ie. private & commnd. bldgs., homes, etc.)

Square Feet: 40,000

# of Floors: 1

Bldg. Age: 66

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Current Use (Prior if being demolished)
COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
945-369-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Expected State Date (10)
11 / 29 /17

Sched. Completion Date (11)
11 / 15 /18

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Other - Describe:

Scope of Work (Check all that apply)
X Demolition
X Renovation

>3SF OR LF
X

>160 SF OR LF 260 LF

Location of Asbestos-containing Material (ACM)
TO BE ABATED
in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes

No

1ST FLOOR CORRIDOR

ACM MASTIC

5,720 SF

X

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
ENCLOSURE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
325 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
SE 447 ALEXANDER DRIVE/ROUTE 15

Disposal Date
11/29/17-11/15/18

Name
MONTGOMERY, PA 17752

Completed by (Print or Type)

Signature

Title
DIRECTOR OF OPERATIONS

Date 11/28/17
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notification (1)**

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**Agencies Notified**

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<th>DCA</th>
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**Type Notification**

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</tbody>
</table>

**Name of Building Owner/Operator (2)**

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

PATRICIA JOHNSON

**Telephone Number**

732-584-2257

---

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 80N

**City (5)**

RAHWAY

**County (6)**

UNION

**County Code (7)**

STATE USE ONLY

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCN No.**

104

---

**Type of Facility (4)**

X Other (ie. private & comm. blds., homes, etc.)

**Square Feet**

40,000

**# of Floors**

1

**Bldg. Age**

65

**Current Use (Prior if being demolished)**

COMMERCIAL

---

**Expected State Date (10)**

11 / 29 / 17

**Sched. Completion Date (11)**

11 / 15 / 18

**Occupancy Status During Abatement (Check only one)**

X Facility Closed/Vacated During Entire Period of Abatement

X Abatement Performed Outside of Normal Facility Hours - Describe:

MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

**Scope of Work (Check all that apply)**

X Demolition

X Renovation

X Full Containment with Negative Pressure

X Mini Enclo .

X Glovebag Procedure

X Non-Nailable Procedure

---

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR MASTIC 5,720 SF X</td>
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<tr>
<td>1ST FLOOR CORRIDOR PIPE FITTINGS 480 LF X</td>
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<td>REPAIR</td>
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<td>ENCLOSURE</td>
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<td>1ST FLOOR CORRIDOR FIRE DOORS 40 800 SF X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

FREElOH OLD CARRTE, INC.

285 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**hailer ID No.**

15339

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SC 447 ALEXANDER DRIVE/ROUTE 15

**City, State**

MONTGOMERY, PA 17752

**Disposal Date**

11/29/17-11/11/18

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

[Signature]

**Date**

11/15/17
Date of Notification (1) 3 / 29 / 18

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code RAHWAY, NEW JERSEY 07065
Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION

Street Address 126 EAST LINCOLN AVENUE - BUILDING 80M BREAK ROOM
City (5) RAHWAY County (6) UNION Country Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 104
ENVIROMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871

Square Feet 26,220 # of Floors 2 Bldg. Age 54

Expected State Date (10) Sched. Completion Date (11) 3 / 27 / 18 3 / 29 / 18
Month Day Year Month Day Year

Name of OSHA Monitor AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET
Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code NEW YORK, NEW YORK 10016

Other - Describe: MONDAY - FRIDAY 5:30 PM - 12:30 AM

Scope of Work (Check all that apply) Full Containment with Negative Pressure
Demolition X Renovation X Mini Endo,
>3SF OR LF Glovebag Procedure
>180 SF OR 260 LF Non-Friable Procedure

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

Amount (Specify SF or LF) 8 SF X

Abatement Type

ENCLOSURE

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED in Facility (15)

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State FREEHOLD, NEW JERSEY

Cubic Yards of Waste 1
Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15
City, State MONTGOMERY, PA 17752

Complied by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS

Signature Date 3/27/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3 / 14 / 18

Agencies Notified Type Notification
[ ] EPA Initial Notification
[ ] DEP Amended Notification
[ ] DOL Cancellation
[ ] DOH On Hold
[ ] DCA EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, N.J.26-414
City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80M BREAK ROOM

City (5) County (6) County Code (7)
RAHWAY UNION 104

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
655 WEST SHORE TRAIL
City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm Telephone Number
WILLIAM S. KERBEL, CIIH 973-729-5649

Expected State Date (10) Sched. Completion Date (11)
3 / 27 / 18 4 / 28 / 18
Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5:30 PM - 12:30 AM
[ ] Other - Describe: 

Scope of Work (Check all that apply)
[ ] Demolition
[ ] >3SF OR LF
[ ] >160 SF OR 260 LF
X Renovation

Full Containment with Negative Pressure
X Mini Enclo,
Glovebag Procedure
Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

1ST FLOOR BREAK ROOM

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-containing Material (ACM)
(is. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
REMOVAL
ENCAPSCULATION
ENCLOSURE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature
Date 3/14/18
## Emergency Paid

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

**Date of Notification (1)**  
3/28/18

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

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

**Name of Building Owner/Operator (2)**  
Lisa Browning Private Home

**Street Address**  
(Not legible)

**City, State, Zip Code**  
Edgewater Park NJ 08010

**Name of Contact**  
Lisa

**Telephone Number**  
(Not legible)

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Lisa Browning Private Home

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

**Square Feet**  
1000 +

**# of Floors**  
2.

**Bldg. Age**  
35+

**Current Use (Prior if being demolished)**  
(Not legible)

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

**ASCM No.**  
(Not legible)

**Name of Abatement Contractor (9)**  
Pernaco Inc.

**Street Address**  
PO Box 329

**City, State, Zip Code**  
West Berlin NJ 08091

**Project Manager for Monitoring Firm**  
(Not legible)

**Telephone No.**  
856-753-9800

**License No.**  
00727

**Start Date (10)**  
3/29/18

**Scheduled Completion Date (11)**  
3/30/18

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

**Name of OSHA Monitor**  
Same

**Street Address**  
(Not legible)

**City, State, Zip Code**  
(Not legible)

## Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM)

#### TO BE ABATED

- In Facility  
- Basement

#### 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 (Specify SF or LF)

- 385 SF

### Abatement Type

- Removal
- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler**  
United Containers

**NJDEP Waste Hauler ID No.**  
22459

**Cubic Yards of Waste**  
5

**Name of Registered Landfill**  
G.R.O.W.S.

**City, State**  
Etna, NJ

**Disposal Date**  
3/30/18

**City, State**  
Morrisville PA 19067

**Completed by**  
Anthony T Perna

**Title**  
President

**Signature**  
(Not legible)

**Date**  
3/3/18

---

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 540 and 12:12D)

Date of Notification (1)
3/28/18

Name of Building Owner/Operator (2)
John Barbagallo 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
John

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
John Barbagallo Private Home

Street Address [REDACTED]

City (5)
Manahawkin NJ 08050

County (6)
Ocean

County Code (7)

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

Square Feet
1000 +

# of Floors
1

Bldg. Age
35+

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
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Start Date (10)
4/9/18

Scheduled Completion Date (11)
4/13/18

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)
☐ ≥ 23 sf or ≥33 fl
☐ ≥100 sf or ≥250 fl
☒ Renovation
☒ Demolition

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

Yes
No
N/A

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

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Endorse

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

Name of Registered Landfill
G.R.O.W.S.

Disposal Date
4/13/18

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

Signature
Date
3/28/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 3-30-18  
Name of Building Owner/Operator: Brandon Barrett  
Agencies Notified: 
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification: Abatement

Name of Facility Where Abatement is Taking Place (3): Single Family Dwelling  
Street Address: Maple Shade NJ 08052  
City: Maple Shade  
County: Burlington  
County Code: N/A

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies  
ASCM No.: N/A  
Name of Abatement Contractor (9): EPC Technologies Inc.

Address: P.O. Box 337  
New Egypt, NJ 08533  
Telephone No.: 609-758-3365

Project Manager for Monitoring Firm: Steve Schenker  
Telephone No.: 609-758-3365  
License No.: 00394

Start Date (10): April 10, 2018  
Scheduled Completion Date (11): April 13, 2018

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): 
- x3 sf or ≤3 If
- ≥160 sf or ≥260 If
- Remodel
- Demolition

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

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):  
- Kitchen
- Flooring

Amount (Specify SF or LF): 200 SF

Abatement Type: Removal  
Enclosure

Name of Registered Waste Hauler: EPC Technologies  
NU/DEP Waste Hauler ID No.: 17000

City, State: New Egypt, NJ  
Disposal Date: 4-16-18  
City, State: Manassasville, PA

Completed by: Steve Schenker  
Title: President  
Signature: Steve Schenker  
Date: 3-30-18

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJA 8:6A and 12:120)

**Date of Notification (1)**
3/28/18

**Agencies Notified**
- [X] EPA
- [X] DOH
- [ ] DOL
- [ ] DCA

**Name of Building Owner/Operator (2)**
Ameritrust Residential Services

**Street Address**
3525 Piedmont RD NE - Building 7 Suite 70

**City, State, Zip Code**
Atlanta, GA, 30305

**Name of Contact**

**Telephone Number**
844-554-0196

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Elizabeth

**County (6)**
Union
**County Code (7) (STATE USE ONLY)**

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

**Square Feet**
4000

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**
732-680-2078

**License No.**
1200

**Start Date (10)**
4/9/18

**Scheduled Completion Date (11)**
4/11/18

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

**Scope of Work (Check All That Apply)**
- [X] >=3 sf or >=3 if
- [X] >=160 sf or >=260 if
- [ ] Renovation
- [X] Demolition

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

**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 (Square Foot or Linear Foot)**
80LF

**Abatement Type**
Endoscope

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
IESI

**City, State**
NEWARK, NJ

**Diaposal Date**
4/11/18

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
3/29/18

**Name of Building Owner/Operator (2)**
RELIABLE CLEAN ENERGY LLC

**Street Address**
7910 PATRIOTS LANDING PL

**City, State, Zip Code**
QUINTON VA 23141

**Name of Contact**
Doug

**Telephone Number**
908-303-6103

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | | |
|-----------------|-----------------|
| | |

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Hunterdon</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 homes</td>
<td></td>
<td></td>
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</table>

| Name of Monitoring Firm Hired by Building Owner (5) | ASCM No. | |
|-----------------|-----------------|
| | |

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>A&amp;A LEAD PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LAKEWOOD, NJ 08701</td>
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</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>732-668-9078</td>
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<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>4/11/18</td>
<td>4/16/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>≥396 sq or ≥3 ft</td>
<td></td>
</tr>
<tr>
<td>≥160 sq or ≥260 ft</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
|-----------------|-----------------|
| In Facility (19) | |

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>1500SF</td>
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<table>
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<th>Abatement Type</th>
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<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>15</td>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tr>
<td>04509</td>
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<table>
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<tbody>
<tr>
<td>4/16/18</td>
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<table>
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<th>City, State</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>LAKEWOOD, NJ 08701</td>
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</table>

| Name of Registered Landfill |
|-----------------|-----------------|
| IESI | |

<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
03 / 27 / 18

Name of Building Owner/Operator (2)
Sue Diemidio

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA
  [NJAC 5:23-8]
- [ ] Type Notification
  - [ ] Initial
  - [ ] Amended
  - [ ] Amendment #_____
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
City, State, Zip Code
Maple Shade, NJ 08052

FACILITY INFORMATION

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

City (5)
Maple Shade

County (6)
Burlington

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08015

County Code (7)/(STATE USE ONLY)

Name of OSHA Monitor
EMSL Analytical, Inc.

Telephone No.
609-298-4070

License No.
00842

Square Feet
1,200

# of Floors
2

Bldg. Age
80

Start Date (10)
04 / 04 / 18

Scheduled Completion Date (11)
04 / 16 / 18

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

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥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

Yes No N/A

Duct Insulation

155 SF

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate

Endorse

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

Disposal Date
04/16/2018

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
3/27/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to N.J.A.C. 8:50-12:120)

Date of Notification (1) 2-23-2018

Name of Building Owner/Operator (2)
Kennedy University Hospital

Address
2201 Chapel Hill Campus
City, State & Zip Code
Cherry Hill, NJ 08002

Name of Contact
Michael McCloskey

Agency Notified Type Notification
EPA Initial
DEP Amended
DOL Emergency
DOL Cancellation
DOH
DCA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kennedy University Hospital-CPD area

Street Address
2201 Chapel Hill Campus
City (5)
Cherry Hill, NJ
County (6) Camden
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

Address
3370 Progress Drive, Suite J
Bensalem, PA, 19020

Name of Resource Management Group, LLC

Street Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

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

Square Feet
250,000

# of Floors
2

Bldg. Age
52

Current Use (Prior to being demolished)
Hospital

Name of Abatement Contractor (9)
Resource Management Group, LLC

Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

ASCM No.
01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc

Street Address
2333 Route 22 West
City, State & Zip Code
Union, NJ 07083

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours

Describes:
Project to be conducted 2nd shift 6:00pm to 2:00am
Facility Occupied During Abatement

Scope of Work (Check all that apply)
3 sf or 23 sf

≥180 sf to 260 sf

Renovation
Demolition

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

Location
PD area

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Yes
No
N/A

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

Amount
SF or LF

Abatement Type
Removal
Repair
Encapsulation

Name of Registered Waste Hauler
Resource Management Group, LLC

ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

City, State
Morristown, NJ

Disposal Data
TBD

Implemented By (Print or Type)
Brian J. Haney

Title
President

Date 2-23-2018
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2-23-2018

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended (start date)</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency</td>
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<tr>
<td>□ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner / Operator (2)
Kennedy University Hospital

Address
2201 Chapel Hill Campus
City, State & Zip Code
Cherry Hill, NJ 08002

Name of Contact
Michael McCloskey

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kennedy University Hospital-CPD area

Street Address
2201 Chapel Hill Campus

City (5) Cherry Hill, NJ
County (6) Camden
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

Street Address
3370 Progress Drive, Suite J
City, State & Zip Code
Bensalem, PA, 19020

Project Manager for Monitoring Firm
Mr. Mike Panepresso

Telephone Number
215-244-1300

Scheduled Start Date (10) 3-8-2018
Scheduled Completion Date (11) 3-26-2018

Occupy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours

Describe: Project to be conducted 2nd shift 8:00pm to 2:00am

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥160 ft

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Is the Location Normally Used Solely by Maintenance or Custodial Staff?

- Yes
- No
- N/A

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

- Floor tile & mastic
- Textured plaster ceiling

Amount (Specify SF or LF)

- 1,123 SF
- 415 SF

Abatement Type

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Full Containment with Negative Pressure

- Removal
- Repair
- Encapsulate

Name of Registered Landfill

- Grows Landfill

Name of Registered Waste Hauler

- Core Management Group, LLC

Waste Hauler ID No. 0035218

Cubic Yards of Waste 
TBD

Dispose Date 
TBD

City, State 
Morristown, NJ

Completed By (Print or Type) 
Mr. Brian J. Haney

Title 
President

Signature 

Date 2-23-2018
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:109)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-27-17</td>
<td>CHARLES TTA MCG-11</td>
</tr>
</tbody>
</table>

**Agencies Notified**  
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address**  
(City, State, Zip Code)  
- [ ]  

**City of Contact**  
(Charles TTA)  
- [ ] WILMINGTON, DE 19804  

**Telephone Number**  
- [ ]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**  
- [ ] Residential

**Street Address**  
- [ ]

**County Code (State Use Only)**  
- [ ]

**County (6)**  
- [ ]

**Current Use (Prior if being demolished)**  
- [ ] ABATEMENT

**Name of Monitoring Firm Hired by Building Owner**  
- [ ] ATLAS ENVIRONMENTAL INSPECTIONS

**ASCM No.**  
- [ ]

**Name of Abatement Contractor**  
- [ ] FRYMAR CONSTRUCTION INC

**Street Address**  
- [ ]

**City, State, Zip Code**  
- [ ] PHILADELPHIA, PA 19116

**Telephone No.**  
- [ ]  

**License No.**  
- [ ]

**Name of OSHA Monitor**  
- [ ]

**Occupancy Status During Abatement**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe:  

**Scope of Work (Check All That Apply)**  
- [ ] 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  
- [ ]

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**  
- [ ]

**Abatement Type**  
- [ ]

**Name of Registered Waste Hauler**  
- [ ] FRYMAR CONSTRUCTION

**NJDEP Waste Hauler ID No.**  
- [ ]

**Cubic Yards of Waste**  
- [ ]  

**Name of Registered Landfill**  
- [ ] WESTERN WARES

**City/State**  
- [ ]

**Disposal Date**  
- [ ] 4-19-18  

**Completed by**  
- [ ]

**Title**  
- [ ]

**Signature**  
- [ ]

**Date**  
- [ ] 3-27-17

*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)**
March 28, 2018

**Job #**: 9694.01
**Name of Building Owner/Operator (2)**
Delaware River Port Authority

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

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

**One Port Center**
City, State, Zip Code
Camden, NJ 08101
**Name of Contact**
Christina Ogonwuyi
**Telephone Number**
856-772-6906

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
PATCO Lindenwold Station

Street Address
801 Berlin Road N.

City (5)
Lindenwold

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Labs

ASCM No.
178

Name of Contractor (9)
Prime Group Remediation, Inc.

Street Address
400 Street Road
City, State, Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Michael Panepresso

Telephone Number
215-244-1300 Ext. 26

Scheduled Start Date (10)
April 7, 2018

Scheduled Completion (11)
April 14, 2018

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Source of Work (Check all that apply)
- >3 sf or >3 if
- >160 sf or >260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Area</td>
<td>Pipe Fittings</td>
<td>73 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime Group Remediation Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID # 19272</td>
</tr>
<tr>
<td>Cubic Yards of Waste 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Berk Community Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/2018</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vincent Primavera</td>
</tr>
<tr>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>March 28, 2018</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities*
Date of Notification (1)  
03/19/2018

Check #3148

Name of Building Owner/Operator (2)  
Mr William Patersby

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

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

Name of Facility Where Abatement is Taking Place (3)  
William Patersby Residence - basement

Street Address  

City (5)  
Verona, NJ

County (5)  

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

ASCM No.  

Name of Abatement Contractor (9)  
EA Services Corporation

Street Address  
426 - 69th Street

City, State, Zip Code  
Guttenberg, NJ 07093

Project Manager for Monitoring Firm  

Telephone No.  
201-295-1700

License No.  
01074

Start Date (10)  
3/26/2018

Scheduled Completion Date (11)  
3/26/2018

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: Starting 8 AM

Scope of Work (Check All That Apply)  
☐ ≥30 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf  
☐ Demolition  
☐ Renovation

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)  
☐ Yes  
☐ No  
☐ N/A

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

Amount (Specify SF or LF)  
70 LF

Abatement Type  

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

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Minerva Enterprises Inc

City, State  
Waynesburg, OH

Disposal Date  
TBD

Completed by  
Gina Betances

Title  
Office Manager

Signature  

Date  
03/19/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey

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

Date of Notification (1)
3 / 26 /18

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Type of Facility (4)
□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (i.e. private & commu. bldgs., homes, etc.)

Square Feet: 40,000
# of Floors: 1
Bldg. Age: 65

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2287

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY
County (6)
UNION
County Code (7)
(STATE USE ONLY)
ASCM No.
104

Current Use (Prior if being demolished)
COMMERCIAL

Type of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIIH
Telephone Number
973-729-5649

License Number
845-369-7500

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUDDERTON, NEW YORK 10016

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC
Name of OSHA Monitor

Street Address
117 EAST 30TH STREET
City, State, Zip Code
NEW YORK, NEW YORK 10016

Expected State Date (10)
1 / 5 /18
Sched. Completion Date (11)
11 / 15 /18

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe:
□ Other - Describe: MONDAY-FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
□ Demolition
□ Renovation
□ X Full Containment with Negative Pressure
□ X Mini-Enclosure
□ X Glovebag Procedure
□ X Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED
in Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE FITTINGS</td>
<td>488 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

Cubic Yards of Waste
120

disposal Date
11/22/17/11/15/18

Signature

Date
3.26.18
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)

**Date of Notification (1)**  
3-27-2018

**Name of Building Owner/Operator (2)**  
Montgomery & Washington Inc.

**Agencies Notified**  
☑ EPA  
☐ DEP  
☐ DOL  
☑ DOH  
☐ DCA

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

**Street Address**  
615 Pavonia Avenue

**City, State, Zip Code**  
Jersey City, NJ 07306

**Name of Contact**  
Gerald Egientowicz

**Telephone Number**  
973-508-5757

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Residential

**Street Address**  
[Redacted]

**City (5)**  
Jersey City, NJ 07307

**County (6)**  
Hudson

**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**  
3900

**# of Floors**  
1

**Bldg. Age**  
70+

**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**  
235 Virginia Avenue

**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)**  
4-5-2018

**Scheduled Completion Date (11)**  
4-6-2018

**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: ____________________________

**Scope of Work (Check All That Apply)**

☐ Indoors only  
☒ ≥3 sf or ≥3 ft  
☒ ≥150 sf or ≥260 ft  
☐ Roofing  
☐ Demolition

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Use</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roofing material</td>
<td>800 SF</td>
</tr>
<tr>
<td>Exterior - front</td>
<td>X</td>
<td>Siding</td>
<td>400 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Green Environmental Services

**Disposal Date**  
4-5-2018

**Name of Registered Landfill**  
Grows North Landfill

**City, State**  
Jersey City

**Completed by**  
Lilianna Serrano  
Title  
Office Manager

**Signature**

3-27-2018

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

**State of New Jersey**

**Date of Notification (1)**
03/28/2018

**Page 1 of 2**

**Name of Building Owner/Operator (2)**
GBSJ Properties LLC

**Agency Notified **
- EP A
- DEP
- DOL
- DOH
- DCA

**Type Notification**
- Initial
- Amended Amendment #1
- Emergency (including justification)
- Cancellation

**Street Address**
3 Buckingham Road

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Name of Contact**
Mike Carpino

**Telephone Number**
908-489-1694

### FACILITY INFORMATION

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

**Street Address**
[Redacted]

**City (5)**
West Orange

**County (6)**
Essex

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm Hired by Building Owner (8)**
Briggs Associates Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Be Construction Corporation

**Street Address**
179 Route 46 Suite 15 #182

**City, State, Zip Code**
Rockaway, NJ 07866

**Telephone No.**
973-669-2900

**License No.**
01231

**Name of OSHA Monitor**
Schneider Laboratories Global Inc.

**Street Address**
2512 W Cary Street

**City, State, Zip Code**
Richmond, VA, 23220

**Start Date (10)**
04/02/2018

**Scheduled Completion Date (11)**
04/06/2018

**Occupancy Status During Abatement**

- 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

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

<table>
<thead>
<tr>
<th>Location in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe insulation</td>
<td>80LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Flue/Chimney Patch/Boiler Gasket</td>
<td>38SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Plaster</td>
<td>3500SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement/ Laundry Room</td>
<td>X</td>
<td>Floor tile</td>
<td>300SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Century Waste**

**NJ/DEP Waste Hauler ID No.**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Fairless Landfill**

**City, State**
Elizabeth, NJ

**Disposal Date**

**Completed by**
Barbara Reed

**Title**
President

**Signature**

**Date**
03/26/2018

---

*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**: 03/26/2018

**Name of Building Owner/Operator**: GBSJ Properties LLC

**Name of Facility Where Abatement is Taking Place**: Residence

**Street Address**: 3 Buckingham Road

**City, State, Zip Code**: Lincoln Park, NJ 07035

**Name of Contact**: Mike Carpio

**Telephone Number**: 908-489-1694

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including Justification)</td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Type of Facility**: School (K-12)

**Square Feet**: 9,100

**No. of Floors**: 2

**Bldg. Age**: 65

**County Code**: 06

**Name of Monitoring Firm Hired by Building Owner**: Briggs Associates Inc.

**Telephone No.**: 609-298-5520

**Name of Abatement Contractor**: Be Construction Corporation

**Street Address**: 179 Route 46 Suite 15 #182

**City, State, Zip Code**: Rockaway, NJ 07866

**Telephone No.**: 973-669-2800

**License No.**: 01231

**Name of OSHA Monitor**: Schneider Laboratories Global Inc.

**Street Address**: 2512 W Cary Street

**City, State, Zip Code**: Richmond, VA. 23220

**Start Date**: 04/02/2018

**Scheduled Completion Date**: 04/06/2018

**Occupancy Status During Abatement**: Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work**: Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Porch</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tiles w/mastic</td>
<td>83SF</td>
<td></td>
</tr>
<tr>
<td>Window Caulk</td>
<td>30SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Century Waste

**NJDEP Waste Hauler ID No.**: 12345

**Cubic Yards of Waste**: 10

**Name of Registered Landfill**: Fairless Landfill

**City, State**: Morrisville, PA

**Disposal Date**: 06/30/2018

**Completed by**: Barbara Reed

**Title**: President

**Signature**: [Signature]

**Date**: 03/26/2018

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
03-26-18

Name of Building Owner/Operator (2)
Gr Masonry Work, LLC

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

Type Notification
- Initial
- Amended
- Amendment # 2
- Emergency (including justification)
- Cancellation

Street Address
133 South 20th St.

City, State, Zip Code
Irvington, NJ 07111

Name of Contact
Jorge Gonzaga

Telephone Number
(918) 370-1414

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Commercial Building

Square Feet

# of Floors

Bldg. Age

County Code (7)

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Delfa Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

License No.
01206

Start Date (10)
02-12-18

Scheduled Completion Date (11)
06-20-18

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

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

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
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

2nd to 11th Floor
x
Pipe Insulation
3,580 LF
X

3rd, 5th & 7th Floor
x
VAT
4,200 SF
X

4th, 8th, 9th & 11th Floors
X
VAT + Mastic
10,860 SF
X

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
60

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
04-20-18

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
03-26-18

* 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)
03-26-18

Name of Building Owner/Operator (2)
Gr Masonry Work, LLC

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

Type Notification
- Initial
- Amended
- Amendment # 2
- Emergency (including justification)
- Cancellation

Street Address
133 South 20th St.

City, State, Zip Code
Irvington, NJ 07111

Name of Contact
Jorge Gonzaga

Telephone Number
(918) 370-1414

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Commercial Building

Street Address
125 Broad St.

City (5)
Elizabeth

County (6)
Union

County Code (7)
N/A

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

Name of Abatement Contractor (9)
Delfa Contracting LLC

Start Date (10)
02-12-18

Scheduled Completion Date (11)
05-20-18

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 If
- ≥100 sf or ≥260 If
- 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

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

Encapsulation

Endurance

1st Floor
Pipe Insulation
120 LF

12th Floor
Pipe Insulation
100 LF

13th Floor
Pipe Insulation
100 LF

14th Floor
Pipe Insulation
100 LF

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
60

Disposal Date
04-20-18

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Completed by
Jaime Delgado
Title
Proj. Manager.

Signature

Date
03-26-18

Tullytown, PA

* 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):
03/16/2018

Name of Building Owner/Operator (2):
GBSJ Properties LLC

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

Type Notification:
- Initial

Street Address:
3 Buckingham Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Name of Contact:
Mike Carpino

Telephone Number:
908-489-1694

FACILITY INFORMATION

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

Street Address:
303 Mt. Pleasant Avenue

City (5):
West Orange

County (6):
Essex

Name of Monitoring Firm Hired by Building Owner (8):
Briggs Associates Inc.

ASCM No.:

Type of Facility (4):
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior to being demolished):
vacant

Name of Abatement Contractor (9):
Be Construction Corporation

Street Address:
179 Route 46 Suite 15 #182

City, State, Zip Code:
Rockaway, NJ 07866

License No.:
01231

Telephone No.:
973-669-2900

Name of OSHA Monitor:
Schneider Laboratories Global Inc.

Street Address:
2512 W Cary Street

City, State, Zip Code:
Richmond, VA. 23220

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

Start Date (10):
04/05/2018

Scheduled Completion Date (11):
04/18/2018

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/Crawl Space</td>
<td>X</td>
<td>Pipe insulation</td>
<td>75 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Boiler Rib Packing</td>
<td>35 SF</td>
</tr>
<tr>
<td>Throughout 2nd Floor</td>
<td>X</td>
<td>Plaster</td>
<td>4500 SF</td>
</tr>
<tr>
<td>2nd Floor Room &amp; Staircase</td>
<td>X</td>
<td>Linoleum</td>
<td>450 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.:
Cubic Yards of Waste:
Name of Registered Landfill:
Fairless Landfill

City, State, Zip Code:
Morristown, PA

Disposal Date:

Completed by:
Barbara Reed
Title:
President

Signature:

Date:
03/16/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03/18/2018</th>
<th>Page 2 of 2</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>GBSJ Properties LLC</td>
</tr>
<tr>
<td>☑ DEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
<td></td>
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<tr>
<td>☑ DCA</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Buckingham Road</td>
<td>Lincoln Park, NJ 07035</td>
<td>Mike Carpino</td>
<td>908-489-1694</td>
</tr>
</tbody>
</table>

**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>Restaurant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Orange</td>
<td>Essex</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briggs Associates Inc.</td>
<td></td>
<td>Be Construction Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Crosswicks Street</td>
<td>Bordentown, NJ 08505</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Hoodak</td>
<td>609-298-5520</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>04/05/2018</td>
<td>04/18/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Schneider Laboratories Global Inc.</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 20 s.f. or ≥50 ft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 s.f. or ≥2500 ft</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Fl Above &amp; Room</td>
<td>No</td>
<td>Linoleum</td>
<td>125SF</td>
<td>X</td>
</tr>
<tr>
<td>Parapet Walls, perimeter edging</td>
<td>No</td>
<td>Roof Flashing</td>
<td>450SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Boiler Rib Gasket</td>
<td>25SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Fairless Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Century Waste</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth, NJ</td>
<td></td>
</tr>
</tbody>
</table>

Completed by: Barbara Reed  
Title: President  
Signature: [Signature]

Date: 03/16/2018

* Do not use this form for asbestos licensure exempted activities.
**Federal Notification of Asbestos Abatement**

**Name of Building Owner/Operator:** MACY'S CORPORATE SERVICES (FEDERATED)

**Street Address:** 7 WEST SEVENTH STREET

**City, State, Zip Code:** CINCINNATI, OHIO 45202

**Name of Contact:** Ralph Coppola

**Telephone Number:** 973-265-9763

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** MACY'S STORE - Menlo Park Mall

**Street Address:** 275 PARSANOAGE ROAD

**City:** EDISON, NJ

**County:** UNION

**County Code State use Only:**

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.

**Name of Abatement Contractor:** ACM CONSULTING CORP.

**Street Address:** 2160 STANLEY TERRACE

**City, State, Zip Code:** UNION, NJ 07083

**Project Manager for Monitoring Firm:**

**Telephone No.:** 908-867-1008

**License Number:** 00575

**Name of OSHA Monitor:** EMSI ANALYTICAL

**Street Address:** 307 WEST 38TH STREET

**City, State, Zip Code:** NEW YORK, NY 10118

**Telephone Number:**

### TO BE DETERMINED

**Scheduled Start Date:**

**Month** | **Day** | **Year** |
--- | --- | --- |
4 | 10 | 2018

**Scheduled Completion Date:**

**Month** | **Day** | **Year** |
--- | --- | --- |
4 | 13 | 2018

**Occupy Status During Abatement (Check Only One):**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Outside Normal Facility Hours
- Describe: 9:30PM TO 7:00AM
- Other - Describe: ____________

**Scope of Work (Check Only One):**

- Demolition
- ≥ 3sf or ≥ 3lf
- ≥ 160sf or ≥ 260lf
- Renovation

**Location of ACM Facility:**

- UPPER LEVEL EAST HANDLER ROOM
- PIPE INSULATION
- 52LF

- UPPER LEVEL WEST HANDLER ROOM
- PIPE INSULATION
- 18LF

**Name of Registered Waste Hauler:** NJDEP Waste ID No. SW/1866

**Cubic Yds waste:** TBD

**Name of Registered Landfill:** MINERVA ENTERPRISES, INC

**City, State:** WAYNESBURG, OHIO

**Disposal Date:** TBD

**Completed By (Print or Type):** ANITA SMOLAR

**Title:** GENERAL MANAGER

**Signature:**

**Date:** 3/28/2018
# Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

**Name of Building Owner/Operator**

CITY OF PLAINFIELD

**Name of Contact**

JOHN LOUISE

**Telephone Number**

908-966-1787

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**

DUDLEY HOUSE

**Street Address**

939 PUTNAM AVENUE

**City, State, Zip Code**

CITY OF PLAINFIELD, PLAINFIELD, NJ 07060-0431

**Type of Facility**

- School (K-12)
- Sub-Chapter 8 (Other than K-12)
- Other (i.e., private & Commercial buildings, homes, etc.)

**SF of Bldg.**

250

**# Floor**

3

**Age of Bldg.**

50+

**Current Use (prior if being demolished)**

**Name of Monitoring Firm HIred by Building Owner**

PENNINI ASSOCIATES

**ASCM No.**

**Name of Abatement Contractor**

ACM CONSULTING CORP.

**Street Address**

24 COMMERCE ST SUITE 300

**City, State, Zip Code**

NEWARK, NJ 07102

UNION, NJ 07083

**Telephone No.**

TO BE DETERMINED

**Telephone Number**

908-687-1008

**License Number**

00575

**Name of OSHA Monitor**

EMSL ANALYTICAL

**Street Address**

307 WEST 38TH STREET

**City, State, Zip Code**

NEW YORK, NY 10118

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Outside Normal Facility Hours
- X Describe: 7:30AM TO 3:30AM
- Other - Describe:

**Scope of Work (Check Only One)**

- Demolition
- >3sf or >3ft
- X ≥ 160sf or ≥ 260sf
- Renovation

**Abatement Method**

- Full Containment with Negative Pressure
- Mini-Enclosure
- X Glovebag Procedure
- Non-Friable Procedure

---

**Location of ACM Facility**

<table>
<thead>
<tr>
<th>Location of ACM Facility</th>
<th>Is Location Normally Used by Custodial Staff</th>
<th>Description of ACM to be Removed</th>
<th>Amount to be Removed (Specify SF/LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>60LF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>NO</td>
<td>BOILER FLUE PACKING</td>
<td>48SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>N/A</td>
<td>DUCT INSULATION</td>
<td>30SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>20SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td></td>
<td>DUCT INSULATION</td>
<td>20SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

TRI-STATE TRANSFER ASSOC., INC.

**Disposal Date**

TBD

**Name of Registered Landfill**

MINERVA ENTERPRISES, INC.

**Disposal Date**

WAYNESBURG, OHIO

**Completed By (Print or Type)**

ANITA SMOLAR

**Title**

GENERAL MANAGER

**Signature**

ANITA SMOLAR

**Date**

3-29-18
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
03/22/2018

**Name of Building Owner/Operator (2)**
HUDSON HILLS

**Street Address**
3505 KENNEDY BLVD.

**City, State, Zip Code**
NORTH BERGEN NJ 07047

**Name of Contact**
LISA SYPNIEWSKI

**Telephone Number**
908-415-4250

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
PRIVATE

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

**Square Feet**
22,000

**# of Floors**
1

**Bldg. Age**
121

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRO-PROBE INC.

**ASCN No.**

**Name of Abatement Contractor (9)**
NORTH ESAT ENVIRONMENTAL LLC.

**Street Address**
1126. 51ST STREET.

**City, State, Zip Code**
NORTH BERGEN NJ 07047

**Telephone No.**
201-776-0542

**License No.**
1300

**Name of OSHA Monitor**
ENVIRO-PROBE INC.

**Street Address**
108 LIBERTY ST.

**City, State, Zip Code**
METUCHEN NJ.

**Start Date (10)**
03/31/2018

**Scheduled Completion Date (11)**
04/07/2018

**Occupy 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 if
- ≥160 sf or ≥260 if
- 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)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**

| BOWLING ROOM | VAT. FLOOR TILE 9X9 | 4,050 SF. |

**Name of Registered Waste Hauler**
TRI-STATE ASOCC.

**DISP. NO.**
19951

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**City, State**
WAYNESBURG OHIO.

**Disposal Date**
TBD

**Completed by**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Signature**

**Date**
03/22/2018

---

* Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:129)

Date of Notification (1)  3/28/18

Name of Building Owner/Operator (2)  Paula Andreou Private Home

Agency Notified  Type Notification  Street Address
- EPA  Initial  
- DEP  Amended  
- DOL  Amendment #  
- DOH  Emergency (including justification)  
- DCA  Cancellation  

City, State, Zip Code  Manahawkin NJ 08050

Name of Contact  Paula

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Paula Andreou Private Home

Street Address

City (5)  Manahawkin NJ 08050

County (6)  Ocean

County Code (7) (STATE USE ONLY)  

Square Feet  1000 +

# of Floors  1

Bldg. Age  35+

Current Use (Prior if being demolished)  House

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

Name of Abatement Contractor (9)  Pernaco Inc.

Street Address  PO Box 329

City, State, Zip Code  West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  856-753-9800

License No.  00727

Start Date (10)  4/9/18

Scheduled Completion Date (11)  4/13/18

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 if
- ≥160 sf or ≥260 If
- 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)  300 SF

Abatement Type  

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

Name of Registered Waste Hauler  United Containers

NJDEP Waste Hauler ID No.  22459

Cubic Yards of Waste  3

Name of Registered Landfill  G.R.O.W.S.

City, State  Morrisville PA 19067

Disposal Date  4/13/18

Completed by  Anthony T Perina

Title  President

Signature  

Date  3/28/18

* 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) 3/28/18

Name of Building Owner/Operator (2) Rebekah Mann

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
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</table>

Name of Contact Eric Plackis

Street Address [redacted]

City, State, Zip Code Toms River, NJ 08753

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [redacted]

Type of Facility (4)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Private &amp; Commercial Buildings, Homes, etc.</td>
<td></td>
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</tbody>
</table>

Square Feet 1875

# of Floors 2

Bldg. Age 65

Current Use (Prior if being demolished) Home

County Code (7) 2

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Brick Industries, Inc.

ASCM No.

Name of Abatement Contractor (9) Brick Industries, Inc.

Street Address P.O. Box 915

City, State, Zip Code Brick, NJ 08723

Telephone No. 7328997499

License No. 01196

Project Manager for Monitoring Firm

Start Date (10) 3/28/18

Scheduled Completion Date (11) 4/5/18

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

<table>
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<tr>
<th>Status</th>
<th>Description</th>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Other – Describe</td>
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Scope of Work (Check All That Apply)

<table>
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<tr>
<th>Scope of Work</th>
<th>Description</th>
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<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
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</table>

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

In Facility (13) [redacted]

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

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

Amount (Specify SF or LF) 100SF

Abatement Type X

<table>
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<th>Abatement Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Repair</td>
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<tr>
<td>Encapsulate</td>
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<tr>
<td>Endorse</td>
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</table>

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.

Disposal Date 4/5/18

City, State Morrisville, PA

Completed by Eric Plackis

Title President

Signature

Date 3/28/18

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-26-18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Shaeon Krenzel</td>
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<tr>
<td>Agency(ies) Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>Highland Park, NJ 08904</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Highland Park, NJ 08904</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>Highland Park, NJ</td>
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<tr>
<td>City (5)</td>
<td>Highland Park</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3363</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>April 16, 2018</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>April 21, 2018</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Basement</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>70 LF</td>
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<tr>
<td>Abatement Type</td>
<td>X</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenken</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
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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 8:80 and 12:120)

**Date of Notification (1)**
3/24/2018

**Name of Building Owner/Operator (2)**
Arlene Milcke

**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DCA
- [ ] Initial
- [ ] Amended
- [x] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

**City, State, Zip Code**
Mountainside NJ

**Name of Contact**
Bryan Parra

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Arlene Milcke

**Street Address**

**City (5)**
Mountainside

**County (6)**

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

**Type of Facility (4)**
- [x] 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)**

**ASCM No.**

**Name of Abatement Contractor (9)**
BP Removal LLC

**Street Address**
8600 Newkirk Avenue

**City, State, Zip Code**
North Bergen NJ

**Project Manager for Monitoring Firm**

**Telephone No.**
201-682-0422

**License No.**

**Start Date (10)**
3/24/2018

**Scheduled Completion Date (11)**
3/26/2018

**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)**

- [x] ≥ 2,000 sf or ≥ 2,000 ft
- [x] Renovation
- [x] 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**

- [x] VAT

| Basement | VAT | 400 |

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
WASTE MANAGEMENT GROWS N.

**City, State**
HILLSIDE, NJ

**Disposal Date**

**Completed by**
Bryan Parra

**Title**
Owner

**Signature**

**Date**
3/24/2018

---

"Do not use this form for asbestos licensure exempted activities."
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
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<th>Date of Notification (1)</th>
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<tbody>
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<td>Name of Building Owner/Operator (2)</td>
<td>Carl R Pursell Inc</td>
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<table>
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<tr>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Berkeley</th>
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<th>Residential</th>
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<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
<th>Camden</th>
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<th>School (K-12)</th>
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<th>Current Use (Prior if being demolished)</th>
<th>2000</th>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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| Name of Abatement Contractor (9) | Anji Jie Abatement Demolition LLC |

<table>
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<th>Start Date (10)</th>
<th>6/5/18</th>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation Demolition</th>
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<th>Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)</th>
<th>Outside</th>
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<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
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<table>
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<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Siding</th>
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<th>Amount (Specify SF or LF)</th>
<th>2000 SF</th>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Anji Jie LLC</th>
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<tr>
<th>NJDEP Waste Handler ID No.</th>
<th>26647</th>
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<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TBD</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Jerseyville, IL</th>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Joseph Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>3/27/18</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1):**
03/23/2018  
**Check #3150**

**Name of Building Owner/Operator (2):**
Sylvia Silberg Residence

**Agencies Notified (3):**
- [ ] EPA  
- [ ] DEP  
- [X] DOL  
- [ ] DOH  
- [ ] DCA

**Type Notification (4):**
- [X] Initial  
- [ ] Revised  
- [X] Amendment #  
- [ ] Emergency (Including Justification)

**Street Address:**
[Redacted]

**City, State, Zip Code:**
Livingston, NJ 07039

**Name of Contact:**
Sylvia Silberg

**Telephone Number:**
[Redacted]

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (5):**
Sylvia Silberg Residence - Basement & kitchen

**Street Address:**
[Redacted]

**City (5):**
Livingston

**County (6):**
ESSEX

**Square Feet:**
1,500

**# of Floors:**
2

**Bldg. Age:**
50+

**Current Use (Prior if being demolished):**
Residence

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

**ASCM No.:**
[Redacted]

**Name of Abatement Contractor (9):**
EA Services Corporation

**Street Address:**
426 69th Street,

**City, State, Zip Code:**
Guttenberg, NJ 07093

**Telephone No.:**
201-296-1700  
**License No.:**
01074

**Start Date (10):**
3/28/2018  
**Scheduled Completion Date (11):**
3/31/2018

**Occupancy Status During Abatement (Check Only One):**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Starting 9 AM

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if  
- [X] Renovation  
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**

<table>
<thead>
<tr>
<th>Area</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>End Stage Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Floor tile (no mastic)</td>
<td>260 SF</td>
<td>[X]</td>
</tr>
<tr>
<td>Kitchen</td>
<td>[X]</td>
<td>Limoleum tile &amp; plywood</td>
<td>40 SF</td>
<td>[x]</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**
Tri-State Transfer Ass

**NJDEP Waste Hauler ID No.:**
19551

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
Minerva Enterprises Inc

**City, State:**
Waynesburg, OH

**Disposal Date:**
TBD

**Completed by:**
Gina Betances

**Title:**
Office Manager

**Signature:**
[Redacted]

**Date:**
03/23/2018

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* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:130)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/28/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>M.S. PATRICIA MCCARTHY</td>
</tr>
<tr>
<td>Agency/ies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency (including justification)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BAYONNE, N.J. 07002</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>J.C. ESTEVEZ</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>M.S. PATRICIA MCCARTHY</td>
</tr>
<tr>
<td>Street Address</td>
<td>BAYONNE</td>
</tr>
<tr>
<td>County</td>
<td>HUDSON</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12), Subchapter 8 (Other than K-12), Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1950</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
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<tr>
<td>Start Date (10)</td>
<td>4/10/18</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/11/18</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe</td>
<td>8:00 AM to 5:00 PM</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td></td>
<td>OFFICE</td>
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<tr>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes, No, N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>THERMAL SYSTEM INSULATION</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
<td>Removal, Repair, Encapsulation, backyard</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc.</td>
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<tr>
<td>NJDEF Waste Hauler ID No.</td>
<td>17109</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/11/18</td>
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<tr>
<td>Waynesburg, OH 44688</td>
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<tr>
<td>Completed by</td>
<td>J. MAIORANO</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
</tbody>
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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
3/27/18

Name of Building Owner/Operator (2)
David Todd

Agyences Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

Street Address

City, State, Zip Code
Ocean, NJ 07712

Name of Contact
Eric Plackis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Ocean

County (6)
Monmouth

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)
Home

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

Square Feet
2010

# of Floors
2

Bldg. Age
90

Name of Abatement Contractor (9)
Brick Industries, Inc.

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

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
3/28/18

Scheduled Completion Date (11)
4/4/18

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 if
☒ ≥15 sq ft or ≥225 sq ft

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?

Yes
No
N/A

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

asbestos pipe insulation

Amount
110LF

Abatement Type
☒ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Brick Industries, Inc.

NJDEP Waste Hauler ID No.
21002

Cubic Yards of Waste
4

Disposal Date
4/4/18

City, State
Morrisville, PA

Completed by
Eric Plackis

Title
President

Signature

Date
3/27/18

* Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**Date of Notification:** 3/12/18

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

**Type Notification:**  
- Initial Notification  
- Amended Notification  
- Emergency  
- Cancellation

**Name of Building Owner/Operator:** Guy DiNapoli

**Street Address:**  

**City, State, Zip Code:** Ridgefield, NJ, 07657

**Name of Contact:** Guy

**Telephone Number:**

---

### Facility Information

**Name of Facility Where Abatement is Taking Place:** Guy DiNapoli

**Project Manager for Monitoring Firm:**

**Name of Monitoring Firm Hired by Building Owner:**

**ASCM No.:** 67

**Name of Abatement Contractor:** AZTECH MANAGEMENT, Inc.

**Type of Facility:**  
- 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 to being demolished):**

**Residence:**

-  

---

### Project Details

**Scheduled Start Date:** 3/4/18  
**Scheduled Completion Date:** 4/12/18

**Occupancy Status During Abatement:**

- Abatement Performed Outside of Normal Facility Hours - Describe: Off-hours Description

**Scope of Work:**

- W:\(\geq 3 \text{ sf or } \geq 1 \text{ lf}\)
- R:\text{ Renovation}
- D:\text{ Demolition}

**Location of Asbestos-Containing Material (ACM):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely By Maintenance/ Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>\xmark</td>
<td>Pipe Insulation</td>
<td>50 LF \xmark</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.  
**Hauler ID No.:** 17040

**Cubic Yards:**

**Name of Registered Landfill:** Minerva Enterprise INC  
**City, State:**

**Disposal Date:** 04-13-18

**Completed By:** Constantine Vivian  
**Title:** President

**Signature:**

**Date:** 3/12/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 3/29/18

**Name of Building Owner / Operator (2):** Trenton Board of Education

**Agencies Notified (3):**
- EPA
- DEF
- DOH
- DCA

**Type Notification (4):**
- Initial
- Emergency
- Cancellation

**Street Address:**
- 1490 Prospect Street
- Trenton, NJ 08638

**Name of Contact:** Dwayne Mosley

**Telephone Number:** 609-656-4857

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3):**
- Munoz Rivera Elementary School

**Street Address:**
- 400 North Montgomery Street
- Trenton, NJ 08608

**City (5):** Trenton
**County (6):** Mercer
**County Code (7):**

**Environmental Connection**

**Street Address:**
- 120 North Warren Street
- Trenton, NJ 08608

**Name of Monitoring Firm Hired by Building Owner (8):**
- Environmental Connection

**ASCM No.:**
- Rollie Jones

**Telephone Number:** 609-392-4200

**Scheduled Start Date (10):** 4/2/18
**Scheduled Completion Date (11):** 4/6/18

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

**Description of Asbestos-Containing Material (ACM):**
- VAT & Mastic

**Amount (Specify SF or LF):** 800 SF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):**
- Class Room B-20

**Location Normally Used Solely by Maintenance or Custodial Staff? (12):**
- Yes
- No
- N/A

**Is Location Normally Used Solely by Maintenance or Custodial Staff? (12):**

**Cubic Yards of Waste:** 3 Cu Yd

**Name of Registered Waste Hauler:**
- Bristol Environmental Inc.

**NJDPE Waste Hauler ID No.:** 18706

**Disposal Date:** 4/6/18

**Name of Registered Landfill:**
- Fairless Landfill

**City, State:**
- Bristol, PA

**Completed By (Print or Type):**
- Gino Pizzigoni

**Title:** Project Manager

**Signature:**

**Date:** 3/29/18

**Full Containment with Negative Pressure**
- ☐

**Mini-Enclosure**
- ☐

**Glove Bag Procedures**
- ☐

**Non-Exempted and Non-Friable Procedure**
- ☐

**Encapsulate**
- ☐

**Endure**
- ☐
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
03/28/2018

Name of Building Owner/Operator (2)
TOWNSHIP OF UPPER CAPE MAY

Agency/ies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #2</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

Street Address
2100 TUCKAHOE ROAD

City, State, Zip Code
PETERSBURG, NJ 08270

Name of Contact
PAUL DIETRICH SR. PE
Telephone Number
609-628-2011, EXT 244

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OLD TOWN HALL

Street Address
1721 MOUNT PLEASANT - TUCKAHOE ROAD

Type of Facility (4)

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

Square Feet
6000 +/-

# of Floors
2

Bed, Age
40+

Current Use (Prior if being demolished)
VACANT

County Code (7)
CAPE MAY

License No.
01271

Name of Abatement Contractor (9)
PENN'S CONTRACTING, INC.

State Address
1805 ATLANTIC AVENUE

City, State, Zip Code
MANASQUAN, NJ 08736

Project Manager for Monitoring Firm
GARY FLEMING

Telephone No.
732-223-2225

Telephone No.
973-823-8890

Name of OSHA Monitor
EMSL ANALYTICAL, INC.

Street Address
270 SPARTA AVENUE, SUITE 104, PMB 332

City, State, Zip Code
SPARTA, NJ 07871

Start Date (10)
03/19/2018

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe:

Completion Date (11)
04/06/2018

Scope of Work (Check All That Apply)

- Replacement of Insulation
- Demolition
- Ceilings
- Abatement of Exterior
- Residential
- Commercial
- Other

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGHOUT FIRST FLOOR</td>
<td>X</td>
<td>PINHOLE CEILING TILE</td>
<td>1800 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT FIRST FLOOR</td>
<td>X</td>
<td>TAN 9X9 FLOOR TILE</td>
<td>2800 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT COMMUNITY ROOM</td>
<td>X</td>
<td>CEMENTOUS WALL PANELS</td>
<td>260 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT BASEMENT</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>20 EA</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
WASTE MANAGEMENT OF NJ

Cubic Yards of Waste
80

Name of Registered Landfill
CAPE MAY COUNTY LANDFILL

City, State
VINCINELAND, NJ

Disposal Date
04/06/2018

Completed by
PETAR BUBALO
Title
PRESIDENT

Signature
03/28/2018

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

Date of Notification (1)
3/23/2018

Name of Building Owner/Operator (2)
Cranford Redevelopment Associates LLC et al

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
10 Sterling Blvd, Suite 401
Englewood, NJ 07631

City, State, Zip Code
Englewood, NJ 07631

Name of Contact
John Driesse
Telephone Number
(973) 769-9081

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
1 Mercedes Drive

Street Address
1 Mercedes Drive

City (5)
Montvale

County (6)
Bergen

Square Feet
145000

Current Use (Prior if being demolished)
COMMERCIAL

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

Name of Abatement Contractor (9)
Shoreline Contracts, Inc.

ASCM No.
00104

Street Address
870 Sparta Ave #304

City, State, Zip Code
Sparta Township, NJ 07871

Telephone No.
973-651-2041

License No.
01230

Name of OSHA Monitor
SHORELINE CONTRACTS IN

Project Manager for Monitoring Firm
Jean-Paul von Doehren

Start Date (10)
03/28/2018

Scheduled Completion Date (11)
04/01/2019

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)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor</td>
<td>X</td>
<td>Tile, Fireproofing, Insulation</td>
<td>5K/22K/1800 X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Fireproofing, Insulation</td>
<td>54,475/300 X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Fireproofing, Insulation</td>
<td>54,475/300 X</td>
</tr>
<tr>
<td>PH/ Roof</td>
<td>X</td>
<td>TSI, Waterproofing, Transite</td>
<td>300/600/1800 X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
R.E.D. Technologies, LLC
NJDEP Waste Hauler ID No. 0036163

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Completed by
Michael Coleman
Title
President
Signature

Date
03/23/2018

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 29 / 18</td>
<td>Aurora Environmental Inc.</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial</td>
<td>1102 Union Avenue</td>
<td>Union Beach, NJ 07735</td>
</tr>
<tr>
<td>□ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[x] Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>PJP Operating Area-NW Building</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>[x] Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 sf</td>
<td>1</td>
<td>80</td>
</tr>
</tbody>
</table>

**City (5)**
- Jersey City

**County (6)**
- Hudson

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>1889 Route 9, Unit 61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-349-9932</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 / 02 / 18</td>
<td>04 / 06 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
<td>1056 Stelton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piscataway, New Jersey</td>
<td>Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Abatement: AM-PM/PM-AM</th>
</tr>
</thead>
</table>

**Scope of Work (Check all that apply)**

- [x] ≥3 sf or ≥3 if  
- [ ] ≥160 sf or ≥260 sf  
- [x] Renovation  
- [ ] Demolition  
- [x] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] exterior</td>
<td>Yes</td>
<td>asbestos roofing materials 600 sf</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>[ ] undercoating from 1 sink 1 sf</td>
</tr>
<tr>
<td>[ ] interior</td>
<td>No</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td></td>
<td>[ ]</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>10</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River, New Jersey</td>
<td>04/06/18</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Nicholas Fernicola</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, Pennsylvania</td>
<td>04/06/18</td>
</tr>
</tbody>
</table>

**Date of Notification**
- 03 / 29 / 18

**Date of Disposal**
- 04/06/18

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

**Date of Notification (1)**
03/27/18

**Name of Building Owner/Operator (2)**
Studio Park LLC

**Street Address**
1800 E State Street, Suite 220

**City, State, Zip Code**
Hamilton, NJ 08609

**Name of Contact**
Michael Competelle

**Telephone Number**
609-658-4210

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Metal shack roof

**Street Address**
1800 E State Street

**City (5)**
Hamilton

**County Code (7)**
Mercer

**Square Feet**
6000

**# of Floors**
1

**Bldg. Age**
Unknown

**Current Use (Prior if being demolished)**
Construction material storage

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

**Name of Abatement Contractor (9)**
SA2 LLC

**Street Address**
1800 Federal Street

**City, State, Zip Code**
Camden, NJ 08105

**Telephone No.**
856 630 3288

**License No.**
01303

**Name of OSHA Monitor**
Self monitor

---

**Scope of Work (Check All That Apply)**

- [ ] ≥3 sf or ≥3 ft
- [ ] ≥100 sf or ≥260 ft
- [x] +3 sf or +3 ft
- [x] Renovation + Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>No</td>
<td>Roofing material</td>
<td>5200 x</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**
32707

**Cubic Yards of Waste**
43

**Name of Registered Landfill**
Grows Landfill

**City, State**
Morrisville, PA

**Disposal Date**
04/18/18

**Name of Registered Landfill**
Grows Landfill

**City, State**
Morrisville, PA

**Disposal Date**
04/18/18

---

**Completed by**
Jeff Yekenchik

**Title**
Owner

**Signature**

**Date**
04/27/18

---

*Do not use this form for asbestos licensure exempted activities.*
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 2018

**Name of Building Owner/Operator**
CITY OF PLAINFIELD

**Type of Notification**
X Initial

**Agencies Notified**
- USEPA
- DEP
- DOL
- DOH
- DCA

**Street Address**
515 WATCHUNG AVENUE

**City, State, Zip Code**
PLAINFIELD, NJ 07060-0431

**Name of Contact**
JOHN LOUISE

**Telephone Number**
908-966-1787

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
DUDLEY HOUSE

**City**
CITY OF PLAINFIELD

**County**
ESSEX

**County Code**
State use Only

**Name of Monitoring Firm Hired by Building Owner**
PENNIONI ASSOCIATES

**ASCM No.**

**Name of Abatement Contractor**
ACM CONSULTING CORP.

**Street Address**
24 COMMERCE ST SUITE 300

**City, State, Zip Code**
NEWARK, NJ 07102

**Type of Facility**
( ) School (K-12)
( ) Sub-Chapter 6 (Other than K-12)
( X ) Other (l.e. private & Commercial buildings, homes, etc.)

**SF of Bldg.**
250

**# Floor**
3

**Age of Bldg.**
50+

**Current Use (prior if being demolished)**

**Scheduled Start Date**
4 4 2018

**Scheduled Completion Date**

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Outside Normal Facility Hours
- Describe: 7:30AM TO 3:30AM
- Other - Describe:

**Scope of Work (Check Only One)**

**Abatement Method**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure

**Location of ACM Facility**

<table>
<thead>
<tr>
<th>Location of ACM Facility</th>
<th>Is Location Normally Used by Custodial Staff</th>
<th>Description of ACM to be Removed</th>
<th>Amount to be Removed (Specify SF/LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>BOILER FLUE PACKING</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>No</td>
<td>DUCT INSULATION</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td>No</td>
<td>DUCT INSULATION</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>DUCT INSULATION</td>
<td>20 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
TRI-STATE TRANSFER ASSOC., INC.

**Cubic Yds waste**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISES, INC

**City, State**
WYNNESBURG, OHIO

**Completed By**
ANITA SMOLAR

**Title**
GENERAL MANAGER

**Signature**

**Disposal Date**
TBD

**City, State of Registered Landfill**
WAYNESBURG, OHIO

**Date**
3/28/2018
Date of Notification (1): February 9, 2018

Name of Building Owner/Operator (2): RWJ Barnabas Health

Name of Facility Where Abatement is Taking Place (3): Robert Wood Johnson University Hospital

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

Notification Type: [ ] Initial Notification [ ] Amended [ ] Amendment #03 [ ] Emergency (including justification) [ ] Cancellation

Street Address: One Hamilton Health Place
City, State, Zip Code: Hamilton, NJ 08690

Name of Contact: Dennis Rudoff
Telephone Number: 609-584-5570

FACILITY INFORMATION

Square Feet: 26,000
# of Floors: 3
Bldg. Age: 50 years

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

Current Use (prior if being demolished): Hospital

Name of Contractor (9): Prime Group Remediation, Inc.
Street Address: 1400 Adams Road, Suite 1, P.O. Box 6
City, State, Zip Code: Bensalem, PA 19020

Name of OSHA Monitor: Criterion Labs
Street Address: 400 Street Road
City, State, Zip Code: Bensalem, PA 19020

Occupancy Status During Abatement: [ ] Facility closed/vacated during entire period of abatement
[ ] Abatement performed outside of normal facility hours
[ ] Other: Work area to be vacated during entire abatement.

Source of Work (Check all that apply):
[ ] >3 sf or >3 if
[ ] >150 sf or >250 if

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

Location: Radiology - X-Ray Rm 1 - Side Work Room

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 (Specify SF or LF):

Abatement Type:

Source of Work (Check all that apply): [ ] Renovation [ ] Demolition [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure

Name of Reg. Waste Hauler: Prime Group Remediation, Inc.
NJDEP Waste Hauler ID #: 19272

Cubic Yards of Waste: 1
Name of Reg. Landfill: Western Berks Community Landfill (DEP#100739)

Disposal Date: 04/12/2018
City, State: Birdsboro, PA

Completed by: Vincent Primavera
Title: Project Manager
Signature: [Signature]
Date: March 28, 2018

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
1/2/2018

Name of Building Owner/Operator (2)
Pilot Chemical Plant

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended # 01</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
267 Homestead Ave.

City, State, Zip Code
Avenel, NJ 07001

Name of Contact
Michael Velsz

Telephone Number
732 543-2777

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chemical Plant

Street Address
267 Homestead Ave.

City (5)
Avenel, NJ 07001

County (6)
Middlesex

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 322

City, State, Zip Code
Allentown, NJ 08501

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609 298-4070

Start Date (10)
1/15/2018

Scheduled Completion Date (11)
4/6/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7am to 3 pm

Scope of Work (Check All That Apply)
- ≤ 3 sq ft or ≤ 3 sq yd
- ≥ 160 sq ft or ≥ 260 sq yd
- Renovation
- Demolition
- Locations
- 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, VIT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

End Result

Location of Asbestos-Containing Material (ACM)
BOILER ROOM

Transite Flue

20 ft

Stevens Environmental Services
NJDEP Waste Hauler ID No. 15232

Fairless Landfill

City, State
Allentown, NJ

Disposal Date
4/8/2018

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature
Date
3/28/18

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)**
3/23/18

**Check #** 3151

**Name of Building Owner/Operator (2)**
St. Anne School

**Agencies Notified**

- [ ] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
1-30 Summit Ave

**City, State, Zip Code**
Fair Lawn, NJ, 07410

**Name of Contact**
Nick

**Telephone Number**
201-987-1515 ext 2113

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
St. Anne School

**Street Address**
1-30 Summit Ave

**City (6)**
Fair Lawn

**County (6)**
Bergen

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

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

**Square Feet**
5,000+

**# of Floors**
3

**Bldg. Age**
50+

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCNM No.
N/A

**Name of Abatement Contractor (9)**
EA Services

**Street Address**
426 69th st

**City, State, Zip Code**
Guttenberg, NJ, 07093

**Project Manager for Monitoring Firm**
N/A

**Telephone No.**
N/A

**Telephone No.**
201-285-1700

**License No.**
01074

**Start Date (10)**
04/03/18

**Scheduled Completion Date (11)**
04/05/18

**Name of OSHA Monitor**
Same as above

**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 if
- [ ] ≥ 160 sf or ≥ 280 if
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>X</th>
</tr>
</thead>
</table>

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

**Amount (Specify SF or LF)**
- [X] 6

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

**Name of Registered Waste Hauler**
Tri-State Transfer Associates

**Cubic Yards of Waste**
N/A

**Name of Registered Landfill**
Minerva Entreprise

**City, State**
Bronx, NY

**Disposal Date**
TBD

**Completed by**
Gina Bentances

**Title**
Office Manager

**Signature**

**Date**
3/23/18

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 1/2/2018

Name of Building Owner/Operator (2) Pilot Chemical Plant
Street Address 267 Homestead Ave.
City, State, Zip Code Avenel, NJ 07001
Name of Contact Michael Velsz Telephone Number 732 543-2777

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chemical Plant
Street Address 267 Homestead Ave.
City Avenel, NJ 07001

County Middlesex
County Code (7) (STATE USE ONLY) 
Name of Monitoring Firm Hired by Building Owner MECS
ASCM No. 
Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 341
City, State, Zip Code Crosswicks, NJ 08515

Project Manager for Monitoring Firm Bill Weisgerber Telephone No. (609) 298-4070

Start Date (10) 1/15/2018
Scheduled Completion Date (11) 2/28/2018

Occupancy Status During Abatement (Check all that apply)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7am 3pm

Scope of Work (Check all that apply)
- ≥ 25 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft
- Renovation
- Demolition

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

Boiler Room X Transite Flue

Name of Registered Waste Hauler Stevens Environmental Services, Inc.
City, State Allentown, NJ

Disposal Date 2/28/18

Name of Registered Landfill Fairless Landfill
City, State Morrisville, PA

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)  
03 / 26 / 18

Name of Building Owner/Operator (2)  
Hopewell Valley Regional School District

Street Address  
425 South Main Street
City, State, Zip Code  
Pennington, NJ 08534

Name of Contact  
Thomas Quinn
Telephone Number  
609-737-4002 x 2801

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Hopewell Central High School

Street Address  
259 Pennington-Titusville Road
City (5)  
Pennington
County (6)  
Mercer

Name of Monitoring Firm Hired by Building Owner (8)  
PARS Environmental, Inc.
ASCM No.  

Name of Abatement Contractor (9)  
Shade Environmental, LLC

Project Manager for Monitoring Firm  
Julian Fernandez

Telephone No.  
609-890-7277

Street Address  
500 Horizon Drive, Suite 540
City, State, Zip Code  
Robbinsville, NJ 08691

License No.  
866-755-0099

Name of OSHA Monitor  
EMSL Analytical, Inc.

Start Date (10)  
04 / 05 / 18
Scheduled Completion Date (11)  
04 / 09 / 18

Occupancy Status During Abatement (Check only one)  
 riesized

Facility Closed/Vacated During Entire Period of Abatement  
Yes  
No

Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement:_____ AM-_____ PM/_____ PM-_____ AM

Scope of Work (Check all that apply)  

☐ ³ 3 sf or ³ 3 if  
☐ ³ 160 sf or ³ 260 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Encapsulate 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  
Endicure

Restroom Chases  
☐  
☐ ☒  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  
☐ ☐  

Pipe Fittings (Wrap and Cut)  
40 LF  

NJDEP Waste Hauler ID No.  
15939
Cubic Yards of Waste  
2
Name of Registered Landfill  
GROWS North Landfill

City, State  
Freehold, NJ

Disposal Date  
04/09/2018

Name of Registered Waste Hauler  
Freehold Cartage

Completed By (Print or Type)  
Christina Lynch  
Title  
Vice President of Operations

Signature  
Date  
3/20/18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 09 / 18</td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>✔ Dolwd</td>
<td>□ Amended</td>
</tr>
<tr>
<td>✔ DOH</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-B)</td>
<td>□ Cancellation</td>
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</table>

<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>Verizon Bound Brook Central Office</td>
<td>□ School (K-12)</td>
</tr>
<tr>
<td></td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>✔ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>204 East High Street</td>
<td>2</td>
<td>+50</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bound Brook</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Inc</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8438 Enterprise Ave</td>
<td>215-355-5810</td>
<td>00509</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jenkins</td>
<td>215-788-6040</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 27 / 18</td>
<td>3 / 26 / 18</td>
<td>BRISTOL ENVIRONMENTAL, INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM: 5:00PM-2:00AM</td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td>□ Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
<td>□ Removal</td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 260 if</td>
<td>□ Repair</td>
</tr>
<tr>
<td>□ Renovation</td>
<td>□ Encapsulate</td>
</tr>
<tr>
<td>□ Demolition</td>
<td>□ Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Sprinkler Room</td>
<td>Yes</td>
<td>9x9 VAT and Mastic</td>
<td>336 SF</td>
<td>□</td>
</tr>
<tr>
<td>Basement Sprinkler Room</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>1 LF</td>
<td>□</td>
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<tr>
<td>Basement Diesel Engine Room</td>
<td>No</td>
<td>9x9 VAT and Mastic</td>
<td>760 SF</td>
<td>□</td>
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<tr>
<td>Basement HSB Room</td>
<td>No</td>
<td>9x9 VAT and Mastic</td>
<td>665 SF</td>
<td>□</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>NJDEP Waste Hauler ID No. 20990</td>
<td>MINERVA LANDFILL</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASTLE, DE</td>
<td>TBD</td>
<td>WAYNESBURG, OH</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>Estimator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
02 / 09 / 18

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
204 East High Street

City, State, Zip Code
Bound Brook, NJ 08805

Name of Contact
Alex Baylor

Telephone Number
301-802-5112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Bound Brook Central Office

Type of Facility (4)
Present Facility (K-12)
Subchapter 8 (Other Than K-12)
Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
26,043

# of Floors
2

Bldg. Age
+.50

Current Use (Prior if being demolished)
Verizon Communications

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Inc

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
8436 Enterprise Ave

City, State, Zip Code
Philadelphia, PA, 19153

Telephone No.
215-365-5810

License No.
00609

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
02 / 27 / 18

Scheduled Completion Date (11)
03 / 26 / 18

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/5:00PM-2:00AM

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location
Removal
Repair
Encapsulate
Endure

Basement Power Room

9x9 VAT and Mastic

1,152 SF

Basement Battery Room #1

9x9 VAT and Mastic

650 SF

Basement Battery Room #2

9x9 VAT and Mastic

1,520 SF

Basement Collocation Area

9x9 VAT and Mastic

650 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ DEP Waste Hauler ID No.
20980

Cubic Yards of Waste

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

WAYNESBURG, OH

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature

Date
3/26/18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>02 / 09 / 18</th>
<th>Name of Building Owner/Operator</th>
<th>Verizon Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Amended</td>
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<tr>
<td></td>
<td></td>
<td>Amendment #3 - 3/26/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Verizon Bound Brook Central Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>204 East High Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td>Bound Brook, NJ 08805</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>301-802-5112</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Monitoring Firm Hired by Building Owner | USA Environmental Inc |
| Street Address                                  | 8436 Enterprise Ave |
| City/State/Zip Code                            | Philadelphia, PA, 19153 |
| Project Manager for Monitoring Firm            | Mark Jenkins |
| Telephone No.                                   | 215-365-5810 |

| Start Date                                  | 02 / 27 / 18 |
| Scheduled Completion Date                   | 03 / 26 / 18 |

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- _____PM/5:00PM-2:00AM

**Scope of Work**

- ≥3 sf or ≥3 If
- ≥100 sf or ≥200 If

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>9x9 VAT and Mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</td>
<td>195 SF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler               | SERVICE TRANSPORT GROUP, INC. |
| City/State                                    | NEW CASTLE, DE |
| Disposal Date                                 | TBD |
| Name of Registered Landfill                   | MINERVA LANDFILL |

**Abatement Type**

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

**Location of Asbestos-Containing Material (ACM)**

- Yes
- No
- N/A

**Name of Registered Waste Hauler**

- NJDEP Waste Hauler ID No. 20990

**Cubic Yards of Waste**

- Name of Registered Landfill

**Abatement Date**

- CITY, STATE

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>Estimator</td>
<td>[Signature]</td>
<td>3/26/18</td>
</tr>
</tbody>
</table>

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
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<th>Date of Notification (1)</th>
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</table>

**Agency/Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

**Type Notification**
- [ ] Initial
- [ ] Amended

Amendment #2 - 3/20/18

**Emergency (Including justifiication)**
- [ ] Cancellation

**Name of Building Owner/Operator (2)**

| Verizon Communications |

**Street Address**

204 East High Street

| City, State, Zip Code |
| Bound Brook, NJ 08805 |

**Name of Contact**

Alex Baylor

**Telephone Number**

301-802-5112

**FACILITY INFORMATION**

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

Verizon Bound Brook Central Office

**Street Address**

204 East High Street

**City (5)**

Bound Brook

**County (6)**

Somerset

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


**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

26,043

**# of Floors**

2

**Bldg. Age**

-50

**Current Use (Prior if being demolished)**

Verizon Communications

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

USA Environmental Inc (ASCM No.)

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 19007

**Telephone No.**

215-365-5810

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 19007

**Start Date (10)**

02 / 27 / 18

**Scheduled Completion Date (11)**

04 / 04 / 18

**Occupancy Status During Abatement (Check only one)**

- [ ] OFF SITE
- [x] Facility Closed/Vacated During Entire Period of Abatement 3/20/18
- [ ] Abatement Performed Outside of Normal Facility Hours

**Time of Abatement:** AM-PM 5:00 PM-2:00 AM

**Scope of Work (Check all that apply)**

- [ ] >3 sf or >3 lf
- [ ] >160 sf or >260 if
- [ ] 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)

- [ ] Yes
- [ ] No
- [ ] N/A

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Sprinkler Room</td>
</tr>
<tr>
<td>Basement Sprinkler Room</td>
</tr>
<tr>
<td>Basement Diesel Engine Room</td>
</tr>
<tr>
<td>Basement HSB Room</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 20590</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

Dillian DeCaro

**Title**

Estimator

**Signature**

Dillian DeCaro

**Disposal Date**

TBD

**City, State**

NEW CASTLE, DE

**Name of Registered Landfill**

MINERVA LANDFILL

**Date**

3/20/18

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

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**FACILITY INFORMATION**

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<th>Verizon Bound Brook Central Office</th>
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<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>USA Environmental Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-365-5810 (Mark Jenkins)</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC</td>
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<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
</tbody>
</table>

**Facility Status**

- Occupancy Status During Abatement: OFF
- Abatement Performed Outside of Normal Facility Hours
- Time of Abatement: AM-PM/5:00PM-2:00AM

**Scope of Work**

- 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
- Used Solely by Maintenance/Custodial Staff?
- 9x9 VAT and Mastic
- 1,152 SF

**Disposal Date**

- TBD

**Endorse**

- City, State
- NEW CASTLE, DE

**Disposal Date**

- City, State
- WAYNESBURG, OH

**Date**

- 3/20/18

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### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 6:16)

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<tr>
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<td></td>
</tr>
<tr>
<td>- DOH</td>
<td></td>
</tr>
<tr>
<td>- DCA</td>
<td></td>
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<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>USA Environmental Inc</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>301-802-5112</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>- School (K-12)</td>
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<tr>
<td>- Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>- Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tr>
<tr>
<td>Square Feet</td>
<td>26,043</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>+50</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>- ≥3 sq ft or ≥3 if</td>
<td>✔️</td>
</tr>
<tr>
<td>- ≥160 sq ft or ≥260 if</td>
<td>✔️</td>
</tr>
<tr>
<td>- Renovation</td>
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</tr>
<tr>
<td>- Demolition</td>
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<tr>
<td>- Full Containment with Negative Pressure</td>
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<td>- Min-Enclosure</td>
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<tr>
<td>- Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>- Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Location</td>
<td>9x9 VAT and Mastic</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Dillion DeCaro</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
02 / 09 / 18  

Name of Building Owner/Operator (2)  
Verizon Communications  

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

Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #1 - 2/26/18  
☐ Emergency (including justification)  
☐ Cancellation  

Street Address  
204 East High Street  

City, State, Zip Code  
Bound Brook, NJ 08805  

Name of Contact  
Alex Baylor  

Telephone Number  
301-602-5112  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Verizon Bound Brook Central Office  

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

Square Feet  
28,043  

# of Floors  
2  

Bldg. Age  
+50  

Current Use (Prior if being demolished)  
Verizon Communications  

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
Verizon Communications  

USA Environmental Inc  

Name of Abatement Contractor (5)  
BRISTOL ENVIRONMENTAL, INC.  

Street Address  
8436 Enterprise Ave  

City, State, Zip Code  
Philadelphia, PA, 19153  

License No.  
005098  

Project Manager for Monitoring Firm  
Mark Jenkins  

Telephone No.  
215-365-5810  

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/6:00PM-2:00AM  

Verizon Communications  

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC  

Street Address  
1123 BEAVER STREET  

City, State, Zip Code  
BRISTOL, PA 19007  

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 ft  
☐ ≥160 sf or ≥260 ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

Cost  
336 SF  

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, VT, or other miscellaneous)  

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.  

Amount (Specify SF or L)  
336 SF  

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure  

Cubic Yards of Waste  
20090  

Name of Registered Landfill  
MINERVA LANDFILL  

Disposal Date  
TBD  

City, State  
WAYNESBURG, OH  

Completed By (Print or Type)  
Dillon DeCaro  

Signature  
Dillon DeCaro  

Date  
2-26-18  

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

Date of Notification (1) 02 / 09 / 18
Name of Building Owner/Operator (2) Verizon Communications

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1 - 2/26/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
204 East High Street
City, State, Zip Code
Bound Brook, NJ 08805
Name of Contact
Alex Baylor
Telephone Number
301-802-5112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Bound Brook Central Office

Street Address
204 East High Street
City (5)
Bound Brook
County (6)
Somerset
County Code (?)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Inc
ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
Telephone No.
215-365-5810
License No.
005508

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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/5:00PM-2:00AM

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

Location
Basement Power Room
Basement Battery Room #1
Basement Battery Room #2
Basement Collocation Area

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)
9x9 VAT and Mastic
9x9 VAT and Mastic
9x9 VAT and Mastic
9x9 VAT and Mastic

Amount (Specify SF or LF)
1,162 SF
650 SF
1,520 SF
650 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ End Stage

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No. 20980
Cubic Yards of Waste
Disposal Date
TBD

City, State
NEW CASTLE, DE
WANESBURG, OH

Completed By (Print or Type) Dillian DeCaro
Title Estimator
Signature Dillian DeCaro
Date 7/06/2018

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1) 02 / 08 / 18

Name of Building Owner/Operator (2) Verizon Communications

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-6)

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

Street Address 204 East High Street

City, State, Zip Code Bound Brook, NJ 08805

Name of Contact Alex Baylor Telephone Number 301-802-5112

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Verizon Bound Brook Central Office

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

Square Feet 26,043 # of Floors 2 Bldg. Age +/-50

Current Use (Prior if being demolished)

County Code (T)STATE USE ONLY

County (5) Somerset

Name of Monitoring Firm Hired by Building Owner (6)

USA Environmental Inc ASCM No.

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL, INC.

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

License No. 00509

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL, INC

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Telephone No. 215-385-5810

Project Manager for Monitoring Firm

Mark Jenkins

Start Date (10) 02 / 27 / 18 Scheduled Completion Date (11) 04 / 04 / 18

Scope of Work (Check all that apply)

- 9 x 9 VAT and Mastic

- >=3 sf or >=300 sf
- >=160 sf or >=2060 sf

- 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)

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) 195 SF

Abatement Type

Endorse

Remove

Repair

Encapsulate

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20060

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State WAYNESBURG, OH

Disposal Date TBD

Completed By (Print or Type) Dillian DeCario

Title Estimator

Signature Dillian DeCario/Date 2-26-18

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

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<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey Department of Military Affairs</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>☑ EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>☑ Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>101 Eggerts Crossing Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>William McBride</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-530-7136</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Newark Armory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>120 Roseville Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Square Feet</td>
<td>50,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>80</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Armory</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 0003 TTI Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1253 N. Church Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mooresown, NJ 08057</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Stocku 856-840-8800</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04 / 16 / 18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>04 / 20 / 18</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

**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

**Scope of Work (Check all that apply)**

- ☑ ≥ 3 sf or ≥ 3 if
- ☑ ≥ 160 sf or ≥ 260 if
- ☑ 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)**

<table>
<thead>
<tr>
<th>First Floor</th>
<th>Second Floor</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ No</td>
<td>☑ No</td>
<td>☑ No</td>
</tr>
<tr>
<td>Pipe/Fitting Insulation</td>
<td>Pipe/Fitting Insulation</td>
<td>Pipe/Fitting Insulation</td>
</tr>
<tr>
<td>20 LF</td>
<td>15 LF</td>
<td>70 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Freehold Cartage</th>
<th>N JDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>19939</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>GROWS North Landfill</th>
</tr>
</thead>
</table>

**Disposal Date**

| 04/20/2018 |
| City, State | Morrisville, PA |

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Christina Lynch</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President of Operations</td>
<td></td>
<td></td>
<td>3/27/18</td>
</tr>
</tbody>
</table>

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