**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
04.02.2019

**Name of Building Owner/Operator (2)**
Watchung Hills Regional Board Of Education

**Street Address**
108 Stirling Road

**City, State, Zip Code**
Warren, NJ 07059

**Name of Contact**
N/A

**Telephone Number**
908-847-4800

---

**FACILITY INFORMATION**

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

**Square Feet**
355000

**# of Floors**
1

**Bldg. Age**
1957

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

**Renovation**

---

**Name of Firm Directed to Abate Asbestos**

- Ahera Consultants Inc.
- Spes Contracting LLC

**Street Address**
- PO Box 385
- 164 Merline Ave Unit C

**City, State, Zip Code**
- Oceanville NJ 08231
- Woodland Park, NJ 07424

**Project Manager for Monitoring Firm**
- James Hall

**Telephone No.**
- 609-652-1883
- 973-807-6330

**License No.**
- 01383

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

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

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Area 118 Custodial Closet</td>
<td>X</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>15SF</td>
<td>x</td>
</tr>
<tr>
<td>Area 30 Boys Gym Exit Vestibule</td>
<td>X</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>32SF</td>
<td>x</td>
</tr>
<tr>
<td>15 Rm - School Store</td>
<td>X</td>
<td>9&quot; Tan/Black Tile</td>
<td>40SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

- Spes Contracting LLC
- NJDEP Waste Hauler ID No. 0038075

**Cubic Yards of Waste**
1.5CY

**Name of Registered Landfill**

- Fearless Landfill

**City, State**
- Woodland Park, NJ 07424
- Morrisville, PA

**Completed by**

- Branislav Pavlov
- Title: Project Manager

**Signature**

**Date**
04.02.2019

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial, Amended, Emergency (including justification)</td>
<td>108 Stirling Road</td>
<td>Warren, NJ 07059</td>
<td>Watchung Hills Regional Board Of Education</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watchung Hills Regional High School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>108 Stirling Road</td>
<td>Warren, NJ 07059</td>
<td>Somerset County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset County</td>
<td>355000</td>
<td>1</td>
<td>1957</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahera Consultants Inc.</td>
<td>Spes Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 385</td>
<td>609-652-1883</td>
<td>973-807-6330</td>
<td>Spes Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04.12.2019</td>
<td>04.15.2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑️ Abatement Performed Outside of Normal Facility Hours</td>
<td>Mini-Endoscopy</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scopes of Work (Check All That Apply)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️ ≥3 sf or ≥3 if</td>
<td>☑️ Ceiling Tile - Glue Daubs</td>
</tr>
<tr>
<td>☑️ ≥160 sf or ≥260 if</td>
<td>☑️ Ceiling Tile - Glue Daubs</td>
</tr>
<tr>
<td>☑️ £160 sf or ≥260 if</td>
<td>☑️ Ceiling Tile - Glue Daubs</td>
</tr>
<tr>
<td>☑️ £160 sf or ≥260 if</td>
<td>☑️ Ceiling Tile - Glue Daubs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area 01 - Girl Coach's Office Closet</th>
<th>Ceiling Tile - Glue Daubs</th>
<th>15SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 03 - Girls Coach's Office Closet</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>95SF</td>
</tr>
<tr>
<td>Area 20 - Boys Coach's Office</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>117SF</td>
</tr>
<tr>
<td>Area 28 - Boys Equipment Storage</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>131SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spes Contracting LLC</td>
<td>1.5CY</td>
<td>Fearless Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, NJ 07424</td>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bransilav Pavlov</td>
<td>project manager</td>
<td>[Signature]</td>
<td>04.02.2019</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 12:129-7)

Date of Notification (1)
4/3/19

Name of Building Owner/Operator (2)
Kean University

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

Type of Notification
[X] Initial Notification
[ ] Emergency
[ ] Amended Notification
[ ] Cancellation

Street Address
1000 Morris Ave.

City, State, Zip Code
Union, NJ 07083

Name of Contact
Suzanne Kupiec

Telephone Number
973-737-5109

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kean University – Miron Center

Street Address
1000 Morris Ave.

City (5) Union
County (6) Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
TTI Environmental

ASCM No. 00003

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

Street Address
323 Changebridge Road, Suite 100

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00862

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Square Feet
25000

# of Floors
2

Bldg. Age
80

Current Use (Prior to being demolished)
College

Occupancy Status During Abatement (Check only one)
[[]] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours – Describe:
[ ] Other – Describe: partially vacated

Scope of Work (Check all that apply)

[ ] Demolition
[ ] Renovation
[x] ≥ 3 sf or ≥ 3 if
[x] ≥ 160 sf or ≥ 260 if

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)

Location

Full Containment with Negative Pressure
Miri – Enclosure
Glovebag Procedure
Non – Fiable Procedure

Greek Lounge, exterior
VAT, caulk/glaze, fire doors
1900 SF

Crawlspace, various
TSI
200 LF

Various areas
VAT, glue dabs, TBD
2000 SF

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No. 04782

Cubic Yards
15

Name of Registered Landfill
Alliance Landfill

Disposal Date
5/2/19

City, State
Pine Brook, NJ

Taylor, PA

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
4/3/19

Note: Work at Greek lounge/crawlspace should be completed by 4/30/19.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:21-33.12:120)

**BEST REMOVAL INC**

**Name of Building Owner/Operator:**
WILDA HOBBS

**Street Address:**
[Redacted]

**City, State, Zip Code:**
EAST ORANGE, NJ 07019

**Name of Contractor:**
WILDA HOBBS

**Telephone Number:**
[Redacted]

**FACILITY INFORMATION**

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

**Address:**
[Redacted]

**City:**
EAST ORANGE

**County:**
ESSEX

**County Code:**
07

**Current Age (Prior to demolition) -**
1930

**Square Feet:**
15,800

**# of Floors:**
2

**Type of Facility:**
- School (K-12)
- Elementary E.S.S. (Other than K-12)
- Other (i.e. private, commercial, buildings, homes, etc.)

**Description of Facility:**
- Abatement Performed Outside of Normal Facility Hours

**Occupancy Status During Abatement:**
- None

**Name of Abatement Contractor:**
Best Removal Inc

**Address:**
450 South River St
Hackensack, N.J. 07601

**Telephone No.:**
201-329-7444

**License No.:**
00388

**Name of OSHA Monitor:**
Omega Environmental

**Address:**
280 Huyler St
Hackensack, N.J. 07606

**Name of Building Owner/Operator:**
Best Removal Inc

**Address:**
450 South River St
Hackensack, N.J. 07601

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

**IN Facilty:**
- Location

**Description of Asbestos-Containing Material (ACM):**
- Amount

**Name of Registered Vendor:**
Minerva Enterprises, LLC

**Name of Registered Vendor:**
Best Removal Inc

**Location:**
Hackensack, N.J. 07601

**Number:**
17109

**City, State:**
Hackensack, N.J. 07601

**Cubic Yards of ACM:**

**Name of Registered Landlord:**
Minerva Enterprises, LLC

**City, State:**
Waynesburg, OH, 44688

**Date of Notification:**
4/1/19

**Date of Completion:**
4/11/19

**Estimator:**
[Redacted]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:16)

Date of Notification (1) 04 / 02 / 19

Name of Building Owner/Operator (2) Andrew Bolton

Agercies Notified

[ ] EPA
[ ] DOL/WB
[ ] DHES
[ ] DOCA (NJAC 5:23-6)

Type of Notification

[ ] Initial
[ ] Amended
[ ] Emergency (Including Justification)
[ ] Cancellation

Street Address

City, State, Zip Code

Maplewood, NJ 07040

Name of Person Notified

Andrew Bolton

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private House

Street Address

City (5)

Maplewood, NJ 07040

County (6)

County Code (7) (STATE USE ONLY)

Estate

Square Foot # of Floors Building Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Gr Tech LLC

Name of Abatement Contractor (8)

Gr Tech LLC

Street Address

575 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Envirotax Consultants, Inc

Telephone No.

973-738-1777

License No.

01127

Start Date (16) 04 / 02 / 19

Scheduled Completion Date (11) 04 / 03 / 19

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)

[ ] School (K-12)
[ ] Subchapter B (Other than K-12)
[ ] Other (i.e., private and commercial buildings, names, etc.)

Facility Closed/Sealed During Entire Period of Abatement

Facility Closed/Sealed After Normal Facility Use

Abatement Performed Outside of Normal Facility House - Describe

Time of Abatement

AM, PM, AM

Scope of Work (Check all that apply)

[ ] 33 ft or 3' or

[ ] 100 ft or 200 ft

[ ] Renovation

Demolition

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

IN Facility

(13)

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

Amount (Specify if SF or LF)

Abatement Type

Repair

Demolition

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

IN Building

Location

 normal

Location

 Maintenance/Custodial Staff

Yes

No

WA

Pipe Insulation

60 LF

Name of Registered Waste Hauler

Gr Tech LLC

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.P., Inc.

Disposal Date

TBD

City, State

Wayne, NJ 07470

Completed By (Print or Type)

Title

Signature

Date

J. Nejelic

Owner

04/02/19

MAY 11

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

Date of Notification (1)  
4-3-2019

Name of Building Owner/Operator (2)  
J. Rosen

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

Street Address  

City, State, Zip Code  
Ridgefield, NJ 07430

Name of Contractor  
J. Rosen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
J. Rosen

Street Address  

City (6)  
Ridgefield

County (6)  
Bergen

County Code (7) (STATE USE ONLY)  

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

Square Foot 8 of Floors  Bldg. Age  
2,500  2 Story  82 Years

Current Use (Prior to being demolished)  
RESIDENCE

Name of Monitoring Firm Hired by Building Owner (6)  

ASCM No.  

Name of Abatement Contractor (9)  
Best Removal Inc

Street Address  
450 South River St

City, State, Zip Code  
Hackensack, N.J. 07601

Telephone No.  
201-329-7444

License No.  
00388

Name of OSHA Monitor  
Omega Environmental

Street Address  
280 Huyler St

City, State, Zip Code  
S. Hackensack, N.J. 07606

Start Date (10)  
4-22-19

Scheduled Completion Date (11)  
4-23-19

Occupy Status During Abatement (Check only one)  

☐ Facility Closed/Vacated During Entire Period of Abatement  ☐ Abatement Performed Outside of Normal Facility Hours  ☐ Other - Describe: 8AM-5PM

Scope of Work (Check all that apply)  

☐ ≥ 3 ft or ≥ 3 ft²  ☑ ≥ 160 sf or ≥ 500 sf  ☐ Renovation  ☐ Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff  

Yes  ☐ No  ☑ NA

Description of Asbestos-Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Thermal Paper Insulation  35.5 SF

Amount (Specify SF or LF)  

Abatement Type  
Removal

End Stage  

Disposal Date  
4-23-19

City, State  
Waynesburg, Oh, 44688

Name of Registered Waste Hauler  
Best Removal Inc

NJDEP Waste Hauler ID No.  
17109

Cubic Yards of Waste  
16 YD

Name of Registered Landfill  
Minerva Enterprises, LLC

City, State  
Hackensack, N.J. 07601

Completed by  
P. Velikan  
Estimator

Signature  
P. Velikan

Date  
4-3-19

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# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAD 8:09 and 12:128)

**Date of Notification:** 4/3/19

**Name of Building Owner/Occupant:** [Redacted]

**Address:** [Redacted]

**City, State, Zip Code:** ALAMO, NJ 07620

**Telephone Number:** [Redacted]

**Name of Contractor:** Bob Cullen

**Address:** [Redacted]

**City, State, Zip Code:** [Redacted]

**Telephone Number:** [Redacted]

**Date of Payment:** [Redacted]

**Abatement Information**

- **Type of Facility:** [Redacted]
- **Location:** [Redacted]
- **Current Use:** [Redacted]

**Date:** [Redacted]

**Signatures:** [Redacted]

---

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

- **Location:** [Redacted]
- **Description:** [Redacted]

**Number of Cubic Yards of Waste:** 0.5

**Name of Registered Waste Hauler:** NJCIP Waste Hauler ID No.: [Redacted]

**Disposal Site:** [Redacted]

**Date:** 4/3/19

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

**Date:** [Redacted]

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

Date of Notification (1) 4-3-2019

 Agencies Notified Type Notification Street Address
□ EPA X Initial
□ DEP Amended
□ DOL Amendment #
□ DOH Cancellation
□ DCA

Name of Building Owner/Operator (2) Sussan Capozzi
City, State, Zip Code Allensdale, NJ 07401
Name of Contact Sussan Capozzi
Telephone Number

FACILITY INFORMATION

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

Street Address
City (5) Allensdale, NJ 07401
County (6) Bergen

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Green Environmental Services, LLC
Street Address 235 Virginia Avenue
City, State, Zip Code Jersey City, NJ 07304

Project Manager for Monitoring Firm Telephone No.
Street Address
City, State, Zip Code

License No.
Name of Abatement Contractor (9)
Green Environmental Services, LLC
Street Address 235 Virginia Avenue
City, State, Zip Code Jersey City, NJ 07304

Start Date (10) 4-4-2019 Scheduled Completion Date (11) 4-4-2019

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)
□ 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 (12)

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
Green Environmental Services, LLC 00348689

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill
City, State Morrisville, PA

Disposal Date 4-4-2019

Completed by Liliana Serrano Title Office Manager
Signature Date 4-3-2019

* 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)

#### Agency Information
- **Date of Notification:** 12/11/18
- **Name of Building Owner/Operator:** Morristown High School
- **Street Address:** 50 Early Street
- **City, State, Zip Code:** Morristown, NJ 07960
- **Name of Contact:** N/A
- **Telephone Number:** 973-292-2000

#### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place:** Morristown High School
- **Street Address:** 50 Early Street
- **City:** Morristown
- **County:** Morris
- **Name of Monitoring Firm Hired by Building Owner:** Environmental Connection, Inc
- **ASCM No.:**
- **Name of Abatement Contractor:** Bristol Environmental, Inc
- **Street Address:** 1123 Beaver Street
- **City, State, Zip Code:** Bristol, PA 19007
- **Telephone No.:** 609-392-4200
- **License No.:** 00509
- **Start Date:** 12/21/18
- **Scheduled Completion Date:** 4/3/19
- **Type of Facility:** School (K-12)
- **Square Feet:** +50,000
- **# of Floors:** +2
- **Bldg. Age:** +50
- **Name of OSHA Monitor:**
- **Occupancy Status During Abatement:** Full
- **Abatement Performed Outside of Normal Facility Hours:** Yes
- **Time of Abatement:** 7:30AM - 7:30PM
- **Scope of Work:**
  - Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Friable Procedure
  - Abatement Type: Encapsulate

#### Location of Asbestos-Containing Material (ACM)
- **Location:** IN Facility
- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Description of Asbestos-Containing Material (ACM):**
  - (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
  - Amount (Specify SF or LF): 1136 SF

#### Additional Information
- **Name of Registered Waste Hauler:** Service Transport Group, Inc.
- **Disposal Date:** TBD
- **Name of Registered Landfill:** Minerva Landfill
- **City, State:** Waynesburg, OH
- **Completed By:** Dillan DeCaro
- **Title:** Estimator
- **Signature:**

*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)**  
12 / 11 / 18

**Name of Building Owner/Operator (2)**  
Morristown High School

**Street Address**  
50 Early Street

**City, State, Zip Code**  
Morristown, NJ 07960

**Name of Contact**  
N/A

**Telephone Number**  
973-282-2000

**FACILITY INFORMATION**

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

**Street Address**  
50 Early Street

**City (5)**  
Morristown

**County (6)**  
Morris

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

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

**ASCM No.**

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

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
Trenton, NJ 08608

**Telephone No.**  
215-788-6040

**License No.**  
00609

**Project Manager for Monitoring Firm**  
Dominick Dercole

**Telephone No.**  
609-392-4200

**Start Date (10)**  
12 / 21 / 18

**Scheduled Completion Date (11)**  
ON HOLD

**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: 7:30AM-7:30PM/ PM-AM

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)**

- Basement TV/Radio Studios
- Floortile & ACM Mastic

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

**Amount (Specify SF or LF)**  
1136 SF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endure

**Name of Registered Waste Hauler**  
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**  
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**  
MINERVERA LANDFILL

**City, State**  
YARDLEY, PA

**Disposal Date**  
TBD

**Completion Date**  
12-26-18

---

**Completed By (Print or Type)**  
Dillan DeCaro

**Title**  
Estimator

**Signature**  
Dillan DeCaro

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 11 / 18</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Morristown High School</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>❑ EPA</td>
<td>❑ Emergency (including justification)</td>
<td>50 Early Street</td>
<td>Morristown, NJ 07960</td>
<td>N/A</td>
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<tr>
<td>❑ DOLWD</td>
<td>❑ Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ DOH</td>
<td></td>
<td></td>
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<tr>
<td>❑ DCA (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Morristown High School</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>50 Early Street</td>
<td>+50,000</td>
<td>+2</td>
<td>+50</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
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</thead>
<tbody>
<tr>
<td>Morristown</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Connection, Inc</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 North Warren Street</td>
<td>609-392-4200</td>
<td>215-788-6040</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominick Dercole</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>12 / 21 / 18</td>
<td>12 / 30 / 18</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td>❑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>❑ Mini-Enclosure</td>
</tr>
<tr>
<td>❑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-7:30PM</td>
<td>❑ Glovebag Procedure</td>
</tr>
<tr>
<td>❑ Non-Exempted (*) and Non-Friable Procedure</td>
<td>❑ Non-Exempted (* and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>❑ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>❑ ≥160 sf or ≥260 If</td>
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<tr>
<td>❑ Renovation</td>
</tr>
<tr>
<td>❑ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement TV/Radio Studios</td>
<td>Yes</td>
<td>1136 SF</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>YARDLEY, PA</td>
<td>TBD</td>
<td>MINERVA LANDFILL</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>Estimator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>12/21/18</th>
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</thead>
</table>

*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

Name of Building Owner/Operator (2)
Morristown High School

Name of Facility Where Abatement is Taking Place (3)
Morristown High School

Street Address
50 Early Street

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
N/A

Telephone Number
973-292-2000

FACILITY INFORMATION

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

Square Feet
+/-50,000

Bldg. Age
+/-50

# of Floors
+/-2

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

Scope of Work (Check all that apply)
○ 3 sf or >=3 sf
○ 160 sf or >=250 sf

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

Yes
No
N/A

Location of Asbestos-Containing Material (ACM)

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

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

Amount (Specify SF or LF)

Abatement Type

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

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

Basement TV/Radio Studios

Floortile & ACM Mastic

1136 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20890

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH

Disposal Date
TBD

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date
12-11-18

* 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 8:80 and 12:120)

**Date of Notification (1)**: 04/04/19

**Type of Notification**: Amended

**Agency Notified**: EPA, DOL

**Name of Building Owner/Operator (2)**: Binyomin Cohen

**Street Address**: [Redacted]

**City, State, Zip Code**: Jackson, NJ

**Name of Contact**: Binyomin Cohen

**Telephone Number**: [Redacted]

### Facility Information

- **Name of Facility Where Abatement is Taking Place (3)**: [Redacted]
- **City** (5): Jackson
- **County** (6): Ocean
- **County Code (7)**: [State Use Only]
- **Name of Monitoring Firm Hired by Building Owner (8)**: [Redacted]
- **Name of Abatement Contractor (6)**: AAA LEAD PROFESSIONALS
- **ASCM No.**: [Redacted]
- **Type of Facility (4)**: Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet**: [Redacted]
- **# of Floors**: [Redacted]
- **Bldg. Age**: [Redacted]
- **Current Use (Prior if being demolished)**: [Redacted]

**Project Manager for Monitoring Firm**: [Redacted]

**Telephone No.**: 732-668-9078

**License No.**: 1200

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

**Start Date (10)**: 04/29/19

**Scheduled Completion Date (11)**: 05/01/19

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

**Other – Describe**: [Redacted]

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

- [X] Renovation
- [ ] Demolition
- [X] 32 sf or <32 If
- [X] ≥ 160 sf or >260 If

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

- **In Facility (13)**
- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**: Yes
- **Location Normally Used Solely by Maintenance/Custodial Staff? (12)**: [Redacted]

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

- **(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- **Amount (Specify SF or LF)**: 600SF

### Abatement Type

- **Removal**: [Redacted]
- **Repair**: [Redacted]
- **Encapsulate**: [Redacted]
- **Enclose**: [Redacted]

### Interior

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Interior</th>
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<tbody>
<tr>
<td>POPCORN CEILING</td>
<td>600SF</td>
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</table>

**Name of Registered Waste Hauler**

**NEWARK CARTING**

**NJDEP Waste Hauler ID No.**: 04509

**Cubic Yards of Waste**: 5

**Name of Registered Landfill**

**IESI**

**City, State**

**NEWARK, NJ**

**Disposal Date**: 05/01/19

**City, State**

**BETHLEHEM PA**

**Completed by**

**JOSEPH PERLSTEIN**

**Title**: OWNER

**Signature**: [Redacted]

**Date**: 04/04/19

---

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

**STATE OF NEW JERSEY**

(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification**: 04/04/19

**Name of Building Owner/Operator**: Hesh Properties Rehab LLC

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

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

**Street Address**: 

**City, State, Zip Code**: 

**Name of Contact**: Osher Pochtrille

**Telephone Number**: 848-299-6808

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: [Redacted]

**Street Address**: 

**City**: Lakewood

**County**: Ocean

**County Code**: [STATE USE ONLY] 

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

---

### Type of Facility

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

**Square Feet**: 

**# of Floors**: 

**Bldg. Age**: 

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

**Name of Abatement Contractor**: AAA LEAD PROFESSIONALS

**Street Address**: 6 WHITE DOVE COURT

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

**Project Manager for Monitoring Firm**: 

**Telephone No.**: 732-668-9078

**License No.**: 1200

**Start Date**: 04/14/19

**Scheduled Completion Date**: 04/17/19

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

---

### Scope of Work

- [X] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [X] Demolition

---

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

**In Facility**: [ ]

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [ ] Yes
- [ ] No
- [ ] N/A

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

- [X] Removal
- [ ] Repair
- [ ] Encrustation
- [ ] Endosulfate

---

### Name of Registered Waste Hauler

**NEWARK CARTING**

**NUDEP Waste Hauler ID No.**: 04509

**Disposal Date**: 04/17/19

**Name of Registered Landfill**: IESI

**City, State**: BETHLEHEM PA

---

**Completed by**: JOSEPH PERLSTEIN

**Title**: OWNER

**Signature**: 

**Date**: 04/04/19

---

*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) 04 / 03 / 19

Name of Building Owner/Operator (2)
Arya Properties

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

Name of Contact
Shahen Gharibian
Telephone Number
732-259-6000

Street Address
2030 Wilson Avenue
City, State, Zip Code
Toms River, NJ 08753

FACILITY INFORMATION

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

City (5)
Toms River

County (6)
Ocean

Square Feet
1000 sf

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

# of Floors
1
Bldg. Age
65

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A
Guardian Contracting, Inc.

Name of Abatement Contractor (9)

Street Address
1889 Route 9, Unit 61

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

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

Start Date (10)
04 / 15 / 19
Scheduled Completion Date (11)
04 / 16 / 19

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

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

Scope of Work (Check all that apply)

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

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

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)
Yes
No
N/A

Amount (Specify SF or LF)
900 sf

Authority
Abatement Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
04/16/19

Completed By (Print or Type)
Title
Project Manager

Signature

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

ASB-41
JAN '13
### NOTIFICATION OF ASBESTOS ABATEMENT

**Pursuant to NJAC 8:60 and 12:120**

**Name of Building Owner/Operator:** Theresa Balzano-Kinscherf

**Street Address:**

**City, State, Zip Code:** Ramsey, NJ 07446

**Name of Contact:** Theresa Balzano-Kinscherf

**Telephone Number:**

### FACILITY INFORMATION

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

**Square Feet:** 1380

**# of Floors:** 2

**Bldg. Age:** 89+

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

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

**City:**

Ramsey, NJ 07446

**County Code:**

Bergen

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

Green Environmental Services, LLC

**ASCM No.:**

**Name of Abatement Contractor:**

Green Environmental Services, LLC

**Street Address:**

235 Virginia Avenue

**City, State, Zip Code:** Jersey City, NJ 07304

**Telephone No.:** 201-333-8855

**License No.:** 01174

**Project Manager for Monitoring Firm:**

Green Environmental Services, LLC

**Street Address:**

235 Virginia Avenue

**City, State, Zip Code:** Jersey City, NJ 07304

**Start Date:** 4-11-2019

**Scheduled Completion Date:** 4-11-2019

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

**Scope of Work (Check All That Apply):**
- ☐ 23 sf or 23 sf
- ☐ 160 sf or 260 sf
- ✗ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ✗ Glovebox Procedure
- ☐ Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>✗</td>
<td>Pipe insulation / Debris clean up</td>
<td>40LF</td>
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</tbody>
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**Name of Registered Waste Hauler:**

Green Environmental Services, LLC

**NJDEP Waste Hauler ID No.:** 0034889

**Cubic Yards of Waste:** 1

**Disposal Date:** 4-11-2019

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Morristown, PA

**Completed by:** Liliana Serrano

**Title:** Office Manager

**Signature:**

**Date:** 3-30-2019

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 4 / 3 / 19

Name of Building Owner/Operator (2) State of NJ Department of Treasury / Job #1810-5404 Check11167

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #6
- Emergency (including justification)
- Cancellation

Street Address
50 Barrack Street
City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Mike Wilson
Telephone Number
609-512-2345

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Executive State House
Street Address
125 West State Street
City (5)
Trenton, NJ
County (6)
Mercer

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

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
300 Kimball Drive
City, State, Zip Code
Parsippany, NJ 07054

License No.
AbateTech, Inc.

Project Manager for Monitoring Firm
Vijay Patel
Telephone No.
973-560-4900

Name of OSHA Monitor
EMSL Analytical
Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Start Date (10)
11 / 12 / 18
Scheduled Completion Date (11)
4 / 12 / 19

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
40

Name of Registered Landfill

G.R.O.W.S. Landfill
City, State
Lumberton, NJ
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date 4-3-19

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

Yes No N/A

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

Location

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

Amount (Specify SF or LF)

Abatement Type

Endoscope
Repair
Removal

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

SEE ATTACHED

- 3 sf or 3 if
- 160 sf or 260 sf

Name of Registered Landfill

G.R.O.W.S. Landfill
City, State
Tullytown, PA

Disposal Date
4/12/19

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date 4-3-19

* Do not use this form for asbestos licensure exempted activities.
### Scope of Work Cont.

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used for Maint.</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor’s Office</td>
<td>NO</td>
<td>Plaster</td>
<td>1,250 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Governor’s Office</td>
<td>NO</td>
<td>Duct Insulation</td>
<td>50 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Governor’s Office</td>
<td>NO</td>
<td>Vapor Barrier</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Plaster</td>
<td>2,100 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Duct Insulation</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Vapor Barrier</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building Entrance</td>
<td>NO</td>
<td>Plaster</td>
<td>1,900 SF</td>
<td>Removal</td>
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<tr>
<td>Exterior</td>
<td>NO</td>
<td>Roofing Material</td>
<td>600 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Throughout</td>
<td>NO</td>
<td>Window Caulk</td>
<td>200 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Executive Offices</td>
<td>NO</td>
<td>Ceiling Plaster</td>
<td>120 SF</td>
<td>Removal</td>
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<td>Executive Offices</td>
<td>NO</td>
<td>Pipe Insulation</td>
<td>15 LF</td>
<td>Removal</td>
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<td>Executive Offices</td>
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<td>320 SF</td>
<td>Removal</td>
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<td>2nd Floor</td>
<td>NO</td>
<td>Black Mastic</td>
<td>125 SF</td>
<td>Removal</td>
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</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 3 / 28 / 19

Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1804-5300

Street Address REHS, 27 Road #1, Bldg. 4086 Livingston Campus

City, State, Zip Code Piscataway, NJ 08854

Name of Contact: Michael F. Smith Telephone Number: 848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155

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

City (5) Piscataway, NJ 08854

County (6) Middlesex

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

Name of Contact (9) AbateTech, Inc.

Street Address PO Box 385

City, State, Zip Code Berlin, NJ 08009

Name of OSHA Monitor (10) EMSL Analytical

Street Address 30 Maple Ave. PO Box 25

City, State, Zip Code Lumberton, NJ 08048

License No. 00529

Start Date (10) 7 / 25 / 18 Scheduled Completion Date (11) 5 / 31 / 19

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (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, surface, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type Removal Encapsulate Endorse

Name of Registered Waste Hauler (14) AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

Name of Registered Landfill Fairless Landfill

City, State Lumberton, NJ Tullytown, PA

Completed By (Print or Type) Gwendolyn Trumbetti Title Operations Coordinator

Disposal Date 5/31/19

Signature

Date 3/28/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
3 / 28 / 19

Name of Building Owner/Operator (2)
Pinelands Regional School District / Job #1808-8359 Check #

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-6)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #7
☐ Emergency (including justifiacation)
☐ Cancellation

Street Address
520 Nugentown Road
City, State, Zip Code
Little Egg Harbor, NJ
Name of Contact
Kevin MacDonald
Telephone Number
856-662-8500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pinelands Junior High School

Street Address
590 Nugentown Road
City (5)
Little Egg Harbor, NJ
County (6)
Ocean
County Code (7)(STATE USE ONLY)

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

Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
1253 North Church Street
City, State, Zip Code
Moorstown, NJ 08057

Project Manager for Monitoring Firm
Jim Guillard
Telephone No.
856-840-8800

License No.
609-265-2107
00529

Start Date (10)
8 / 22 / 18
Scheduled Completion Date (11)
5 / 31 / 19

Name of OSHA Monitor
EMSL Analytical
Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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)

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

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

Amount
(Specify SF or LF)

Abatement Type
Repair
Encapsulate
Endoscope

Various Bathroom/Locker Rooms
☐ ☒ ☐ Bathroom fixture caulk

Cafeteria
☐ ☒ ☐ Cove Base Mastic

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No.
18750
Cubic Yards of Waste
40
Name of Registered Landfill
Fairless Landfill
City, State
Lumberton, NJ
Disposal Date
City, State
Tulleytown, PA
Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date
3-28-19

* 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 / 19

Name of Building Owner/Operator (2)  
Garden Spires Urban Renewal, LP / Job #1808-5369  
Check #

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

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

Name of Facility Where Abatement is Taking Place (3)  
Garden Spires Apartments-Building 195

Street Address  
195 1st Street

City (5)  
Newark, NJ

County (6)  
Essex

County Code (7) [STATE USE ONLY]  

Name of Abatement Contractor (9)  
AbateTech, Inc.

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

Street Address  
PO Box 395

City, State, Zip Code  
Berlin, NJ 08009

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
609-704-8850

License No.  
609-265-2107  
00529

Start Date (10)  
2 / 14 / 19

Scheduled Completion Date (11)  
5 / 31 / 19

Name of OSHA Monitor  
EMSL Analytical

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

Scope of Work (Check all that apply)  
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 250 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
- Removal  
- Repair  
- Encapsulation  
- Endorse

Location of Registered Waste Hauler  
AbateTech, Inc.

City, State  
Lumberton, NJ

Committed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator  
Signature  

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

City, State  
Tullytown, PA

Disposal Date (16)  
5/31/19

Date  
3/28/19

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3 / 28 / 19</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Garden Spires Urban Renewal, LP Job #1808-5369 Check #</th>
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<table>
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<tr>
<th>Street Address</th>
<th>885 2nd Avenue 31st Floor</th>
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<tr>
<th>City, State, Zip Code</th>
<th>New York, NY 10017</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Fred Teicher</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>917-952-1929</th>
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## FACILITY INFORMATION

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<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Garden Spires Apartments-Building 175</th>
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<tr>
<th>Street Address</th>
<th>175 1st Street</th>
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<th>City (5)</th>
<th>Newark, NJ</th>
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<tr>
<th>County (6)</th>
<th>Essex</th>
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<tr>
<th>County Code (7)</th>
<th>0010 (STATE USE ONLY)</th>
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| Current Use (Prior if being demolished) | |
|----------------------------------------|-

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Health &amp; Safety Services</th>
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| ASCM No. | |
|----------|-

<table>
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<tr>
<th>Name of Abatement Contractor</th>
<th>AbateTech, Inc.</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>30 Maple Ave., PO Box 25</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Lumberton, NJ 08048</th>
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<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical</th>
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<tr>
<th>Telephone No.</th>
<th>609-265-2107</th>
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<table>
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<tr>
<th>License No.</th>
<th>00529</th>
</tr>
</thead>
</table>

| Name of GSA Monitor | |
|---------------------|-

| Scope of Work (Check all that apply) | |
|-------------------------------------|-

| >=3 sft or >=3 lf | |
|------------------|-

| >=160 sft or >=260 lf | |
|----------------------|-

| Renovation | |
|------------|-

| Demolition | |
|------------|-

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

| (14) E Bathrooms 20 LF each location | |
|---------------------------------------|-

| Pipe Insulation | |
|-----------------|-

| 280 LF | |
|-------|-

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>(Specify SF or LF)</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<table>
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<th>40</th>
<th>G.R.O.W.S. Landfill</th>
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<th>Disposal Date</th>
<th>5/31/19</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Tullytown, PA</th>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>AbateTech, Inc.</th>
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<tr>
<th>NJDEP Wastewater Hauler ID No.</th>
<th>18759</th>
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<th>City, State</th>
<th>Lumberton, NJ</th>
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<th>Completed By (Print or Type)</th>
<th>Gwendolyn Trumbetti</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Operations Coordinator</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>3-28-19</th>
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</thead>
</table>

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

Date of Notification (1): 3 / 28 / 19

Name of Building Owner/Operator (2): JCP&L/FirstEnergy Company / Job #1901-5435
Check #

Agencies Notified:
- [x] EPA
- [x] DOLWD
- [ ] DHSS
- [ ] DOA (NJAC 5:23-8)

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

Street Address:
- 10 Legion Place - Building A
- Morristown, NJ 07960

City, State, Zip Code:
- Morristown, NJ 07960

Name of Contact:
- Keith Stansky
- Telephone Number: 973-955-7602

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
- NJ DOT
- Route 71 & Asbury Ave MM564.13 to Rt. 71 & Deal Lake Rd. MM595.39
- Neptune, NJ
- Monmouth

County Code (7)/STATE USE ONLY:
- Current Use (Prior if being demolished):
- Substation

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

ASCM No.:

Name of Abatement Contractor (9):
- AbateTech, Inc.

Street Address:
- 30 Maple Ave. PO Box 25
- Burlington, NJ 08016
- Lumberton, NJ 08048

City, State, Zip Code:
- Lumberton, NJ 08048

Project Manager for Monitoring Firm:
- John Lutz

Telephone No.:
- 609-674-7522
- 609-265-2107

Name of OSHA Monitor:
- EMSL Analytical

License No.:
- 00529

Start Date (10):
- 3 / 25 / 19

Occupancy Status During Abatement (Check only one):

Scheduled Completion Date (11):
- 4 / 30 / 19

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

Scope of Work (Check all that apply):
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥250 lf
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility (13):

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):
- 90 LF

Abatement Type:

Exterior Street Lights:
- Asbestos Conduit

Name of Registered Waste Hauler:
- AbateTech, Inc.

Cubic Yards of Waste:
- 2

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

City, State:
- Lumberton, NJ
- Tullytown, PA

Completed By (Print or Type):
- Gwen Trumbetti

Title:
- Operations Coordinator

Signature:

Date:
- 3.28.19

* 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 / 28 / 19

**Name of Building Owner/Operator (2)**
Inspira Health Network / Job #1801-5255 Check #

**Street Address**
3280 Peachtree Road, NW Suite 1400

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

**Name of Contact**
John Devine

**Telephone Number**
856-262-1800

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Neale Farm Building #1</td>
<td>School (K-12)</td>
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<tr>
<td><strong>Street Address</strong></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>700 Mullica Hill Road</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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<tr>
<td><strong>City (5)</strong></td>
<td></td>
</tr>
<tr>
<td>Mullica Hill, NJ</td>
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<tr>
<td><strong>County Code (6)</strong></td>
<td></td>
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<tr>
<td>Gloucester</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.E.C.S.</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 341</td>
<td>609-298-4070</td>
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<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>CHeisterfeld, NJ</td>
<td>609-285-2107</td>
<td>00592</td>
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<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>5 / 12 / 18</td>
<td>5 / 31 / 19</td>
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**Current Use (Prior if being demolished)**

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>占用类型</th>
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<tr>
<td></td>
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</table>

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

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

**Time of Abatement:**

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**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>Throughout</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>40</td>
<td>G.R.O.W.S. Landfill</td>
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<table>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<td>Lumberton, NJ</td>
<td>5/31/19</td>
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<th>Title</th>
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<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>QM</td>
<td>3.28.19</td>
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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 3 / 28 / 19
Name of Building Owner/Operator (2) PSE&G
Job # 1812-5426 Check #

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

Type Notification
☐ Initial
☒ Amended
Amendment #4
☐ Emergency (including justification)
☐ Cancellation

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ

Name of Contact
John Cifelli
Telephone Number
732-547-6230

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Paterson Garage

Street Address
14 Broadway
City (5)
Paterson, NJ

County (6)
Passaic

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
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
Substation

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

License No.
00529

Start Date (10)
1 / 28 / 19

Scheduled Completion Date (11)
5 / 31 / 19

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation

Exterior
☐ ☐ ☒ White Caulk
450 SF
☒ ☒ ☐

Interior
☐ ☒ ☒ Black Window Caulk
200 LF
☒ ☒ ☒

Exterior
☐ ☒ ☒ Black Tar & Paper Roof Layers
2,000 SF
☐ ☒ ☒

Exterior
☐ ☒ ☒ Vapor barrier under roof layers
2,000 SF
☒ ☒ ☒

Name of Registered Waste Hauler
Environmental Transport Group, INC.

Cubic Yards of Waste
40

Name of Registered Landfill
Grows- Fairless Landfill

City, State
Flanders, NJ

Disposal Date
5/31/19

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 3-28-19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 5:16)

State of New Jersey

Date of Notification (1) 3 / 28 / 19

Name of Building Owner/Operator (2) PSEG

Job # 1812-5426 Check #

Agencies Notified

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #4
☐ Emergency (Including justification)
☐ Cancellation

Street Address 4000 Hadley Road
City, State, Zip Code South Plainfield, NJ

Name of Contact John Cifelli
Telephone Number 732-547-6230

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG- Paterson Garage

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

Square Feet # of Floors Bldg. Age

County (6) Passaic
County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) Substation

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

ASCM No. Name of Abatement Contractor (9)

AbateTech, Inc.

Street Address PO Box 365
City, State, Zip Code Berlin, NJ 08009

Street Address 30 Maple Ave. PO Box 25
City, State, Zip Code Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Proctor

Telephone No. 609-704-8850
Telephone No. 609-256-2107

License No. 00529

Name of OSHA Monitor
EMS-L Analytical

Start Date (10) 1 / 28 / 19
Scheduled Completion Date (11) 5 / 31 / 19

Occancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

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

☐ Renovation
☒ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Repair ☐ Encapsulate ☐
Enclosure ☐

Exterior

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler ID No. 000582061

Cubic Yards of Waste 40

Name of Registered Landfill
Grows Fairless Landfill

City, State
Disposal Date 5/31/19
Flanders, NJ

City, State
Morrisville, PA 19067

Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator

Signature

Date 3-28-19

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

Date of Notification (1) 3 / 28 / 19

Name of Building Owner/Operator (2) PSE&G / Job # 1812-5426 Check #

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

Type Notification
- Initial
- Amended
- Amendment #4
- Emergency (including justification)
- Cancellation

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ

Name of Contact
John Cifelli
Telephone Number
732-547-6230

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G-Paterson Garage

Street Address
14 Broadway
City (5)
Paterson, NJ
County (6)
Passaic

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

License No.
00529

Start Date (10) 1 / 28 / 19
Scheduled Completion Date (11) 5 / 31 / 19

Name of OSHA Monitor
EMSL Analytical

City, State, Zip Code
Lumberton, NJ 08048

Depth Grade (12) AM / PM / PM / AM

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:

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

Renovation
Demolition

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

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

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

Abatement Type
Removal
Repair
Encapsulate
Endorse

Exterior
Interior
Exterior
Exterior

White Caulk
Black Window Caulk
Black Tar & Paper Roof Layers
Vapor barrier under roof layers

450 SF
200 LF
2,000 SF
2,000 SF

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler ID No. 000692061

Cubic Yards of Waste
40

Name of Registered Landfill
Grow- Fairless Landfill

City, State
Flanders, NJ

Disposal Date
5/31/19
City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date
3-28-19

* 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)
4/3/19

Name of Building Owner/Operator (2)
H-4 Enterprises LLC

Agency/Notified

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Type Notification

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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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</tbody>
</table>

Street Address
PO Box 638

City, State, Zip Code
Cape May Court House NJ 08210

Name of Contact
JR

Telephone Number
609-536-2776

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant House (Cape May County Owners)

Street Address
703 N Rt 9

City (5)
Cape May Court House NJ 08210

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
4/15/19

Scheduled Completion Date (11)
4/19/19

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)

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<th>≥2 sf or ≥3 if</th>
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<td>≥160 sf or ≥260 sf</td>
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<tr>
<td></td>
<td>Renovation</td>
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<tr>
<td></td>
<td>Demolition</td>
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</table>

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Exterior Siding

X

Exterior Siding

2200SF

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

Amount (Specify SF or LF)

Abatement Type

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<td>Repair</td>
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<tr>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td>Endorse</td>
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</table>

Location of Registered Waste Hauler

TBD

NJDEP Waste Hauler ID No.
TBD

Cubic Yards of Waste
TBD

Name of Registered Landfill
Cape May County Landfill

Disposal Date
4/19/19

City, State
City, Woodbine NJ 08270

Completed by
Anthony T Perne
Title
President
Signature
Date
4/3/19

* 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) 4/3/19  
Name of Building Owner/Operator (2)  H-4 Enterprises LLC  

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

Street Address  PO Box 638  
City, State, Zip Code  Cape May Court House NJ 08210  
Name of Contact  JR  
Telephone Number  609-536-2776  

Name of Facility Where Abatement is Taking Place (3)  
Vacant House (Cape May County Owners)  
Street Address  615 N Rt 9  
City (4)  Cape May Court House NJ 08210  
County (6)  Cape May  
County Code (7)  STATE USE ONLY  
Current Use (Prior if being demolished)  House  

Name of Monitoring Firm Hired by Building Owner (8)  N/A  
ASCM No.  
Name of Abatement Contractor (9)  Pernaco Inc  
Street Address  PO Box 329  
City, State, Zip Code  West Berlin NJ 08091  
Project Manager for Monitoring Firm  
Telephone No.  
Name of OSHA Monitor  Same  
Telephone No.  856-753-9800  
License No.  00727  

Start Date (10)  4/15/19  
Scheduled Completion Date (11)  4/19/19  

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥32 sf  
- ≥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) TO BE ABATED  
In Facility (13)  

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

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

Amount (Specify SF or LF)  
Abatement Type  
Removal  
Repair  
Encapsulate  
Encase  
Endure  

Exterior Siding  
Exterior Siding  
1800 SF  

Name of Registered Waste Hauler  TBD  
NJDEP Waste Hauler ID No.  TBD  
Cubic Yards of Waste  TBD  
Name of Registered Landfill  Cape May County Landfill  
City, State  Cape May Court House NJ 08210  
Disposal Date  4/19/19  
City, State  Woodbine NJ 08270  

Completed by  
Anthony T Perna  
Title  President  
Signature  
Date  4/3/19  

* 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)** 4/3/19

**Name of Building Owner/Operator (2)**
H-4 Enterprises LLC

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

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

**Street Address** PO Box 638

**City, State, Zip Code**
Cape May Court House NJ 08210

**Name of Contact**
JR
**Telephone Number** 609-536-2776

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Vacant House (Cape May County Owners)

**Street Address** 701 N Rt 9

**City (5)**
Cape May Court House NJ 08210

**County (6)**
Cape May

**Square Feet**
1000+

**# of Floors**
1

**Bldg. Age**
50+

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

---

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

---

**Name of Monitoring Firm Hired by Building Owner (9)**
N/A

**ASCN No.**

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

**Street Address**
PO Box 329

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

**Telephone No.**
856-753-9600

**License No.**
00727

**Name of OSHA Monitor**
Same

**Project Manager for Monitoring Firm**

**Telephone No.**

---

**Start Date (10)**
4/15/19

**Scheduled Completion Date (11)**
4/19/19

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

**Other – Describe:**

---

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

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

---

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

<table>
<thead>
<tr>
<th>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>
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<tbody>
<tr>
<td>Yes</td>
<td>Exterior Siding (12)</td>
<td>1300SF</td>
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**Name of Registered Waste Hauler**
TBD

**NJDEP Waste Hauler ID No.**
TBD

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Cape May County Landfill

**Disposal Date**
4/19/19

**City, State**
Woodbine NJ 08270

---

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date** 4/3/19

---

*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)

Name of Building Owner/Operator (2)
Peter Stein

Agency Notified

<table>
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<th>Agency</th>
<th>Type Notification</th>
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City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Peter Stein

FACILITY INFORMATION

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

Square Foot
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to if being demolished)
House

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

Type of Facility (4)

<table>
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<tr>
<th>Facility</th>
<th>Description</th>
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<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td>x</td>
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Name of Abatement Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

License No.
01311

County Code (7) (STATE USE ONLY)

Name of OSHA Monitor
D&S Abatement, Inc.

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
04/12/2019

Scheduled Completion Date (11)
04/13/2019

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

Occupy Status During Abatement (Check Only One)

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<th>Status</th>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<td>Other</td>
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Scope of Work (Check All That Apply)

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<th>Work</th>
<th>Description</th>
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<td>Demolition</td>
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<tr>
<td>Renovation</td>
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<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>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
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<th>Area</th>
<th>Description</th>
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Abatement Type

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<tbody>
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Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No. 20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, NJ

Completed by
Ned Joksimovic
Title
Project Manager

Signature

Date
04/02/2019

* Do not use this form for asbestos licensure exempted activities.
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<td>Agency Notified</td>
<td>EPA</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Meryl Udoff</td>
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<tr>
<td>Street Address</td>
<td>City, State, Zip Code: Burlington, NJ 08108</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Ut ded Re sidence</td>
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<tr>
<td>Street Address</td>
<td>City: Burlington</td>
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<tr>
<td>County (5)</td>
<td>Burlington</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>TTI Environmental, Inc.</td>
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<tr>
<td>Name of Abatement Contractor (8)</td>
<td>Shade Environmental, LLC</td>
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<tr>
<td>Street Address</td>
<td>1253 North Church Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Stockko</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>566-840-8600</td>
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<tr>
<td>Start Date (10)</td>
<td>04 / 06 / 19</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>04 / 10 / 19</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Accesed During Entire Period of Abatement</td>
</tr>
<tr>
<td>Description of Abatement</td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Time of Abatement</td>
<td>AM, PM, PM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Demolition, Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) to be Abated (13)</td>
<td>Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
</tr>
</tbody>
</table>
| Description of Asbestos-Containing Material (ACM)                    | Description of
| Location Normally Used Solely by Maintenance/Custodial Staff (12)    | Description of Asbestos-Containing Material (ACM) |
| Yes No N/A                                                           | Yes No |
| Basement                                                             | Pipe Insulation |
| Basement                                                            | 195 LF |
| Basement                                                            | Debris |
| Basement                                                            | 40 SF |
| Name of Registered Waste Hauler                                     | Shade Environmental, LLC |
| Freehold Cartage                                                    | Shade Environmental, LLC |
| City, State                                                         | Cinnaminson, NJ 08077 |
| Completed By (Print or Type)                                         | Christina Lynch |
| Title                                                               | Vice President of Operations |
| Date                                                                | 04/10/2019 |

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

Date of Notification (1)  3 / 8 / 19

Name of Building Owner/Operator (2)  Montclair Twp Public Works

Agencies Notified
☑ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☑ Initial
☐ Amended
Amendment #4-4/3/19
☐ Emergency (Including justification)
☐ Cancellation

Street Address  219 North Fullerton Ave
City, State, Zip Code  Montclair, NJ 07042
Name of Contact  N/A
Telephone Number  (973) 763-5600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Montclair Twp Public Works Building

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

Square Feet  +25,000
# of Floors  2
Bldg. Age  +50

Current Use (Prior to if being demolished)  Township Building

Name of Monitoring Firm Hired by Building Owner (8)  Hillmann Consulting

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

Project Manager for Monitoring Firm  Craig Abrams
Telephone No.  908-477-3014

Start Date (10)  3 / 20 / 19

Scheduled Completion Date (11)  4 / 3 / 19

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: 7:30AM-4:30PM

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

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

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

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

Amount (Specify SF or LF)
Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Location
1st Floor Lobby
2nd Floor Lobby

VAT/Mastic
Linoleum & Mastic

Name of Registered Waste Hauler  SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No.  20990
Cubic Yards of Waste
Disposal Date  TBD
Name of Registered Landfill  MINERVA LANDFILL
City, State  WAYNESBURG, OH

Completed By (Print or Type)  Dillian DeCaro
Title  Estimator
Signature  Dillian DeCaro
Date  4/3/19

* 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)**

<table>
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<th>3</th>
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<table>
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<tr>
<td>□ EPA</td>
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<tr>
<td>❑ DOHWD</td>
</tr>
<tr>
<td>❑ DOH</td>
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<tr>
<td>□ DCA (NJAC 5:23-6)</td>
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<tr>
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<td>□ Emergency (including justification)</td>
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<td>□ Cancellation</td>
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<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>Montclair Twp Public Works</td>
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<table>
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<tr>
<th>Street Address</th>
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<tbody>
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<td>219 North Fullerton Ave</td>
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<table>
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<th>Name of Contact</th>
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<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>(973) 783-5600</td>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tr>
<td>Montclair Twp Public Works Building</td>
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<tbody>
<tr>
<td>219 North Fullerton Ave</td>
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<table>
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<tr>
<th>City (5)</th>
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<tbody>
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<td>Montclair</td>
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<table>
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<tr>
<th>County (6)</th>
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<tr>
<td>Essex</td>
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<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>STATE USE ONLY</td>
<td>Township Building</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tr>
<td>Hillmann Consulting</td>
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<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>ASCM No.</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1123 BEAVER STREET</td>
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</tbody>
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<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>BRISTOL, PA 19007</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig Abrams</td>
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<tr>
<th>Telephone No.</th>
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<tbody>
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<td>908-477-3014</td>
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<th>Scheduled Completion Date (11)</th>
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<td>4/10/19</td>
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<th>Name of OSHA Monitor</th>
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<td>BRISTOL ENVIRONMENTAL, INC</td>
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<tbody>
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<td>BRISTOL, PA 19007</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>❑ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>❑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<thead>
<tr>
<th>Time of Abatement: 7:30AM-4:30PM/8:00AM-4:00PM</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>❑ ≥ 250 sf or ≥ 2500 sf</td>
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<tr>
<td>❑ Renovation</td>
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<tr>
<td>❑ Demolition</td>
</tr>
<tr>
<td>❑ Full Containment with Negative Pressure</td>
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<tr>
<td>❑ Mini-Enclosure</td>
</tr>
<tr>
<td>❑ Glovebag Procedure</td>
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<tr>
<td>❑ Non-Exempted (*) and Non-Friable Procedure</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Lobby</td>
</tr>
<tr>
<td>2nd Floor Lobby</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>-----</td>
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<tr>
<td>VAT/Mastic</td>
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<table>
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<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Enclosure</td>
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<td>Removal</td>
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<tr>
<td>Repair</td>
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<td>Encapsulate</td>
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<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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<tr>
<td>20950</td>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>MINERVA LANDFILL</td>
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<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>YARDLEY, PA</td>
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<th>Disposal Date</th>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>WAYNESBURG, OH</td>
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<table>
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<tr>
<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Dillan DeCaro</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tr>
<td>Estimator</td>
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<table>
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<th>Signature</th>
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<tbody>
<tr>
<td>Dillan DeCaro</td>
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<th>Date</th>
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<tbody>
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<td>3-22-19</td>
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* 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 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 8 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Montclair Twp Public Works</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>□ EPA □ DOLWD □ DOH □ DCA (NJAC 5:23-5)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>□ Initial □ Amended □ Amendment #2-3/14/19 □ Emergency (Including Justification) □ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>219 North Fullerton Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>N/A</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 783-5600</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Montclair Twp Public Works Building |
| Street Address | 219 North Fullerton Ave |
| City (5) | Montclair |
| County (6) | Essex |
| County Code (7) | N/A |
| Type of Facility (4) | □ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings, homes, etc.) |
| Square Feet | +25,000 |
| # of Floors | 2 |
| Bldg. Age | +50 |
| Current Use (Prior to being demolished) | Township Building |

| Name of Monitoring Firm Hired by Building Owner (8) | Hillmann Consulting |
| ASCM No. | N/A |
| 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 | Craig Abrams |
| Telephone No. | 988-477-3014 |
| Telephone No. | 215-788-6040 |
| License No. | 00509 |
| Start Date (10) | 3 / 1 / 19 |
| Scheduled Completion Date (11) | 3 / 27 / 19 |
| Name of OSHA Monitor | N/A |
| Scope of Work (Check all that apply) | □ ≥3 sf or ≥3 if □ ≥100 sf or ≥260 if |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Yes | No | N/A |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | VAT/Mastic | 422 SF |
| Amount (Specify SF or LF) | 395 SF |
| Abatement Type | ☑ Complete Abatement |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Yes | No | N/A |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | VAT/Mastic | 422 SF |
| Amount (Specify SF or LF) | 395 SF |
| Abatement Type | ☑ Complete Abatement |

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.

| NJDEP Waste Hauler ID No. | 20660 |
| Disposal Date | TBD |
| Name of Registered Landfill | MINERVA LANDFILL |
| City, State | WAYNESBURG, OH |

Completed By (Print or Type) | Dillan DeCaro |
Title | Estimator |
Signature | Dillan DeCaro |
Date | 3-14-19 |

*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 / 8 / 19

Name of Building Owner/Operator (2)
Montclair Twp Public Works

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

Type Notification
☐ Initial
☐ Amended Amendment #1-3/13/19
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Montclair Twp Public Works

Street Address
219 North Fullerton Ave

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
N/A
Telephone Number
(973) 783-5600

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Montclair Twp Public Works Building

Street Address
219 North Fullerton Ave

City (6)
Montclair

County (6)
Essex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting

ASCM No.

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
Craig Abrams

Telephone No.
908-477-3014

Scheduled Completion Date (11) 3 / 21 / 19

Start Date (10) 3 / 18 / 19

Facility Closed/Vacated During Entire Period of Abatement
☐

Occupancy Status During Abatement (Check only one)
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Time of Abatement: 7:30AM-4:30PM - 3PM-12AM

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

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

1st Floor Lobby

2nd Floor Lobby

1st Floor Lobby

2nd Floor Lobby

Texas

Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20999

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
YARDLEY, PA

Disposal Date
TBD

Completed By (Print or Type)
Dillian DeCaro

Title
Estimator

Signature

Date
3/8/19

WYNNESBURG, OH

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

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

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<tr>
<td>County</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Hillmann Consulting</td>
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<td>ASCM No.</td>
<td>ASCM No.</td>
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<td>Name of Abatement Contractor (6)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Craig Abrams</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-477-3014</td>
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<td>3 / 18 / 19</td>
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<td>Scheduled Completion Date (11)</td>
<td>3 / 21 / 19</td>
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<td>Scope of Work (Check all that apply)</td>
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<td>□ ≥3 sf or ≥3 If</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥280 If</td>
<td>□ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
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<tr>
<td>1st Floor Lobby</td>
<td>VAT/Mastic</td>
</tr>
<tr>
<td>2nd Floor Lobby</td>
<td>Linoleum &amp; Mastic</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>ND EP Waste Hauler ID No.</td>
<td>20990</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
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#### OTHER INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>□ School (K-12)</th>
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<tbody>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
<td></td>
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<tr>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tr>
<tr>
<td>Square Feet</td>
<td>+/-25,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>+50</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Township Building</td>
</tr>
<tr>
<td>License No.</td>
<td>00508</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
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#### SIGNATURES

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dillion DeCaro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Dillion DeCaro</td>
</tr>
<tr>
<td>Date</td>
<td>3-8-19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 04/04/2019
Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company
Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
Type Notification
☐ Initial
☒ Amended
☐ Amendment #01
☐ Emergency (including justification)
☐ Cancellation
Street Address
974 Centre Road P.O. Box 2915
City, State, Zip Code
Wilmington, DE 19805
Name of Contact
Bryan Mumink
Telephone Number
856-276-9224

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Chambers Works - Building 1237
Street Address
Canal Road
City (5)
Deepwater
County (6)
Salem
County Code (7) ____________________________ (STATE USE ONLY)
Square Feet
9000
# of Floors
1
Bldg. Age
50+
Current Use (Prior if being demolished)
Chemical Plant
Name of Monitoring Firm Hired by Building Owner (8)
Harvard Environmental Inc.
ASCM No.
Name of Abatement Contractor (9)
Brandenburg Industrial Service Company
Street Address
760 Pulaski Highway
City, State, Zip Code
Bear, DE 19701
Name of OSHA Monitor
Brandenburg
Project Manager for Monitoring Firm
JT Morrison
Telephone No.
302-326-2333
Telephone No.
610-691-1800
License No.
00721
Start Date (10)
03/19/2019
Scheduled Completion Date (11)
06/27/2019
Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other - Describe: DEMO-04/19/2019-06/27/2019
Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☒ No ☐ N/A
Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
Throughout ☒
Floor Tile & Mastic 2800 SF ☒
Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure
Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 17273
Name of Registered Landfill
Salem County Improvement Authority
Waste Management of NJ
Cubic Yards of Waste
30
Disposal Date
4/30/19-6/30/19
City, State
Camden, NJ
Alloway NJ
City, State
Completed by
Stephen Carne
Title
Environmental Manager
Signature
Date 04/04/19

* 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)
04 / 03 / 19

Name of Building Owner/Operator (2)
Woodland Park Associates LLC

Agencies Notified

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

Type Notification

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

Street Address
1 Kalissa Way, Suite 301

City, State, Zip Code
Paramus, NJ 07652

Name of Contact
Dick Oakley

Telephone Number
201-262-4142

FACILITY INFORMATION

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

Street Address
75 Andrews Drive

City (5)
Woodland Park

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Mark Jovic Consulting LLC

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
87 Main Street, Suite A

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone No.
973-650-0932

License No.
1188

Surveyor Name
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Mark Jovic

Start Date (10)
04 / 13 / 19

Scheduled Completion Date (11)
04 / 27 / 19

Name of OSHA Monitor

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

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

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)

Amount (Specify SF or LF)
112 LF

Abatement Type

Endcaps

Location of
Asbestos-Containing Material (ACM)

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

Name of Registered Waste Hauler
Century Waste

Name of Registered Landfill
GROWS North Landfill / Fairless

City, State
Elizabath, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Name of Registered Waste Hauler ID No.
NJDPEP Waste Hauler ID No. 32787

Cubic Yards of Waste As Needed

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
4/3/19

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

**Date of Notification:** 04/03/19

**Agency Notified:**
- [X] EPA
- [X] DOLWD
- [X] DOH
- [☐] DCA (NJAC 5:23-8)

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

**Name of Building Owner/Operator:** Woodland Park Associates LLC

**Street Address:**
1 Kalisa Way, Suite 301

**City, State, Zip Code:** Paramus, NJ 07652

**Name of Contact:** Dick Oakley

**Telephone Number:** 201-262-4142

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Address:** 77 Andrews Drive

**City:** Woodland Park

**County:** Passaic

**Current Use:**
- [☐] [STATE USE ONLY]
- [☐] [CURRENT USE]

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

- [☐] Mark Jovic Consulting LLC

**SCM No.:**

**Name of Abatement Contractor:**

- [☐] ALL PRO MANAGEMENT LLC

**Street Address:** 87 Main Street, Suite A

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

**Project Manager for Monitoring Firm:**

- [☐] Mark Jovic

**Telephone No.:** 973-650-9332

**License No.:** 1188

**Start Data:**

- [☐] 04/13/19
- [☐] 04/27/19

**Scheduled Completion Date:**

- [☐] 04/27/19

**Occupy 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:**

- [☐] ≥3 sf or ∓3 ft
- [☐] ≥160 sf or ≥260 ft
- [☐] Renovation
- [☐] Demolition

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

- [☐] IN Facility

**Location Normally Used Solely by Maintenance/Custodial Staff:**

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

- [☐] i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous

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

- [☐] 800 SF

**Location of Registered Waste Hauler:**

- [☐] N/J/DEP Waste Hauler ID No. 32797

**Cubic Yards of Waste As Needed:**

**Name of Registered Landfill:**

- [☐] GROWS North Landfill / Fairless

**City, State:** Elizabeth, NJ

**Disposal Date:**

- [☐] TBD

**Name of Registered Waste Hauler:**

- [☐] Allen Monchik

**Title:** Project Manager

**Signature:**

**Completed By:**

- [☐] Allen Monchik

**Date:**

- [☐] 4/3/19

*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)
April 5, 2019

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (including Justification)
☐ Cancellation

Street Address
GSP Interchange 145 Central Ave Bridge

City, State, Zip Code
East Orange, NJ 07017

Name of Contact
Dan Wenger

Telephone Number
7327505300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
GSP Interchange 145 Central Ave Bridge

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

Street Address
GSP Interchange 145 Central Ave Bridge

City (5)
East Orange

County Code (7)
Essex

County Code (7)
(NOTE USE ONLY)

Square Feet
N/A

# of Floors
Bldg. Age

Current Use (Prior if being demolished)
Bridge Utilities

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

Name of Abatement Contractor (9)
George Harms Construction Co., Inc.

Street Address
62 Yellowbrook Road

City, State, Zip Code
Howell, NJ 07731

Project Manager for Monitoring Firm

Telephone No.
732-751-2089

License No.
01055

Start Date (10)
April 1, 2019

Scheduled Completion Date (11)
April 19, 2019

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Bridge / Road Reconstruction & Demolition

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

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

In Facility (13)

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endoscope

Water Main
X
TSI Wrap
240 LF
X

Gas Main
X
Bituminous Pipe Coating
240 LF
X

Name of Registered Waste Hauler
George Harms Construction Co., Inc.

N.J/DEP Waste Hauler ID No.
05885

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management

City, State
Howell, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Sam Hahn
Title
Project Engineer

Signature

Date
4/5/2019

* 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)
April 5, 2019

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
GSP Interchange 145 East Passaic Ave Bridge

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Dan Wenger
Telephone Number
7327505300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
GSP Interchange 145 East Passaic Ave Bridge

Type of Facility (4)
○ School (K-12)
○ Subchapter 9 (Other than K-12)
○ Other (i.e. private & commercial buildings, homes, etc.)

Street Address
GSP Interchange 145 East Passaic Ave Bridge

City (5)
Nutley

County Code (7) (STATE USE ONLY)

Square Feet
N/A

# of Floors
Eldg. Age

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

ASCM No.

Name of Abatement Contractor (9)
George Harms Construction Co., Inc.

Street Address
52 Yellowbrook Road

City, State, Zip Code
Howell, NJ 07731

Project Manager for Monitoring Firm

Telephone No.
732-751-2089

License No.
01055

Start Date (10)
April 15, 2019

Scheduled Completion Date (11)
May 3, 2019

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 30 sf
- ≥ 1600 sf or ≥ 2600 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Underbridge Transite Duct

Transite Duct Bank

175 LF

X

Name of Registered Waste Hauler
George Harms Construction Co., Inc.

NJDEP Waste Hauler ID No.
05885

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management

City, State
Howell, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Sam Hahn
Title
Project Engineer

Signature

Date
4/5/2019

* 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 8:80 and 12:120)

**Check # 25836**

**Date of Notification (1)**  
3/18/2019

**Name of Building Owner/Operator (2)**  
St. Peter's Church

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL</td>
<td>Initial</td>
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<td>Amended</td>
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<td></td>
<td>Emergency (including justification)</td>
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<td></td>
<td>Cancellation</td>
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</tbody>
</table>

**Street Address**  
406 Forman Ave.

**City, State, Zip Code**  
Point Pleasant Beach, NJ 08742

**Name of Contact**  
Father Pedro

**Telephone Number**  
(732) 892-0049

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**  
St. Peter's School

**Street Address**  
415 Atlantic Ave.

**City (5)**  
Point Pleasant Beach, NJ 08742

**County (6)**  
Ocean

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
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<tbody>
<tr>
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<td></td>
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</table>

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

**Square Feet**  
60,000

**# of Floors**  
2

**Bidg. Age**  
50 +/-

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

**Name of Monitoring Firm Hired by Building Owner (6)**  
Environmental Tactics

**ASCM No.**

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

**Street Address**  
PO Box 322

**City, State, Zip Code**  
Metawaan, NJ 07747

**Telephone No.**  
732 290-2217

**License No.**  
00493

**Start Date (10)**  
4/18/2019

**Scheduled Completion Date (11)**  
4/29/2019

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
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**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)**  
- [ ] ≥ 2,000 sf or ≥ 2,000 ft²
- [x] ≥ 160 sf or ≥ 260 ft²
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### ASBESTOS-CONTAINING MATERIAL (ACM)

**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 (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>[ ]</td>
<td>Boiler Insulation</td>
<td>400 sf</td>
<td>X</td>
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<tr>
<td>Boiler Room</td>
<td>[ ]</td>
<td>Pipe Insulation</td>
<td>24 ft</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>[ ]</td>
<td>VAT</td>
<td>875 ft</td>
<td>X</td>
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<tr>
<td>Boiler Room</td>
<td>[ ]</td>
<td>Pipe Joints</td>
<td>25 ft</td>
<td>X</td>
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</table>

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

**NJDEP Waste Hauler ID No.**  
18292

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Morrisville, PA

**Disposal Date**  
4/29/2019

**Completed by**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**

**Date**  
4/5/2019

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

Date of Notification (1) 3/18/2019

Name of Building Owner/Operator (2) Sieman

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

Street Address 10 Baldwin Drive
City, State, Zip Code New Providence, NJ 07974
Name of Contact Dr. Robert Seiman Telephone Number (908) 464-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Medical Office

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

Square Feet 60,000
# of Floors 2
Bldg. Age 50 +/-

Current Use (Prior if being demolished)

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

ASCM No. Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address PO Box 341
City, State, Zip Code Chesterfield, NJ 08515

Telephone No. 732 290-2217
License No. 00493

Project Manager for Monitoring Firm
Thomas Geiger

Work Address PO Box 322
City, State, Zip Code Allentown, NJ 08501

Telephone No. 609 259-9688

Start Date (10) Scheduled Completion Date (11)
4/17/2019 4/19/2019

Name of OSHA Monitor
MECS

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

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)

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, facing, VLT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Endorse

Basement X Pipe Insulation Debris 5 sf X
Crawl Space X Thermal Pipe Insulation 12 lf X

Name of Registered Waste Hauler
Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292
Cubic Yards of Waste 1
Name of Registered Landfill
Fairless/Landfill

City, State Allentown, NJ
Disposal Date 4/22/2019
City, State Morristown, PA
Completed by Mahlon E. Stevens Title Project Manager
Signature Date 4/5/2019

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

Date of Notification (1)
04/05/2019

Name of Building Owner/Operator (2)
Warren Township Schools

Agencies Notified
\[ \begin{array}{ll}
\text{X} & \text{EPA} \\
\text{X} & \text{DEP} \\
\text{X} & \text{DOH} \\
\text{X} & \text{DCA} \\
\end{array} \]

Type Notification
\[ \begin{array}{ll}
\text{X} & \text{Initial} \\
\end{array} \]

Street Address
213 Mount Horeb Road

City, State, Zip Code
Warren, New Jersey 07059

Name of Contact
Michael Pete

Telephone Number
908-753-6300

Name of Facility Where Abatement is Taking Place (3)
Mount Horeb Elementary School

County (6)
Somerset

County Code (7)
57682

Type of Facility (4)
\[ \begin{array}{ll}
\text{X} & \text{Subchapter 8 (Other than K-12)} \\
\end{array} \]

Square Feet
57682

# of Floors
1

Bldg. Age
54

Current Use (Prior if being demolished)
Educational

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

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group Inc.

Street Address
1253 North Church Street

City, State, Zip Code
Mooresylvania, New Jersey 08057

Telephone No.
856-840-8800

License No.
01084

Name of OSHA Monitor
GL Group Inc.

Start Date (10)
04/15/2019

Scheduled Completion Date (11)
04/19/2019

Facility Closed/Vacated During Entire Period of Abatement
\[ \begin{array}{ll}
\text{X} & \text{Yes} \\
\end{array} \]

Abatement Performed Outside of Normal Facility Hours
\[ \begin{array}{ll}
\text{X} & \text{No} \\
\end{array} \]

Scope of Work (Check All That Apply)
\[ \begin{array}{ll}
\text{X} & \text{Renovation} \\
\text{X} & \text{Demolition} \\
\text{X} & \text{Glovebag Procedure} \\
\text{X} & \text{Non-Exempted (*) and Non-Friable Procedure} \\
\end{array} \]

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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Breaching Insulation</td>
<td>375 SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Fitting Insulation 2*</td>
<td>75 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GL Group Inc.

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva

City, State, Zip Code
Bloomingdale, NJ

Completed by
Elena Solakov
Title
President
Signature
Date
04/05/2019

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

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

**State of New Jersey**

**Date of Notification (1)**
04.03.2019

**Name of Building Owner/Operator (2)**
Watchung Hills Regional Board Of Education

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

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

**Street Address**
108 Stirling Road

**City, State, Zip Code**
Warren, NJ 07059

**Name of Contact**
N/A

**Telephone Number**
908-647-4800

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Watchung Hills Regional High School

**City (5)**
Warren, NJ 07059

**County (6)**
Somerset County

**County Code (7)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Ahara Consultants Inc.

**Name of Abatement Contractor (9)**
Spes Contracting LLC

**Street Address**
PO Box 385

**City, State, Zip Code**
Oceanville NJ 08231

**Project Manager for Monitoring Firm**
James Hall

**Telephone No.**
609-652-1883

**Start Date (10)**
04.12.2019

**Scheduled Completion Date (11)**
04.19.2019

**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] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Girls Coach's Office Closet</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>15SF</td>
</tr>
<tr>
<td>03 Girls Coach's Office Closet</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>95SF</td>
</tr>
<tr>
<td>20 Boys Coach's Office</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>117SF</td>
</tr>
<tr>
<td>28 Boys Equipment Storage</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>131SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Spes Contracting LLC

**Cubic Yards of Waste**
1.5CY

**Name of Registered Landfill**
Fearless Landfill

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

**Disposal Date**
TBD

**Completed by**
Branislav Pavlov

**Title**
project manager

**Signature**

**Date**
04.03.2019

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

**Date of Notification (1):** 04.03.2019

**Name of Building Owner/Operator (2):** Watchung Hills Regional Board Of Education

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>108 Stirling Road</td>
<td>Warren, NJ 07059</td>
<td>N/A</td>
<td>908-847-4800</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Watchung Hills Regional High School
- **Street Address:** 108 Stirling Road
- **City:** Warren
- **County:** Somerset County
- **Square Feet:** 355000
- **# of Floors:** 1
- **Bldg. Age:** 1957
- **Current Use (Prior if being demolished):** Renovation

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

**Name of Abatement Contractor (9):** Specs Contracting LLC

**Street Address:** 164 Merline Ave Unit C

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

**Telephone No.:** 973-807-6330

**License No.:** 01383

**Name of OSHA Monitor:** Specs Contracting LLC

**Street Address:** 164 Merline Ave Unit C

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

**Telephone No.:** 973-807-6330

**License No.:** 01383

**Name of OSHA Monitor:** Specs Contracting LLC

**Street Address:** 164 Merline Ave Unit C

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

**Telephone No.:** 973-807-6330

**License No.:** 01383

**Name of OSHA Monitor:** Specs Contracting LLC

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
</tr>
<tr>
<td>160 sf or 2260 if</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location Of Asbestos-Containing Material (ACM)</th>
<th>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>Area 118 Custodial Closet</td>
<td>X</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>15SF</td>
<td></td>
</tr>
<tr>
<td>Area 30 Boys Gym Exit Vestibule</td>
<td>X</td>
<td>Ceiling Tile - Glue Daubs</td>
<td>326SF</td>
<td></td>
</tr>
<tr>
<td>15 Rm - School Store</td>
<td>X</td>
<td>5&quot; Tan/Black Tile</td>
<td>40SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Spes Contracting LLC

**NJDEP Waste Hauler ID No.:** 0038075

**Cubic Yards of Waste:** 1.5CY

**Name of Registered Landfill:** Fearless Landfill

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

**Disposal Date:** TBD

**Completed by:** Branislav Pavlov
**Title:** project manager
**Signature:**
**Date:** 04.03.2019

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

State of New Jersey

Date of Notification (1) 4/5/19

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

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

Name of Building Owner/Operator (2)
The Church of the Devine Mercy

Street Address
233 Adeline Street
Trenton, NJ 08611

Name of Contact
Msgr. Thomas Gervasio
Telephone Number
609-393-4826

Name of Facility Where Abatement is Taking Place (3)
The Foundation Collegiate Academy

FACILITY INFORMATION

Street Address
22 Grand Street
Trenton, NJ 08611

County (8)
Camden

Square Feet
24,000

# of Floors
3

Bldg. Age
100 Years

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

Current Use (Prior to being demolished)
Educational/Religious Center

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
98 Lacruce Ave, Suite 110
Glen Mills, PA 19342

Name of OSHA Monitor
Associated Specialty Contracting

Street Address
98 Lacruce Ave,
Glen Mills, PA 19342

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

ASCN No.
0021

Name of Person Responsible for Monitoring
Eric Sutherland

Telephone No.
610-891-0114

Project Manager for Monitoring Firm

Start Date (10)
4/19/19

Scheduled Completion Date (11)
5/3/19

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

Scope of Work (Check All That Apply)
- ≥ 30 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

- VAT/Mastic
- pipe fittings wrap and cut

Amount (Specify SF or LF)
600 sf
20 ea

Abatement Type
- Removal
- Repair
- Encapsulate
- Endoscope

Name of Registered Waste Hauler
Mercer Group International

City, State
1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637

Disposal Date

Name of Registered Landfill
Tulleytown Resources Recovery Landfill

City, State
Tulleytown, PA

Completed by
Jack Tomasaura
Sr. Estimator

Signature

Date 4/5/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:50-12.120)

Date of Notification (1) 4/3/2019

Name of Building Owner/Operator (2) J. SUPOR REALTY LLC

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

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

Street Address 500 SUPOR BLVD.

City, State, Zip Code HARRISON, NJ 07029

Name of Contact MARK A. TRIANO

Telephone Number 201-208-6119

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
OFFICE BUILDING

Street Address 500 SUPOR BOULEVARD

City (5)  
HARRISON

County (6)  
HUDSON

County Code (7) N/A  
(STATE USE ONLY)

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

ASCM No. N/A

Name of Abatement Contractor (9)  
TWO BROTHERS CONTRACTING, INC.

Street Address 11 VREELAND AVENUE

City, State, Zip Code TOTOWA, NJ 07512

Project Manager for Monitoring Firm  

Telephone No. 973-956-8700

License No. 00494

Start Date (10)  
4/13/2019

Scheduled Completion Date (11)  
4/16/2019

Name of OSHA Monitor SAME AS (9) ABOVE

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

Other – Describe: N/A

Scope of Work (Check All That Apply)  
- [x] ≥ 3 sq ft or ≥ 3 if
- [ ] ≥100 sq ft or ≥260 if
- [x] 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)  
- [x] Yes  
- [ ] No  
- [ ] N/A

BASEMENT  
PIPE (WRAP & CUT ONLY)  
30 LF

Amount (Specify SF or LF) N/A

Abatement Type  
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Most

Location of Registered Waste Hauler  
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No. 18743

Name of Registered Landfill  
WASTE MANAGEMENT G.R.O.W.S.  
MORRISVILLE, PA

City, State  
TOTOWA, NJ

Completed by  
VIVECA RAMOS  
PROJECT COORDINATOR

Signature  
4/3/2019

ASB-41 (R-06-08)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-2-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MARIO CRECE</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MARGATE, N.J</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Age</td>
<td>50+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MARGATE, N.J</td>
</tr>
</tbody>
</table>

Project Manager for Monitoring Firm

| Start Date (10) | 4-12-19 |
| Scheduled Completion Date (11) | 4-22-19 |

Occuancy Status During Abatement (Check only one):

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

Scope of Work (Check all that apply):

- Demolition
- Renovation

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE 2000 SE</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>[redacted]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Asbestos Waste Hauler</th>
<th>KLEMCHE INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

| Disposal Date | [redacted] |
| City, State | PLEASANTVILLE, N.J |

Completed By

<table>
<thead>
<tr>
<th>Name</th>
<th>Michael Yelena</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PRES</td>
</tr>
</tbody>
</table>

Signature

<table>
<thead>
<tr>
<th>Date</th>
<th>4-2-19</th>
</tr>
</thead>
</table>

This form is for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification**: 4-2-19

**Name of Building Owner/Operator**: Tom Welsh Builder

**Street Address**: 661 Pomona Ave

**City, State, Zip Code**: Haddonfield, N.J. 08033

**Name of Contact**: Tom

## FACILITY INFORMATION

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

**Type of Facility**: Vacant

**Square Feet**: 1000

**# of Floors**: 1

**Bldg Age**: 50+

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

**Name of Monitoring Firm Hired by Building Owner**: N/A

**Name of Abatement Contractor**: Klemco Inc

**Street Address**: 369 S Spruce Ave

**City, State, Zip Code**: Maple Shade, N.J. 08052

**Telephone No.**: 856-779-0022

**License No.**: 01371

## Scope of Work

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

## Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>N/A</td>
<td>TRANSITE</td>
<td>1250 SQ FT</td>
</tr>
</tbody>
</table>

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

**City, State**: Maple Shade, N.J.

**Cubic Yards of Waste**: 3

**Disposal Date**: 7-9-04

**Name of Registered Landfill**: Woodbine

**City, State**: Salem, N.J.

**Completed By**: Michael Klemm

**Title**: Sup.

**Signature**: Klemm

**Date**: 4-2-19

---

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

Date of Notification (1) 4/4/19

Name of Building Owner/Operator (2)
BOARD OF TRUSTEES-ATL COMMUNITY COLLEGE

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

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

Street Address
5100 BLACK HORSE PIKE

City, State, Zip Code
MAYS LANDING, NJ 08330

Name of Contact
Telephone Number
609 625-1111

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ATLANTIC CAPE COMMUNITY COLLEGE BLDG A

Street Address
5100 E BLACK HORSE PIKE

City (5)
MAYS LANDING

County (6)
ATLANTIC

County Code (7)(STATE USE ONLY) N/A

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
>50,000

# of Floors

Bldg. Age
55

Name of Monitoring Firm Hired by Building Owner (6)
BRINKERHOFF ENVIRONMENTAL SER

ASCM No.
00100

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1805 ATLANTIC AVENUE

City, State, Zip Code
MANASQUAN NJ 08736

Project Manager for Monitoring Firm
GARY W. FLEMMING

Telephone No.
732 223-2225

Telephone No.
215 322-2900

License No.
00783

Start Date (10)
5/27/19

Scheduled Completion Date (11)
6/3/19

Name of OSHA Monitor
N/A

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

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclose

Location of Registered Waste Hauler
SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OHIO

Completed By (Print or Type)
CHRISTINE DEL VISCIO
Title
ASST. ADMINISTRATOR

Signature

Date
4/4/2019

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

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

**Name of Building Owner/Operator:**
Henry Dobbselaar

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

**Name of Abatement Contractor:**
Polmax Corporation

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

**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)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes / No: N/A</td>
<td>pipe insulation</td>
<td>15</td>
</tr>
</tbody>
</table>

**Location:**
- 623 Dowd Ave, Elizabeth NJ

**Name of Registered Waste Hauler:**
Polmax Corporation

**Name of Registered Landfill:**
Grows Landfill

**Cubic Yards of Waste: 1/2**

**Disposal Date:**
tbd

**City:**
Morrisville PA

**Date:**
April 2, 2019

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
10 14 02 11 19

Name of Building Owner/Operator (2)
Robert Eichberger

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ Amendment
☒ DOH
☐ Cancellation

Type Notification
☒ Initial

Street Address
[redacted]

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Irina Grobman

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Robert Eichberger

Street Address
[redacted]

City (5)
Bloomfield, NJ 07003

County (6)
Essex

County Code (7)

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973) 686-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
04/12/2019

Sched. Completion Date (11)
04/13/2019

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition
☒ Renovation

☐ Full Containment w/negative pressure
☒ Glovebag procedure

☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove
Repair
Encap
Enc.

window well area in basement
[redacted]

pipe insulation
2 lf

electric panel room
[redacted]

pipe insulation
12 lf

outside boiler room
[redacted]

pipe insulation
1 lf

Boiler room
[redacted]

pipe insulation
3 lf

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
04/15/2019

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature

Date
04/02/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 4 / 3 / 19
Name of Building Owner/Operator: Mike Wilson
State of NJ Department of Treasury / Job #1810-5404 Check#11165
APR - 8 2019

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

Street Address
50 Barrack Street
City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Mike Wilson
Telephone Number
609-512-2345

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 125 West State Street
Street Address
Trenton, NJ
City (5)

County (6)
Mercer
County Code (7)(STATE USE ONLY)

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

Name of Abatement Contractor: AbateTech, Inc.
Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Vijay Patel
Telephone No.
973-560-4900

License No.
609-265-2107

Start Date (10)
4 / 12 / 19
Scheduled Completion Date (11)
4 / 26 / 19

Name of OSHA Monitor
EMSL Analytical
Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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

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

TO BE ABATED IN Facility (13)

Exterior

Throughout

Name of Registered Waste Hauler
AbateTech, Inc.
NJ/DEP Waste Hauler ID No.
18750
Cubic Yards of Waste
40
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Lumberton, NJ
Disposal Date
4/26/19
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date
4/3/19

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

Date of Notification (1) 4 / 19

Date of Certification (2) 4 / 19

Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1903-5454 Check #11168

Agency Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-6)

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

Street Address
10 Legion Place - Building A

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
John Beirne

Telephone Number
609-444-9922

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (5)
NA

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
4 / 19

Scheduled Completion Date (11)
4 / 19

Name of Project Manager for Monitoring Firm

Telephone No.

License No.

Scope of Work (Check all that apply)

☐ ≥ 2600 LF

☐ ≥ 1600 LF or ≥ 2600 LF

☐ ≥ 3 if

☐ ≥ 3 if or ≥ 2600 LF

☐ Full Containment with Negative Pressure

☐ Renovation

☐ Demolition

☐ Non-Enclosure

☐ Glovebag Procedure

☐ Enclosure (*) and Non-Friable Procedure

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-PM

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

IN Facility

(13)

(12)

(14)

(15)

(16)

(17)

(18)

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

Encapsulation

Endorse

Location

Is Location Normally Used Solely by Maintenance/Custodial Staff?

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

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

Disposal Date
4/19/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Operations Coordinator

Signature

Date
4-3-19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/02/2019</th>
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</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
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<tr>
<td>EPA</td>
<td>X</td>
</tr>
<tr>
<td>DEP</td>
<td>X</td>
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<tr>
<td>DOL</td>
<td>X</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Orange NJ 07079</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kenneth Baris</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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</tr>
<tr>
<td>Residence</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City (6)</td>
<td>South Orange</td>
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<td>County Code (7)</td>
<td>Essex</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
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<tr>
<td>Square Feet</td>
<td>4,193</td>
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<td># of Floors</td>
<td>3</td>
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<tr>
<td>Bldg. Age</td>
<td>125</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>A. Seine Lighthouse Solutions</td>
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<tr>
<td>ASCM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Brinks Tank Services</td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Sarah Calandra</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-349-2666</td>
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<tr>
<td>Start Date (10)</td>
<td>04/12/2019</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>05/03/2019</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other – Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
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<tr>
<td>≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sq ft or ≥260 if</td>
<td></td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</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>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (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 wrap</td>
<td>170 LF</td>
<td>x</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Newark Carting</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>East Orange, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management Landfill</td>
</tr>
</tbody>
</table>

| Completed by                   | Allison Lamers          |
| Title                           | Office Manager          |
| Signature                      |                         |
| Date                            | 04/02/2019              |

* 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)
4/1/19

Agency Notified Type Notification
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Name of Building Owner/Operator (2)
Carlos Sanchez

Street Address

City, State, Zip Code
Hillside, NJ 07205

Name of Contact
Carlos Sanchez

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Hillside, NJ 07205

County (6)
Union

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
206 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
9738324244

License No.
01379

Start Date (10)
4/11/19

Scheduled Completion Date (11)
4/18/19

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)
☒ ≥24 sf or ≥24 if
☐ ≥100 sf or ≥260 if
☐ Renovation
☒ Demolition

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

<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 SP or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☒</td>
<td>Pipe Insulation</td>
<td>25 lf</td>
<td>☒</td>
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</table>

Name of Registered Waste Hauler
Academy Construction Inc.

City, State
Totowa, NJ

Disposal Date
tbd

City, State
Morrisville, PA

Completed by
John Geleski

Title
PM

Signature

Date
4/1/19

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4/2/19

Name of Building Owner/Operator (2) Hillsdale Associate LLC

Name of Facility Where Abatement is Taking Place (3) Hillsdale Associate LLC

Street Address 75 Patterson Street

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

City, State, Zip Code Hillsdale, NJ, 07642

Name of Contact John Vettoso Telephone Number 201-664-7270

FACILITY INFORMATION

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

ASCM No. N/A

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

City Address 86 Christopher St.

License Number 00371

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of OSHA Monitor N/A

Project Manager for Monitoring Firm N/A

Telephone Number (973) 744-8800

Scheduled Start Date (10) 04-16-19

Sched. Completion Date (11) 04-18-19

Month Day Year Month Day Year

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

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off- Hours Describes:
[ ] Other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply)
[X] 2 sf or >2 lf
[ ] 160 sf or >260 lf

[X] Renovation
[ ] Demolition

[X] Full Containment with Negative Pressure
[X] Mini Enclosure
[ ] Glove-bag Procedure
[ ] Non-Friable Procedure

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

Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulat. Removal

Reminder: If Abatement Type is more than one, check all applicable options.

Basement X Duct Insulation 70 SF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Name of Registered Landfill Tri-State

City, State Montclair, NJ 07042

Disposal Date 04/19/18

City, State Bronx, NY, 10474

Completed By (Print or Type) Constantine Vivian President

Signature Date 4/2/19
# State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:12A-7)

<table>
<thead>
<tr>
<th>GAC Project #</th>
<th>060-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>April 2, 2019</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
<tr>
<td>Location</td>
<td>SchooL OF DENTAL MEDICINE, BLDG# 7253</td>
</tr>
<tr>
<td>Street Address</td>
<td>RBHS NEWARK CAMPUS</td>
</tr>
<tr>
<td>City</td>
<td>NEWARK</td>
</tr>
<tr>
<td>County</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>3 TERRI LANE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BURLINGTON, NJ 08016</td>
</tr>
<tr>
<td>Project Manager</td>
<td>BRIAN R. KEARNEY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-386-8800</td>
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<tr>
<td>Scheduled Start Date</td>
<td>04/12/2019</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility</td>
<td>D-LEVEL 800 SUITE</td>
</tr>
<tr>
<td>Name of Hauler</td>
<td>See Hauler Below #1 &amp; 2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>15 CY</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>04/15/2019</td>
</tr>
<tr>
<td>City, State</td>
<td>BURLINGTON, NJ 08016</td>
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<tr>
<td>County</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>3 TERRI LANE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BURLINGTON, NJ 08016</td>
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<tr>
<td>Project Manager</td>
<td>BRIAN R. KEARNEY</td>
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<tr>
<td>Scheduled Start Date</td>
<td>04/12/2019</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility</td>
<td>D-LEVEL 800 SUITE</td>
</tr>
<tr>
<td>Name of Hauler</td>
<td>See Hauler Below #1 &amp; 2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. North Landfill</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>15 CY</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>04/15/2019</td>
</tr>
<tr>
<td>City, State</td>
<td>BURLINGTON, NJ 08016</td>
</tr>
</tbody>
</table>

| Name of Facility Where Abatement is Taking Place | SCHOOL OF DENTAL MEDICINE, BLDG# 7253 |
| Street Address | RBHS NEWARK CAMPUS |
| City | NEWARK |
| County | ESSEX |
| Name of Contractor | GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Address | 3 TERRI LANE |
| City, State, Zip Code | BURLINGTON, NJ 08016 |
| Project Manager | BRIAN R. KEARNEY |
| Telephone Number | 609-386-8800 |
| Scheduled Start Date | 04/12/2019 |
| Occupancy Status During Abatement | Facility Closed/Vacated During Entire Period of Abatement |
| Location of Asbestos-Containing Material (ACM) in Facility | D-LEVEL 800 SUITE |
| Name of Hauler | See Hauler Below #1 & 2 |
| Name of Registered Landfill | G.R.O.W.S. North Landfill |
| Cubic Yards of Waste | 15 CY |
| Disposal Date | 04/15/2019 |
| City, State | BURLINGTON, NJ 08016 |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) April 2, 2019

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

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4118, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MEDICAL SCIENCE BLDG, BLDG# 7257

Street Address
RBHS NEWARK CAMPUS

City (5) NEWARK County (6) ESSEX County Code (7) ASCM No. 00098

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

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

Sq. Feet N/A # of Floors 8 Bldg. Age 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
511 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD, BLDG# 35E

City, State, Zip Code
FAIRLAWN, NJ 07410

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

Other: Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)

•> 3 sf or >3 lf
•≤ 160 sf or ≥ 260 sf

Renovation Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13)
G634 Suite VAT

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove bag Procedure / Wrap & Cut
Non-Exempted (*) and Non-Friable Procedure

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

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 10 CY

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

Disposal Date 04/15/2019

City, State, Zip Code
109 New Ford Mill Rd, Morrisville, Pa 19067

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title SENIOR PROJECT MANAGER

Signature Raymond C. Pedalino

Date April 2, 2019

Copies To: Rutgers, REHS, Att: Mike Smith and ATC, Att: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
03/27/2019

Name of Building Owner/Operator (2)
[Redacted]
Residence
[Redacted]

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

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

Street Address
[Redacted]

City, State, Zip Code
Fort Lee, NJ 07024

Name of Contact
Nassar Shabo
Telephone Number
[Redacted]

FACILITY INFORMATION

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

Street Address
[Redacted]

City (6)
Fort Lee

County (6)
Bergen

County Code (7)
[STATE USE ONLY] __________

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

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2866

License No.
01316

Start Date (10)
04/09/2019

Scheduled Completion Date (11)
04/30/2019

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

Scope of Work (Check All That Apply)
☐ ≥ 3,000 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (12)

Older Building Material
☐ Yes
☐ No
☐ N/A

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room (basement)</td>
<td>pipe insulation</td>
<td>166 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>pipe wrap</td>
<td>50 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting
NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

Disposal Date
City, State
Penn Argyle, PA

Completed by
Alison Lamers
Title
Office Manager
Signature

Date
03/27/2019

*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):
4/1/2019

Name of Building Owner/Operator (2):
Dean Cerion

Agencies Notified:

- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

Street Address:

City, State, Zip Code:
West Orange NJ 07052

Name of Contact:
Dean Cerion

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Dean Cerio’s Residential

Street Address:

City (5):
West Orange NJ 07052

County (6):
Essex

County Code (7):

(State Use Only)

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

ASCM No.:

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

Street Address:
105 Van Riper Avenue

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.:
201-899-9008

License No.:
01336

Start Date (10):
4/15/2019

Scheduled Completion Date (11):
4/30/2019

Occupy 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] <300 sf or <30 if
- [ ] 1600 sf or 2800 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>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>Basement</td>
<td>X</td>
<td>Pipe insulation</td>
<td>27 If</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Plaster ceiling</td>
<td>412 sf</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI Asbestos Wrapping</td>
<td>130 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
MKD Property Maintenance LLC

NJDEP Waste Hauler ID No.:
0037991

Cubic Yards of Waste:

Name of Registered Landfill:
Waste Management/ Fairless

City, State:
105 Van Riper Avenue Clifton NJ 07011

Disposal Date:

City, State:
Morrisville, PA 19067

Completed by:
Darko Raloski
Title:
Project Manager
Signature:

Date:
4/1/2019

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

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

**Date of Notification (1)**
4/4/19

**Name of Building Owner/Operator (2)**
Steven Holz Jr. Tansboro Rd Investments

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

**Type Notification**
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

**Street Address**
PO Box 179

**City, State, Zip Code**
Medford NJ 08055

**Name of Contact**
Steve

**Telephone Number**
609-882-0151

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Berlin NJ 08099

**County (6)**
Camden

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

**ASCM No.**

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

**Street Address**
PO Box 329

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

**Project Manager for Monitoring Firm**

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

**License No.**
00727

**Start Date (10)**
4/4/19

**Scheduled Completion Date (11)**
4/6/19

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 If
- ≥150 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable 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)**
unknown

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Endorsement

**Name of Registered Waste Hauler**
G.R.O.W.S.

**Horizon Disposal Ser**
10416

**Cubic Yards of Waste**
10

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

**Disposal Date**
4/8/19

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
4/4/19

---

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

Date of Notification (1)
04/02/19

Name of Building Owner/Operator (2)
Jean Aires

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

Street Address City, State, Zip Code
Wayne, NJ 07470

Name of Contact Telephone Number
Jean Aires

FACILITY INFORMATION

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

Street Address

City (5)
Wayne

County (6)
Passaic

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

Square Feet
2,000 +

# of Floors
2 +

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)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No.

Telephone No.
973-628-9200

License No.
00408

Start Date (10)
04/11/19

Scheduled Completion Date (11)
04/14/19

Name of OSHA Monitor
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

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)

X ≥ 3 sf or ≥ 3 if
X ≥ 160 sf or ≥ 260 if
Removal
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
Removal
Repair
Encapsulate
Endure

Location
Basement
Pipe Insulation
35 LF
X

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
2

Name of Registered Landfill
Grand Central Landfill

City, State
Wayne, New Jersey

Completed by
Jerry Bilello
Project Manager

Signature

Date
04/02/19

* 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:** 4/3/19

**Name of Building Owner/Operator:** Ms. Pearl Pauresa

**Street Address:**

**City, State, Zip Code:** Bergenfield, N.J. 07621

**Name of Contact:** Ms. Pauresa

**Telephone Number:**

### FACILITY INFORMATION

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

**Street Address:** Ms. Pearl Pauresa

**City:** Bergenfield

**County:** Bergen

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

**Type of Facility:**

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

**Square Foot:** 2,000

**# of Floors:** 2

**Bldg. Age:** 1945

**Type of Abatement Contractor:** Best Removal Inc

**Street Address:** 450 South River St

**City, State, Zip Code:** Hackensack, N.J. 07601

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental

**Street Address:** 280 Huyler St

**City, State, Zip Code:** Hackensack, N.J. 07606

### Scope of Work

- 2,000 ft² or 2,000 ft²
- 1,500 ft² or 1,500 ft²
- 1,000 ft² or 1,000 ft²
- 500 ft² or 500 ft²

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

- Baseline

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

- Yes
- No
- N/A

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

- VAT

**Amount (SF or LP):** 50 SF

### Registered Waste Hauler

**Name:** Best Removal Inc

**NJDEP Waste Hauler ID No.:** 17109

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

**City, State:** Hackensack, N.J. 07601

**Disposal Date:** 4/29/19

**City, State:** Waynesburg, Oh. 44688

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:**

**Date:** 4/3/19

---

* 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) 4/3/19

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

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

Name of Building Owner/Operator (2)
MR. L. BEIRNE

Street Address
[A]4/[B]5

City, State, Zip Code
HAWORTH, NJ 07641

Name of Contact
MR. BEIRNE

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MR. L. BEIRNE

Street Address

City (6)
HAWORTH

County (6)
BERGEN

County Code (7) (STATE USE ONLY)

Square Feet
1800

# of Floors
2

Bldg. Age
1935

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

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St

City, State, Zip Code
HACKENSACK, N.J. 07601

Telephone No.
201-329-7444

License No.
00388

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huyler St

City, State, Zip Code
S. HACKENSACK , N.J. 07606

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

Scope of Work (Check all that apply)
- 3 or 100 ft x 3 ft
- 160 ft x 100 ft

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

(15)

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)
THERMAL SYSTEM INSULATION

Amount (Specify SF or LF)
100LF

Abatement Type


Name of Registered Waste Hauler
Best Removal Inc

NJDEP Waste Hauler ID No.
17109

Cubic Yards of Waste
3467

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
HACKENSACK , N.J. 07601

Disposal Date
4/16/19

City, State
Waynesburg, Oh. 44688

Completed by
J. Maiorano

Title
Estimator

Signature

Date 4/3/19

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/12/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mr. Oscar Olsen</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lyndhurst, NJ 07071</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Olsen</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Mr. Olsen |
| Street Address | [Redacted] |
| City (5) | Lyndhurst |
| County (6) | Bergen |
| County Code (7) (STATE USE ONLY) | [Redacted] |
| Current Use (Prior to being demolished) | Residence |
| Name of Abatement Contractor (8) | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| License No. | 00388 |
| Telephone No. | 201-329-7444 |
| Project Manager for Monitoring Firm | Omega Environmental |
| Street Address | 280 Huyler St |
| City, State, Zip Code | Hackensack, N.J. 07606 |

**Start Date (10)** | 4/12/19 |
| **Scheduled Completion Date (11)** | 4/13/19 |

**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):
- [ ] 3 or more stories
- [ ] 100 to 260 sq ft

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**: (13)
- [ ] Basement
  - Thermal System Insulation

| Name of Registered Waste Hauler | Best Removal Inc |
| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Hackensack, N.J. 07601 |
| Disposal Date | 4/15/19 |
| Cubic Yards of Waste | 2.7 |

**Name of Contact** | Mr. Olsen |
| Telephone Number | [Redacted] |

[Signature] | J. Maiorano |
[Date] | 4/13/19 |

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

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/3/19

Name of Building Owner / Operator (2)
Rider University

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

Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Street Address
2083 Lawrenceville Road

City, State & Zip Code
Lawrenceville, NJ 08648

Name of Contact
Walter Eddy

Telephone Number
609-896-7780

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kroner Dormitory

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

Square Feet
12000

# of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
Dormitory

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

ASCM No.

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
515 Grove Street, Suite B

City, State & Zip Code
Haddon Heights, NJ 08035

Bristol, PA 19007

Telephone Number
856-666-2944

License Number
000509

Name of OSHA Monitor
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215) 788-6040

Scheduled Start Date (10)
4/8/19

Scheduled Completion Date (11)
4/11/19

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:
☒ Facility Occupied During Abatement 7:00 AM to 3:30 PM

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

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

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

Boiler Room

Boiler Room

Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance or Custodial Staff?

Yes
No
N/A

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

Boiler Insulation
Flue Packing

Amount (Specify SF or LF)
60 SF
30 LF

Abatement Type

Endorse
Removal
Repair
Clean Up

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards
5 cu yd

Name of Registered Landfill
Fairless Landfill

City, State
Fairless Hill, PA

Disposal Date
4-3-19

Title
Project Manager

Signature
Gino Pizzigoni /gm
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closet/Rooms 101,102,103,104,105</td>
<td>X</td>
<td>Vinyl Sheet Flooring and Mastic</td>
<td>300SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Closets in Rooms 202,203,204,205</td>
<td>X</td>
<td>Vinyl Sheet Flooring and Mastic</td>
<td>240SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Locker Room 119</td>
<td>X</td>
<td>12'by12' VAT and Mastic</td>
<td>100SF</td>
<td>Repair</td>
</tr>
<tr>
<td>External Mechanical Room</td>
<td>X</td>
<td>ACM Contaminated Debris</td>
<td>30CF</td>
<td>Endorsement</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
04.04.2019

Name of Building Owner/Operator (2)
DPMC

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

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

Name of Facility Where Abatement is Taking Place (3)
Woodbridge Training Center

Street Address
33 West Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Narul Hasen

Telephone Number
609-633-8265

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)
Enviromental Connections Inc.

Name of Abatement Contractor (9)
Spes Contracting LLC

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ

Street Address
164 Merilline Ave Unit C

City, State, Zip Code
Woodland Park, NJ 07424

Start Date (10)
04.04.2019

Scheduled Completion Date (11)
05.15.2019

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

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout as needed for Tie-Ins</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closet Storage A</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM)

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

Name of Registered Waste Hauler
Spes Contracting LLC

Disposal Date
TBD

City, State
Woodland Park, NJ 07424

Completed by
Branislav Pavlov
Title
Project Manager
Signature

Name of Registered Landfill
Fearless Landfill

Cubic Yards of Waste
2 CY

City, State
Morrisville, PA

Date
04.04.2019

* 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)  4-3-19

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

Name of Building Owner/Operator (2)  
Robin RAMIREZ

Street Address
Maple Shade N J 08052
City, State, Zip Code

Name of Contact  
Robin RAMIREZ

Telephone Number

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

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

Square Feet  
1100

# of Floors  
2

Bidg. Age

County Code (ST)  
(NOTICE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
ATLAS ENV. INSPECTIONS

ASCM No.  
1M67-7740-5

Name of Abatement Contractor (9)  
FRYMAR CONSTRUCTION

Street Address  
8613 OX 11587

City, State, Zip Code  
PHILA PA 19116

Project Manager for Monitoring Firm  
BRIAN

Telephone No.  
267-784-4893

License No.  
01276

Start Date (10)  
4-8-19

Scheduled Completion Date (11)  
4-10-19

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

Other - Describe:

Scope of Work (Check All That Apply)
- [ ] ±3 sf or ±3 if  
- [ ] ±160 sf or ±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 (12)

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

Name of Registered Waste Hauler  
FRYMAR CONSTRUCTION

NJDEP Waste Hauler ID No.  
0036269

Cubic Yards of Waste  
1

Name of Registered Lendfill  
WESTERN BURLS

City, State  
PHILA PA

Disposal Date  
4-11-19

Completed by  
PRAIM DUA

Title  
V.PRES

Signature

Date  
4-3-19

* 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) 4-3-19

Name of Building Owner/Operator (2) MARY LINDSAY

Agencies Notified

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

Type Notification

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

Street Address [Redacted]

City, State, Zip Code CIVIC MAY POINT NJ 08712

Name of Contact MARY LINDSAY

Facility Information

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

Street Address [Redacted]

City (5) CIVIC MAY POINT

County (6) [STATE USE ONLY] [Redacted]

Type of Facility (4)

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

Current Use (Prior if being demolished) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENVIRO INSPECTIONS

ASCM No. [Redacted]

Name of Abatement Contractor (9) ROMARI CONSTRUCTION INC.

Street Address PO BOX 11587

City, State, Zip Code [Redacted]

Telephone No. [Redacted]

License No. 1276

Project Manager for Monitoring Firm BRIAN

Scheduled Completion Date (11) 4-3-19

Start Date (10) 4-3-19

Scope of Work (Check All That Apply)

- [ ] 2.3 sf or 2.3 if
- [ ] 180 sf or 2260 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

Floor Tile (Bedroom)

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

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

[Redacted]

Name of Registered Waste Hauler ROMARI CONSTRUCTION

NJDEP Waste Hauler ID No. [Redacted]

Cubic Yards of Waste [Redacted]

Name of Registered Landfill WESTERN BUNKS & C.

City State PHILA PA

Disposal Date 4-3-19

Completed by SHAI M. DOH Title J. PRES

Signature [Redacted]

Date 4-3-19

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 01/16/2019
Name of Building Owner/Operator (2) La Casa Don Pedro

Agency Notified Type Notification
EPA Initial
DEP Amended
DOL
DOH
DCA

Street Address 317 Roseville Avenue
City, State, Zip Code Newark, NJ, 07107
Name of Contact Christopher Pagan
Telephone Number 973-465-0701

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

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
Age N/A

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)
N/A

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address 89 FRANKLIN STREET
City, State, Zip Code PATerson, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

License No. 01274

Name of OSHA Monitor
EHW ABATEMENT LLC

Street Address 89 FRANKLIN 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 if
- ≥190 sf or ≥280 if

- Renovation
- Demolition

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

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

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)
PIPE INSULATION 60 LF

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
EHW ABATEMENT LLC

City, State PATerson, NJ

Cubic Yards of Waste N/A

Name of Registered Landfill
TRI STATE TRANSFER

City, State BRONX, NY

Completed by Victor Espiritu
Title Project Manager

Signature

Date 01/16/2019

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

**Date of Notification:** 01/16/2019

**Type Notification:** Initial

**Street Address:** 317 Roseville Avenue

**City, State, Zip Code:** Newark, NJ, 07107

**Name of Building Owner/Operator:** La Casa Don Pedro

**Name of Contact:** Christopher Pagan

**Telephone Number:** 973-485-0701

**FACILITY INFORMATION**

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

**City:** East Orange

**County:** Essex

**Name of Monitoring Firm Hired by Building Owner:** N/A

**ASCM No.:** N/A

**Name of Abatement Contractor:** 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

**Start Date:** 01/17/2019

**Scheduled Completion Date:** 01/18/2019

**Occupancy Status During Abatement:** Facility Closed/Vacated during entire period of abatement.

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

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

- **Location:** BASEMENT
- **Is Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Description of Asbestos-Containing Material (ACM):** PIPE INSULATION 20 LF
- **Amount:** 20 LF

**Name of Registered Waste Hauler:** EHW ABATEMENT LLC

**Cubic Yards of Waste:** N/A

**Name of Registered Landfill:** TRI STATE TRANSFER

**City, State:** Paterson, NJ

**Disposal Date:** TBD

**Complied by:** Victor Espiritu

**Title:** Project Manager

**Signature:**

### Notes

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1) 4/3/19

Name of Building Owner/Operator (2)
Esther Bauer

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

Street Address
City, State, Zip Code
Hillsdale, NJ 07642

Name of Contact Telephone Number
Esther Bauer

FACILITY INFORMATION

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

City (5)
Hillsdale

County (6)
Bergen

Square Feet
3200

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Residential Home

Name of Monitoring Firm Hired by Building Owner (8)

Project Manager ASCM No.

Name of Abatement Contractor (9)
All Stages Abatement

Street Address
280 N. Midland Ave.

City, State, Zip Code
Saddle Brook, NJ 07663

Telephone No.
201-600-3184

License No.
01305

Start Date (10) 4/8/19
Scheduled Completion Date (11) 4/12/19

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 A.M. to 4 P.M.

Scope of Work (Check All That Apply)
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Yes No N/A
Basement x

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

Yes No N/A

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

Amount (Specify SF or LF)
347 SF

Abatement Type
Endøre

Name of Registered Waste Hauler NJDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
3 yd

Name of Registered Landfill Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Disposal Date TBD

Completed by
Richard Cristofol
Title President

Signature
Date 4/3/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1) 4/3/19

Name of Building Owner/Operator (2) Leslie Cavarella

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

Name of Contact Leslie Cavarella

City, State, Zip Code Closter, NJ 07624

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

Street Address

City (5) Closter

County (6) Bergen

County Code (7)

Current Use (Prior if being demolished) Residential Home

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) All Stages Abatement

Project Manager Street Address 280 N. Midland Ave.

City, State, Zip Code Saddle Brook, NJ 07663

Project Manager for Monitoring Firm Telephone No. 201-600-3184 License No. 01305

Start Date (10) 4/12/19 Scheduled Completion Date (11) 4/15/19

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
× Other - Describe: 9 AM to 4 P.M.

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥3 if
☐ ≥150 sf or ≥250 if
× Renovation
☐ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF) 35 LF

Abatement Type

Basement x Pipe Wrap

Name of Registered Waste Hauler

All Stages Abatement NUDEP Waste Hauler ID No. 0036592

Cubic Yards of Waste 1 yd

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Saddle Brook, NJ

Completed by Richard Cristofol Title President

Signature Date 4/3/19

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