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

**Date of Notification (1)**
3/29/2017

**Name of Building Owner/Operator (2)**
South Brunswick Board of Education

**Street Address**
4 Executive Drive

**City, State, Zip Code**
Monmouth Junction, NJ 08852

**Name of Contact**
Thaddeus Thompson

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
Greenbrook School

**City (5)**
Kendall Park, NJ 08824

**County (6)**
Middlesex County

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

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

**Square Feet**
30,000 +

**# of Floors**
3+

**Bldg. Age**
50+

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

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

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Street Address**
32 Willow Way

**City, State, Zip Code**
Woodland Park, NJ 07424

**Street Address**
20-21 Wagarew Rd., Bldg. 35-E

**City, State, Zip Code**
Fair Lawn, NJ 07410

**Start Date (10)**
4/8/2017

**Scheduled Completion Date (11)**
4/15/2017

**Name of OSHA Monitor**
Envirovision Consultants, Inc.

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

**Scope of Work (Check All That Apply)**
- ≥3 ft or ≥3 if
- ≥160 sf or ≥280 sf
- 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>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (14)</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>Boiler Room New Wing</td>
<td>X</td>
<td>Breaching Insulation</td>
<td>30 SF</td>
<td>XX</td>
</tr>
<tr>
<td>&quot;</td>
<td>X</td>
<td>Pipe &amp; Elbow Insulation</td>
<td>70 LF</td>
<td>XX</td>
</tr>
<tr>
<td>&quot;</td>
<td>X</td>
<td>Boiler Insulation</td>
<td>60 SF</td>
<td>XX</td>
</tr>
<tr>
<td>Boiler Room Old Wing</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>30 LF</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Unicorn Contracting Corp.

**Cubic Yards of Waste**
15 CY

**Name of Registered Landfill**
Fairless Landfill, LLC

**City, State**
Woodland Park, New Jersey

**Disposal Date**
City, State
Morrisville, PA

**Completed by**
Dimo Golcev

**Title**
General Manager

**Signature**

**Date**
3/29/2017

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

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

### Date of Notification (1)
3/29/2017

### Name of Building Owner/Operator (2)
South Brunswick Board of Education

### Agencies Notified
- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

### Type Notification
- [ ] Initial
- [ ] Amended
- [X] Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
4 Executive Drive

### City, State, Zip Code
Monmouth Junction, NJ 08852

### Name of Contact
Thaddeus Thompson

### Telephone Number

### Name of Facility Where Abatement Is Taking Place (3)
Monmouth Junction School

### Street Address
630 Ridge Road

### City (5)
Monmouth Junction, NJ 08852

### County (6)
Middlesex County

### County Code (7) (STATE USE ONLY)

### Current Use (Prior to being demolished or demolished School

### Name of Monitoring Firm Hired by Building Owner (8)
Briggs Associates

### ASCM No.
0004

### Name of Abatement Contractor (9)
Unicorn Contracting Corp.

### Street Address
32 Willow Way

### City, State, Zip Code
Woodland Park, NJ 07424

### Project Manager for Monitoring Firm
Michael Hoodak

### Telephone No.
609-298-5520

### Telephone No.
973-333-9176

### License No.
01331

### Name of OSHA Monitor
Envirovision Consultants, Inc.

### Street Address
20-21 Wagarow Rd., Bldg. 35-E

### City, State, Zip Code
Fair Lawn, NJ 07410

### Start Date (10)
4/13/2017

### Scheduled Completion Date (11)
4/13/2017

### 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

### Scope of Work (Check All That Apply)
- [X] 30 sf or 92 sf
- [ ] 960 sf or 2260 sf
- [X] Renovation
- [X] Demolition

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

### Multi Zone Room
X

### Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
- [X] Yes
- [ ] No
- [ ] N/A

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

### Amount (Specify SF or LF)
4 LF

### Abatement Type

### Name of Registered Waste Hauler
Unicorn Contracting Corp.

### NJDEP Waste Hauler ID No.
0035844

### Cubic Yards of Waste
15 CY

### Name of Registered Landfill
Fairless Landfill, LLC

### City, State
Woodland Park, New Jersey

### Disposal Date

### Completed by
Dimo Golcev

### Title
General Manager

### Signature

### Date
3/29/2017

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:130)

**Date of Notification (1)**

03/31/2017

**Agency/Notifies**

EPA

**Type Notification**

Emitted

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

FRANK HASSON

**Street Address**

City, State, Zip Code

BLACKWOOD NJ 08012

**Name of Contact**

FRANK

**City (5)**

BLACKWOOD

**County (6)**

CAMDEN

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

ACER ASSOC.

**ASCM No.**

**Name of Abatement Contractor (9)**

ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**

570 CLEMS RUN

**City, State, Zip Code**

MULLICA HILL NJ 08002

**Name of OSHA Monitor**

EMSL

**Address**

200 RT. 130 NORTH

**City, State, Zip Code**

CINNAMON NJ 08077

**Start Date (10)**

04/04/2017

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

Facility Closed/Vacated During Entire Period of Abatement

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

**Other – Describe:** RESIDENTIAL- WORK AREA VACANT

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

- Renovation
  - 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

**Location of Family Room**

**FLOOR TILE**

132 SF

**Name of Registered Waste hauler**

ASSURED ENVIRONMENTAL SERVICES

**City, State, Zip Code**

MULLICA HILL NJ

**Names of Registered Landfill**

MINERVA LANDFILL

**City, State**

WAYNESBURG, OH

**Completed by**

RON SWANSON

**General Manager**

Signature

**Disposal Date**

04/05/2017

**Date**

03/31/2017

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

**Date of Notification (1)** 03/31/2017

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

**Street Address** [Redacted]

**City, State, Zip Code** BLACKWOOD NJ 08012

**Name of Contact** FRANK

**Facility Information**

**Type of Facility (4)** RESIDENTIAL

**Square Feet** 1602

**# of Floors** 1

**Bldg. Age** 50

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

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

**Name of Abatement Contractor (9)** ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**

**City, State, Zip Code**

**Telephone No.** 856-809-1202

**License No.** 01145

**Name of OSHA Monitor** EMSL

**Start Date (10)** 04/04/2017

**Scheduled Completion Date (11)** 04/05/2017

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: RESIDENTIAL WORK AREA VACANT

**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**

<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>FAMILY ROOM</td>
<td>X</td>
<td>FLOOR TILE</td>
<td>132 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler** ASSURED ENVIRONMENTAL SERVICES

**City, State** MULLICA HILL NJ

**Waste Hauler ID No.** 0034895

**Cubic Yards of Waste** 10

**Name of Registered Landfill** MINERVA LANDFILL

**City, State** WAYNESBURG, OH

**Disposal Date** 04/05/2017

**Completed by** RON SWANSON

**Title** GENERAL MANAGER

**Signature** [Redacted]

**Date** 03/31/2017

* 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)
03/31/2017

Name of Building Owner/Operator (2)
Passaic County Weatherization DEPT

Street Address
930 Riverview

City, State, Zip Code
totowa,nj,07512

Name of Contact
Allen Stone

FACILITY INFORMATION

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
PRIVATE HOUSE

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

ASCM No.

Name of Abatement Contractor (9)
EHWW ABATEMENT LLC

Street Address
89 FANKLIN STREET

City, State, Zip Code
PATERSON,NJ,07524

Telephone No.
973-333-5144

License No.
01274

Name of OSHA Monitor
EHWW ABATEMENT LLC

Street Address
89 FANKLIN STREET

City, State, Zip Code
PATERSON,NJ,07524

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥280 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</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>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>115 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
TRY STATE Transfer/YIMY BROTHERS

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste
N/A

Name of Registered Landfill
MINERVA ENTERPRISES

City, State
900 MINERVA RD WAYNESBURG OH

Completed by
VICTOR ESPIRITU

Title
PROJECT MANAGER

Signature
Date
03/31/2017

* 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
03/31/2017

### Name of Building Owner/Operator
Passaic County Weatherization DEPT

### Street Address
930 Riverview, Totowa, NJ 07512

### Name of Contact
Allen Stone

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
PRIVATE HOUSE

#### Street Address
(Obfuscated)

#### City
PATERSON

#### County
Passaic

#### Name of Monitoring Firm Hired by Building Owner
N/A

#### ASCM No.
N/A

#### Name of Abatement Contractor
EHW ABATEMENT LLC

#### Street Address
89 Fanklin Street, Paterson, NJ 07524

#### Telephone No.
973-333-5144

#### License No.
01274

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

### Square Feet
N/A

### # of Floors
N/A

### Bldg. Age
N/A

### Current Use (Prior to being demolished)
PRIVATE HOUSE

### Start Date
04/12/2017

### Scheduled Completion Date
04/13/2017

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

### Scope of Work
- Renovation
- Demolition

### Location of Asbestos-Containing Material (ACM)
- **BASEMENT**
  - To Be Abated
  - Used Solely by Maintenance/Custodial Staff?
    - Yes
    - No
    - N/A

### Description of Asbestos-Containing Material (ACM)
- **PIPE INSULATION**
  - Amount
    - 105 LF
  - Abatement Type
    - Removal
  - Endcap

- **BOILER INSULATION**
  - Amount
    - 30SF
  - Abatement Type
    - Removal
  - Endcap

### Name of Registered Waste Hauler
TRY STATE TRANSFER / YIMY BROTHERS

### NJDEP Waste Hauler ID No.
19551

### Cubic Yards of Waste
N/A

### Disposal Date
TBD

### Name of Registered Landfill
MINERVA ENTERPRISES

### City, State
900 MINERVA RD WAYNESBURG OH

### Completed by
VICTOR ESPIRITU

### Title
PROJECT MANAGER

### Signature
[Signature]

**03/31/2017**

---

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

**State of New Jersey**

(Pursuant to NJAC 8:68 and 12:120)

**Check # 3726**

ATM 4-2017

---

**Date of Notification (1)**
03/28/2017

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

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

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

**Street Address**
745 Clifton Ave

**City, State, Zip Code**
Clifton, NJ 07013

**Name of Contact**
AMarchione

**Telephone Number**

---

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
Clifton School # 4

**Street Address**
194 West Second St

**City**
Clifton, NJ

**County**
Passaic County

**County Code**
(State Use Only)

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

**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**

---

**Name of Facility Where Abatement is Taking Place (3)**
Clifton School # 4

**Project Manager for Monitoring Firm**
John Smoyer

**Telephone No.**
(609)652-1833

**License No.**
01133

**Name of Abatement Contractor (9)**
Nick Restoration LLC

**Street Address**
72 Brookside Rd

**City, State, Zip Code**
Randolph NJ 07869

**Name of OSHA Monitor**
IRIS

**Start Date (10)**
04/11/2017

**Completion Date (11)**
04/12/2017

**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)**
- [ ] 200 sf or more
- [ ] 160 sf or more
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox 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)

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Boiler room**
Pipe insulation

---

**Name of Registered Waste Hauler**
Nick Restoration LLC

**NJDEP Waste Hauler ID No.**
33782

**Cubic Yards of Waste**
TBD

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

**City, State**
Randolph, NJ 07869

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Elvira Mrda

**Title**
President

**Signature**

**Date**
03/28/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Brownmill, LLC

**Street Address:** 1985 Cedar Bridge Avenue - Suite 1

**City, State, Zip Code:** Lakewood, NJ 08701

**Name of Contact:** Kevin Seise

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Old Bridge Township

**City:** Middlesex County

**County Code (STATE USE ONLY):** 07026

**Name of Contractor:** CID CONSTRUCTION SERVICES, LLC

**Street Address:** 365 River Drive

**City, State, Zip Code:** Garfield, NJ 07026

**Telephone Number:** (073)985-9791

**License Number:** 01181 "A"

---

**Current Use (Prior to if being demolished):** Testor Tech

**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
- ≥ 180 sf or ≥ 260 if
- (X) Renovation
- (X) Demolition
- (X) Full Containment with Negative Pressure
- (X) Mini-Enclosure
- (X) Glove bag Procedure
- (X) Non-Exempted (*) and Non-Friable Procedure

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** Rear-Room #2

- Yes
- No
- N/A

**Location Normally Used Solely by Maintenance/Custodial Staff:** No

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

**Amount (Specify SF or LF):** 200 SF

**Abatement Type:** Removal

---

**Name of Reg. Waste Hauler:** NJDEP Waste Hauler ID # 32905

**City, State:** Garfield, NJ

**Disposal Date:** TBD

**Name of Reg. Landfill:** 110 Sand Landfill

**City, State:** Melville, NY

**Compiled by:** Roque G Schipiliti

**Title:** Project Manager

**Signature:**

**Date:** 03/30/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
03/30/2017

Name of Building Owner/Operator (2)
JOHN MANDAKAS

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

Street Address
[Redacted]
City, State, Zip Code
MT. LAUREL NJ 08054

Name of Contact
GREG
Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]
City (5)
MT. LAUREL
County (6)
BURLINGTON
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
2452
# of Floors
2
Bldg. Age
50

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
1012 INDUSTRIAL DRIVE
City, State, Zip Code
WEST BERLIN NJ 08091

Project Manager for Monitoring Firm
MATT DEPALMA

Telephone No.
856-809-1202

License No.
01145

Start Date (10)
03/31/2017
Scheduled Completion Date (11)
04/04/2017

Name of OSHA Monitor
EMSL

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 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)

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

Yes No N/A

BASEMENT

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

DUCT PIPE INSULATION

Amount (Specify SF or LF)
130 SF

Abatement Type

Remove
Replace
Encapsulate
Endorse

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

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
MULLICA HILL NJ

Disposal Date
04/04/2017

City, State
WAYNESBURG, OH

Completed by
RON SWANSON
Title
GENERAL MANAGER
Signature
[Signature]
Date
03/30/2017

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification:** 05/30/2017

**Agency:** EPA

**Type:** Initial

**Name of Building Owner/Operator:** JOHN MANDAKAS

**Address:** MT. LAUREL NJ 08054

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

**City:** MT. LAUREL

**County:** BURLINGTON

**Name of Monitoring Firm Hired by Building Owner:** ACERO ASSOC.

**Telephone No.:** 609-633-0664

**Name of Abatement Contractor:** ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address:** 1012 INDUSTRIAL DRIVE

**City:** WEST BERLIN NJ 08091

**Name of OSHA Monitor:** MATT DEPALMA

**Telephone No.:** 609-633-1022

**License No.:** 0034899

**Start Date:** 03/31/2017

**Scheduled Completion Date:** 04/04/2017

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

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

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

- **Type:** Duct Pipe Insulation
- **Quantities:**
  - 130 BF

**Name of Registered Waste Hauler:** ASSURED ENVIRONMENTAL SERVICES

**Name of Registered Landfill:** MINERVA LANDFILL

**Diagnosis Date:** 04/04/2017

**City:** MULLICA HILL NJ

**State:** WAYNESBURG, OH

**Title:** GENERAL MANAGER

**Signature:**

---

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 808 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/15/16</th>
</tr>
</thead>
</table>

**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>Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendments</td>
</tr>
<tr>
<td>OCH</td>
<td>Emergency (Cancer)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**

VIA NATIONAL PARKWAY INC
68 RT 17 SOUTH
PAVILIONS, NJ 07652

**Name of Building Owner/Operator**

ROGER CROOK

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

BINGHAMTON FERRY BOAT

**Address**

715 RIVER ROAD

**City**

BOONTOWN

**County**

BERGEN

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

ASCM No.

**Name of Abatement Contractor**

A. Miro Contracting Inc.

**Current Use**

Boat

**Property Description**

Location of Asbestos-Containing Material (ACM) in Facility

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Curatorial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>ROOF</td>
</tr>
</tbody>
</table>

**Amount (SF or LF)**

800 sq ft

**Name of Registered Waste Hauler**

Newark Carting, Inc.

**Completed by**

R. McDonald

**Title**

President

**Date**

12/15/16

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:8.60 and 5:18)

**Date of Notification (1)**
- 8 / 31 / 17

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA
  (NJAC 5:23-3)

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

**Name of Building Owner/Operator (2)**
- Seashore Fruit and Produce

**Street Address**
- 1344 N. West Boulevard

**City, State, Zip Code**
- Vineland, NJ 08360

**Name of Contact**
- John Bramam - DRK & Associates

**FACILITY INFORMATION**

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

**Street Address**
- 1344 N. West Boulevard

**County (8)**
- Cumberland

**Name of Monitoring Firm Hired by Building Owner (6)**
- ASCM No.

**Name of Abatement Contractor (9)**
- Shade Environmental, LLC

**Street Address**
- 823 Cutter Avenue

**City, State, Zip Code**
- Maple Shade, NJ 08052

**Project Manager for Monitoring Firm**
- Bill Weisgarber

**Telephone No.**
- 809-286-4070

**License No.**
- 00842

**Start Date (10)**
- 01 / 05 / 17

**Scheduled Completion Date (11)**
- 04 / 08 / 17

**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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)**

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Used Solely by Maintenance/ Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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**First Floor**

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM</td>
<td>235 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- Fresh Haul Cartage

**NJDEP Waste Hauler ID No.**
- 15839

**Cubic Yards of Waste**
- 1

**Name of Registered Landfill**
- Cumberland County Landfill

**City, State**
- Cumberland, NJ

**Disposal Date**
- 4/16/2017

**Name of Contact**
- Newburg, PA

**Completed By (Print or Type)**
- Christina Luhnak

**Title**
- Vice President of Operations

**Signature**

**Date**
- 3/31/17

*Do not use this form for asbestos license exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
3/27/2017

Name of Building Owner/Operator (2)
South Brunswick Board of Education

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

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

Street Address
4 Executive Drive

City, State, Zip Code
Monmouth Junction, NJ 08852

Name of Contact
Thaddeus Thompson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Monmouth Junction School

Street Address
630 Ridge Road

City (5)
Monmouth Junction, NJ 08852

County (6)
Middlesex County

County Code (7)
(State Use Only)

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

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

Square Feet
30,000 +

# of Floors
3+

Bldg. Age
50 +

Current Use (Prior if being demolished)
School

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Name of GSHA Monitor
Envirovision Consultants, Inc.

Street Address
20-21 Wagaw Rd., Bldg. 35-E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
4/13/2017

Scheduled Completion Date (11)
4/15/2017

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)
☒ ≥ 3,000 sf or ≥ 3,000 sq ft
☒ ≥ 500 sq ft or ≥ 500 sq ft
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(15)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Location
Multi Zone Room

Description of Asbestos Containing Material (ACM)

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

Elbow Insulation

Amount
4 LF

Abatement Type

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

Name of Registered Waste Hauler
Unicorn Contracting Corp.

Waste Hauler ID No.
0035844

Cubic Yards
1 CY

Name of Registered Landfill
Fairless Landfill, LLC

City, State
Woodland Park, New Jersey

Disposal Date
TBD

Signature

Date
3/27/2017

Completed by
Dimo Golcev

Title
General Manager

* 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)

**Name of Building Owner/Operator (2)**  
Justen Pimm private Home

**Name of Contact**  
Justin

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Justen Pimm private Home</th>
</tr>
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</table>

**City (5)**  
Waretown NJ 08758

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
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**Name of Monitoring Firm Hired by Building Owner (8)**  
N/A

**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 DSHA Monitor | Same |

**Start Date (10)**  
4/17/17

| Scheduled Completion Date (11) | 4/21/17 |

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

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

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

- [x] ≥23 sf or ≥23 if
- [ ] ≥160 sf or ≥2260 if
- [x] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Filable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Exterior Siding</th>
</tr>
</thead>
</table>

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

- [x] Yes
- [ ] No
- [ ] N/A

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

- [ ] Exterior Siding 1400 SF

**Amount (Specify SF or LF)**

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID No. 22459

**Cubic Yards of Waste**  
4

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

**City, State**  
Morrsville PA 19067

**Disposal Date**  
4/21/17

**Completed by**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
</tr>
</tbody>
</table>

**Date**  
3/30/17

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

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>3 / 30 / 2017</th>
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<tbody>
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<td>Initial</td>
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<tr>
<td>Amended</td>
<td>☐</td>
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<tr>
<td>Cancellation</td>
<td>☐</td>
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<tr>
<td>Emergency (must include justification)</td>
<td>☐</td>
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<tr>
<td>Type of Work:</td>
<td>☑ Renovation</td>
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<tr>
<td>☐ Demolition</td>
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</table>

II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>SIJ Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>1515 Burnt Mill Road</td>
</tr>
<tr>
<td>City:</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08003</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Tyler Harding</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>NFI Mays Landing Warehouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>5176 Harding Highway</td>
</tr>
<tr>
<td>City:</td>
<td>Mays Landing</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08330</td>
</tr>
</tbody>
</table>

| County Name:                                          | Atlantic                   |
| County Code (State Use Only):                        |                            |
| Scheduled Start Date:                                 | 4 / 8 / 2017               |
| Scheduled Completion Date:                           | 4 / 11 / 2017              |

| Occupancy Status During Activity (check only one): |
| ☐ Facility Closed/Vacated During Entire Activity   |
| ☐ Activity Performed Outside Normal Facility Hours—Describe: |
| ☐ Other—Describe:                                  |

| Scope of Work (check all that apply): |
| ☑ Floor Tile                           |
| ☑ Mastic                               |

| Square Footage:                         | 576 SF                      |
| Percentage Asbestos:                    | %                          |

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
</tbody>
</table>

| New Jersey Asbestos License Number (if applicable): | 00842 |
| Monitoring Firm (if applicable):                  | EHS Environmental, Inc.    |
| Telephone No.:                                      | 856-224-0080               |

IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
</tbody>
</table>

| New Jersey Asbestos License Number (if applicable): | 00842 |
| Monitoring Firm (if applicable):                  | EHS Environmental, Inc.    |
| Telephone No.:                                      | 856-224-0080               |

V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Date:</td>
<td>March 30, 2017</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:**
- **3/30/17**

**Name of Building Owner/Operator:**
- City of Pleasantville

**Street Address:**
- 18 N. First Street
- Pleasantville, NJ 08232

**Name of Contact:**
- Jim Hemingway - Garden State GC

---

**FACILITY INFORMATION**

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

- **Square Feet:** 3,000
- **# of Floors:** 2
- **Bldg. Age:** 80
- **Current Use:** Vacant Residence

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

**Street Address:**
- 28 West Adams Avenue

**City:**
- Pleasantville

**County:**
- Atlantic

**ASCN No.**
- Shade Environmental, LLC

**Name of Abatement Contractor:**
- N/A

**Street Address:**
- 623 Cutler Avenue

**City:**
- Maple Shade, NJ 08052

**County Code:**
- 00

**Name of OSHA Monitor:**
- EMSL Analytical, Inc.

**Street Address:**
- 200 Route 130 North

**City:**
- Cinnaminson, NJ 08077

**Telephone No.**
- 856-755-0099 (NJ)

**License No.**
- 00842

---

**Scope of Work**

- **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

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

  - **Yes**
  - **No**
  - N/A

- **Exterior**
  - 
  - 
  - 
  - 

- **Siding**
  - 
  - 
  - 
  - 

- **Amount (Specify SF or LF)**
  - 2,388 SF

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

- **Abatement Type**
  - Repair
  - Encapsulate
  - End Use

- **Location of Registered Waste Hauler**
  - Garden State Dredging and Excavating

- **Cubic Yards of Waste**
  - 20

- **Disposal Date**
  - 4/7/2017

- **Name of Registered Landfill**
  - Atlantic County Utilities Authority

- **City, State**
  - Egg Harbor Township, NJ

- **Name of Registered Waste Hauler ID No.**
  - 34458

- **Completed By (Print or Type)**
  - Christina Lynch

- **Title**
  - Vice President of Operations

- **Signature**
  - [Signature]

- **Date**
  - 3/30/17

---

*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) 3/29/2017
Name of Building Owner/Operator (2) PSE&G

Agencies Notified (3)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Notification Date</th>
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<tbody>
<tr>
<td>EPA</td>
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<td></td>
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<tr>
<td></td>
<td>Emergency</td>
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</tbody>
</table>

Street Address 4000 HADLEY ROAD
City, State, Zip Code SOUTH PLAINFIELD, NJ 07080

Name of Contact DENNIS WAKULA
Telephone

Type of Facility (4)

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (5)
PSE&G
Street Address 195 W. 63RD STREET
City  BAYONNE
County HUDDSON

Name of Monitoring Firm Hired by Building Owner (6)
ENVIRONMENTAL TACTICS
ASCM No. 0045

Name of Abatement Contractor (7)
UNIQUE SYSTEMS OF AMERICA
Street Address 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm TOM GEIGER
Telephone No. 732-290-2217

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA
Street Address 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

Start Date (10) 3/18/17
Scheduled Completion Date (11) 3/38/2017

Occupancy Status During Abatement (Check Only One)

<table>
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<tr>
<th>Status</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td></td>
<td>Other - Describe:</td>
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</tbody>
</table>

Other - Describe: ASBESTOS OPERATING ONLY

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
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<tr>
<td></td>
<td></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>
</tr>
</tbody>
</table>

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>
</tr>
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<tbody>
<tr>
<td>STORAGE BUILDING</td>
<td>X</td>
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<tr>
<td>CONTROL HOUSE</td>
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<tr>
<td>CONTROL HOUSE</td>
<td>X</td>
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</table>

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 1125
WASTE MANAGEMENT

Name of Registered Landfill GROWS NORTH

City, State ELIZABETH, NJ

Completed by CAROL RAIMO
CUBIC YARDS OF WASTE DISPOSAL DATE 3/30
Title OFFICE MANAGER

Signature

* Do not use this form for asbestos license exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56 and 12:120)

**Date of Notification:** 3/13/2017

**Name of Building Owner/Operator:** PSEG

**Address:** 4000 Hadley Road

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

**Name of Contact:** Dennis Wakula

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

**Street Address:** 195 W. 63rd Street

**City:** Bayonne

**County:** Hudson

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

**Square Feet:** 1700

**# of Floors:** 3

**Approx. Age:** 65

**Current Use:** Switch Station

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

**Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 Whitehead Ave.

**City, State, Zip Code:** South River, NJ 08882

**Project Manager for Monitoring Firm:** Tom Geiger

**Telephone No.:** 732-290-2217

**License No.:** 01111

**Start Date:** 3/18/17

**Scheduled Completion Date:** 4/10/2017

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

**Scope of Work:**
- 150 sf or 250 sf
- Demolition

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

**In Facility:**

- **Storage Building:** Yes
- **Control House:** Yes
- **Control House:** Yes

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

**Description of Asbestos-Containing Material (ACM):**
- ACM Transite Panels
- ACM Caulk & Pipe Insulation
- Transite Pieces

**Amount (Specify SF or LF):**
- 3400 SF
- 160 LF
- 95 LF
- 120 SF

**Location of Waste Hauler:** Njdep Waste Hauler Id No.

**Waste Hauler:**
- 1125

**Cubic Yards of Waste:**
- 80

**Disposal Date:** TBD

**City:** Morrisville, PA

**Name of Registered Landfill:** Grows North

**Completed by:**

**Title:** Office Manager

**Signature:** Carol Raimo

**Date:** 3/13/2017

---

*Do not use this form for asbestos licensure exempted activities.*
### Notation of Asbestos Abatement

<table>
<thead>
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<th>Field</th>
<th>Value</th>
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<tbody>
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<td>Date of Notification</td>
<td>11/9/2017</td>
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<tr>
<td>Name of Building Owner/Operator</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DENNIS WAKIA</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Street Address</td>
<td>195 W 63RD STREET</td>
</tr>
<tr>
<td>City</td>
<td>BAYONNE</td>
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<td>HUDSON</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No. 0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>UNIQUE SYSTEMS OF AMERICA</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>TOM GEIGER</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-290-2217</td>
</tr>
<tr>
<td>Start Date</td>
<td>1/3/17</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>3/10/2017</td>
</tr>
<tr>
<td>Scope of Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Storage Building</td>
<td>×</td>
</tr>
<tr>
<td>Control House</td>
<td>×</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>ACM TRANSITE PANELS 3400 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>3400 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 1125</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS NORTH</td>
</tr>
<tr>
<td>City, State</td>
<td>ELIZABETH, NJ</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MANAGER</td>
</tr>
<tr>
<td>Signature</td>
<td>Carol Raimo</td>
</tr>
<tr>
<td>Date</td>
<td>11/9/2017</td>
</tr>
</tbody>
</table>

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

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

**State of New Jersey**

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

**MERCK SHARP & DOHME CORPORATION**

**Street Address**

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

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

Sandra M. Schenk

**Telephone Number**

**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)

X Other (i.e. private & comm. bldgs., homes, etc.)

**Square Feet**

40,000

**# of Floors**

1

**Bldg. Age**

85

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

VACANT

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**Telephone Number**

845-399-7500

**License Number**

1101

**Name of OSHA Monitor**

AMERISCI LABORATORIES INC

**Street Address**

117 EAST 30TH STREET

**City, State, Zip Code**

NEW YORK, NEW YORK 10016

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIIH

**Telephone Number**

973-729-5849

**Expected State Date (10)**

3 / 27 / 17

**Sched. Completion Date (11)**

6 / 30 / 17

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

X Facility Closed/Vacated During Entire Period of Abatement

X Other - Describe: MONDAY - FRIDAY 7 AM - 3:30 PM

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

Demolition

X Renovation

>3SF OR LF

>100 SF OR 260 LF

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

TO BE ABATED

in Facility (13)

**1st FLOOR ROOM B-51**

**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)**

50 SQ. FT.

**Abatement Type**

X Full Containment with Negative Pressure

X Mini Enclo.

X Glovebag Procedure

X Non-Friable Procedure

**Cubic Yards of Waste**

1

**Disposal Date**

2/1-10/30/17

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

625 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**Waste Hauler ID No.**

15939

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

50 SQ. FT.

**Completion Date**

3/29/17

**Signature**

**Title**

DIRECTOR OF OPERATIONS

**Date**

3/29/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 03 / 30 / 17

Name of Building Owner/Operator (2)
John Shabe

Street Address [Redacted]

City, State, Zip Code South Orange, NJ 07079

Name of Contact Monica Merel

Number of Days

FACILITY INFORMATION

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

Street Address [Redacted]

City (5)

South Orange, NJ 07079

County (6)

Essex

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

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

Square Feet

# of Floors

Build Age

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address 576 Valley Rd #283

City, State, Zip Code Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Name of EPA Monitor
Envirovision Consultants, Inc

Street Address 20-21 Wagarow Road, Bldg. # 35E

City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- >3 sf or >3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- 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 (12)

Yes No N/A

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

Amount (Specify SIF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Encapsculation</th>
<th>Enclosure</th>
</tr>
</thead>
</table>

Cubic Yards of Waste

T.R.R.F. Inc

Name of Registered Landfill

TBD

City, State

Disposal Date

TBD

Tullytown, PA

Name of Registered Waste Hauler
Gr Tech LLC

N.JDEP Waste Hauler ID No. 0033785

Owner

Signature [Redacted]

Date 03/30/17

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

ASB-11

MAY 11
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
3/29/17

**Name of Building Owner/Operator (2)**  
The Estate of Jeanne VanAllen

**Agencies Notified**  
☑ EPA  
☑ DEP  
☑ DOH  
☒ DCA

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

**Street Address**  
Hawthorne, NJ 07506

**City, State, Zip Code**  
Hawthorne, NJ 07506  
1900  
2100

**Telephone Number**  
732-919-2260

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

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

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

**Square Feet**  
2100

**# of Floors**  
1

**Building Age**  
68

**Current Use (Prior to being demolished)**  
☐ Office  
☐ Commercial  
☒ Residential  
☐ Other - Describe:

**Start Date (10)**  
4/8/17

**Scheduled Completion Date (11)**  
5/8/17

**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)**  
☐ 2,500 sf or less  
☒ 2,500 sf or more  
☐ Demolition  
☐ Renovation

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)**  
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)**  
Pipe insulation  
120 LF

**Name of Registered Waste Hauler**  
NJDEP Waste Hauler ID No. 15939

**Freehold Cartage**  
Western Berks Landfill

**Name of Registered Landfill**  
City, State  
Birdsboro, PA

**Disposal Date**  
TBD

**Completion Date**  
3/29/17

---

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-30-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PROGRESSIVE CONTRACTING LLC</td>
</tr>
</tbody>
</table>
| Agency Notified | □ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA |
| Type Notification | □ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including Justification)  
□ Cancellation |
| FACILITY INFORMATION | |
| Name of Facility Where Abatement is Taking Place (3) | PROGRESSIVE CONTRACTING LLC |
| Street Address | 51 JAMES STREET |
| City (5) | WESTWOOD |
| County (6) | BERGEN |
| Name of Abatement Contractor (9) | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07606 |
| Name of Monitoring Firm Hired by Building Owner (8) | ACOM No.: |
| Name of GSHA Monitor | Omega Environmental |
| Scope of Work (Check all that apply) | □ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (*) and Non-Peritable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | BASEMENT |
| Amount (Specify SF or LF) | 150 LF |
| Description of Asbestos-Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous) | ENCAPSULATE PIPE INSULATION |
| Name of Registered Waste Hauler | Best Removal Inc |
| Disposal Date | 4-11-17 |
| Complete by | R. Veldran |

* Do not use this form for asbestos license exempted activities.
Date of Notification: 3-29-17

Name of Building Owner/Operator: MITCHELL MICHOLS

Street Address: [Redacted]
City, State, Zip Code: [Redacted], NJ 08242
Name of Contact: SAME
Telephone Number: [Redacted]

Facility Information

Name of Facility Where Abatement is Taking Place: RESIDENCE (O'HENRY'S RESIDENCE)
Street Address: [Redacted]
City: STONE HARBOR
County: CAPE MAY
Name of Monitoring Firm: N/A
Name of Abatement Contractor: KLEM CO INC
Street Address: 369 S SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, NJ
Telephone No: [Redacted]
License No: 00444

Start Date: 4-10-17
Scheduled Completion Date: 4-17-17

Occupancy Status During Abatement: Vacant

Scope of Work:
- Demolition
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

Amount (Specify SF or LF): 1000.5 E X

Name of Registered Waste Hauler: KLEM CO INC
NJDEP Waste Hauler ID No: [Redacted]
Disposal Date: 3-4-04
City, State: MAPLE SHADE, NJ
Completed By: MICHAEL KLEM
Title: SVP
Signature: [Redacted]
Date: 3-29-17

* 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

Date of Notification (1)
3 / 17 / 17

Name of Building Owner/Operator (2)
E.I. duPont de Nemours

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA (NJAC 5:23-8)
☐ Initial
☐ Amended
☐ Amendment #1-3/28/17
☐ Emergency (including justification)
☐ Cancellation

Street Address
250 Cheesquake Road

City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 425

Street Address
250 Cheesquake Road

City (5)
Parlin

County (6)
Middlesex

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
Burlington, NJ 08016

License No.
00509

Telephone No.
215-788-6040

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

Start Date (10) ON HOLD

Scheduled Completion Date (11)

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

Time of Abatement: 7:00 AM - 3:30 PM

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥250 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)
42 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Location
Building 425 Exterior

Description
Pipe Insulation

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDEN Waste Hauler ID No.
18706

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Bristol, PA

Disposal Date
4/3/2017

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature
Gino Pizzigoni

Date
3/28/17

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

Date of Notification (1) 3 / 17 / 17

Name of Building Owner/Operator (2) E.I. duPont de Nemours

 Agencies Notified
☐ EPA
☒ DOLEW 9/33
☐ DHSS 1/840
☐ DCA (NJAC 5:23-8)

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

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 425

Street Address
250 Cheesquake Road

City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Telephone Number

FACILITY INFORMATION

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

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

Exterior

Name of Monitoring Firm Hired by Building Owner (5)
Cardno ATC

ASCM No.

Name of Abatement Contractor (6)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

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

Time of Abatement: 7:00AM - 3:30PM, AM

Start Date (10) 4 / 1 / 17
Scheduled Completion Date (11) 4 / 2 / 17

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 If
☐ ≥160 sf or ≥260 If
☐ ≥60 sf or ≥90 If
☐ ≥240 sf or ≥40 If

☐ Renovation
☐ Demolition

List 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)
42 LF

Abatement Type

Location of
Building 425 Exterior
 Pipe Insulation

Location of
Name of Registered Waste Hauler
Bristol Environmental Inc

N.J.DEP Waste Hauler ID No. 18706

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Bristol, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature

Date 3/19/17

* 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)
3 / 29 / 17

Name of Building Owner/Operator (2)
New Jersey Department of Military and Veterans Affairs

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Jersey National Guard Field Maintenance Shop No. 8

Street Address
1060 Hamilton Street

County Code (?XSTATE USE ONLY)
Somerset

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

Name of Abatement Contractor (8)
Shade Environmental, LLC

Square Feet
50,000

Type of Facility (4)

Counts
2

Bldg. Age
80

Current Use (Prior if being demolished)
Field Maintenance Shop

Start Date (10)
04 / 17 / 17

Scheduled Completion Date (11)
04 / 27 / 17

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 ≥ 280 If

☐ Renovation
☐ Demolition

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

☑ Location of Asbestos-Containing Material (ACM)

IN Facility

☑ boiler Room
☐ Skim Coat over Pork Chop Gasket
60 SF

☐ No
☐ Yes

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Boiler Room

H.B. Smith Boiler (Complete Demo)
75 SF

Boiler Breeching (Complete Demo)
50 SF

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
40

Name of Registered Landfill
GROWs North Landfill

City, State
Freehold, NJ

Disposal Date
4/27/2017

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Vice President of Operations

Signature

Date
8/29/17

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

### Date of Notification (1)

- 3 / 28 / 17

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

- Dante Massi

### 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

- Drexel Hill, PA 19026

### Name of Contact

- Dante Massi

## FACILITY INFORMATION

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

- Residence

### Street Address

- Ventnor

### County (6)

- Atlantic

### Current Use (Prior if being demolished)

- Residence

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

- Mgmt. & Environmental Consulting Services

### Name of Abatement Contractor (9)

- Shade Environmental, LLC

### Street Address

- PO Box 341

### City, State, Zip Code

- Chesterfield, NJ 08515

### Project Manager for Monitoring Firm

- Bill Weisgerber

### Telephone No.

- 609-298-4070

### Start Date (10)

- 04 / 10 / 17

### Scheduled Completion Date (11)

- 04 / 14 / 17

### 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)

- ☑ ≥ 2 sf or ≥3 ft
- ☑ ≥ 150 sf or ≥260 ft

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

- No

### Name of Registered Waste Hauler

- Shade Environmental, LLC

### NJDEP Waste Hauler ID No.

- 32425

### Cubic Yards of Waste

- 5

### Name of Registered Landfill

- Atlantic County Utilities Authority

### City, State

- Maple Shade, NJ

### Disposal Date

- 4/14/2017

### Egg Harbor Township, NJ

### Completed By (Print or Type)

- Christina Lynch

### Title

- Vice President of Operations

### Signature

- [Signature]

### Date

- 3/28/17

---

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

(Pursuant to NJAC 8:69 and 12:120)

**State of New Jersey**

### Date of Notification (1)
03/25/17

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

#### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #3
- [ ] Emergency (including justification)
- [ ] Cancellation

### Name of Building Owner/Operator (2)
1828 Realty Associates LLC

### Street Address
160 Copper Road

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

### Name of Contact
Larry Gottlieb

### Telephone Number

#### FACILITY INFORMATION

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

- **Street Address**
  - NE River Road & East State Street

- **City (5)**
  - Camden, NJ 08105

- **County Code (7)**
  - Camden

- **Square Feet**
  - 135,000

- **# of Floors**
  - 1

- **Bldg. Age**
  - 88

- **Current Use (Prior to being demolished)**
  - Abandoned

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - ASCM No.
  - n/a

- **Environmental Testing Consultants**
  - Silt Asbestos Abatement LLC

- **Street Address**
  - 1800 Federal Street

- **City, State, Zip Code**
  - Camden, NJ 08105

- **Telephone No.**
  - 856 482 1311

- **License No.**
  - 01303

- **Name of OSHA Monitor**
  - Self monitor

- **Project Manager for Monitoring Firm**
  - Howard Zenobi

- **Start Date (10)**
  - 01/14/17

- **Scheduled Completion Date (11)**
  - 04/15/17

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

- **Scope of Work (Check All That Apply)**
  - [x] 23 sf or 23 ft
  - [x] 2160 sf or 2160 ft

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
  - [ ] Entire roof
  - [ ] Roofing material

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

- **Amount (Specify SF or LF)**
  - 135,000 SF

- **Abatement Type**
  - [x] Demolition

- **Name of Registered Landfill**
  - IESI PA Bethlehem Landfill Corp

- **City, State**
  - Bethlehem, PA

- **Disposal Date**
  - Ongoing

- **Completed by**
  - Jeff Yekenchik

- **Signature**
  - 

- **Title**
  - Owner

- **Date**
  - 03/25/17

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  3/29/17
Name of Building Owner/Operator (2)  Mr. ISAAC FELCIANO

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

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

Street Address  
City, State, Zip Code  PATERSON, NJ. 07510

Name of Facility Where Abatement is Taking Place (3)  Mr. Felciano
City (5)  PATERSON
County (6)  PASSAIC
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  7000
# of Floors  2
Bldg. Age  1940

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

Name of Abatement Contractor (9)  Best Removal Inc
Street Address  450 South River Street
City, State, Zip Code  Hackensack, NJ 07601

Project Manager for Monitoring Firm  Telephone No.  201-329-7444
City, State, Zip Code  Hackensack, NJ 07601

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)  4/1/17
Scheduled Completion Date (11)  4/1/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:00 AM TO 5:00 PM

Scope of Work (Check All That Apply)
- 200 SF or 200 LF
- 2600 SF or 2600 LF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Asbestos Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)  Yes

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VRT, other miscellaneous)  THERMAL SYSTEM INSULATION

Amount (Specify SF or LF)  45 LF

Abatement Type  Removal

Name of Registered Waste Hauler  Best Removal Inc
NJDEP Waste Hauler ID No.  17109
Disposal Date  11/20/17
Name of Registered Landfill  Minverva Enterprises, LLC
City, State  Hackensack, NJ 07601
Waynesburg, OH 44688

Completed by  J. Maiorano
Title  Estimator
Signature  
Date  3/29/17

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

Date of Notification: 03/29/17
Name of Building Owner/Operator: William Carbone

Agencies Notified:
- DOLWD
- DHSS
- DCA (NJAC 5:23-3)

Type Notification: Initial

Address:
- William Carbone
- Roselle Park, NJ 07204
- City, State, Zip Code: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Private house

Square Feet: [Redacted]

County Code (STATE USE ONLY): [Redacted]

Union

Name of Monitoring Firm hired by Building Owner: ASCM No.: [Redacted]

Street Address:
- Wayne, NJ 07470
- 20-21 Waggraw Road, Bldg. #35E

Project Manager for Monitoring Firm:
- Telephone No.: 973-638-1777
- License No.: 01127

Name of Abatement Contractor:
- Envirovision Consultants, Inc.
  - Street Address: Fair Lawn, NJ 07410
  - City, State, Zip Code: [Redacted]

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

Occuancy 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:
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovesbag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- Basement-boiler room: Pipe insulation
- Basement-sump pump room: Pipe insulation

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

- Amount (Specify SIF or LF): 10 LF

Description of Asbestos Containing Material (ACM):

- Gr Tech LLC
- 0033785
- City, State: Wayne, NJ 07470
- Disposal Date: TBD
- T.R.R.F. Inc.
- City, State, Zip Code: Tullytown, PA
- Date: 03/29/17

Owner: N. Jevtic

Title: [Redacted]

Signature: [Redacted]

* 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)**  
03/29/2017

**Name of Building Owner/Operator (2)**  
South Plainfield BOE

**Street Address**  
125 Jackson Ave

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

**Name of Contact**  
Tom WIGGINS

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
South Plainfield Middle School

**Street Address**  
2201 Plainfield Ave

**City (5)**  
South Plainfield

**County (6)**  
Middlesex

**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**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
AHERA CONSULTANTS, INC

**ASCM No.**  
0057

**Name of Abatement Contractor (9)**  
EHW ABATEMENT LLC

**Street Address**  
89 Franklin Street

**City, State, Zip Code**  
Paterson, NJ 07524

**Telephone No.**  
973-333-5144

**License No.**  
01274

**Name of OSHA Monitor**  
EHW ABATEMENT LLC

**Street Address**  
89 Franklin Street

**City, State, Zip Code**  
Paterson, NJ 07524

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

- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 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>ROOM #9</th>
<th>ROOM #9A</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR TILE &amp; MASTIC</td>
<td>FLOOR TILE &amp; MASTIC</td>
</tr>
<tr>
<td>516 SF</td>
<td>228 SF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**  

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Economize

**Name of Registered Waste Hauler**  
TRY STATE TRANSFER / YIMY BROTHERS

**NUDEP Waste Hauler ID No.**  
19651

**Cubic Yards of Waste**  
N/A

**Name of Registered Landfill**  
MINERVA ENTERPRISES

**City, State**  
1199 RANDALL AVE BRONX NY

**Disposal Date**  
TBD

**Signature**

**Date**  
03/29/2017

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

**Date of Notification (1)**
03/28/2017

**Name of Building Owner/Operator (2)**
Princeton Day School

**Street Address**
550 Great Rd

**City, State, Zip Code**
Princeton, NJ 08540

**Telephone Number**

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

**Square Feet**

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

**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 ft or ≥ 3 ft
- ≥ 150 ft or ≥ 280 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>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>Attic entrance Room 230</td>
<td>TSI</td>
<td>&lt; 8 LF</td>
<td>-</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Nick Restoration LLC

**Cubic Yards of Waste**
TBD

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

**Disposal Date**
TBD

**City, State**
Randolph, NJ 07869

**Completed by**
Elvira Mrda
**Title**
President

**Signature**

**Date**
03/28/2017
NO CK

Date of Notification (1) 8 / 31 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

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
1,000,000

# of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCN No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-738-6040

License No.
00509

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 if
☐ ≥ 150 sf or ≥ 260 if
☐ Demolition
☐ Renovation

Occupy 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: 4:00AM-8:30PM

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)

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

Levles B, A and 1
☐ ☐ ☐

Levles B, A and 1
☐ ☐ ☐

Levles B, A and 1
☐ ☐ ☐

Location of Registered Waste Hauler

BRISTOL ENVIRONMENTAL, INC.

NJ DEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Completed By (Print or Type)
Brian Sacfaro

Title
Estimator

Signature
Brian Sacfaro

Date
3/27/17

* 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)  
8 / 31 / 16

Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction

Street Address  
200 Elm Dr.
City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University-Firestone Library

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

Square Feet  
1,000,000
# of Floors  
8
Bldg. Age  
70

Current Use (Prior if being demolished)  
Library

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Group Services LLC

ASCM No.  
00098

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET
City, State, Zip Code  
BRISTOL, PA 19007

Telephone No.  
215-788-6040
License No.  
00509

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)

<table>
<thead>
<tr>
<th>Levels B, A and 1</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels B, A and 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels B, A and 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels B, A and 1</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)  
Pipe and pipe fitting Insulation  
4190 LF
Floor tile and mastic  
18,440 SF
Joint compound  
16,520 SF
Acoustical ceiling plaster  
2,222 SF

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP INC

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
G.R.O.W.S. NORTH LANDFILL

Name of Registered Landfill

City, State  
MORRISVILLE, PA 19067

Disposal Date  
8/27/17

Completed By (Print or Type)  
Brian Scafiro
Title  
Estimator

Signature  
Brian Scafiro
Date  
8/27/17

* 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) 8 / 31 / 16

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

Type Notification
- Initial
- Amended
- Amendment #4-2-28/17
- Emergency (Including justification)
- Cancellation

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.

City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd

City (5)
Princeton

County (6)
MERCER

County Code (?)(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
1,000,000

# of Floors
8

Bldg. Age
70

Current Use (Prior if being demolished)
Library

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
000509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Scope of Work (Check all that apply)
- >=3 sf or >=2 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)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

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

Levels B, A and 1

Pipe and pipe fitting Insulation
4190 LF

Levels B, A and 1

Floor tile and mastic
18,440 SF

Levels B, A and 1

Joint compound
16,520 SF

Levels B, A and 1

Acoustical ceiling plaster
2,222 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

Cubic Yards of Waste

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

City, State
MORRISVILLE, PA 19067

Disposal Date

Completed By (Print or Type)
Brian Scaffaro

Title
Estimator

Signature
Brian Scaffaro

Date 3/28/17

* 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) 8 / 31 / 16

Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction

Street Address 200 Elm Dr.

City, State, Zip Code Princeton, NJ 08544

Name of Contact Robert Ortega

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library

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

Square Feet 1,000,000

# of Floors 8

Bldg. Age 70

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

ASCM No. 00098

License No. 00509

Current Use (Prior if being demolished) Library

Street Address Three Terri Center

City, State, Zip Code Burlington, NJ 08016

Telephone No. 609-386-8800

Street Address 1123 BEAVER STREET

City, State, Zip Code BRISTOL, PA 19007

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.

Project Manager for Monitoring Firm Michael Keehn

Telephone No. 215-788-6040

Start Date (10) 8 / 29 / 16

Scheduled Completion Date (11) 3 / 31 / 17

Time of Abatement: 7:00AM-3:30PM/PM-AM

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

Scope of Work (Check all that apply)
- [ ] 20 or ≥ 20 if
- [ ] ≥ 160 sf or ≥ 260 if
- [x] 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

IN Facility (15)

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

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

Amount (Specify SF or LF)

Abatement Type

Levles B, A and 1

Fireproofing 1,620 SF

Other

Levles B, A and 1

Radiator liner 320 SF

Other

Levles B, A and 1

Spline, plaster & Drywall ceiling 15,924 SF

Other

Other

Name of Registered Waste Hauler

BRISTOL ENVIRONMENTAL, INC.

NJOEP Waste Hauler ID No. 18705

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.C.W.S. NORTH LANDFILL

City, State

BRISTOL, PA 19007

Completed By (Print or Type) Brian Scalfiro

Title Estimator

Signature

Date 5/14/17

ASB-41

MAY 11

"Do not use this form for asbestos licensure exempted activities."
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 5:16)

### Date of Notification (1)
8 / 31 / 16

### Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

### Street Address
200 Elm Dr.

### City, State, Zip Code
Princeton, NJ 08544

### Name of Contact
Robert Ortega

### Telephone Number

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Firestone Library

**Street Address**
Washington Rd

**City (5)**
Princeton

**County (6)**
MERCER

**Country Code (STATE USE ONLY)**

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

### Current Use (Prior to being demolished)
Library

### Square Feet
1,000,000

### # of Floors
8

### Bldg. Age
70

### Name of Monitoring Firm Hired by Building Owner (5)
ATC Group Services LLC

### ASCM No.
00098

### Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

### Street Address
1123 BEAVER STREET

### City, State, Zip Code
BRISTOL, PA 19007

### 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:** 7:00AM-3:30PM, 5PM-7AM

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

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

**IN Facility (16)**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>evels B, A and 1</td>
<td>Yes</td>
<td>Pipe and pipe fitting Insulation 4190 LF</td>
</tr>
<tr>
<td>evels B, A and 1</td>
<td>No</td>
<td>Floor tile and mastic 16,440 SF</td>
</tr>
<tr>
<td>evels B, A and 1</td>
<td>N/A</td>
<td>Joint compound 16,520 SF</td>
</tr>
<tr>
<td>evels B, A and 1</td>
<td></td>
<td>Acoustical ceiling plaster 2,222 SF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

### Cubic Yards of Waste
NJDEP Waste Hauler ID No. 20990

### Name of Registered Landfill
G.R.O.W.S. NORTH LANDFILL

### City, State
NEW CASTLE, DE

### Disposal Date
MORRISVILLE, PA 19067

### Date
1/26/17

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

Date of Notification (1)
8 / 31 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library

Street Address
Washington Rd
City (5)
Princeton

County (6)

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC

ASCM No.
00098

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Michael Keehn

Telephone No.
609-386-8800

License No.
00509

Start Date (10)
9 / 29 / 16
Scheduled Completion Date (11)
2 / 28 / 17

Occupancy Status During Abatement (Check only one)

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

Time of Abatement: 7:00AM-3:30PM/ PM- AM

Scope of Work (Check all that apply)

☐ 25 sf or <25
☐ ≥250 sf or ≥250 sf

☐ Renovation
☐ 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
(Specify SF or LF)
Abatement Type

Amount
(Specify SF or LF)
Abatement Type

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

Levles B, A and 1

Fireproofing
1,620 SF

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

Levles B, A and 1

Radiator liner
320 SF

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

Levles B, A and 1

Spline, plaster & Drywall ceiling
15,924 SF

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

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

Waste Hauler ID No.
18706

Cubic Yards of Waste

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

Disposal Date
City, State

MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scaffaro
Title
Estimator

Signature
Date
1/24/17

* 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)  8 / 31 / 16

Name of Building Owner/Operator (2)  Princeton University-Office of Design and Construction

Name of Facility Where Abatement Is Taking Place (3)  Princeton University-Firestone Library

Street Address  200 Elm Dr.

City, State, Zip Code  Princeton, NJ 08544

Name of Contact  Robert Ortego

FACILITY INFORMATION

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

Square Feet  1,000,000  # of Floors  8  Blgd. Age  70

Name of Monitoring Firm Hired by Building Owner (5)  ATC Group Services LLC

Name of Abatement Contractor (6)  BRISTOL ENVIRONMENTAL, INC.

Street Address  1123 BEAVER STREET

City, State, Zip Code  BRISTOL, PA 19007

Telephone No.  609-386-8800

License No.  215-788-6040

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 if
☐ ≥160 sf or ≥260 sf

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>Level</th>
<th>(13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>A</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>B</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>A</td>
<td>☒</td>
<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)  

<table>
<thead>
<tr>
<th>ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe and pipe fitting insulation</td>
<td>4150 LF</td>
<td>☐ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>18,440 SF</td>
<td>☐ Mini-Enclosure</td>
</tr>
<tr>
<td>Joint compound</td>
<td>16,520 SF</td>
<td>☐ Glovebag Procedure</td>
</tr>
<tr>
<td>Acoustical ceiling plaster</td>
<td>2,222 SF</td>
<td>☐ Non-Exempted (1) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP INC

Registration No.  NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste  G.R.O.W.S. NORTH LANDFILL

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

Disposal Date  MORRISVILLE, PA 19067

Signature  Date  9/28/16

* 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):
8 / 31 / 16

Name of Building Owner/Operator (2): Princeton University-Office of Design and Construction
Street Address:
200 Elm Dr.
City, State, Zip Code:
Princeton, NJ 08544
Name of Contact:
Robert Ortega

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Princeton University-Firestone Library
Street Address:
Washington Rd
City (5):
Princeton
County (6):

County Code (7) (STATE USE ONLY):

Mercer

Name of Monitoring Firm Hired by Building Owner (8):
ATC Group Services LLC
ASCM No.:
00088

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.
Street Address:
1123 BEAVER STREET
City, State, Zip Code:
BRISTOL, PA 19007
Telephone No.:
215-788-6040
License No.:
00509

Project Manager for Monitoring Firm:
Michael Keehn
Telephone No.:
609-388-8800

Start Date (10):
9 / 28 / 16
Scheduled Completion Date (11):
11 / 30 / 17

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

○ Time of Abatement: 7:00 AM - 3:30 PM

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

☐ Renovation
☐ Demolition

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

Levels:
A and B

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:
Levels B, A, and 1

Fireproofing
1,620 SF ☐

Radiator liner
320 SF ☐

Spline, plaster & Drywall ceiling
15,924 SF ☐

Endorsement:
☐ Removal
☐ Repair
☐ Encapsulate
☐ Other:

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.:
18705

Cubic Yards of Waste:

Disposal Date:

City, State:
MORRISVILLE, PA 19067

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL

Estimator:
Bian Scafiro

Signature:

Date:
9/28/16

* 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): 9 / 16 / 16

Name of Building Owner/Operator (2):
Princeton University-Office of Design and Construction

Street Address:
200 Elm Dr.

City, State, Zip Code:
Princeton, NJ 08544

Name of Contact:
Robert Ortego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Princeton University-Firestone Library

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

Square Feet: 1,000,000

# of Floors: 8

Bldg. Age: 70

County Code (7) [STATE USE ONLY]:

Current Use (Prior if being demolished): Library

Name of Monitoring Firm Hired by Building Owner (8):
ATC Group Services LLC

ASCM No.: 00098

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Telephone No.: 609-386-8600

License No.: 216-786-6040

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Schedule Completion Date (11):
1 / 30 / 17

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

Time of Abatement: 7:00AM-3:30PM

Number of Work Days:

3 sf or ≥ 3 ft
160 sf or ≥ 260 ft

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

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B, A and 1</td>
<td>Yes</td>
<td>Pipe and pipe fitting insulation</td>
<td>4180 LF</td>
<td>☒</td>
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<tr>
<td>B, A and 1</td>
<td>No</td>
<td>Floor tile and mastic</td>
<td>18,440 SF</td>
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<td>No</td>
<td>Acoustical ceiling plaster</td>
<td>2,222 SF</td>
<td>☐</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:
OL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.: 19765

Cubic Yards of Waste: G.R.O.W.S. NORTH LANDFILL

Disposal Date:
City, State:
MORRISVILLE, PA 19067

Date: 9/16/16

* DO NOT USE THIS FORM FOR ASBESTOS ABATEMENT IN ANY OTHER FORM USE THIS FORM FOR ASBESTOS"
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)
9 / 16 / 16

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction
Street Address
200 Elm Dr.
City, State, Zip Code
Princeton, NJ 08544
Name of Contact
Robert Ortego
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University-Firestone Library
Street Address
Washington Rd
City (5)
Princeton
County (6)
MERcer

Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services LLC
ASCM No.
00058
Name of Abatement Contractor (9)
BRISTOl ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOl, PA 19007

License No.
00508
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 sf
Renovation
Demolition

Abatement Type
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)

Percentage of Project

Location

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date
City, State

Signature
Date

TOL ENVIRONMENTAL, INC.

TOL, PA 19007

Scaffro Title
Estimator

G.R.O.W.S. NORTH LANDFILL

MORRISVILLE, PA 19067

TOL, WA 19007