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

Check # 25840

Date of Notification (1) 4/9/2019

Name of Building Owner/Operator (2) Rice

Agencies Notified Type Notification

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

Street Address

City, State, Zip Code Hamilton, NJ 08610

Name of Contact Doran Rice

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet 1500

# of Floors 2

Bldg. Age 75 +/-

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3)

Residential

Street Address

City (5) Hamilton NJ 08610

County (6) Mercer

County Code (7) (STATE USE ONLY) __________

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

ASCM No.

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

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm Thomas Geiger

Telephone No. 732 290-2217

License No. 00493

Start Date (10) 4/19/2019

Scheduled Completion Date (11) 4/24/2019

Name of OSHA Monitor MECS

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Occuupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe:

Scope of Work (Check All That Apply)

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

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

Yes No N/A

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

Name of Registered Waste Hauler Stevens Environmental Services

NJDEP Waste Hauler ID No. 18232

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill

City, State Allentown, NJ

Disposal Date 4/24/2019

City, State Morrisville, PA

Completed by Mahlon E. Stevens Title Project Manager

Signature

Date 4/10/2019

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

State of New Jersey

Name of Building Owner/Operator (2)
Elk Disabled Training C/O Lan Associates

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

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

Name of Facility Where Abatement is Taking Place (3)
Abandoned Former Residence slated for demolition

Street Address
7 Vreeland Ave.

City (5)
Clifton

County Code (7)
Passaic

Name of Monitoring Firm Hired by Building Owner (8)
ASCN No.
N/A

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

Street Address
135 Kinnelon Rd, Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
4/18/19

Scheduled Completion Date (11)
4/24/19

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

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

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)
Chimney Flashing 20 SF
Tar Paper beneath 3rd layer floor 668 SF

Amount (Specify SF or LF)

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

In Facility (13)

Roof

Second Floor

Location of Registered Waste Hauler

Yannuzzi Group, Inc.

Cubic Yards of Waste
10

Disposal Date
4/24/19

Name of Registered Landfill
GROWS/ Fairless

City, State
Kinnelon, NJ

Completed by
John Mucha

Title
AHERA Project Designer

* 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)
04/08/2019

Name of Building Owner/Operator (2)
Orange Twp. School District

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

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

Street Address
451 Lincoln Avenue

City, State, Zip Code
Orange, NJ

Name of Contact
A. James

Telephone Number
973-677-4190

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

Street Address
33 Cleveland Street

City (6)
Orange, NJ

County (6)
Essex

County Code (7)
00

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

Square Feet
5000+SF

# of Floors
2F+basement

Bidg. Age
50+

Current Use (Prior if being demolished)
Educational

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

ASCM No.
00127

Name of Abatement Contractor (9)
GL Group Inc.

Street Address
1248 Wrngs Lane

City, State, Zip Code
West Chester, PA 19380

Project Manager for Monitoring Firm
Philip Coniteh

Telephone No.
610-431-7545

License No.
01084

Name of OSHA Monitor
GL Group Inc.

Street Address
140 Hamburg Turnpike

City, State, Zip Code
Bloomingdale, NJ 07403

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

Start Date (10)
04/20/2019

Scheduled Completion Date (11)
04/27/2019

Scope of Work (Check All That Apply)
- ±3 sf or ±2 sf
- ≥160 sf or ≥250 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovesbag Procedure
- Non-Exempted (*) and Non-Friable Procedure (x)

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)

Boiler Room
Roping from between 12 Rib Boil
100LF

Boiler Room
Asbestos Pipe Insulation
120LF

Boiler Room
Asbestos Pipe Insulation
16LF

Boiler Room
Boiler Base Cleaning
50SF

Name of Registered Waste Hauler
GL Group Inc.

NJDEP Waste Hauler ID No.
033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva

Disposal Date
TBD

City, State
Bloomingdale, NJ 07403

Completed by
Elena Solakov

Title
President

Signature
Date
04/08/2019

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  
Check #4540

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Orange Twp. School District</td>
<td>A. James</td>
<td>973-677-4190</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Central Elementary School</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>33 Cleveland Street</td>
<td>2F + basement</td>
<td>50+</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Orange, NJ</td>
<td>Essex</td>
<td>Educational</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westchester Environmental</td>
<td>00127</td>
<td>GL Group Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>1248 Wirting Lane</td>
<td>West Chester, PA 19380</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philip Conley</td>
<td>610-431-7545</td>
<td>01084</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>04/20/2019</td>
<td>04/27/2019</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (1) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Roping from between 12 Rib Boli</td>
<td>100LF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Asbestos Pipe Insulation</td>
<td>120LF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Asbestos Pipe Insulation</td>
<td>16LF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Base Cleaning</td>
<td>50SF</td>
<td>x</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler GL Group Inc.</td>
<td>NUDEP Waste Hauler ID No. 033034</td>
<td>Cubic Yards of Waste TBD</td>
<td>Name of Registered Landfill Minerva</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Disposal Date</td>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloomingdale, NJ 07403</td>
<td>TBD</td>
<td>Waynesburg, OH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: Elena Solakov  
Title: President  
Signature:  
Date: 04/08/2019

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

**Date of Notification:** 04/08/19

**Name of Building Owner/Operator:** Daniel Cunningham

**Name of Contact:** Daniel

**Street Address:** West Orange, NJ, 07052

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**City:**
- [ ] West Orange

**County:**
- [ ] Essex

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

**Name of Abatement Contractor:** AZTECH MANAGEMENT, Inc.

**Street Address:**
- 86 Christopher St.

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

**License Number:**
- [ ] 00371

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

**Street Address:**

**City, State, Zip Code:**

**Scheduled Start Date:** 04-18-19

**Scheduled Completion Date:** 04-19-19

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

**Type of Work:**
- [X] Renovation
- [ ] Demolition

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

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

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

**Abatement Type:**
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

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

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

**Abatement Type:**

**Name of Registered Waste Hauler:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

**Disposal Date:** 04/22/19

**City, State:**
- Tri-State

**Name of Registered Landfill:**
- Tri-State

**City, State:**
- Bronx, NY, 10474

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

**Title:**

**Signature:**

**Date:** 04/08/19

**Constantine Vivian**

**President**
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**CHECK # 1774**

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

DONNA AND DAVID WILLIAMS

**Street Address**

[Redacted]

**City, State, Zip Code**

CHERRY HILL NJ 08034

**Name of Contact**

DAVID WILLIAMS

**Telephone Number**

[Redacted]

---

**FACILITY INFORMATION**

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

RESIDENTIAL

**City (5)**

CHERRY HILL NJ

**County (6)**

CAMDEN

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

ACER ASSOC.

**Street Address**

1012 INDUSTRIAL DRIVE

**City, State, Zip Code**

WEST BERLIN NJ 08091

**Project Manager for Monitoring Firm**

MATT DEPALMA

**Telephone No.**

856-809-1202

**Name of Abatement Contractor (9)**

ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**

570 CLEMS RUN

**City, State, Zip Code**

MULLICA HILL NJ 08062

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

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours
- ☐ Other – Describe: WORK AREA VACANT DURING ABATEMENT

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

- ☑ Renovation
- ☑ Demolition

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

- In Facility

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

- 145 SF

**Abatement Type**

- ☑ Removal
- ☐ Repair
- ☐ Encapsulate
- ☑ Endcap

**Name of Registered Waste Hauler**

ASSURED ENVIRONMENTAL SERVICES

**City, State**

MULLICA HILL NJ

**Name of Registered Landfill**

MINERVA LANDFILL

**Disposal Date**

04/19/2019

**City, State**

WAYNESBURG, OH

**Completed by**

RON SWANSON

**Name**

GENERAL MANAGER

**Signature**

[Redacted]

**Date of Notification (1)**

04/05/2019

**Start Date (10)**

04/17/2019

**Scheduled Completion Date (11)**

04/18/2019

---

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

- FAMILY ROOM

- NF 1 FLOOR TILE

---

* 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)**  
04/09/19  

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

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

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

**Street Address**  

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

**Telephone Number**  

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

**City (5)**  
Lakewood

**County (6)**  
Ocean

**County Code (7)**  

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Start Date (15)**  
04/29/19  

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**  
732-668-9078  
1200

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

**Street Address**  
6 WHITE DOVE COURT

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

**Name of OSHA Monitor**  
AAA LEAD PROFESSIONALS

**Street Address**  
6 WHITE DOVE COURT

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

**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  
- [ ] ≥100 sf or ≥200 If  
- [X] Renovation Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

**Amount (Specify SF or LF)**  

**Abatement Type**  

**Exterior**  

**Siding**  
1000SF

**Name of Registered Waste Hauler**  
NEWARK CARTING

**City, State**  
NEWARK, NJ

**Disposal Date**  
05/01/19

**City, State**  
BETHLEHEM PA

**Name of Registered Landfill**  
IESI

**Cubic Yards of Waste**  
8

**Name of Registered Landfill**

**Completed by**  
JOSEPH PERLSTEIN

**Title**  
OWNER

**Signature**

**Date**  
04/09/19

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/08/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Fair Lawn Board of Education</td>
</tr>
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</table>
| Agency(ies) Notified | □ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA |
| Type Notification | □ Initial  
□ Amended  
□ Amendment # 1  
□ Emergency (including justification)  
□ Cancellation |
| Street Address | 37-01 Fair Lawn Avenue |
| City, State, Zip Code | Fair Lawn, New Jersey 07410 |
| Name of Contact | Tom Senko |
| Telephone Number | 201-794-5500 |

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Fair Lawn High School</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>14-00 Berdan Avenue</td>
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<tr>
<td>City (5)</td>
<td>Fair Lawn, New Jersey 07410</td>
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<tr>
<td>County Code (7)</td>
<td>Bergen</td>
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<tr>
<td>County Code USE ONLY</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lilich Corporation</td>
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<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, New Jersey 07505</td>
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<tr>
<td>Telephone No.</td>
<td>201-562-0340</td>
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<tr>
<td>License No.</td>
<td>973-225-8400</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Iris Environmental Laboratories, LLC</td>
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<tr>
<td>Street Address</td>
<td>246 Union Boulevard</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, New Jersey 07512</td>
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| Start Date (10) | 04/16/2019 |
| Scheduled Completion Date (11) | 04/19/2019 |

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

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

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

- ≥200 ft² or ≥20 ft²
- ≥160 ft² or ≥260 ft²

<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, VVT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>2nd Floor Mechanical Room</td>
<td>X</td>
<td>HVAC Duct Insulation (Non Friable Tar Mastic) (NJDOL:Ent Encl-Intact Removal Non Sub 8)</td>
</tr>
<tr>
<td>2nd Floor Mechanical Room</td>
<td>X</td>
<td>HVAC Duct Vibration Damper/s (NJDOL:Ent Encl-Intact Removal Non Sub 8)</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Lilich Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, New Jersey</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Adriana Olejarova</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>04/08/2019</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 8:50 and 12:120)

Date of Notification (1)  
04/05/2019  

Name of Building Owner/Operator (2)  
Fair Lawn Board of Education  

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

Street Address  
37-01 Fair Lawn Avenue  

City, State, Zip Code  
Fair Lawn, New Jersey 07410  

Name of Contact  
Tom Senko  

Telephone Number  
201-794-9500  

FACILITY INFORMATION  

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

Street Address  
14-00 Berdan Avenue  

City (5)  
Fair Lawn, New Jersey 07410  

County (5)  
Bergen  

Name of Monitoring Firm Hired by Building Owner (8)  
Garden State Environmental Inc  

Name of Abatement Contractor (9)  
Lillich Corporation  

Project Manager for Monitoring Firm  
Bruce Wolf  

Telephone No.  
201-652-1119  

Start Date (10)  
04/15/2019  

Scheduled Completion Date (11)  
04/18/2019  

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

Scope of Work (Check All That Apply)  
□ ≥3 sf or ≥3 df  □ Renovation  
□ ≥160 sf or ≥260 df  □ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glove Bag Procedure / Limited Containment & Tent  
□ Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM)  

TO BE ABATED  

Is Location Normally Used Solely by Maintenance/ Custodial Staff?  

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

Amount (Specify SF of LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endorse  

2nd Floor Mechanical Room  X  
HVAC Duct Insulation (Non Friable Tar Mastic)  
(NJDOT Encl-Intact Removal Non Sub 3)  
1200 SF  X  

2nd Floor Mechanical Room  X  
HVAC Duct Vibration Damper/s  
(NJDOT Encl-Intact Removal Non Sub 3)  
40 SF  X  

Name of Registered Waste Hauler  
Lillich Corporation  

NJDEP Waste Hauler ID No.  
18724  

Cubic Yards of Waste  
5  

Name of Registered Landfill  
Fairless Landfill  

Completed by  
Adriana Olejarova  

Title  
President  

Signature  
D  

Disposal Date  
04/18/2019  

Endorse Date  
04/05/2019  

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 04/05/2019
Name of Building Owner/Operator (2) Neil Harris

Agencies Notified
- EPA  
- EDA  
- DOH  
- DCA

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

Street Address

City, State, Zip Code
Haworth, NJ 07641

Name of Contact
Neil Harris

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Haworth

County Code (6)
Bergen

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

License No.
973-345-8685
01311

Start Date (10) 04/18/2019
Scheduled Completion Date (11) 04/19/2019

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

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

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

Amount (Specify SF or LF)
95 LF

Abatement Type

Endorse

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Lendfield

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date 04/05/2019

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

Date of Notification (1)  04/05/2019

Name of Building Owner/Operator (2)  Sara Wilde

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

Type Notification  
- Initial

Street Address  
City, State, Zip Code  Denville, NJ 07834

Name of Contact  
Sara Wilde

FACILITY INFORMATION

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

City (5)  Denville

County (6)  Morris

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

Square Feet  N/A

# of Floors  N/A

Bldg. Age  N/A

Current Use (Prior if being demolished)  House

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

ASCM No.  Name of Abatement Contractor (9)  D&S Abatement, Inc.

Project Manager for Monitoring Firm  

Telephone No.  Telephone No.  973-345-8685

License No.  01311

Start Date (10)  04/17/2019

Scheduled Completion Date (11)  04/18/2019

Name of OSHA Monitor  
D&S Abatement, Inc.

Scope of Work (Check All That Apply)  
- ±3 sf or ±23 If
- ±160 sf or ±250 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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)  Pipe Insulation

Amount (Specify SF or LF)  10 LF

Abatement Type  
- Removal
- Repair
- Encapsulation

Endorsement

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

NJDEP Waste Hauler ID No.  20996

Cubic Yards of Waste  TBD

Name of Registered Landfill  Fairless Landfield

City, State  Totowa, NJ

Disposal Date  TBD

City, State  Morrisville, PA

Completed by  
Ned Joksimovic

Title  Project Manager

Signature  

Date  04/05/2019

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
04/05/2019

Name of Building Owner/Operator (2)  
Neil Harris

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

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

Street Address  

City, State, Zip Code  
Haworth, NJ 07641

FACILITY INFORMATION

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

Street Address  

City (5)  
Haworth

County Code (7)  
(BERGEN)

County (6)  
Bergen

Current Use (Prior if being demolished)  
House

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

ASCM No.  
N/A

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

License No.  
01311

Project Manager for Monitoring Firm  

Telephone No.  
973-345-8685

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

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

Abatement Performed Outside of Normal Facility Hours  
☐ Other – Describe: occupied

Scope of Work (Check All That Apply)  
☐ 23 or 23+ ft  
☐ 180 or 2260 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)

Yes  
No  
N/A

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)  
95 LF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulation  
☐ Endurise

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

NJDEP Waste Hauler ID No.  
20966

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Fairless Lendfield

Disposal Date  
TBD

City, State  
Morristown, PA

Completed by  
Ned Joksimovic  
Title  
Project Manager  
Signature  

Date  
04/05/2019

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

Date of Notification (1)
04/05/2019

Name of Building Owner/Operator (2)
Richard Smith

Agencies Notified

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

Street Address
[redacted]

City, State, Zip Code
Clifton, NJ 07013

FACILITY INFORMATION

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

Street Address
[redacted]

City (5)
Clifton

County Code (6)
Passaic

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

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

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

Telephone No.
973-345-8685

Telephone No.

License No.
01311

Start Date (10)
04/16/2019

Scheduled Completion Date (11)
04/17/2019

Name of OSHA Monitor
D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥150 sf or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (X) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes

No

N/A

Pipe Insulation

30 LF

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Lending

Dispose Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic
Title
Project Manager

Signature

Date
04/05/2019

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

Date of Notification (1)
04/05/2019

Name of Building Owner/Operator (2)
Delia Joyce

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

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

Street Address

City, State, Zip Code
Gillette, NJ 07933

Name of Contact
Delia Joyce

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Gillette

County Code (7)
Morris

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No.
01311

Name of OSHA Monitor
D&S Abatement, Inc.

Start Date (10)
04/15/2019

Scheduled Completion Date (11)
04/17/2019

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Lower Level & Furnace Room
X

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Lendfield

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic
Title
Project Manager
Signature

Date
04/05/2019

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

Date of Notification (1)  
04 / 05 / 19

Name of Building Owner or Operator (2)  
Matthew S. Baum

Agency Notified  
EPA

Street Address  
756 Valley Rd  #23

City, State, Zip Code  
Wayne, NJ 07470

Name of Contact  
Matthew S. Baum

Facility Information

Name of Facility Where Abatement is Taking Place (3) 
116 Valley Rd, Wayne, NJ 07470

Type of Facility (4) 
Subchapter 8 (Other than K-12)

Square Feet  
3,600

# of Floors  
2

Age  
1950

Current Use (Prior to being Demolished)  
Office

Name of Abatement Contractor (9) 
Gr Tech LLC

Street Address  
576 Valley Rd  #23

City, State, Zip Code  
Wayne, NJ 07470

License No.  
01127

Name of OSHA Monitor  
Envirovision Consultants, Inc

Street Address  
20-21 Wagoner Road, Suite # 35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Start Date (10)  
04 / 06 / 19

Scheduled Completion Date (11)  
04 / 09 / 19

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

Name of Monitoring Firm Hired by Building Owner (6)  
Gr Tech LLC

ASCM No.  

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

<table>
<thead>
<tr>
<th>First Floor</th>
<th>Second Floor</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)  
Used Solely by Maintenance/Custodial Staff (12)

<table>
<thead>
<tr>
<th>First Floor</th>
<th>Second Floor</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First Floor</th>
<th>Second Floor</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pipe insulation</td>
<td>□ Pipe insulation</td>
<td>□ Pipe insulation</td>
</tr>
<tr>
<td>□ 150 LF</td>
<td>□ 150 LF</td>
<td>□ 25 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SIF or LF)  
150 LF

Abatement Type

Clean up and decontamination with negative pressure housing

FRI Containment with Negative Pressure Housing

Mini-Enclosure

Glovebox Procedure

Tent with Negative Pressure

Non-Exhausted (*) and Non-Permeable Procedure

Name of Registered Waste Hauler  
Gr Tech LLC

Signature  

Date  
04/05/19

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>4-5-19</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>REUTER CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>959 N. BEECHAM RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WILLIAMSTOWN N.J. 08094</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td>County (6)</td>
<td>CATE MAY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>01371</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4-15-19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4-25-19</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>X Vacant</td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Type</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>X</td>
<td>X TRANSITE 2500 SF X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>KLEEMCO INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/NY Waste Hauler E No.</td>
<td>07047</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>CHERNIN</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE N.J.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Completed By</td>
<td>Michael Yuan</td>
</tr>
<tr>
<td>Title</td>
<td>PRES</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4-5-19</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

4 / 5 / 19

Name of Building Owner/Operator (2)
State of NJ DMVA BMB

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

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

Street Address
101 Eggert Crossing Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
William McBride

Telephone Number
609-530-7135

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DMVA - Teaneck Armory

Street Address
1799 Teaneck Road

City (5)
Teneck

County (6)
Bergen

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Whitman Co

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
923 Haws Ave

City, State, Zip Code
Norristown, PA 19401

License No.
00398

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Ticket Address
923 Haws Ave

City, State, Zip Code
Norristown, PA 19401

Start Date (10)

4 / 22 / 19

Scheduled Completion Date (11)

6 / 3 / 19

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:00PM

Scope of Work (Check all that apply)
☐ ≥ 200 sf or ≥3 If
☐ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

(13)

Yes No N/A

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☐ Endoscope

2nd floor mechanical room

☐ ☐ ☐ pipe insulation
400LF

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
40

Name of Registered Landfill
Fairless Landfill

City, State
Freehold, NJ

6/3/19

Disposal Date

City, State
Morrisville, PA

Completed By (Print or Type)
James M. Kelly

Title
Vice President

Signature

Date
4/5/19

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

Date of Notification (1) 4 / 5 / 19
Name of Building Owner/Operator (2) UE 675 Route 1 LLC

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

Street Address
210 Route 4 East
City, State, Zip Code
Paramus, NJ 07652
Name of Contact
Roger Real
Telephone Number
201-250-4688

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Woodbridge Plaza

Square Feet
100,000

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

City (5)
Woodbridge

# of Floors
2

County (6)
Middlesex

Bldg. Age
50

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)
commercial

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

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
923 Haws Ave
City, State, Zip Code
Norristown, PA 19401

License No.
00398

Project Manager for Monitoring Firm
Jeremy M. Hassett

Telephone No.
215-712-2700

Name of OSHA Monitor
Plymouth Environmental Co., Inc.

Telephone No.
610-239-9920

Start Date (10) 4 / 20 / 19

Scheduled Completion Date (11) 4 / 29 / 19

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

Time of Abatement: 7:00 AM-11:00 PM; PM-AM

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

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

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

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

description

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

Amount (Specify SF or LF)
28SF

Abatement Type
Repair
Remove
Recapture
Encapsulate
Endource

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

City, State
Norristown, PA

Disposal Date
4/29/19

City, State
Morrisville, PA

Completed By (Print or Type)
James M. Kelly
Title
Vice President
Signature
Date 4/5/19

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

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAAS 8:16-1.14 and 14:182)

**Data of Notification (1)**: 4/6/19

**Name of Building Owner/Operator (2)**: Scott Harper

**Address**
- **City, State, Zip Code**: Glen Rock, NJ 07452

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

**Street Address**: 
- **City**: Glen Rock
- **County**: Bergen

**Name of Management Firm Hired by Building Owner (5)**: A. Mac Contracting Inc.

**Street Address**: 
- **City**: Hackensack
- **State**: NJ
- **Zip Code**: 07606

**Manager for Monitoring Firm**: 
- **Street Address**: 146 Vreeland Ave.
- **City**: Midland Park
- **State**: NJ
- **Zip Code**: 07432

**Name of Abatement Contractor (9)**: A. Mac Contracting Inc.

**Street Address**: 280 Huyler Street

**License No.**: 03166

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

**Emergency (including justification)**

**Abatement Team**
- **Full Containment with Negative Pressure**: X
- **Removal of Asbestos-Containing Material (ACM)**
  - **Location of Asbestos-Containing Material (ACM)**
    - **Location Normally Used for Storage of Asbestos Publicly Owned/Occupied**: Y
    - **Location Normally Used for Storage of Asbestos Private/Commercial**: N/A
  - **Location Normally Used for Storage of Asbestos Publicly Owned/Occupied**: X
  - **Location Normally Used for Storage of Asbestos Private/Commercial**: X

**Abatement Tasks**
- **Removal of Asbestos-Containing Material (ACM)**
  - **Desired Amount of Abatement**: 80.5 YD
  - **Actual Amount of Abatement**: 80.5 YD

**Name of Registered Waste Hauler**: Newark Carting Inc.

**Waste Hauler ID No.**: 04509

**Waste Disposal Data**
- **City, State**: Pen Argyl, PA 18072

- **Date of Disposal**: 4/5/19

**Completed by**: R. McDonald

**Title**: President

**Signature**: [Signature]

**Date**: 4/5/19

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

Date of Notification (1)  
04/08/2019

Name of Building Owner/Operator (2)  
Englewood Hospital and Medical Center

Agencies Notified  
- EPA (x)  
- DEP (x)  
- DOL (x)  
- DOH (x)  
- DCA ( )

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

Street Address  
350 Engle Street

City, State, Zip Code  
Englewood NJ 07631

Name of Contact  
Mr. Harry Hahn  
Telephone Number  
201 894 3791

Name of Facility Where Abatement is Taking Place (3)  
Englewood Hospital

Street Address  
350 Street

City (5)  
Englewood

County (6)  
Bergen

County Code (7)  
(STATE USE ONLY)

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

Name of Abatement Contractor (9)  
All Clean Environmental, LLC

Street Address  
1600 Route 22 East Suite 107

City, State, Zip Code  
Union NJ 07083

Street Address  
100 Louis Street Unit F

City, State, Zip Code  
South Hackensack NJ 07606

Project Manager for Monitoring Firm  
TBD

Telephone No.  
908 686 7800

License No.  
01243

Start Date (10)  
04/08/2019

Scheduled Completion Date (11)  
04/11/2019

Occupancy Status During Abatement (Check Only One)  
- Facility closed/vacated during entire period of abatement
- Abatement performed outside of normal facility hours
- Other - Describe:  

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

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

Location Normally Used Solely by Maintenance/ 
Custodial Staff?  
Yes  
No  
N/A

Location of Asbestos-Containing Material (ACM) (i.e. asbestos, surface, etc.)

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

Description of Asbestos-Containing Material (ACM)  
Vermiculite

Amount (Specify SF or LF)  
90SF

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

Full Containment with Negative Pressure  
Mini-Enclosure

Disposal Date  
04/11/2019

Name of Registered Waste Hauler  
IESI

City, State  
Bethlehem P.A. 18015

Completed by  
Carmen Ropreza  
Title  
Office Manager

Signature  
Date  
04/08/2019

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

Date of Notification: 4/8/19

**Name of Building Owner/Operator:** Transcontinental Gas Pipeline Co, LLC

**Street Address:** PO Box 2400, MD 46

**City, State, Zip Code:** Tulsa, OK 74102

**Name of Contact:** N/A

**Telephone Number:** 918-573-2000

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Williams Transco Station 240

**Street Address:** 718 Paterson Plank Rd

**City:** Carlstadt, NJ

**County:** Bergen

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date:** 4/22/19

**Scheduled Completion Date:** 4/24/19

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

**Other – Describe:** Outdoor Pine rack

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

- ≥3 sf or ≥3 ft²
- ≥150 sf or ≥260 ft²

- [ ] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:** Boiloff Gas Pipe Tank 2

**Is Location Normally Used Solely by Maintenance Custodial Staff?** No

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

**Amount (Specify SF or LF):** 12

**Abatement Type:**

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

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

**City, State:** 609 N Union Ave, Hillside, NJ 07205

**Disposal Date:** 4/24/19

**Name of Registered Landfill Waste Management:**

**Cubic Yards of Waste:** 3

**Completed by:** Michael Miglio

**Title:** Sr Account Manager

**Signature:**

**Date:** 4/8/19

**ASB-41 (R-06-08)**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
4 / 8 / 19

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

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Powder Coatings

Street Address
250 Cheesquake Road

City, State, Zip Code
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Telephone Number
732-613-2400

FACILITY INFORMATION

County Code (7) / STATE USE ONLY
Middlesex

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

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

Street Address
3 Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

Start Date (10)
4 / 18 / 19

Scheduled Completion Date (11)
4 / 18 / 19

Scope of Work (Check all that apply)

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

Exterior

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)
Pipe Insulation

Amount (Specify SF or LF)
15 LF

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Bristol Environmental Inc.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
2

Name of Registered Landfill
Fairless Landfill

City, State
Fairless Hills, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature

Date
4-8-19

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

Date of Notification (1):  
04/08/2019  

Name of Building Owner/Operator (2):  
Market Halsey Urban Renewal  

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

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

Name of Facility Where Abatement is Taking Place (3):  
Market Halsey Building - Basement B-1  

Street Address:  
165 Halsey Street  

City:  
Newark  

County:  
Essex  

County Code:  
(State Use Only)  

Square Feet:  
150,000  

# of Floors:  
12  

Bldg. Age:  
50+  

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

Name of Monitoring Firm Hired by Building Owner (8):  
RK Occupational & Environmental, Inc.

ASCM No.:  
00090  

Name of Abatement Contractor (9):  
Bako Construction & Restoration, Inc.

Street Address:  
265A Route 46 Suite 3D  

City, State, Zip Code:  
Totowa, NJ 07512  

Project Manager for Monitoring Firm:  
Jon Gilbert  

Telephone No.:  
908-434-6316  

Start Date (10):  
04/24/2019  

Scheduled Completion Date (11):  
04/30/2019  

License No.:  
0666  

Name of OSHA Monitor:  
Bako Construction & Restoration, Inc.

Street Address:  
265A Route 46 Suite 3D  

City, State, Zip Code:  
Totowa, NJ 07512  

Scope of Work (Check All That Apply):  
- [X] ≥300 sf or ≥23 ft  
- [ ] ≥150 sf or ≥260 ft  
- [X] Renovation  
- [X] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) And Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:  
Basement B-1

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):  
No

N/A

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

Amount (Specify SF or LF):  
240 LF

Abatement Type:  
X

Name of Registered Waste Hauler:  
Bako Construction & Restoration, Inc.

NJDEP Waste Hauler ID No.:  
20899

Cubic Yards of Waste:  
15

Name of Registered Landfill:  
Fairless Landfill/Waste Management

City, State:  
Totowa, NJ

Disposal Date:  
04/30/2019

City, State:  
Morrisville, PA

Completed by:  
Damir Vallevac

Title:  
Project Manager

Signature:  
[Signature]

Date:  
04/08/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/9/2019

Agencies Notified
X EPA
DEP
DOL
DOH
DCA

Type Notification
X Initial

Name of Building Owner/Operator (2)
Kraun

Street Address
[R REDACTED]

City, State, Zip Code
Trenton, NJ 08610

Name of Contact
Gary Kraun

Telephone Number

FACILITY INFORMATION

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

Square Feet
1500

# of Floors
2

Bldg. Age
70 +/-

Current Use (Prior if being demolished)

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

Other (i.e. private & commercial buildings, homes, etc.)

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

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

meets No.

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
732 290-2217

License No.
00483

Name of OSHA Monitor
MECS

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

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

Start Date (10)
4/20/2019

Scheduled Completion Date (11)
4/24/2019

Other – Describe:

Scope of Work (Check All That Apply)
X Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

23 sf or 23 ft

60 sf or 600 ft

Thermal Pipe Insulation

160 ft

X

Name of Registered Waste Hauler
Stevens Environmental Services

NJDEP Waste Hauler ID No.
18292

Cubic Yards of Waste
2

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date
4/24/2019

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature

Date
4/9/2019

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