**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:55 and 12:120)

**Date of Notification (1)**
04-02-19

**Name of Building Owner/Operator (2)**
The Port Authority of NY & NJ

**Street Address**
Newark Liberty International Airport, Bldg. 125, Central Terminal Area

**Name of Contact**
John A. Volpe

**Telephone Number**
(973) 622-0800 ext. 259

---

**Name of Facility Where Abatement is Taking Place (3)**
Newark Liberty International Airport

**City (5)**
Newark

**County Code (7)**
Essex

**Square Feet**
100,000

**# of Floors**
88 yrs.

**Type of Facility (4)**
Airport

**Name of Monitoring Firm Hired by Building Owner (8)**
The Port Authority of NY & NJ

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
Pinnacle Environmental Corp.

**Street Address**
200 Broad Street

**City, State, Zip Code**
Carlstadt, NJ 07072

**Telephone No.**
201-939-6565

**License No.**
00756

**Project Manager for Monitoring Firm**
Ralph Campione

**Telephone No.**
973-622-0800

**Start Date (10)**
04-15-19

**Scheduled Completion Date (11)**
07-31-19

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Abatement will be conducted in a restricted area.

**Scope of Work (Check All That Apply)**
- ≥33 sf or ≥33 if
- ≥160 sf or ≥2260 if
- Relaxation
- 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)**

**Amount (Specify SF or LF)**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tar Coated Corrugated Pipe</td>
<td>400LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ATC, Inc. / JBT (50071)

**City, State**
Shirley, NY / Bronx, NY

**Completed by**
Raymond Kinsella

**Title**
Project Manager

**Signature**

**Date**
04-02-19

---

*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:** 04-03-19  
**Name of Building Owner/Operator:** Jennifer Colon

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

**Type Notification:** Street Address  
City, State, Zip Code: Edgewater, NJ 07020

**Name of Contact:** Jennifer Colon  
**Telephone Number:**

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place:** Private Home

**Street Address:**  
**City:** Edgewater

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

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.:  
**Name of Abatement Contractor:** Delfa Contracting LLC

**Street Address:**  
**City, State, Zip Code:** Union City NJ 07087

**Project Manager for Monitoring Firm:**  
**Telephone No.:**

**Start Date:** 04-15-19  
**Scheduled Completion Date:** 04-17-19

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

**Scope of Work (Check All That Apply):**  
- [ ] ≥3 sf or ≥3 if  
- [ ] ≥180 sf or ≥250 if  
- [ ] Renovation  
- [ ] Demolition

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

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

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

<table>
<thead>
<tr>
<th>Siding</th>
<th>1500 SF</th>
</tr>
</thead>
</table>

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

**Amount (Specify SF or LF):**  
Removal  
Repair  
Encapsulate  
Endorse

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

**Location of Registered Waste Hauler:** Delfa Contracting LLC

**Waste Hauler ID No.:** 35240  
**Cubic Yards of Waste:** 10  
**Name of Registered Landfill:** Tullytown Resource Recovery Facility

**City, State:** Union City, NJ  
**Disposal Date:** 04-17-19  
**City, State:** Tullytown, PA

**Completed by:** Jaime Delgado  
**Title:** Proj. Manager.

**Signature:**  
**Date:** 04-03-19

*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)  
04-03-19

Name of Building Owner/Operator (2)  
All County Services LLC

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

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

Street Address  
57 Maple Ave.

City, State, Zip Code  
Woodland Park, NJ 07424

Name of Contact  
Joe Scirica

Telephone Number  
(973) 747-7425

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Wayne

County Code (7)  
Bergen

Current Use (Prior if being demolished)  
FACILITY INFORMATION

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

ASCM No.  
Name of Abatement Contractor (9)

Delfa Contracting LLC.

Street Address  
522 7th St.

City, State, Zip Code  
Union City NJ 07087

Project Manager for Monitoring Firm  
Name of OSHA Monitor  
Delfa Contracting LLC

Telephone No.  
201 216-9603

License No.  
01206

Start Date (10)  
04-12-19

Scheduled Completion Date (11)  
04-16-19

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  ☐ Renovation  ☐ Demolition  
☒ ≥160 sf or ≥260 if  ☐ Full Containment with Negative Pressure  
☐ Exterior 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

Joint Compound / Drywall  
4500 SF

Abatement Type  
☐ Removal  ☐ Repair  ☐ Encapsulation  ☐ Endosulf

Amount (Specify SF or LF)  

Name of Registered Waste Hauler  
Delfa Contracting LLC

NJDEP Waste Hauler ID No.  
35240

Cubic Yards of Waste  
20

Name of Registered Landfill  
Tullytown Resource Recovery Facility

City, State  
Union City, NJ

Disposal Date  
04-16-19

City, State  
Tullytown, PA

Completed by  
Jaime Delgado

Title  
Proj. Manager.

Signature  
04-03-19

* 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)**
04-03-19

**Name of Building Owner/Operator (2)**
All County Services LLC

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

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

**Street Address**
57 Maple Ave.

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

**Name of Contact**
Joe Scirica

**Telephone Number**
(973) 747-7425

### FACILITY INFORMATION

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

**City (5)**
Wayne

**County (6)**
Bergen

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**ASCM No.**

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

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**License No.**
01206

**Start Date (10)**
04-13-19

**Scheduled Completion Date (11)**
04-17-19

**Name of OSHA Monitor**
Delta Contracting LLC

**City, State, Zip Code**
Union City NJ 07087

**Street Address**
522 7th St.

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor x</td>
<td></td>
<td>Joint Compound</td>
<td>3500 SF x</td>
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**Name of Registered Waste Hauler**
Delta Contracting LLC

**NJ/DEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
20

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
04-17-19

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado
**Title**
Proj. Manager.

**Signature**

**Date**
04-03-19

*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)**
04.04.2019

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

**Address**
1130 Highway 34
Matawan, NJ 07747

**Name of Contact**
Samy Awad

**Telephone Number**
732-570-6444

**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>Private Building</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1130 Highway 34</td>
<td>Demolition</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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<tbody>
<tr>
<td>Matawan, NJ</td>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Monmouth</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specs Contracting LLC</td>
<td>164 Merline Ave Unit C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code (10)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, NJ 07424</td>
<td>01383</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm (11)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-807-630</td>
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<table>
<thead>
<tr>
<th>Start Date (12)</th>
<th>Scheduled Completion Date (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>√ ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>√ ≥150 sf or ≥260 if</td>
<td></td>
</tr>
<tr>
<td>❌ Renovation</td>
<td></td>
</tr>
<tr>
<td>❌ Demolition</td>
<td></td>
</tr>
<tr>
<td>❌ Full Containment with Negative Pressure 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 (14) (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (16)</td>
<td>Yes No N/A</td>
</tr>
</tbody>
</table>

| Roof Lower Level                                    | X                       |

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (17)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>2000SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (18)</th>
<th>Name of Registered Landfill (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specs Contracting LLC</td>
<td>Fearless Landfill</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branislav Pavlov</td>
<td>project manager</td>
<td>04.04.2019</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

Date of Notification (1)  
04/04/2019

Name of Building Owner/Operator (2)  

Address

Agencies Notified  

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

City, State, Zip Code  
Elizabeth NJ 07202

Name of Contact  
Pablo Lopez

Telephone Number  

FACILITY INFORMATION

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

Street Address  

City (5)  
Elizabeth

County (6)  
Union

County Code (7)  

Type of Facility (4)  

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

Square Feet  
8,000

# of Floors  
11

Bldg. Age  
120

Current Use (Prior if being demolished)  

Name of Monitoring Firm Hired by Building Owner (6)  
A. Seine Lighthouse Solutions

ASCM No.  

Name of Abatement Contractor (9)  
Brinks Tank Services

Street Address  
1256 Liberty Avenue

City, State, Zip Code  
Hillside, NJ 07205

Telephone No.  
844-462-7465

License No.  
01316

Name of OSHA Monitor  
A. Seine Lighthouse Solutions

Project Manager for Monitoring Firm  
Sarah Calandra

Telephone No.  
201-349-2666

Start Date (10)  
04/15/2019

Scheduled Completion Date (11)  
05/07/2019

Occupancy Status During Abatement (Check One Only)  

- 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
- ≥180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

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

<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>X</td>
<td>Pipe wrap</td>
<td>220 LF</td>
</tr>
<tr>
<td>Basement Hallway</td>
<td>X</td>
<td>Fiberglass insulation</td>
<td>330 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  

Name of Registered Landfill  
Waste Management Landfill

City, State  
East Orange, NJ

Disposal Date  

Complied by  
Alison Lamers

Title  
Office Manager

Signature  

Date  
04/04/2019

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 04/04/2019

Name of Building Owner/Operator (2)

Agencies Notified Type Notification Street Address

EPA X Initial

DEP X Amended

DOL X Amendment #

DOH X Emergency (including justification)

DCA Cancellation

Name of Facility Where Abatement is Taking Place (3)

Residence

City, State, Zip Code

Elizabeth NJ 07202

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

Scheduled Completion Date (11)

05/07/2019

Name of OSHA Monitor

A. Seine Lighthouse Solutions

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Renovation

Demolition

Scope of Work (Check All That Apply)

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

In Facility (13)

Basement

Pipe wrap

220 LF

X

Basement Hallway

Fiberglass insulation

330 LF

X

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Endorsement

Name of Registered Waste Hauler

Newark Carting

NJDEP 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 04/04/2019

* Do Not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:66 and 12:120)

Date of Notification (1) 04/04/2019

Name of Building Owner/Operator (2)
Name: [Redacted]
Residence: Elizabeth NJ 07202

Agencies Notified Type Notification

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

Street Address
City, State, Zip Code
Elizabeth NJ 07202

Name of Contact: Pablo Lopez
Telephone Number: [Redacted]

FACILITY INFORMATION

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

Street Address
City: [Redacted]
Elizabeth

County: [Redacted]
County Code (7) (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.) [X]

Square Feet: 8,000
# of Floors: 5
Bldg. Age: 120

Current Use (Prior if being demolished)

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

ASCM No.: [Redacted]
Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354
City: South Orange, NJ 07079
State: [Redacted]
Zip Code: [Redacted]

Telephone No.: 201-349-2666
License No.: 01316

Project Manager for Monitoring Firm
Sarah Calandra

Start Date (10)
04/15/2019

Scheduled Completion Date (11)
05/07/2019

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:

Scope of Work (Check All That Apply)
X ≥2000 sf or ≥2000 if
X ≥160 sf or ≥260 sf
[ ] Renovation
[ ] Demolition

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

[ ] Yes
[ ] No
[ ] N/A

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe wrap 220 LF</td>
</tr>
<tr>
<td>Fiberglass insulation 330 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>220 LF</td>
</tr>
<tr>
<td>330 LF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclosure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill
Waste Management Landfill

City, State
Penn Argyle, PA

Completed by
Alison Lamers
Title: Office Manager
Signature: [Redacted]
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)  
04/04/2019

Name of Building Owner/Operator (2)  


Residence  
Street Address  

City, State, Zip Code  
Clifton NJ 07011

Name of Contact  
Ana Chaco  

Telephone Number  


FACILITY INFORMATION

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

Street Address  

City (5)  
Clifton  

County (6)  
Passaic  

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  
1256 Liberty Avenue  

City, State, Zip Code  
Hillsdale, NJ 07642

Project Manager for Monitoring Firm  
Sarah Calandra  

Telephone No.  
201-349-2666  

Telephone No.  
844-462-7465  

License No.  
01316

Start Date (10)  
04/15/2019  

Scheduled Completion Date (11)  
05/01/2019

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  
[ ]  

Abatement Performed Outside of Normal Facility Hours  
[ ]  

Other – Describe:  

Scope of Work (Check All That Apply)  

• ≥ 32 ft or ≥ 32 ft  

• ≥ 160 ft 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  

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

Location  

Basement  

Pipe insulation  

8 LF  

X  

Crawl space  

Pipe wrap  

50 LF  

X

Name of Registered Waste Hauler  
Newark Carting  

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  

Name of Registered Landfill  
Waste Management Landfill

City, State  
East Orange, NJ  

Disposal Date  

City, State  
Penn Argyle, PA

Completed by  
Alison Lamers  

Title  
Office Manager  

Signature  

Date  
04/04/2019

* Do not use this form for asbestos license exempted activities.
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 13:128)

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

**Name of Building Owner/Operator:** March  Kaminski

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

- **Street Address:** [Redacted]
- **City:** [Redacted]
- **County:** [Redacted]

**Facility Information**

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

- **Square Foot:** [Redacted]
- **No. of Floors:** [Redacted]
- **Bldg. Age:** [Redacted]

**Name of Monitor/Manager of Abatement Work:** [Redacted]

- **ASCN No.:** [Redacted]

**Name of Abatement Contractor:**

- **Address:** [Redacted]
- **Telephone No.:** [Redacted]
- **License No.:** [Redacted]

**Scope of Work:**

- Removal
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ASBESTOS IN FACILITY:**

- Location: [Redacted]
- Is Location Normally Used by Maintenance/Custodial Staff: [Redacted]
- Description of Asbestos-Containing Material (ACM): [Redacted]
- Amount (Specify SF or LF): [Redacted]

**Abatement Type:**

- [Redacted]

**Name of Registered Waste Hauler:**

- [Redacted]
- [Redacted]

**Disposal Date:** [Redacted]

**Signature:** [Redacted]

*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)
04/02/2019

Name of Building Owner/Operator (2)
Michaels Development Company

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

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

Street Address
3 East Stove Rd

City, State, Zip Code
Marlton, NJ 08056

Name of Contact
Greg Carroll

Telephone Number
856-596-0500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cooper Historic Homes

Street Address
45-461 Haddon Ave

City (5)
Camden

County Code (6)
Camden

County (6)
Camden

County Code (7)
(State Use Only)

Square Feet
3,600

# of Floors
3

Bldg. Age
1950

Current Use (Prior if being demolished)
Not being demo - Residential

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
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Start Date (10)
04/12/2019

Scheduled Completion Date (11)
05/01/2019

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

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)
☐ ≥2,000 sf or ≥25 ft
☐ ≥160 sf or ≥250 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

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
Enclosure

One work area for this project

Name of Registered Waste Hauler
Champion Disposal
NJDEP Waste Hauler ID No.
2698

Cubic Yards of Waste

Name of Registered Landfill
Groves Landfill

Disposal Date
City, State
Morrisville, PA

Completed by
Alison Lamars
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 (4)
04/02/2019

Name of Building Owner/Operator (2)
Michaels Development Company

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

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

Street Address
3 East Stove Rd

City, State, Zip Code
Marlton, NJ 08056

Name of Contact
Greg Carroll
Telephone Number
856-596-0500

Name of Facility Where Abatement is Taking Place (3)
Cooper Historic Homes

FACILITY INFORMATION

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

Square Feet
1,200

# of Floors
2

Bldg. Age
1950

Current Use (Prior if being demolished)
Not being demo- Residential

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

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.
201-349-2666

Scheduled Completion Date (11)
05/01/2019

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

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)
- 23 sf or 23 If
- ≥150 sf or ≥250 If
- Renovation
- Demolition

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

In Facility

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

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

Roof

X

Roof Flashing

100 LF

X

One work area for this project

Name of Registered Waste Hauler
Champion Disposal

NJDEP Waste Hauler ID No. 2698

Cubic Yards of Waste

Name of Registered Landfill
Groves Landfill

Disposal Date

City, State
Morrisville, PA

Completed by
Alison Lamers
Title
Office Manager

Signature

Date
04/02/2019

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)

Date of Notification (1)
04/02/2019

Name of Building Owner/Operator (2)
Michaels Development Company

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

Street Address
3 East Stove Rd
City, State, Zip Code
Marlton, NJ 08056

Name of Contact
Greg Carroll
Telephone Number
856-596-0500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cooper Historic Homes

Street Address
714-718 Washington St
City (6)
Camden

County (6)
Camden

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
1256 Liberty Avenue
City, State, Zip Code
Hillside, NJ 07205

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

License No.

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354
City, State, Zip Code
South Orange, NJ 07079

Start Date (10)
04/12/2019
Scheduled Completion Date (11)
05/01/2019

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

Scope of Work (Check All That Apply)
[ ] ≥3,000 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF)
325 LF

Abatement Type

One work area for this project

Name of Registered Waste hauler
Champion Disposal

Cubic Yards of Waste
2698

Name of Registered Landfill
Groves Landfill

Disposal Date
City, State
Morristown, PA

Completed by
Alison 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) 04/02/2019
Name of Building Owner/Operator (2) Michaels Development Company

<table>
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<tr>
<td>EPA</td>
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<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address 3 East Stove Rd
City, State, Zip Code Marion, NJ 08056
Name of Contact Greg Carroll Telephone Number 856-596-0500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cooper Historic Homes

Street Address 724-728 Washington St
City (5) Camden
County (6) Camden
County Code (7) 205

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions
ASCM No.

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

Square Feet 2,200
# of Floors 3
Bldg. Age 1950
Current Use (Prior if being demolished)
Not being demo- Residential

Name of Abatement Contractor (9)
Brinks Tank Services
Street Address 1256 Liberty Avenue
City, State, Zip Code Hillsdale, NJ 07642

Project Manager for Monitoring Firm
Sarah Calandra
Telephone No. 201-349-2266

Start Date (10) 04/12/2019
Scheduled Completion Date (11) 05/01/2019

Name of OSHA Monitor
A. Seine Lighthouse Solutions
Street Address PO Box 354
City, State, Zip Code South Orange, NJ 07079

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

Scope of Work (Check All That Apply)
- x3 sf or x3 if
- x160 sf or x260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Filterable Procedure

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? (14)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Flashing</td>
<td>720 LF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof Tar</td>
<td>2,500 SF</td>
<td></td>
</tr>
</tbody>
</table>

One work area for this project

Name of Registered Waste Hauler
Champion Disposal
NJ/DEP Waste Hauler ID No. 2698
Cubic Yards of Waste
Name of Registered Landfill
Groves Landfill
City, State Hainesport, NJ
Disposal Date
City, State Morrisville, PA

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

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)

Date of Notification (1) 04/02/19

Name of Building Owner/Operator (2)
Randolph Township Public School District

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

Street Address
25 School House Rd.

City, State, Zip Code
Randolph, NJ 07869

Name of Contact
Andy Hurd
Telephone Number
973-361-0808

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Center Grove School

Street Address
25 School House Rd.

City (5)
Randolph

County (6)
Morris

County Code (7) (STATE USE ONLY)
0057

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants

ASCM No.
0057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
P.O. Box 385

City, State, Zip Code
Oceanville, NJ 08231

Project Manager for Monitoring Firm
Eric Clarkson

Telephone No.
609-852-1833

Telephone No.
973 832 4244

License No.
01379

Start Date (10) 04/13/19

Scheduled Completion Date (11) 04/27/19

Name of OSHA Monitor
Same as above

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 23 sf or 23 ft
X 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

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

Amount (Specify SF or LF)

Abatement Type

Main Entrance Vestibule
X 9x9 VAT & Mastic 266sf

Main Entrance Vestibule
X Geiling tile mastic (glue dots) 189sf

Entrance Vestibule
X Vapor barrier 81sf

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
4

Name of Registered Landfill
Fairless Landfill

City, State
Totowa NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Filip Geleski

Title
Supervisor

Signature
Filip Geleski

Date
04/02/19

* Do not use this form for asbestos licensure exempted activities.
### State of NJ

**Notification of Asbestos Abatement**

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

**Date of Notification (1)**

| 0 | 0 | 0 | I | 1 | 1 | 9 |

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

| carmela giambone |

**Agencies Notified**

- [□] EPA
- [□] DEP
- [X] DOL
- [□] DOH
- [□] DCA

**Type Notification**

- [X] Initial
- [□] Amended

**Amendment #**

[ ]

**Emergency**

- [□] (Including justification)

**Cancellation**

[ ]

**Street Address**

[ ]

**City, State, Zip Code**

| fairview, nj | 07022 |

**Name of Contact**

| carmela giambone |

**Telephone Number**

[ ]

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**

| carmela giambone |

**Street Address**

[ ]

**City (5)**

| bergen |

**County (6)**

| |

**County Code (7)**

(State use only)

| |

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

[ ]

**ASCM No.**

[ ]

**Name of Abatement Contractor (9)**

| D & S RESTORATION, INC. |

**Street Address**

| 20 California Ave. |

**City, State, Zip Code**

| Paterson, NJ 07503 |

**Telephone Number**

| 973-345-8020 |

**License Number**

| 01169 |

**Project Manager for Monitoring Firm**

[ ]

**Phone Number**

[ ]

**Start Date (10)**

| 04/16/19 |

**Sched. Completion Date (11)**

| 04/30/19 |

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

- [ ] Facility closed/vacated during entire period of abatement.
- [X] Abatement performed outside of normal facility hours-

**Describe:**

| NORMAL HOURS |

**Other-Describe:**

[ ]

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

- [ ] >2 sf or >3 if
- [ ] Renovation
- [ ] ≥160 sf or ≥250 if
- [ ] Demolition

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

| basement |

**Is location normally used solely by maintenance/custodial staff (12)**

| Yes | No | N/A |

**Description of asbestos-containing material (ACM)**

| PIPE INSULATION |
| PIPE fitting INSULATION |
| wire mesh (cement) |

**Amount (Specify SF or LF)**

| 20 ft |
| 30 elbows |
| 5 sq ft |

**Registered Waste Hauler**

| D & S RESTORATION, INC. |

**NJDEP Hauler ID#**

| 13506 |

**Cubic Yards of Waste**

| 1 yd. |

**Name of Registered Landfill**

| TULLYTOWN, RESOURCE RECOVERY |

**City, State**

| PATERNSON, NJ 07503 |

**Disposal Date**

| 04/17/19 |

**Completed by (Print or Type)**

| BOGDAN JOLDZIC |

**Title**

| PRESIDENT |

**Signature**

| |

**Date**

| 04/04/2019 |
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 
10/14/2019

Name of Building Owner/Operator (2) 
jean & david russell

Street Address 

City, State, Zip Code 
westmont, nj 08108

Name of Contact 
jean & david russell

FACILITY INFORMATION

Name of facility where abatement is taking place (3) 
jean & david russell

Street Address 

city, state, zip code 
westmont

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

ASCM No. 

Name of Abatement Contractor (9) 
D & S RESTORATION, INC.

Street Address 
20 california ave.

City, State, Zip Code 
paterson, nj 07503

License Number 
01169

Type of Facility (4) 

Type of Abatement (5) 

Square Feet 

Current Use (Prior if being demolished) 

Project Manager for Monitoring Firm 

Phone Number 

Start Date (10) 
04/17/19

Sched. Completion Date (11) 
04/29/19

Occupancy Status During Abatement (Check only one) 

Facility closed/vacated during entire period of abatement.  

Abatement performed outside of normal facility hours.  

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply) 

3,300 sf or >3,300 sf  
Renovation

1,600 sf or >2,600 sf  
Demolition

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

Description of asbestos-containing material (ACM) 
boiler insulation 32 sq ft

Amount (Specify SF or LF) 

Removal 
Repair
Encapsulation
Enclosure

Registered Waste Hauler 
D & S RESTORATION, INC. 

NJDEP Hauler ID# 13506

Cubic Yards of Waste 
1 yd.

Name of Registered Landfill 
TULLYTOWN, RESOURCE RECOVERY

City, State  
paterson, nj 07503

Disposal Date 
04/18/19

City, State  
TULLYTOWN, PA

Completed by (Print or Type) 
BOGDAN JOLDZIC

Title 
PRESIDENT

Signature 

Date 
04/05/19

ASB-41  
Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

Name of Building Owner/Operator (2)

Agency Notified

D&S Proj.: 19-62

Date: 04/05/19

PAID

Date of Notification (1)

10/14/19

Name of Building Owner/Operator (2)

brad turner

Street Address

City, State, Zip Code

brad turner

ridgewood, nj 07450

Name of Contact

brad turner

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

brad turner

Type of Facility (4)

□ School (K - 12)

□ Subchapter 8 (Other than K-12)

□ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

Current Use (Prior if being demolished)

□ # of Floors

□ Bldg. Age

□ ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

05/01/19

Occupancy Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.

□ Abatement performed outside of normal facility hours.

□ Other-Describe: NORMAL HOURS

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

Location

basement

HVAC rm.

Description of asbestos-containing material (ACM)

PIPE INSULATION

Amount (Specify SF or LF)

8 LF

□ Full Containment with negative pressure

□ Renovation

□ Glovebag procedure

□ Demolition

□ Non-Exempted (*) and Non-friable procedure

□ Removal

□ Repairs

□ Encapsulation

□ Enclosure

□ Yes

□ No

□ N/A

Location

BASEMENT HVAC rm.

basement

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste

1 yd.

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERNON, NJ 07503

Disposal Date

05/02/19

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

TULLYTOWN, PA

Complated by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

04/05/19

Do not use this form for asbestos liscensure exempted activities.
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO N.J.A.C. 8:60-7 AND 12:120-7)

**Date of Notification (1):** 04/08/19

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

**Address:**
- Street Address: 2198 STANLEY TERRACE
- City, State, Zip Code: UNION, NJ 07083

**Name of Contact:** KEVIN KNIGHT, Telephone Number: 732-850-3328

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** PSE&G
- **Street Address:** 2198 STANLEY TERRACE
- **City:** UNION, **County:** UNION, **County Code:** 07083
- **Square Feet:** 10,000
- **No. of Floors:** 1
- **Building Age:** 40+
- **Current Use (Prior if being demolished):** PRODUCTION/OFFICE

**Name of Monitoring Firm Hired by Bldg. Owner:** ASCM NO
- **Street Address:** 32 WILLIAMS PARKWAY
- **City, State, Zip Code:** EAST HANOVER, NJ 07936
- **Telephone Number:** 973-884-8682

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

**Occupancy Status During Abatement (Check All That Apply):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility
- [ ] Other - Describe: 7:00 AM-3:30 PM

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

**Location of Asbestos Containing TO BE ABATED in Facility (19):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used</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>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td>[ ]</td>
<td>YES NO N/A</td>
<td>WINDOW GLAZING</td>
<td>21 EA</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>ROOF</td>
<td>[ ]</td>
<td>[ ]</td>
<td>ROOFING &amp; FLASHING</td>
<td>6,900 SF</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>ROOF</td>
<td>[ ]</td>
<td>[ ]</td>
<td>ROOF TAR</td>
<td>270 SF</td>
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<tr>
<td>OFFICES</td>
<td>[ ]</td>
<td>[ ]</td>
<td>VARIOUS MASTIC</td>
<td>300 SF</td>
<td>[ ]</td>
<td>[ ]</td>
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</table>

**Name of Registered Waste Hauler:**
- **ENVIRONMENTAL TRANSPORT GROUP INC**
- **NJ DEP Waste Hauler ID No.: 000029061**
- **Name of Registered Landfill:** FAIRLESS LANDFILL

**City, State:** FLANDERS, NJ

**Disposal Date:** TBD

**City, State:** MORRISVILLE, PA

**Completed by (Print or Type):**
- **Name:** STEVE STILES, **Title:** Project Manager
- **Signature:**
- **Date:** 04/09/19

**ASB-41**
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</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>OFFICES</td>
<td>YES</td>
<td>NC</td>
<td>N/A</td>
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</table>

Received: APR 10 2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
April 9, 2019

Name of Building Owner/Operator (2)
Atlantic City Electric - County Regional Office

Name of Contact
Jesse O'Donnell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Atlantic City Electric Power Pole

Street Address
2nd Avenue and 95th Street

City (5)
Stone Harbor

County (6)
Atlantic

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Way

City, State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Dave Turotsy

Telephone No.
610-555-8902

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

Other - Describe: Segregated Area

Scope of Work (Check All That Apply)

- # of SF or "x" if

- ≥150 sf or ≥250 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)

Power Pole

Yes No N/A

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)

Transite conduit

Amount (Specify SF or LF)
5 SF

Abatement Type

Name of Registered Waste Hauler
PSC Ind Outsource

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Cape May County Landfill

City, State
Union, NJ

Disposal Date
TBD

City, State
Woodbine, NJ

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date

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

Date of Notification (1) MARCH 27, 2019

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2) Valtris Specialty Chemicals (plant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial x</td>
<td>Street Address 170 US 130</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>City, State, Zip Co Sweedesboro, NJ 80850</td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td>Name of Contact John Nepi</td>
</tr>
<tr>
<td></td>
<td>Emergency (Including Justification)</td>
<td>Telephone Number 856-467-8220</td>
</tr>
</tbody>
</table>

| DOR               | Cancellation      |                                                                       |

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Valtris Specialty Chemicals

<table>
<thead>
<tr>
<th>Street Address</th>
<th>107 US 130</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Sweedesboro</td>
</tr>
<tr>
<td>Zip Code</td>
<td>NJ 80850</td>
</tr>
<tr>
<td>County</td>
<td>Salem</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>County Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard Environmental Inc.</td>
<td></td>
<td>County Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>760 Puleski Highway</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>New Castle, DE 19720</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley Morrison</td>
<td>(302) 326-2333</td>
<td>(302) 326-8946</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-10-2019</td>
<td>04-11-2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours -</td>
<td>X Other - Describe: exterior work only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 3 sf or ≥ 3 if</td>
<td>Removel</td>
</tr>
<tr>
<td>X ≥ 160 sf or ≥ 260 if</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior lines / oil tank to boiler room</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>140 LF of exterior pipe insulation 15 ft high in the air</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler Service Transport Grp</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20080</td>
<td></td>
<td>Minerva</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>New castle DE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by Virgil Cassel</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-27-2019</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1): 4/9/2019

Name of Building Owner/Operator (2): New Jersey Natural Gas Co.

Street Address: 1415 Wyeckoff Rd

City, State, Zip Code: Wall, NJ 07719

Name of Contact: Tom Merenda

Telephone Number: 732-158-1060

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Toms River former McNulty site

Street Address: 331 Highland Parkway

City (5): Toms River NJ 08753

County (6): Ocean

County Code (?): 08753

Type of Facility (4):
- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 65,000

# of Floors: N/A

Bldg. Age: 64

Current Use (Prior to Being Demolished): Office, Commercial

Open field Soil remediation project

Name of Abatement Contractor (9): Degmor Environmental

Street Address: 143 23rd Street

City, State, Zip Code: Brooklyn, NY 11232

Telephone No.: (646) 431-0694

License No.: 01314

Name of OSHA Monitor: ENS PERLA Analytical, Inc.

Street Address: 307 West 36th Street

City, State, Zip Code: New York, NY 10018

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

Scope of Work (Check All That Apply):
- Renovation
- Demolition
- 1,600 sf or greater
- 1,600 sf or less

Start Date (10): 4/13/2019

Scheduled Completion Date (11): 9/15/2019

Other - Describe: Abatement Performed Outside of Normal Facility Hours
8:00 AM to 4:00 PM

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAM, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excavated pipe in trenches</td>
<td>300 LF</td>
</tr>
</tbody>
</table>