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

Date of Notification: 04/17/2017

Name of Building Owner/Operator: North Hunterdon - Voorhees R.H.S.
Street Address: 1445 Rt. 31 S.
City, State, Zip Code: Annandale, NJ 08801
Name of Contact: William Mowery, Facilities Director
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
North Hunterdon Regional High School
Street Address: 1445 Rt. 31 S.
City, State, Zip Code: Annandale, NJ 08801

Name of Monitoring Firm Hired by Building Owner:
Briggs Associates.
Street Address: 3 Crosswicks St.
City, State, Zip Code: Bordentown, NJ 08505

Project Manager for Monitoring Firm: Michael Hoodak, EPA Project Designer
Telephone Number: 609-294-0720

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

Square Feet: 50,000
# of Floors: 2
Age: 50

Current Use (Prior if being demolished):
School Building

Name of Abatement Contractor: Four Strong Builders, Inc.
Street Address: 180 Sargeant Avenue
City, State, Zip Code: Clifton, NJ 07013

License Number: 00807
Name of OSHA Monitor: 

Scope of Work (Check all that apply):
[X] Demolition
[X] 23 sf or 23 lf
[X] 2160 sf or 2260 lf

Location of Asbestos-Containing Material (ACM) to be Abated in Facility:

Faculty Dining Room
Faculty Dining Foyer
Men's & Women's Lavatory
Library

Number of Registered Waste Hauler:
NUCFS Waste Hauler ID No.: 12609

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
[ ] Glovebox Procedure
[ ] Non-Friable Procedure

Disposal Date:

Four Strong Builders, Inc.
City, State: Clifton, NJ

Completed By: Bilyana Kulakovska
Title: Office Administrator
Print or Type: A5-41
JUN 95
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:129)  

Date of Notification (1) 04-07-2017  
Name of Building Owner/Operator (2) Kevin Fearon  

Agencies Notified Type Notification  
EPA x Initial  
DEP x Amended  
DOL x Amendment #  
DOH  
DCA  

Street Address [Redacted]  
City, State, Zip Code Newfoundland, NJ 07435  

Name of Contact Kevin Fearon  

**FACILITY INFORMATION**  
Name of Facility Where Abatement is Taking Place (3)  
Private Dwelling  
Street Address [Redacted]  
City (5) Newfoundland  
County (6) Morris  

Name of Monitoring Firm Hired by Building Owner (8) N/A  
Name of Abatement Contractor (9) United Safety LLC  
Street Address 12 Maple Ave #F2  
City, State, Zip Code Pine Brook, NJ 07058  

Project Manager for Monitoring Firm N/A  
Telephone No. 973-278-0099  
License No. 01317  

Start Date (10) 04-19-2017  
Scheduled Completion Date (11) 04-26-2017  

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

Scope of Work (Check All That Apply)  
≥ 3 sf or ≥ 3 if  
< 180 sf or < 2880 sf  
Renovation x  
Demolition  

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

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

Description of Asbestos Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
VAT & Mastic 430 SF  
Sheetrock 830 SF  

Amount (Specify SF or LF)  

[ ] Removal  
[ ] Repair  
[ ] Encapsulate  
[ ] End of Abatement  

Name of Registered Waste Hauler United Safety LLC  
City, State Pine Brook, NJ  
Completed by Vanco Peikov, Title Project Manager  

Name of Registered Landfill Grows Landfill  
City, State Tullytown, PA  
Disposal Date TBD  

* 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)  
04-07-2017

Name of Building Owner/Operator (2)  
Kevin Fearon

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

Type Notification  
- Initial  
- Amended

Street Address

City, State, Zip Code  
Newfoundland, NJ 07435

Name of Contact  
Kevin Fearon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Private Dwelling

Current Use (Prior if being demolished)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Type of Facility (4)

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

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

United Safety LLC

Street Address  
12 Maple Ave #F2

Name of Abatement Contractor (9)

Telephone No.  
973-276-0099

License No.  
01317

City, State, Zip Code  
Pine Brook, NJ 07058

Name of OSHA Monitor  
United Safety LLC

Telephone No.  
973-276-0099

License No.  
01317

City, State, Zip Code  
Pine Brook, NJ 07058

Project Manager for Monitoring Firm

Start Date (10)  
04-19-2017

Scheduled Completion Date (11)  
04-26-2017

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)

- ≥250 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? (12)

Yes  
No  
N/A

1st Floor

VAT & Mastic  
430 SF

Sheetrock  
830 SF

Name of Registered Waste Hauler  
United Safety LLC

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grow's Landfill

City, State  
Pine Brook, NJ

Completed by  
Vanco Patkov

Title

Print Form

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
April 5, 2017

Name of Building Owner/Operator (2)
The Valley Hospital

Agencies Notified
EA
DCA
DEP
DOH

Name of Facility Where Abatement is Taking Place (3)
The Valley Hospital
Cheel Wing-Orthopedic Replacement

Street Address
223 North Van Dien Avenue

City (5)
Ridgewood
County (6)
Bergen
County Code (7)
ASCM No.

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

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

Street Address
28 Washington Street
City, State, Zip Code
Ballston Spa, NY 12020

Project Manager for Monitoring Firm
Jim Miades
Telephone Number
347.435.3561

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: Phase 1 - September 19 - 30th, Day Shift
  Phase 2 - November 7 - 13th, Day Shift
  Phase 3 - January 3, 2017 - January 12, 2017
  Phase 4 - February 20, 2017 - March 3, 2017
  Phase 5 - April 10, 2017 - April 22, 2017
  Cheel 4th Fl Rooms #4128, #4182, & Cheel Bsmnt Jan 16, 2017 - Jan 23, 2017
  Cheel Bsmnt-Rm#B-23, Clinical Support Rm & Storage & Hallway
  Bergen Lower Level Hot Lab New Work Bergen Mechanical Rm - Tank

Source of Work (Check all that apply)
- 3 sf or > 3 sf
- > 160 sf or > 260 sf

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

Patient Rooms
Patient Rooms - 4136, 4127, 4128
Cheel Bsmnt-Rm#B-23, Clinical Support Rm & Storage & Hallway
Bergen Lower Level Hot Lab New Work Bergen Mechanical RM - Tank

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

Hauler 1)
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12561

Hauler 2)
Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type)
Marin Graue
Title
SENIOR PROJECT MANAGER

Name of OSHA Monitor
EMSL Inc.
Street Address
1056 Stelton Road
City, State, Zip Code
Piscataway, NJ 08854

Disposal Date
August 30, 2017

Name of Contact
William Stasiak
Telephone Number

FACILITY INFORMATION

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

Sq. Feet:
Unknown # of Floors: 4 Blg. Age: 50+ years

Current Use (prior if being demolished): Hospital

Name of Company/Licensee
GREENWOOD ABATEMENT CONSULTANTS, INC.
Telephone Number
973-492-0477
License Number
00840

Abatement Type
- VAT & Mastic
- VAT & Mastic
- VAT & Mastic
- TSI-Fittings
- TSI-Fittings
- Tank

Amount:
7,000 sf
500 sf
1,500 sf
3 ea
20 ea
100 sf

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

Removal, Repair, Encap, and Rearm

Non-Exempted (*) and Non-Removable Procedure

Cubic Yards of Waste:
100

Name of Registered Landfill
Meadowfill Landfill

GAC # 2016-585-Please Note: Amendment # 6 - Additional Asbestos Material Quantities: Starts: March 27, 2017 to March 28, 2017
Bergen Bsmnt Mech Rm-Tank 100sf- Starts: April 7, 2017-April 17, 2017- Orth Wing Phase 5 Starts: April 10, 2017
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/7/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>VANGUARD ASSOCIATES</td>
</tr>
<tr>
<td>Address</td>
<td>113 MOONACHE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MOONACHE, NJ 07044</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JANET BULKE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>VANGUARD ASSOCIATES</td>
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<tr>
<td>Street Address</td>
<td>31 ADULT DRIVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>MOONACHE</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ABERN</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
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<tr>
<td>Start Date (10)</td>
<td>4/21/17</td>
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<td>Scheduled Completion Date (11)</td>
<td>4/26/17</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>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
<td>7:30AM TO 5:30PM</td>
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<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>☐ 20% of 1860+ or ≥260 ft²</td>
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<tr>
<td>☐ Demolition</td>
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<tr>
<td>☐ Renovation</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
<td>ROOF</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal insulations, surfacing, VAT, or other miscellaneous)</td>
<td>Plaster</td>
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<td>Amount (Specify SP or LF)</td>
<td>500 SP</td>
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<td>Abatement Type</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
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<td>Disposal Date</td>
<td>4/26/17</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Waynesburg, OH 44688</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
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</table>
GAC Project # 060-17

Date of Notification: April 7, 2017

Agencies Notified:
☐ EPA
☐ DCA
☐ DOH
☐ NDOLEP - No Longer REQUIRED

Notification Type:
☐ Initial Notification
☐ Amended Notification
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator:
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4068, LIVINGSTON CAMPUSS

City, State, Zip Code:
PISCATAWAY, NJ 08855

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
LIPMAN HALL, BLDG# 6025

Street Address:
COOK CAMPUS

City, County Code:
NEW BRUNSWICK
MIDDLESEX

Name of Monitoring Firm Hired by Bldg. Owner:
ATC

ASCM. No:
0098

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

Sq. Feet: N/A
# of Floors: 4
Bldg. Age: 80+ years

Current Use (prior if being demolished):
ACADEMIC

Name of Contractor:
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
268 MAIN STREET

City, State, Zip Code:
BUTLER, NJ 07405

Project Manager for Monitoring Firm:
BRIAN KEARNY

Telephone Number:
609-386-8800

973-492-0477

License Number:
00840

Occupancy Status During Abatement:
☐ 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:
☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

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

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

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

Amount (Specify SF or LF):

Abatement Type:
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Non-Exempted (1) and Non-Friable Procedure
☐ Non-Exempted (1) and Friable Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

Location of Reg. Waste Hauler:
205 MER CLOSET

See Hauler Below #1 & 2

Hauler #4): Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561

Hauler #2): Newark Cardigal, Inc., Newark, NJ 04569
NJ DEP # 4505

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

Title:
SENIOR PROJECT MANAGER

Date:
April 7, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC. Attn: Brian Kearney
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>April 7, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutgers, The State University Of N.J.</td>
</tr>
<tr>
<td>Address Information</td>
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<tr>
<td>Street Address</td>
<td>Environmental Health &amp; Safety Dept. 27 Road 1, Bldg 4086, Livingston Campus</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, Nj 08854</td>
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<tr>
<td>Name of Contact</td>
<td>Michael Smith, Env. Health &amp; Safety</td>
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<td>Telephone Number</td>
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<tr>
<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Johnson Apts, Bldg# 3738</td>
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<tr>
<td>Street Address</td>
<td>BUSCH CAMPUS</td>
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<td>City</td>
<td>Piscataway</td>
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<td>County</td>
<td>Middlesex</td>
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<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ATC</td>
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<tr>
<td>ASCM No.</td>
<td>0098</td>
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<tr>
<td>Name of Contractor (9)</td>
<td>Greenwood Abatement Consultants, Inc.</td>
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<tr>
<td>Street Address</td>
<td>268 Main Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Butler, Nj 07405</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Kearny</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-386-8800</td>
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<tr>
<td>Scheduled Start Date (10)</td>
<td>04/17/17</td>
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<td>Scheduled Completion Date (11)</td>
<td>04/20/17</td>
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<td>Occupancy Status During Abatement (Check only one)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<td>Other - Describe: SubChapter 8 Occupied: Schedule: 3PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</td>
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<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>≥ 3 sf or ≥ 3 If</td>
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<tr>
<td>≥ 160 sf or ≥ 260 If</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
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<td>Glove Bag Procedure / Wrap &amp; Cut</td>
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<tr>
<td>Non-Exemptions (1) and Non-Friable Materials</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal insulation, surfacing, Vat, or other miscellaneous)</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
<td>Remove, Repair, Encap, Endorse</td>
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<td>Scope (Check all that apply)</td>
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<tr>
<td>SURFACING MATERIAL</td>
<td>&lt;20 SF</td>
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<td>Name of Rec. Waste Hauler</td>
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<td>NJDEP Waste Hauler ID #</td>
<td>See Hauler Below #1 &amp; 2</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>5 CY</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S. North Landfill</td>
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<tr>
<td>Disposal Date</td>
<td>4/20/2017</td>
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<tr>
<td>City, State</td>
<td>106 New Ford Mill Rd, Morrisville, Pa 19067</td>
</tr>
<tr>
<td>215-736-1700</td>
<td></td>
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<tr>
<td>Completed by (Print or Type)</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Title</td>
<td>Senior Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Raymond C. Pedalino</td>
</tr>
<tr>
<td>Date</td>
<td>April 7, 2017</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/06/2017

Name of Building Owner/Operator (2)
Provident Group-Keen Properties LLC

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
1000 Morris Avenue

City, State, Zip Code
Union, NJ 07083

Name of Contact
Mike Fader

FACILITY INFORMATION

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

Street Address
1000 Morris Avenue

City (6)
Union

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

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

ASCN No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
856-452-1311

Start Date (10)
03/17/2017

Scheduled Completion Date (11)
04/14/2017

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

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

<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 LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Building</td>
<td>X</td>
<td>Tile</td>
<td>1125 sf</td>
<td>x</td>
</tr>
<tr>
<td>West Building</td>
<td>X</td>
<td>Tile &amp; Mastic</td>
<td>790 sf</td>
<td>x</td>
</tr>
<tr>
<td>West Building</td>
<td>X</td>
<td>Caulking</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Child Study</td>
<td>X</td>
<td>TSI</td>
<td>1</td>
<td>x</td>
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</table>

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Name of Registered Landfill
Tullytown Landfill

City, State
Egg Harbor Township, NJ

Disposal Date
04/14/2017

Completed by
Eric Keys

Title
OM

Signature

Date
04/06/2017

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Study</td>
<td>X</td>
<td>Caulking</td>
<td>1</td>
</tr>
<tr>
<td>Child Study</td>
<td>X</td>
<td>Tile Mastic</td>
<td>4,250 sf</td>
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<tr>
<td>Child Study</td>
<td>X</td>
<td>Tile Mastic, Carpet</td>
<td>570 sf</td>
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<tr>
<td>East</td>
<td>X</td>
<td>Flashing</td>
<td>425 sf</td>
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<tr>
<td>East</td>
<td>X</td>
<td>Caulking</td>
<td>1</td>
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<tr>
<td>North</td>
<td>X</td>
<td>Tile Mastic</td>
<td>400 sf</td>
</tr>
<tr>
<td>North</td>
<td>X</td>
<td>Caulking</td>
<td>1</td>
</tr>
<tr>
<td>South</td>
<td>X</td>
<td>Tile Mastic</td>
<td>500 sf</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
04 / 05 / 17

Name of Building Owner/Operator (2)
PERTH AMBOY PUBLIC SCHOOL

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

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

Street Address
178 BARRACKS STREET

City, State, Zip Code
PERTH AMBOY, NEW JERSEY 08861

Name of Contact
Mr. Derek Jess

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DELANEY HOME

Street Address
CONVETY & CHAMBERLAIN AVE

City (5)
PERTH AMBOY

County (6)
MIDDLESEX

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

Square Feet
26,300

# of Floors
2

Bldg. Age
-50

Current Use (Prior if being demolished)
Housing

Name of Monitoring Firm Hired by Building Owner (8)
PENNJERSEY ENVIRONMENTAL

ASCM No.

Name of Abatement Contractor (9)
TRICON ENTERPRISES

Street Address
744 MILFORD WARREN GLEN ROAD

City, State, Zip Code
MILFORD NEW JERSEY 08848

Telephone No.
908-329-6060

License No.
732-739-1200
01095

Project Manager for Monitoring Firm
WILLIAM P. CALL

Start Date (10)
04 / 19 / 17

Telephone No.

Scheduled Completion Date (11)
10 / 1 / 17

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: AM-PM/PM-AM

Street Address
322 BEERS STREET

City, State, Zip Code
KEYPORT NEW JERSEY 07735

Name of OSHA Monitor

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Yes
No
N/A

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

Endeavor

Removal
Repair
Encapsulate

Name of Registered Waste Hauler
Freehold, Cartage, Inc.

NJDEP Waste Hauler ID No.
S2265

Cubic Yards of Waste
40

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
04/19/17

City, State
Newburgh, PA

Completed By (Print or Type)
MARTIN MCREA

Title
SUPERVISOR

Signature

Date
04/05/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (Yes/No/N/A)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDG 17 Boiler Room</td>
<td>☐ ☐ ☒</td>
<td>boiler brick 2 boiler</td>
<td>480 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>BLDG 17 Boiler Room</td>
<td>☐ ☐ ☒</td>
<td>Rib Rope Packing</td>
<td>286 LF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17 Apt 867 Bedroom</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>120 SF</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td>BLDG 17 Apt 879 kitchen/Livingroom</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>375 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17 Apt 877 Livingroom/Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>375 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17 Apt 875 Livingroom/Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>375 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17 Apt 833 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>155 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17 Apt 887 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>120 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 18 Apt 899 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>190 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 18 Apt 889/891 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>504 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 18 Apt 905 stair</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 18 Apt 901 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>190 SF</td>
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<tr>
<td>BLDG 19 Apt 917 Livingroom</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>250 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 19 Apt 905 stair</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 19 Apt 909 Storage</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>45 SF</td>
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<tr>
<td>BLDG 20 Apt 929 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
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<tr>
<td>BLDG 20 Apt 931 Kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>110 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 23 Apt 910 kitchen</td>
<td>☐ ☐ ☒</td>
<td>VAT &amp; MASTIC</td>
<td>155 SF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>Exterior piping Underground</td>
<td>☐ ☐ ☒</td>
<td>TSI</td>
<td>6800 LF</td>
<td>☒ ☐ ☐ ☐</td>
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<td>BLDG 17, 18, 19, 20, 23, &amp; 24 Doors</td>
<td>☐ ☐ ☒</td>
<td>Micellaneous</td>
<td>2376 LF</td>
<td>☒ ☐ ☐ ☐</td>
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<tr>
<td>BLDG 17, 18, 19, 20, 23, &amp; 24 Windows</td>
<td>☐ ☐ ☒</td>
<td>Micellaneous</td>
<td>5776 LF</td>
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<td>Date of Notification (1)</td>
<td>4-6-17</td>
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<td>Name of Building Owner/Operator (2)</td>
<td>William Volpe</td>
<td></td>
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<td>Agency Notified</td>
<td>EPA, DEP, DOL</td>
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<td>Type Notification</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>William Volpe</td>
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<tr>
<td>Street Address</td>
<td>Highland Park, NJ 08904</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Duplex Dwelling</td>
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<td>City (5)</td>
<td>Middlesex</td>
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<tr>
<td>County (6)</td>
<td>Middlesex</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</td>
<td></td>
<td></td>
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<tr>
<td>Project Manager for Monitoring Firm (9)</td>
<td>Steve Schenker</td>
<td></td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td>4-17-17</td>
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<td>Scheduled Completion Date (11)</td>
<td>4-19-17</td>
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<tr>
<td>License No.</td>
<td>06394</td>
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<td>Current Use (Prior if being demolished)</td>
<td>20+</td>
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<tr>
<td>Square Feet</td>
<td>20+</td>
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<tr>
<td># of Floors</td>
<td>20+</td>
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<tr>
<td>Bldg. Age</td>
<td>20+</td>
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<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
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<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
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<tr>
<td>Scope of Work</td>
<td>Renovation, Demolition</td>
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<tr>
<td>Location Asbestos-Containing Material (ACM)</td>
<td>Basement</td>
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<tr>
<td>Is Location Normally Used Safely by Maintenance/Custodial Staff?</td>
<td>No</td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation, 100 LF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>100.00</td>
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<tr>
<td>Abatement Type</td>
<td>Removal, Encapsulation</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
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<td>City, State</td>
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<td>Disposal Date</td>
<td>4-19-17</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
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<tr>
<td>City, State</td>
<td>Morristown, PA</td>
<td></td>
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<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Steve Schenker</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Date</td>
<td>4-6-17</td>
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</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 5 / 17</td>
<td>Arconic</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>✔ EPA</td>
<td>☐ Initial</td>
</tr>
<tr>
<td>☐ DOLWD</td>
<td>☐ Amended</td>
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<tr>
<td>☐ DOH</td>
<td>☐ Amendment #</td>
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<tr>
<td>☐ DCA (NJAC 5/23-8)</td>
<td>☐ Emergency</td>
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<tr>
<td></td>
<td>(including</td>
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<td></td>
<td>justification)</td>
</tr>
<tr>
<td></td>
<td>☐ Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>9 Roy Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Dover, NJ 07801</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlie Pressner</td>
<td></td>
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</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>Arconic</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>411 Southgate Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mckinley, NJ 08056</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Carney</td>
<td>856-224-0080</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>4 / 19 / 17</td>
<td>5 / 31 / 17</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>EHS Environmental Co., Inc.</td>
<td></td>
<td>Plymouth Environmental Co., Inc.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>923 Haws Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Norristown, PA 19401</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>610-239-9920</td>
<td>00398</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EHS Environmental Co., Inc.</td>
<td>411 Southgate Court</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>Newark Carting</td>
<td>4509</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>1CY</td>
<td>GROWS</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Newark, NJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>James M. Kelly</td>
<td>Vice President</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/31/17</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

**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

<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>1st floor office</td>
<td>☐ No</td>
<td>floor tile and mastic</td>
<td>5,600SF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>1st floor office</td>
<td>☐ N/A</td>
<td>pipe fittings</td>
<td>35LF</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ABATEMENT**  
(Pursuant to NJAC 6:10 and 12:130)

**Date of Notification (1)**  
04/04/2017

**Agency Notified**  
- BPA
- DEP
- DOL
- DOH
- DCA
  
**Type Notification**  
- Initial
- Amended
- Amendment
- Cancellation

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

**Street Address**  
City, State, Zip Code

**Name of Contractor (3)**  
TERRI STANIEWSKI

**Telephone No.**

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

**City (6)**  
WILLIAMSTOWN

**County (5)**  
GLOUCESTER

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

**ASCM No.**

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

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

**Street Address**  
570 OLEMS RUN
City, State, Zip Code

**Telephone No.**
610-994-4878

**License No.**
01146

**Name of CSHA Monitor**
EMSL

**Street Address**
200 RT. 130 NORTH
City, State, Zip Code

**Scope of Work (Check All That Apply)**
- Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Min-Enclosure
  - Gloves
  - Non-Exhausted (*and Non-Fireable Procedure

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

**Location**

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

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Coops</td>
<td>X</td>
<td>TRANSITE SIDING</td>
<td>5384 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**City, State**  
MULLICA HILL, NJ

**Disposal Date**
04/18/2017

**City, State**
WAYNESBURG, OH

**GENERAL MANAGER**  
RON SWANSON

**Signature**

**Date**  
04/04/2017

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

Date of Notification (1) 04/04/2017
Name of Building Owner/Operator (2) TERRY STANIEWSKI

Agencies Notified Type Notification Street Address
☐ EPA Initial [REDACTED]
☑ DEP Amended WILLIAMSTOWN
☐ DOL Amendment # 08094
☐ DOH Emergency (including JUSTIFICATION)
☐ DCA Cancellation

FACILITY INFORMATION

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

Street Address [REDACTED]
City (5) WILLIAMSTOWN
County (6) GLOUCESTER

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

Square Feet 6384  
# of Floors 1  
Bldg. Age 50+

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

ASCM No.  
Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.

Street Address 570 CLEMS RUN
City, State, Zip Code MULLICA HILL NJ 08062

Telephone No. 610-304-4676  
License No. 01145

Name of OSHA Monitor EMSL

Street Address 200 RT. 130 NORTH
City, State, Zip Code CINNAMINSON NJ 08077

Start Date (10) 04/05/2017  
Scheduled Completion Date (11) 04/19/2017

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
Other - Describe: OUTSIDE - WORK AREA VACATED

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
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

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

CHICKEN COOPS X TRANSITE SIDING 6384 SF x

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES
NJDEP Waste Hauler ID No. 0034895
Cubic Yards of Waste 30

Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ
Disposal Date 04/19/2017
City, State WAYNESBURG, OH

Completed by RON SWANSON Title GENERAL MANAGER
Signature [REDACTED] Date 04/04/2017

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-7-17</td>
<td>PERFECT TOUCH LANDSCAPING</td>
</tr>
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<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>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Name of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. Deptford</td>
<td>Gloucester</td>
<td>W. Deptford</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm, Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>KLEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>856-779-0472</td>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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</thead>
<tbody>
<tr>
<td>4-13-17</td>
<td>4-20-17</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</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>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>1250 sq ft</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCIO INC.</td>
<td>17964</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.M.C.M.U.A.</td>
<td>WOODBINE</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>MICHAEL KLEMB</td>
<td>SUP.</td>
<td>Mailer</td>
<td>4-7-17</td>
</tr>
<tr>
<td>Field</td>
<td>Information</td>
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</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Notification (1)</td>
<td>4-2-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>IRVIE FORMATION EWT.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>601 W. CLARKSLANDING RD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EGG HARBOR, N.J., 08218</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TOM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>ATLANTIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4-14-17</td>
<td></td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>4-21-17</td>
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<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</td>
<td>SIDING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered WASTE Hauler</td>
<td>KLIMCO INC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>ACUA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>PLEASANTABLE, N.J.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion Date</td>
<td>4-2-17</td>
<td></td>
<td></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:** 4-2-17

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
<td>Tom WELSH Builder</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 661 POMONA AVE

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

**Name of Contact:** Tom

**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>RESIDENCE</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

**Square Feet:** 1000

**Current Use:** Before or during

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

**Scope of Work (Check all that apply):**
- Renovation
- Demolition
- 250 sf or less
- 250 sf or more

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

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

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

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

**Name of Registered Landfill:** WOODBINE

**Name of Abatement Contractor:** KLEMCO INC

**Street Address:** 369 S SPRUCE AVE

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

**Telephone No:** 856-779-0472

**License No:** 064441

**Completed By:** MICHAEL KLEMM

**Title:** Sup.

**Signature:** [Signature]

**Date:** 4-2-17

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

**Date of Notification (1)**  
4 / 5 / 17

**Name of Building Owner/Operator (2)**  
New Jersey American Water Company

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

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

**Street Address**  
1025 Laurel Oak Road

**City, State, Zip Code**  
Voorhees, NJ 08043

**Name of Contact**  
Joe Bolland - B&H Contracting

**Facility Information**

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

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

**Square Feet**  
3,000

**# of Floors**  
2

**Bidg. Age**  
80

**County (6):**  
Ocean

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

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

**Name of Monitoring Firm Hired by Building Owner (8):**  
Mgmt. & Environmental Consulting Services

**ASCM No.:**  

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

**Street Address**  
PO Box 341

**City, State, Zip Code:**  
Chesterfield, NJ 08515

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

**Telephone No.:**  
609-298-4070

**License No.:**  
00842

**Start Date (10):**  
04 / 24 / 17

**Scheduled Completion Date (11):**  
05 / 12 / 17

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

**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 ≥250 ft
- ≥600 sf or ≥1000 ft

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

<table>
<thead>
<tr>
<th>Description of ACM (Specify SF or LF)</th>
<th>Amount Specified</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stucco</td>
<td>1,850 SF</td>
<td></td>
</tr>
<tr>
<td>Stucco</td>
<td>540 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**  
Freehold Cartage

**Name of Registered Landfill:**  
GROWS North Landfill

**City, State:**  
Freehold, NJ  
Morrisville, PA

**Disposal Date:**  
05/12/2017

**Completed By:**  
Christina Lynch  
Vice President of Operations

**Signature:**  

**Date:**  
4/5/17

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) | April 5, 2017
---|---
Name of Building Owner/Operator (2) | Haff Bros Plumbing
Type of Notification | Initial
Ammendment # (Check All That Apply) | 
Agencies Notified | 
EPA | 
DEP | 
DOL | 
DOH | 
DCA | 
Street Address | 2504 Plainfield Ave
City, State, Zip Code | Scotch Plains, NJ 07076
Name of Contact | Eric Haff
Telephone Number | 
Name of Facility Where Abatement is Taking Place (3) | American Water
Street Address | 1341 North Ave
City (5) | Plainfield, NJ 07062
County (6) | Union
County Code (7) (STATE USE ONLY) | 
Name of Monitoring Firm Hired by Building Owner (8) | EPC Technologies
ASCN No | N/A
Name of Abatement Contractor (9) | EPC Technologies Inc
Street Address | P.O. Box 337
City, State, Zip Code | New Egypt, NJ 08533
Project Manager for Monitoring Firm | Steve Schenker
Telephone No | 609-758-3365
Start Date (10) | April 15, 2017
Scheduled Completion Date (11) | April 18, 2017
Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement
Scope of Work (Check All That Apply) | 
≥36 sf or ≥36 if | Renovation
≥160 sf or ≥260 if | Demolition
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Boiler Room
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | 9 Fitting with TSI’ 15 LF
Amount (Specify SF or LF) | 
Abatement Type | 
Duration | 
Type of Facility (4) | 
School (K-12) | 
Other Chapter 8 (Other than K-12) | 
Other (i.e., private & commercial buildings, homes, etc.) | 
Square Feet | 
# of Floors | 1
Bldg. Age | 50+
Name of Registered Waste Hauler | EPC Technologies
NJDEP Waste Hauler ID No | 17000
Cubic Yards of Waste | 17000
Disposal Date | 4-18-17
City, State | Moonsville, PA
Name of Registered Landfill | 
Signature | Steve Schenker
Completed by | Steve Schenker
Title | President
City, State | New Egypt, NJ
 ASB-41 (R-05-06)
* Do not use this form for asbestos licensure exempted activities.
### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3):**
Richard Crowe Private Home

**Street Address:** [Redacted]

**City:** Surf City
**State:** NJ **Zip Code:** 08008

**County:** [Redacted]

**Ocean**

**Type of Facility (4):**

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

**Square Feet:** 1000+

**# of Floors:** 1

**Bldg. Age:** 35+

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

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

**ASCM No.:** [Redacted]

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

**Street Address:** PO Box 329

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

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

**License No.:** 00727

**Start Date (10):** 4/18/17

**Scheduled Completion Date (11):** 4/24/17

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

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

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

- 2.3 sf or 2.3 ft
- ≥150 sf or ≥200 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

**Location:**

- Exterior Siding

**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):**

- Exterior Siding

**Amount (Specify SF or LF):** 1500 SF

**Abatement Type:**

- [Redacted]

### Name of Registered Waste Hauler

**Name:** United Roll Off

**City:** [Redacted] **State:** NJ

**Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 3

**Disposal Date:** 4/24/17

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

**City:** Morrisville **State:** PA **Zip Code:** 19067

**Completed by:** Anthony T Perna

**Title:** President

**Signature:** [Redacted]

**Date:** 4/5/17

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

**Date of Notification (1)**  
04/16/2017

**Name of Building Owner/Operator (2)**  
**AMPARO CUTTI** and **DARIO PERSIEDE**

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

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

**Street Address**  
WESTFIELD NJ 07090

**City, State, Zip Code**  
WESTFIELD NJ 07090

**Name of Contact**  
AMPARO CUTTI

**Telephone Number**

---

**Name of Facility Where Abatement Is Taking Place (3)**  
RESIDENTIAL HOUSE

**Street Address**  
27 Sussexiana Av.

**City (5)**  
UNION

**County Code (6)**  
07090

**County Code (7)**  
UNION

**County (6)**  
UNION

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

**Square Feet**  
1850

**# of Floors**  
2

**Bldg. Age**  
100

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
A2 SOLUTION

**ASCM No.**  
54105

**Name of Abatement Contractor (9)**  
DIVINE DEVELOPMENT LLC

**Street Address**  
572 S 12TH STREET

**City, State, Zip Code**  
NEWARK NJ 07102

**Telephone No.**  
917-216-5472

**License No.**  
01294

**Name of OSHA Monitor**  
DIVINE DEVELOPMENT LLC

**Street Address**  
572 S 12TH STREET

**City, State, Zip Code**  
NEWARK NJ 07102

---

**Start Date (10)**  
04/16/2017

**Scheduled Completion Date (11)**  
04/26/2017

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

**Scope of Work (Check All That Apply)**  
- >=3 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
- Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility**

- Siding

**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)**

- SF or LF

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Cleanup

---

**Name of Registered Waste Hauler**

NEWARK CARTING

**NJDEP Waste Hauler ID No.**

04505

**Cubic Yards of Waste**

As needed

**Disposal Date**

TBD

**Name of Registered Landfill**

1ESI Landfill

**City, State**

NEWARK NJ 07103

**City, State**

Bethlehem PA

**Completed by**

JOVAN SURDOSKI

**Title**

OWNER

**Signature**

04/06/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/5/2017

Name of Building Owner/Operator (2)
Dennis Hallahan

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

Type Notification
- Initial

Street Address

City, State, Zip Code
Bogota, NJ 07603

Name of Contact
Dennis Hallahan

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

Square Feet
n/a

# of Floors
n/a

Blog. Age
n/a

Current Use (Prior if being demolished)
n/a

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

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

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
2108 Fulton St, Suite 2A
Brooklyn, NY 11233

Project Manager for Monitoring Firm
Kayode Adejuyaye

Telephone No.
347-241-7673

Start Date (10)
4/14/2017

Scheduled Completion Date (11)
4/18/2017

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

Other - Describe:

 Scope of Work (Check All That Apply)
- ≥30 sf or ≥36 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)

Yes No N/A

Crawlspace

Debris cleanup

Amount (Specify SF or LF)
30SF

Abatement Type

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

Name of Registered Waste Hauler
Amax Contracting LLC

City, State
Woodland Park, NJ

Completed by
Tome Maslarkov
Title
Project Manager

Disposal Date
4/18/2017

Name of Registered Landfill
Fairless Hill

City, State
Morrisonville, PA

Signature

Date
4/5/2017

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

Check#2759

Name of Building Owner/Operator (2)
Chloe Galkin

Street Address
City, State, Zip Code
South Orange, NJ 07079

Type of Facility (4)
Private house

Square Foot # of Floors Bldg. Age

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

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

Name of Abatement Contractor (9)
Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

Type of Abatement
License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

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

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
Clean up and decontamination with negative pressure

Removal
Full Containment with Negative Pressure

Demolition
Mini-Enclosure

Glovebag Procedure
Tent with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify Sf or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe insulation</td>
<td>5 LF</td>
</tr>
<tr>
<td>Attic</td>
<td>No</td>
<td>Pipe insulation</td>
<td>5 LF</td>
</tr>
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</table>

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

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

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Landfill
Tullytown, PA

Completed By (Print or Type)

Title
Owner

Signature
Febie Wengel

Date
04/06/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/05/2017

Name of Building Owner/Operator (2)

County of Ocean

Agencies Notified Type Notification
EPA Initial

Street Address
239 Washington Street

City, State, Zip Code
Toms River, NJ 08753

Name of Contact
Michele Henry

Telephone Number

Name of Facility Where Abatement Is Taking Place (3)
Ocean County Courthouse

Street Address
100 Hooper Avenue

City (5)
Toms River, New Jersey 07753

County (6)
Ocean

County Code (7) (STATE USE ONLY) __________

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

Square Feet
20,000

of Floors
4

Bldgs Age
55+

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
606 McBride Avenue

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Kevin Burns

Telephone No.
732-676-4000

License No.
01104

OSHA Monitor
IRIS Environmental Laboratories LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, New Jersey 07083

Scope of Work (Check All That Apply)

Renovation

Demolition

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

In Facility

E Wing; 1st Fl Restroom Pipe Chase

E Wing; 2nd Fl Restroom Pipe chase

Name of Registered Waste Hauler
Lillich Corporation

Waste Hauler ID No.
18724

Pounds of Waste
2

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

City, State
Woodland Park, Ne Jersey

Completed by
Adriana Olszarska
Title
President

Signature

Date
04/05/2017

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

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

**Date of Notification (1):** 04/06/2017

**Name of Building Owner/Operator (2):** Montclair Board of Education

### Agencies Notified

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

**Street Address:** 22 Valley Road

**City, State, Zip Code:** Montclair, NJ 07042

**Name of Contact:** Lenny Saponara

### FACILITY INFORMATION

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

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

**Street Address:** 100 Chestnut Street

**City (5):** Montclair

**County (6):** Essex

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

**Name of Monitoring Firm Hired by Building Owner (8):** Detail Associates, Inc

**ASCM No.:**

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

**Street Address:** 300 Grand Ave

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

**Project Manager for Monitoring Firm:** Anthony Valentine

**Telephone No.:** 201-569-6708

**Start Date (10):** 04-02-2017

**Scheduled Completion Date (11):** 04-21-2017

**Occupancy Status During Abatement (Check Only One):**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: start 6:00 pm

**Scope of Work (Check All That Apply):**
- [X] ≥30 sf or ≥30 sf
- [ ] ≥160 sf or ≥260 sf
- [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

**In Facility (13):**

- boiler room
- elbows

**Amount (Specify SF or LF):** 6 LF

**Abatement Type:**

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</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>boiler room</td>
<td>[X]</td>
<td>elbows</td>
<td>6 LF</td>
<td></td>
</tr>
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</table>

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

**NJDEP Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:**

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Woodland Park, NJ

**Disposal Date:**

**Completed by:** Adriana Olejarova

**Title:** President

**Signature:**

**Date:** 04/06/2017

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

Date of Notification (1)
04/05/2017

Name of Building Owner/Operator (2)
Maxons Restoration

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

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

Street Address
415 Hamburg Tpke

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Carmelo Colon/owners represent.

Facility Information

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)
Morristown

County Code (7)
Morris

County (8)

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.

License No.
973-225-8400
01104

Name of OSHA Monitor
Irish Environmental Laboratories, LLC

Start Date (10)
04/14/17

Scheduled Completion Date (11)
04/15/17

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

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-Frangible Procedure

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

In Facility

Locate Location Normally Used Solely by Maintenance/Custodial Staff

Yes

No

N/A

In attic:

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

Thermal system insulation

Amount

Specify

SF or LF

Removal

Repair

Encapsulate

Enclose

Abatement Type

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
108724

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Woodland Park, New Jersey

Disposal Date

City, State
Morristown, PA

Completed by
Adriana Olejarova

Title
President

Signature

Date
04/05/217

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

Date of Notification (1)
04 / 07 / 17

Name of Building Owner/Operator (2)
Lynx Waste & Recycling

Agencies Notified

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

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

Amendment # ________

Street Address
P O Box 188

City, State, Zip Code
Spring Lake, NJ 07762

Name of Contact
Richard Hyde

Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Spring Lake

County (6)
Monmouth

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61

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

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

Square Feet
2000 sf

# of Floors
2

Bldg. Age
65

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
03 / 17 / 17

Scheduled Completion Date (11)
04 / 10 / 17

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

Time of Abatement: AM-PM/PM-AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3lf
☐ ≥150 sf or ≥260 lf
☐ 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, VAT, or other miscellaneous)

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

Yes No N/A

1st floor
basement
1st & 2nd floor
2nd floor/kitchen

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
8

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

Disposal Date
04/10/17

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date 4/7/17

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 12:1:20)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 06, 2017</td>
<td>RB Manufacturing LLC</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
- P.O. Box 6817
- Hillsborough, NJ 08844

**City, State, Zip Code**
- Hillsborough, NJ 08844

**Telephone Number**
- unknown

**Name of Facility Where Abatement is Taking Place**
- Old Boiler House

**Street Address**
- 799 Route 206
- Hillsborough, NJ 08807

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

**Current Use (Prior to being demolished)**
- Old Boiler House

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

**Square Feet**
- 50 s/f

**# of Floors**
- 1

**Bldg. Age**
- 50 years

**Name of Monitoring Firm**
- AET, Inc.

**Telephone No.**
- (908) 218-1108

**License No.**
- 00781

**Name of OSHA Monitor**
- Eric Houseknecht

**Project Manager for Monitoring Firm**
- The MACK Group, LLC.

**Start Date (10)**
- 4/24/17

**Scheduled Completion Date (11)**
- 5/31/17

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

**Scope of Work (Check All That Apply)**
- √ 3 s/f or ≥360 s/f
- √ 1800 s/f or ≥2600 s/f
- √ Renovation Demolition
- √ Full Containment with Negative Pressure
- √ Mini-Enclosure
- √ Glovebag Procedure
- √ Non-Exempted (1) 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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penthouse over Old Boiler House</td>
<td>√</td>
<td>boiler front insulation</td>
<td></td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**
- 0.5

**Name of Registered Landfill**
- Cumberland Co./BFI/GROWS/TRRF

**City, State**
- Newburg / Imperial / Morrisville, PA

**Disposal Data**
- Newburg / Imperial / Morrisville, PA

**Name of Registered Landfill**
- Cumberland Co./BFI/GROWS/TRRF

**City, State**
- Newburg / Imperial / Morrisville, PA

**Completed by**
- Michael Cooper

**Title**
- President

**Date**
- 4/6/17

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 / 06 / 17</td>
<td>V Rose Excavating, LLC</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Streets Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>30 Wood Haven Road</td>
<td>Toms River, NJ 08753</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vic Rose</td>
<td></td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>Lakewood</td>
<td></td>
<td>1200</td>
<td>1</td>
<td>65</td>
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<table>
<thead>
<tr>
<th>Name of Project Manager</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td></td>
<td>732-349-9932</td>
<td>00624</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>E.M.S.L. Analytical</td>
<td>1056 Stetlon</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>732-349-9932</td>
<td>00624</td>
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**RESIDENCE**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>1889 Route 9, Unit 61</td>
<td>Toms River, New Jersey 08755</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>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Guardian Contracting, Inc.</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>04 / 20 / 17</td>
<td>04 / 21 / 17</td>
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**Rulations**

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
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<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
<td>Renovation</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
<td>Demolition</td>
<td>Mini-Enclosure</td>
</tr>
</tbody>
</table>

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>20223</td>
<td>3</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill T.R.R.F.</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tullytown, Pennsylvania</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholas Fernicola</td>
<td>Project Manager</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Completion (12)</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/24/17</td>
<td></td>
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</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
4/6/17

Name of Building Owner/Operator (2)
Rich Victor

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

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

Street Address

City, State, Zip Code
Atlantic City, NJ

Name of Contact
Victor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Atlantic City

County Code (7) (STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

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)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
4/20/17

Scheduled Completion Date (11)
4/21/17

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Occuptancy Status During Abatement (Check Only One)
信息安全 intercepted

Other – Describe:

Scoope of Work (Check All That Apply)
☐ x3 sf or ≥3 if
☐ ≥192 sf or ≥260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Location - INTERIOR

Floor Tile
75SF
x

Name of Registered Waste Hauler

NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
2

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date

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

Date of Notification (1): 4/17/17
Name of Building Owner/Operator (2): H. Noyes

Type Notification: Initial
Agency Notified: EPA

Street Address: [Redacted]
City, State, Zip Code: Hasbrouck Heights, NJ 07604
Name of Contact: H. Noyes

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hasbrouck Heights
Count (6): Bergen
County Code: [STATE USE ONLY]

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

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

Best Removal Inc
Street Address: 450 South River Street
City, State, Zip Code: Hackensack, NJ 07601

Project Manager for Monitoring Firm: Telephone No.

Telephone No.: 201-329-7444
License No.: 00388

Name of OSHA Monitor: Omega Environmental

Street Address: 280 Huyler Street
City, State, Zip Code: South Hackensack, NJ 07606

Start Date (10): 4/24/17
Scheduled Completion Date (11): 4/25/17

Occupancy Status During Abatement (Check Only One): [Redacted]

Other - Describe: 8:00 AM TO 5:00 PM

Scope of Work (Check All That Apply): [Redacted]

Renovation
Demolition

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

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

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

Amount (Specify SF or LF): 65 LF

Abatement Type:

Yes No N/A

Amount of Registered Landfill:

Minverva Enterprises, LLC

City, State: Wayneburg, OH 44688

Disposal Date: 4/25/17

Completed by: J. Malerano
Title: Estimator
Signature: [Redacted]
Date: 4/17/17

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

Date of Notification (1)
04/07/2017

Name of Building Owner/Operator (2)
Mrs. Marybeth Rothman

Agencies Notified

Type Notification

Street Address
City, State, Zip Code
Closter, NJ 07622

Name of Contact
Marybeth Rothman

Telephone Number

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

Street Address

City (6)
Closter

County (8)
Bergen

County Code (7)

Current Use (Prior if being demolished)

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

AsCM No.
Lillich Corporation

Name of Abatement Contractor (9)

Street Address
608 McBride Ace

City, State, Zip Code
Woodland Park, NJ 07424

Telephone No.
973-226-8400

License No.
01104

Name of OSHA Monitor
Iris Environmental Labs, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Anthony Valentine

Start Date (10)
04/17/2017

Scheduled Completion Date (11)
04/19/2017

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 if
X 160 sf or 260 if

Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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)

Removal
Repair
Encapsulate
Enclose

2nd floor bedroom 1&2
floor tiles
480 sf

2nd floor hallway
floor tiles
32 sf

2nd floor bedroom&hallway
gypsum board/joint compound
620 sf

Name of Registered Waste Hauler
Lillich Corporation

NJSEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Woodland Park, NJ

Disposal Date

Completed by
Adriana Olejarova
Title
President

Signature
Date
04/07/2017

* 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):
04/07/2017

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

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

Name of Building Owner/Operator (2):
Denville Board of Education

Street Address:
400 Morris Avenue
City, State, Zip Code:
Denville, NJ 07834

Name of Contact:
Jerry Marinelli

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Valley View school

Street Address:
320 Diamond Spring Road

City (5):
Denville

County (6):
Morris

County Code (7):

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

Square Feet:

# of Floors:

Bid, Age:

Current Use (Prior to being demolished):
school

Name of Monitoring Firm Hired by Building Owner (8):
New Wave Consultants

ASCM No.:

Name of Abatement Contractor (9):
Lilich Corporation

Street Address:
POB 4128

City, State, Zip Code:
Wayne, NJ 07470

License No.:
01104

Telephone No.:
973-225-8400

Project Manager for Monitoring Firm:
Nadine Bell

Telephone No.:
973-616-4601

Start Date (10):
04/17/2017

Scheduled Completion Date (11):
04/19/2017

Occupancy Status During Abatement (Check 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):
- 23 sf or 23 if
- 160 sf or 2250 if
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure Wrap/cut
- Non-Exempted (*) and Non-Friable Procedure

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

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):
incinerator-chimney insulat.

Amount (Specify SF or LF):
20 sf

Abatement Type:
Removal

Name of Registered Waste Hauler:
Lilich Corporation

NJDEP Waste Hauler ID No.:
18724

Cubic Yards of Waste:

Name of Registered Landfill:
GROWS Landfill

City, State:
Woodland Park, NJ

Disposal Date:

Completed by:
Adriana Olejarova

Title:
president

Signature:

Date:
04/07/2017

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

Date of Notification (1) 4/6/2017

Name of Building Owner/Operator (2) Kim Adler

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

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

Street Address

City, State, Zip Code Bloomfield, NJ, 07003

Name of Contact Kim Adler

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

Square Feet 2742 # of Floors 2 Bldg. Age 99

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kim Adler

Street Address

City (5) Bloomfield County (6) Essex County Code (7) (STATE USE ONLY)

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

ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, INC.

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Project Manager for Monitoring Firm Telephone Number License Number
(973) 744-8800 00371

Name of OSHA Monitor N/A

Scheduled Start Date (10) 04/18/2017 Sched. Completion Date (11) 04/19/2017

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

Scope of Work (Check all that apply) [X] Renovation [X] Demolition
[ ] Non-Friable Procedure

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

Material (ACM) Location Normally Used
ITS 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 SP or LF)

Abatement Type

Removal Encapsulation Enclosure

Pipe Insulation 15 LF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Name of Registered Landfill Minerva Enterprise INC

City, State Montclair, NJ 07042

Disposal Date 04/20/2017

Completed By (Print or Type) Constantine Vivian

Title President

Signature Date 4/6/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

04 / 07 / 17

Name of Building Owner/Operator (2)

Ridgewood Board of Education

FACILITY INFORMATION

Agencies Notified

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

Type Notification

□ Initial
□ Amended
□ Amendment # ________
□ Emergency (including justification)
□ Cancellation

Street Address

49 Cottage Place

City, State, Zip Code

Ridgewood NJ 07451

Name of Contact

Steve Tichenor

County Code (*) (STATE USE ONLY)

Bergen

Name of Facility Where Abatement is Taking Place (3)

Ben Franklin Middle School

Street Address

355 North Van Diem Ave

City (5)

Ridgewood, NJ

County (6)

Bergen

Name of Monitoring Firm Hired by Building Owner (8)

EnviroVision Consultants, Inc

ASCM No.

00079

Name of Abatement Contractor (9)

New American Restoration

Street Address

20-21 Wagawar Rd. - Building 35 E

City, State, Zip Code

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Guillermo M. Morales

Telephone No.

972-636-9145

Telephone No.

Street Address

421-423 Straight Street

City, State, Zip Code

Paterson, NJ 07501

License No.

00805

Start Date (10)

04 / 10 / 17

Scheduled Completion Date (11)

04 / 16 / 17

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: ______ AM-_______ PM/____PM-____AM

Scope of Work (Check all that apply)

□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥250 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Frisable Procedure

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

Boiler Room

Boiler Room

Boiler Room

Name of Registered Waste Hauler

New American Restoration, Inc

NJDEP Waste Hauler ID No.

30399

Cubic Yards of Waste

20

Disposal Date

TBD

City, State

Patterson, NJ

Name of Registered Landfill

G.R.O.W.S

City, State

Morristown, PA

Completed By (Print or Type)

Igor Jezdimirovic

Title

Vice President

Signature

Date

04-07-2017

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

Date of Notification (1) 4 / 07 / 17

Name of Building Owner/Operator (2) Ridgewood Board of Education

Agencies Notified

☑ EPA
☑ DOLVD
☑ DHSS
☑ DCA
□ (NJAC 5:23-8)

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

Street Address

49 Cottage Place

City, State, Zip Code

Ridgewood NJ 07451

Name of Contact

Steve Tichenor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Travell Elem. School

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

Square Feet
30,000

# of Floors
1

Bldg. Age
63 years

Current Use (Prior if being demolished)
Educational

County (5)
Bergen

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants, Inc

ASCM No.
00079

Name of Abatement Contractor (9)
New American Restoration

Street Address

20-21 Wagaw Rd - Building 35 E

City, State, Zip Code
Fairlawn NJ 07410

Project Manager for Monitoring Firm
Guillermo M. Morales

Telephone No.
972-636-9145

License No.
00805

Start Date (10)
04 / 10 / 17

Scheduled Completion Date (11)
04 / 16 / 17

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 - 8AM - 4PM PM - AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥100 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)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Location

Boiler Room

Boiler Room

Boiler Breaching

Pipe & Joints

130 sf

15 LF

Name of Registered Waste Hauler
New American Restoration, Inc

N J DEP Waste Hauler ID No.
30399

Cubic Yards of Waste
20

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

City, State
Patterson, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Igor Jezdimirovic

Title
Vice President

Signature

Date
4/07/2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:59 and 8:14)  

Date of Notification (1)  4 / 07 / 17  
Name of Building Owner/Operator (2)  
Ridgewood Board of Education  

Agencies Notified  
- EPA  
- DOLWD  
- DHSS  
- DCA (NJAC 5:23-6)  
Type Notification  
- Initial  
- Amended  
- Amendment #  
- Emergency (including justification)  
- Cancellation  
Street Address  
49 Cottage Place  
City, State, Zip Code  
Ridgewood NJ 07451  
Name of Contact  
Steve Tichenor  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Ben Franklin Middle School  
Street Address  
355 North Van Diam Ave  
City (5)  
Ridgewood, NJ  
County (6)  
Bergen  
County Code (7)/(STATE USE ONLY)  
Current Use (Prior if being demolished)  
Educational  

Type of Facility (4)  
- School (K-12)  
- Subchapter B (Other than K-12)  
- Other (i.e., private and commercial buildings, homes, etc.)  
Square Feet  
49,000  
# of Floors  
3  
Bldg. Age  
85 years  

Name of Monitoring Firm Hired by Building Owner (8)  
EnviroVision Consultants, Inc  
ASCM No.  
00079  
Name of Abatement Contractor (9)  
New American Restoration  
Street Address  
20-21 Wagaraw Rd. - Building 35 E  
City, State, Zip Code  
Fairlawn NJ 07410  
Telephone No.  
972-636-9145  
License No.  
00805  

Project Manager for Monitoring Firm  
Guillermo M. Morales  
Street Address  
421-423 Straight Street  
City, State, Zip Code  
Paterson, NJ 07501  
Telephone No.  
973-925-1303  

Start Date (10)  
04 / 10 / 17  
Scheduled Completion Date (11)  
04 / 16 / 17  
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:  
Scope of Work (Check all that apply)  
- 3 sf or 3 ft  
- 180 sf or 280 ft  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-exempted (*) and Non-Friable Procedure  

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

<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>Boiler Room</td>
<td>No</td>
<td>Boiler Breaching</td>
<td>300 sf</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Pipe &amp; Joints</td>
<td>335 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Rope Gasket</td>
<td>150 LF</td>
<td>Ensure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
New American Restoration, Inc  
NJDEP Waste Hauler ID No. 30399  
Cubic Yards of Waste  
20  
Name of Registered Landfill  
G.R.O.W.S  
City, State  
Paternson, NJ  
Disposal Date  
TBD  
City, State  
Morrisville, PA  
Date  
04-07-2017  

Completed By (Print or Type)  
Igor Jezdimirovic  
Title  
Vice President  
Signature  

* 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 / 07 / 17

Name of Building Owner/Operator (2)  
Ridgewood Board of Education

Street Address  
49 Cottage Place

City, State, Zip Code  
Ridgewood NJ 07451

Name of Contact  
Steve Tichenor

Name of Facility Where Abatement is Taking Place (3)  
George Washington Middle School

Street Address  
155 Washington Place

City (5)  
Ridgewood, NJ

County (6)  
Bergen

County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  
EnviroVision Consultants, Inc

ASCM No.  
00079

Name of Abatement Contractor (9)  
New American Restoration

Street Address  
20-21 Wagawar Rd.- Building 35 E

City, State, Zip Code  
Fairlawn NJ 07410

Project Manager for Monitoring Firm  
Guillermo M. Morales

Telephone No.  
972-636-9145

License No.  
00805

Start Date (10)  
04 / 10 / 17

Scheduled Completion Date (11)  
04 / 16 / 17

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

Scope of Work (Check all that apply)  
☐ >= 5 sf or >= 3 ft

☐ >= 160 sf or >= 260 ft

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Renovation

☐ Mini-Enclosure

☐ Boiler Breaching

☐ Glovebag Procedure

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

☐ Non-Exempted (**) and Friable Procedure

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>New American Restoration, Inc</td>
<td>30599</td>
<td>20</td>
</tr>
</tbody>
</table>

Abatement Type  
☐ Removal

☐ Repair

☐ Encapsulation

Date  
04-07-2017

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

Date of Notification (1)
4 / 07 / 17

Name of Building Owner/Operator (2)
Ridgewood Board of Education

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

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

Street Address
49 Cottage Place

City, State, Zip Code
Ridgewood NJ 07451

Name of Contact
Steve Tichenor

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3)
Hawes Elementary School

Street Address
531 Stevens Ave

City (5)
Ridgewood, NJ

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (9)
EnviroVision Consultants, Inc

ASCM No.
00079

Name of Abatement Contractor (8)
New American Restoration

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

Square Feet
28,000

# of Floors
1

Bldg. Age
55

Current Use (Prior if being demolished)
Educational

Name of Monitoring Firm Hired by Building Owner (9)
EnviroVision Consultants, Inc

Street Address
20-21 Wagaw Rd.- Building 35 E

City, State, Zip Code
Fairlawn NJ 07410

Project Manager for Monitoring Firm
Guillermo M. Morales

Telephone No.
972-636-9145

License No.
00805

Start Date (10)
04 / 10 / 17

Scheduled Completion Date (11)
04 / 16 / 17

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:
AM- PM- PM- AM

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

- Renovation
- Demolition

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

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

(13)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
New American Restoration, Inc

NJDEP Waste Hauler ID No.
30399

Cubic Yards of Waste
20

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

City, State
Paterson, NJ

Disposal Date
TBD

City, State
Morrisesville, PA

Completed By (Print or Type)
Igor Jezdilovic

Title
Vice President

Signature

Date
04-07-2017

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

**Date of Notification (1)**
4/7/2017

**Name of Building Owner/Operator (2)**
CAMCO DEVELOPMENT, LLC / ARNY ASSOCIATES, LLC

**Street Address**
37 W. CHERRY STREET

**City, State, Zip Code**
RAHWAY, NJ 07065

**Name of Contact**
TOM RICHARDS

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
FORMER CHURCH & DWIGHT R&D CENTER

**Street Address**
328 HALF ACRE ROAD

**City (5)**
CRANBURY

**County (6)**
MIDDLESEX

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

**ASCM No.**

**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**
KEVIN LOVELY

**Telephone No.**
(732) 390-5858

**Start Date (10)**
4/18/2017

**Scheduled Completion Date (11)**
5/19/2017

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

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

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

- 33 sf or 33 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

- In Facility

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

- 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**

- Encapsulate
- Enclosure

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
40

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

**City, State**
TOTOWA, NJ

**Disposal Date**
5/19/2017

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
4/7/2017

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Material Description</th>
<th>Location</th>
<th>Approx. Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof vent caulk</td>
<td>Small vents located on south side of the roof</td>
<td>30 LF</td>
</tr>
<tr>
<td>Roof flashing</td>
<td>All roofs</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>Air cell pipe insulation</td>
<td>Reception area over door (above ceiling tiles)</td>
<td>6 LF</td>
</tr>
<tr>
<td>Elbow and joint insulation associated with fiberglass</td>
<td>Reception area, front office and center room, 1st floor corridor and</td>
<td>1,015 LF</td>
</tr>
<tr>
<td>insulation</td>
<td>elevator corridor, rooms 105A and 105B, 106-109, 112, 113, 114, 117,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>117A, 117B, 119, 119A, 122, 123, 124, 126, 126A, 134, 141, 141A, 141B,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>copy room, 149, 149A, 150-152, 158, 158A, 160, 160A, 2nd floor corridor,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>206, 216, 220, 223-225, 227 and open loading dock</td>
<td></td>
</tr>
<tr>
<td>Transite panels associated with laboratory fume hoods</td>
<td>Rooms 142, 143, 148, 149, 202, 223, 227, 228, 232, 235 and 245</td>
<td>1,650 SF</td>
</tr>
<tr>
<td>Black beaker board</td>
<td>Room 143</td>
<td>20 SF</td>
</tr>
<tr>
<td>Exterior transite panels</td>
<td>Front entrance</td>
<td>36 SF</td>
</tr>
<tr>
<td>Vibration cloth</td>
<td>Air conditioning duct work and rooftop vents</td>
<td>50 SF</td>
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<tr>
<td>Boiler gaskets</td>
<td>Inside of boiler located in the boiler room</td>
<td>60 LF</td>
</tr>
<tr>
<td></td>
<td>Removal via Limited Containment</td>
<td></td>
</tr>
<tr>
<td>Material Description</td>
<td>Location</td>
<td>Approx. Quantity</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Window sills</td>
<td>All first and second floor rooms under metal cover</td>
<td>4,600 SF</td>
</tr>
<tr>
<td>Fire doors</td>
<td>First and second floor doors</td>
<td>120 SF</td>
</tr>
<tr>
<td>Laboratory hood exhaust pipes</td>
<td>Rooms 208, 228, 232, 237, 238, 246, 247, and on all roof vents</td>
<td>TBD</td>
</tr>
</tbody>
</table>