**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:39 and 12:126)

**Date of Notification**
- 11/18/18

**Name of Building Owner/Operator**
- Ken Wilson

**City, State, Zip Code**
- Red Bank, New Jersey 07701

**Name of Facility Where Abatement is Taking Place**
- Ken Wilson Property

**City**
- Red Bank

**County**
- Monmouth

**ASCU No.**
- 12345678

**Name of Abatement Contractor**
- ABC Construction Co., Inc.

**Current Use (Prior to or if being demolished)**
- Residential

**Start Date**
- 1/15/18

**Scheduled Completion Date**
- 1/31/18

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

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

**Name of Registered Waste Hauler**
- DEF Hauling, Inc.

**City, State**
- SAYRE, PA

**Disposal Date**
- 1/25/18

**Disposal Site**
- Eastern Landfill

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

Date of Notification (1) March 28, 2018

Job #: 9694.01

Name of Building Owner/Operator (2)
Delaware River Port Authority
Street Address
One Port Center
City, State, Zip Code
Camden, NJ 08101
Name of Contact
Christina Ogunsuyi
Telephone Number
856-772-6906

Name of Facility Where Abatement is Taking Place (3)
PATCO Lindenwold Station
Street Address
801 Berlin Road N.
City (5)
Lindenwold
County (6)
Camden
Name of Monitoring Firm Hired by Building Owner (8)
Criterion Labs
ASCM No.
178
Name of Contractor (9)
Prime Group Remediation, Inc.
Street Address
1400 Adams Road, Suite 1, P.O. Box 6
City, State, Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Michael Panopoulos
Telephone Number
215-244-1300 Ext. 25

License Number
00958

Scheduled Start Date (10)
April 7, 2018

Scheduled Completion (11)
April 22, 2018

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Other - Describe:
Source of Work (Check all that apply)
☒ >3 sq ft or >3 lf
☒ >160 sq ft or >260 lf
☒ Renovation
☐ Demolition

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

Yes ☐ No ☑ N/A ☑

Pipe Fittings
73 LF

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 ☑

Endorsement:

Name of Reg. Waste Hauler
Prime Group Remediation Inc.
NJDEP Waste Hauler ID #
19272
Cubic Yards of Waste
6
Name of Reg. Landfill
Western Berkshire Community Landfill
City, State
Birdsboro, PA 19608
Disposal Date
04/23/2018

Completed by
Vincent Primavera
Title
Project Manager
Signature
Date
April 10, 2018

*Do not use this form for asbestos licensure exempted activities*
### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
250 Broadway - 21st Floor
New York, NY 10007-1886

### NOTIFICATION OF DEMOLITION AND RENOVATION

**Operator Project #**

**Postmark**

**Date Received**

**Notification**

APR 13 2018

---

### I. TYPE OF NOTIFICATION

(O - Original / R - Revised):

R - Revised

### II. FACILITY INFORMATION

**OWNER:**
Delaware River Port Authority

**Address:**
One Port Center

**City:**
Camden

**State:**
NJ

**Zip:**
08101

**Contact:**
Christina Ogunsuyi, PATCO

**REMOVAL CONTRACTOR:**
Prime Group Remediation, Inc. (NJ DOL# 00386)

**Address:**
1400 Adams Road, Suite 1, P.O. Box 6

**City:**
Bensalem

**State:**
PA

**Zip:**
19020

**Tel:**
610-368-6868

**Contact:**
Vincent Primavera

**OTHER OPERATOR:**
There is no other operator.

**Address:**

**City:**

**State:**

**Zip:**

**Tel:**

---

### III. TYPE OF OPERATION

(O = Demolition / R = Renovation):

R - Renovation

### IV. IS ASBESTOS PRESENT?

(Yes/No):
Yes

### V. FACILITY DESCRIPTION

(include building name, number and floor or room number):

**Building Name:**
PATCO Lindenwold Station

**Address:**
801 Berlin Road N.

**City:**

**State:**
NJ

**County:**
Camden

**Site Location:**
Main Area

**Building Size:**
50,000 SqFt

**# of Floors:**
1

**Age in Years:**
50

**Present Use:**
Maintenance Facility

**Prior Use:**
Maintenance Facility

---

### VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Polarized light microscopy (PLM) analysis of suspect materials by a building inspector.

---

### VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

<table>
<thead>
<tr>
<th>RACM to be Removed</th>
<th>Category I</th>
<th>Category II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-friable Asbestos Material Not to be removed</td>
<td>73 LF</td>
<td></td>
</tr>
</tbody>
</table>

---

### VIII. SCHEDULED DATES OF ASBESTOS REMOVAL:

**Start:** 04/07/2018

**Completion:** 04/22/2018

---

### IX. SCHEDULED DATES OF DEMOLITION/RENOVATION:

**Start:** n/a

**Completion:** n/a

---

Federal Notification
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of Pipe Fittings using Glovebag Method. Work is scheduled for two shifts, 03/17/18 and 03/24/18.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Prime Group Intends to follow all Federal and State of New Jersey Asbestos Regulations and Code in reference to all major and minor asbestos abatement work.

XII. WASTE TRANSPORTER #1

Name: Prime Group Remediation, Inc.
Address: 1400 Adams Road, Suite I, P.O. Box 6
City: Bensalem
Contact: Vincent Primavera

XIII. WASTE TRANSPORTER #2

Name: David Geppert Recycling
Address: 2692 Woodstream Drive
City: Hatfield
Contact: Joe Rispo

XIII. WASTE DISPOSAL SITE

Name: Western Berk Community Landfill
Address: 466 Poplar Neck Road
City: Birdsboro
Tel: 610-375-2772

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: This is not an "Ordered Demolition."
Title: 
Authority: 

XV. FOR EMERGENCY RENOVATIONS

Date Ordered to Begin (MM/DD/YY): 

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:
The work will stop. The affected area will be isolated using plastic and caution signs. The materials will be adequately wetted. The area will be cleaned using HEPA vacuuming and wet wiping techniques. Air monitoring for re-occupancy, if required, will be performed.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator
Vincent Primavera, Project Manager

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator
Vincent Primavera, Project Manager

Date
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
04-06-2018

Name of Building Owner/Operator (2)
Newark Public School

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
765 Broad Street

City, State, Zip Code
Newark NJ 07102

Name of Contact
Cristopher Cerf
Telephone Number
973-733-7333

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

Street Address
301 W Kinney Street

City (5)
Newark NJ 07103

County (6)
Essex

County Code (7)
N/A

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

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
PO BOX 734

City, State, Zip Code
Woodland Park NJ 07424

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5868

Start Date (10)
04-13-2018

Scheduled Completion Date (11)
09-30-2018

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 building

Scope of Work (Check All That Apply)
- 23 sf or 23 lf
- >160 sf or >260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
7700 LF

Abatement Type
X

Name of Registered Waste Hauler
Amax Contracting LLC

Disposal Date
010-08-2018

City, State
Woodland Park NJ 07424

Name of Registered Landfill
Fairless Hills

Disposal Date
City, State
Morrisonville PA

Completed by
Tome Maslakow
Title
Project Manager
Signature

Date
04-02-2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1) 04/02/2018
Name of Building Owner/Operator (2) North Arlington Board of Education
Check No. 1066

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
222 Ridge Road
City, State, Zip Code
North Arlington, New Jersey 07031
Name of Contact
Tony A. No Telephone Number
201-991-6800

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
George Washington Elementary School

Street Address
175 Albert Street
City (5)
North Arlington, New Jersey 07031
County (6)
Bergen
County Code (7) __________________________ (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)
T & M Associates
ASCM No. __________________________

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
40 Monmouth Park Highway, Suite 2
City, State, Zip Code
West Long Branch, New Jersey 07764

Project Manager for Monitoring Firm
Kevin Burns
Telephone No
732-676-4000

License No.
973-225-8400
01104

Start Date (10)
04/10/2018
Scheduled Completion Date (11)
04/11/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥150 sf or ≥250 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Frisable 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)
Pipe/ Pipe Fitting Insulation
(Wrap & Cut - Criticals)

Amount (Specify SF of LF)
35 LF

Basement Hallway

Abatement Type
Removal ☐ Repair ☐ Encapsulation ☐

Name of Registered Waste Hauler
Lilich Corporation
NJDEP Waste Hauler ID No. 18724
Cubic Yards of Waste 3

Name of Registered Landfill
Fairless Landfill
City, State
Woodland Park, New Jersey
Disposal Date 04/01/2018
City, State
Morrisville, PA

Completed by
Adriana Olejarova
Title President

ASB-41 (R-06-08)

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

Date of Notification (1) 2/14/18

Name of Building Owner/Operator (2) PSEG

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

Type Notification
- Initial
- Amended
- Amendment # 1
- Emergency (Including Justification)
- Cancellation

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
JOHN BRADLEY 732-317-6128

Name of Facility Where Abatement Is Taking Place (3)
PSEG

Street Address
982 SPRINGFIELD AVE.

City (6)
IRVINGTON

County (9)
ESSEX

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

Square Feet 12,000

# of Floors 2

Bldg. Age 100

Current Use (Prior if being demolished) SUBSTATION

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

ASCM No. 0045

Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Telephone No. 732-432-8350

License No. 01111

Start Date (10) 3/1/2018

Scheduled Completion Date (11) 5/1/2018

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

Scope of Work (Check All That Apply)
- 23 sf or 23 sf
- 100 sf or 260 sf

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

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)
ACM window caulking

Amount (Specify SF or LF)
2480 SF

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste hauler

NJ DEP Waste Hauler ID No. 1128

Cubic Yards of Waste
80

Disposal Date TBD

City, State
ELIZABETH, NJ

GROWS NORTH

MORRISVILLE, PA

Completed by
CAROL RAIMO

Title OFFICE MANAGER

Signature 

Date 2/14/18

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

(Pursuant to NJAC 8:59 and 12:120)

- **Date of Notification:** 2/9/18
- **Name of Building Owner/Operator:** PSE&G
- **Street Address:** 4000 HADLEY ROAD
- **City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080
- **Name of Contact:** JOHN BRADLEY
- **Telephone Number:** 732-974-6128

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** PSE&G
- **Street Address:** 982 SPRINGFIELD AVE.
- **City:** IRVINGTON
- **County:** ESSEX
- **Square Feet:** 12,000
- **Bldg. Age:** Appx. 100 yrs.
- **Current Use (Prior if being demolished):** SUBSTATION

**Environmental Tactics**

- **Name of Monitoring Firm Hired by Building Owner:** ASCOM
- **ASCOM No.:** 0045
- **Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA
- **Street Address:** 398 WHITEHEAD AVE.
- **License No.:** 01111

**Project Information**

- **Project Manager for Monitoring Firm:** TOM GEIGER
- **Telephone No.:** 732-280-2217
- **Start Date:** 3/1/2018
- **Scheduled Completion Date:** 5/1/2018
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work**

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
  - Windows
  - ROOFTOP
- **Characterization of ACM:**
  - ACM window caulking: 30 sq ft
  - ACM Duct wrap: 180 sq ft

**Waste Management**

- **Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 1125
- **Cubic Yards of Waste:** 80
- **Disposal Date:** TBD
- **City, State:** ELIZABETH, NJ
- **Completed by:** CAROL RAIMO
- **Title:** OFFICE MANAGER

**Additional Notes:**

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1):** 4/6/18  
**Name of Building Owner/Operator (2):** PSE&G

**Agendas Notified:**  
- EPA  
- DSR  
- DOL  
- DOH  
- DCA

**Type Notification:**  
- Initial
- Amendment #2
- Emergency (Including Justification)
- Cancellation

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

**Name of Contact:** JOHN BRADLEY  
**Telephone Number:** 732-374-6128

**Name of Facility Where Abatement is Taking Place (3):** PSE&G

**Street Address:** 982 SPRINGFIELD AVE.  
**County:** ESSEX

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.  
**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**License No.:** 01111

**Square Feet:** 10,000  
**# of Floors:** 2  
**Eldg. Age:** Appx 100 yrs.

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

**ASCM No.:** 0045

**Name of OSHA Monitor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.  
**City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Start Date (10):** 3/1/2018  
**Scheduled Completion Date (11):** 4/15/2018

**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):**  
- 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 insulation, facing, VAT, or other miscellaneous):**  
- ACM WINDOW CHALKING: 3020 SF
- ACM DUCT WRAP: 1800 SF

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No.: 1125  
**Name of Registered Landfill:** GROWS NORTH

**Cubic Yards of Waste:** 80  
**Disposal Date:** TBD  
**City, State:** MORRISVILLE, PA

**Completed by:** CAROL RAIMO  
**Title:** OFFICE MANAGER  
**Signature:** Carol Raimo  
**Date:** 4/6/18

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

**State of New Jersey**

**Name of Building Owner/Operator (2)**
St. Francis Medical Center

**Name of Contact**
Rita Gelli

**Telephone Number**
609-599-5000

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
St. Francis Medical Center

**Street Address**
601 Hamilton Ave

**City (5)**
Trenton

**County (6)**
Mercer

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

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

**ASCM No.**

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

**Street Address**
120 North Warren Street

**City, State, Zip Code**
Trenton, NJ 08601

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

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

**Time of Abatement:** 11:00 AM-7:30 PM

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

<table>
<thead>
<tr>
<th>Basement Bldg A</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 LF</td>
</tr>
</tbody>
</table>

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

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

<table>
<thead>
<tr>
<th>Removed</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**
1 Cu Yd

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**
4/10/18

**Name of Estimator**
Dina Lippin /gm

**Date**
4-10-18

*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>Amount (Specify SF of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Boiler Flue Ring</td>
<td>2sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Air Cell Pipe Wrap &amp; Debris</td>
<td>50 lf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>White CementitiousPackaging Around Pipes</td>
<td>3 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Cementitious Packing Boiler Motor</td>
<td>1sf</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>X</td>
<td>Vinyl Flooring</td>
<td>120 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Lillich Corporation
NJ/DEP Waste Hauler ID No: 18724
Cubic Yards of Waste: 5
Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park, New Jersey
Disposal Date: 04/25/2018
Completed by: Adriana Olejarova
Title: President
Signature: 
Date: 04/09/2018

* 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</th>
<th>Name of Building Owner/Operator</th>
<th>NEI Global Relocation Company</th>
<th>Job #:</th>
<th>Chk #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/11/18</td>
<td></td>
<td></td>
<td>1804-2292</td>
<td>5022</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2707 N. 118th St.</td>
<td>Omaha, NE 68164</td>
<td>800-533-7353</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place**  
- [ ] Residential

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherry Hill, NJ 08034</td>
<td>Camden</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner**  
Finog Environmental

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(888)715-2211</td>
<td>00862</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor**  
Asbestos and Mold Services, Corp.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3659 Sylon Boulevard</td>
<td>Hainesport, NJ 08036</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**  
Mark Finog

**Start Date**  
- 4/20/18

**Scheduled Completion Date**  
- 4/27/18

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,924</td>
<td>2</td>
<td>56 yrs.</td>
</tr>
</tbody>
</table>

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

**Street Address**  
200 U.S. Route 130 North  
Cinnaminson, NJ 08077

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

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

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

**Vermiculite Insulation**  
720 LF

**Name of Registered Waste Hauler**  
Waste Management

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17273</td>
<td>5</td>
<td>Grand Central</td>
</tr>
</tbody>
</table>

**City, State**  
- Lafayette, NJ

**Completed By**  
Kimberly A. Trumbetti  
Office Coordinator

**Signature**  
Kimberly Trumbetti

**Date**  
4-11-13

*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 / 12 / 18

Name of Building Owner/Operator (2):
Pemberton Township Schools

Address:

Street Address:
1 Eggert St

City, State, Zip Code:
Pemberton, NJ 08068

Name of Contact:
Pat Austin

Telephone Number:
609 893 8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Joseph Stackhouse School

Street Address:
125 A Trenton Rd

City (5):
Browns Mills

County (5):
Burlington

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

ASCN No.:

Name of Abatement Contractor (9):

Controlled Environmental Systems

Street Address:
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code:
Spring House, PA 19477

Telephone No.:
609 388 8800

License No.:
08047

Name of OSHA Monitor:
CES

Start Date (10):
6 / 21 / 18

Scheduled Completion Date (11):
7 / 21 / 18

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 4:00PM-12:00AM

Scope of Work (Check all that apply):

Renovation
Demolition

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

Ceiling Corridors
Exterior Window Panels

Name of Registered Waste Hauler:
Geppert Recycling

Name of Registered Landfill:
Western Berks Community Landfill

City, State, Zip Code:
Hatfield, PA

Disposal Date:

Complied By (Print or Type):
Patricia Visco

Title:
Office Manager

Signature:

Date:
4/13/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  APRIL 11, 2018
Name of Building Owner/Operator (2)  K. SHAW CONSTRUCTION
Agencies Notified  Type Notification
☐ EPA  ☑ Initial
☐ DEP  ☑  Amended
☐ DOL  ☑ Amendment #
☐ DOH  ☑ Emergency (including justification)
☐ DCA  ☑ Cancellation
Street Address  32A BEACH ROAD
City, State, Zip Code  MONMOUTH BEACH, NJ 07750
Name of Contact  BRIAN MICIONI  Telephone Number  732-222-1884

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)  SHAW PROPERTY
Street Address  33 DENORMANDIE AVENUE
City (5)  FAIR HAVEN
County (6)  MONMOUTH BEACH
Current Use (Prior to if being demolished)  RESIDENCE
Square Feet  944 SF  # of Floors  2  Bldg. Age  1903

Name of Monitoring Firm Hired by Building Owner (8)  N/A
ASCM No.  Name of Abatement Contractor (9)  Finishing Touch Asbestos Abatement Corp., Inc.

Street Address  17 Thompson Street
City, State, Zip Code  WEST LONG BRANCH, NJ 07764

Project Manager for Monitoring Firm  N/A  Telephone No.  732.222.8372  License No.  00040
Start Date (10)  APRIL 21, 2018  Scheduled Completion Date (11)  APRIL 22, 2018

Name of OSHA Monitor  N/A
Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:  

Scope of Work (Check All That Apply)
☐ ≥3 SF or ≥3 LF
☐ ≥100 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>KITCHEN</td>
<td>☑</td>
<td>VAT</td>
<td>168 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Finishing Touch Asbestos Abatement Corp., I
NJDEP Waste Hauler ID No.  12058  Cubic Yards of Waste  1cy
Name of Registered Landfill  FAIRLESS LANDFILL

City, State  WEST LONG BRANCH, NJ  Disposal Date  4/25/18
Completed by  JOSEPH P. MILLER  Title  PRESIDENT

Signature  

* 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:** United Airlines, Inc.

**Address:** 233 S. Wacker Drive - 11th Floor HQOU
City: Chicago, IL Zip Code: 60606

**Name of Contact:**
**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Newark Liberty International Airport Building 151/151A

**Street Address:** 151 Conrad Road
City: Newark
County: Essex

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

**Square Feet:** 10,000
**# of Floors:** 1
**Bldg. Age:** 68

**Name of Abatement Contractor:** PAL Environmental Services

**Address:** 11-02 Queens Plaza South
City: Long Island City, NY Zip Code: 11101

**Telephone No.:** 718-349-0900
**License No.:** 00853

**Name of OSHA Monitor:** Wojciech Kowalczyk

**Street Address:** 133 Beach 98th Street
City: Rockaway Park, NY Zip Code: 11694

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

**Scope of Work (Check All That Apply):**
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- [ ] Yes
- [ ] No
- [ ] N/A

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

**Facade**

**Type of Abatement:**
- **Scratch Coat:** 3,500

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

**Name of Registered Waste Hauler:** ATC

**City, State:** Shirley, NY 11967

**Disposal Date:** 01/20/2018
**Name of Registered Landfill:** Minerva Enterprises

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

**Completed by:** Ann Ali
**Title:** Compliance Admin
**Signature:**

* 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 (1)</th>
<th>04/05/2017 PAL Job#17-1738 Add Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>United Airlines, Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>233 S. Wacker Drive - 11th Floor HQOOU</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chicago, IL 60606</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Newark Liberty International Airport Building 151/151A</td>
</tr>
<tr>
<td>Street Address</td>
<td>151 Conrad Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>County Code (7)</td>
</tr>
<tr>
<td>Essex</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>ATC</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>PAL Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
<td>104 East 25th Street 8th Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10010</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td></td>
<td>212-353-8306</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>01/04/2018</td>
<td>06/04/2018</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td></td>
<td>Other – Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>X</td>
<td>≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>X</td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Facade</td>
<td>Scratch Coat</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>ATC</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>24310</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>50 Yards</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Minerva Enterprises</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>01/20/2018</td>
<td>City, State</td>
</tr>
<tr>
<td>Shirley, NY 11967</td>
<td>Wayneasburg, OH 44686</td>
</tr>
<tr>
<td>Completed by</td>
<td>Title</td>
</tr>
<tr>
<td>Ann Ali</td>
<td>Compliance Admin</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licenseexempted activities.*
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:90 and 12:120)

#### Data of Notification (1)
12/22/2017

#### Name of Building Owner/Operator (2)
United Airlines, Inc.

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>233 S. Wecker Drive - 11th Floor HDQOU</td>
<td>Chicago, IL 60606</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Justification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Facility Where Abatement is Taking Place (3)
Newark Liberty International Airport Building 151/151A

#### Facility Information
- **Type of Facility (4)**: Airport
- **Square Feet**: 10,000
- **# of Floors**: 1
- **Bidg. Age**: 68

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

#### Name of Abatement Contractor (9)
PAL Environmental Services

#### Street Address
104 East 25th Street 8th Floor

#### Name of OSHA Monitor
Wojciech Kowalczyk

#### Start Date (10)
01/04/2018

#### Scheduled Completion Date (11)
06/04/2018

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Entire</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Perifiable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
ATC

#### NJDEP Waste Hauler ID No.
24310

#### Cubic Yards of Waste
50 Yards

#### Name of Registered Landfill
Minerva Enterprises

#### City, State
Shirley, NY 11967

#### Disposal Date
01/20/2018

#### City, State
Waxahachie, OH 44688

#### Completed by
Ann Ali

#### Title
Compliance Admin

#### Signature

#### Date
12/22/2017

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>BASE BID SCOPE OF WORK BREAKDOWN</th>
<th>LUMP SUM PRICE</th>
<th>Unit Price for Added Work</th>
<th>Unit Price for Deducted Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>disposal of the light bulbs is not included in this scope of work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Lump Sum Price for 14,000 SF of ACM Fireproofing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase One - Full Containment Abatement of 14,000 SF of ACM Fireproofing that is located in the First and Second Floors (above the ceilings) well as in the 2nd Floor Roof Overhang (exterior soffit) of Bldg 151. All Suspended Ceiling Tiles and Soffit boards are to be removed and disposed as ACM.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) 1,500 SF of ACM Floor Tiles and ACM Mastic:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of 900 SF of VAT (the bottom 2 layers of 3 layers) and mastic in Phase One in Bldg 151A, plus an additional 600 SF of ACM Floor Tile and mastic in Bldg 151, for a total quantity of 1,500 SF.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) 10,000 SF of ACM Tar Vapor Barrier/Damp Proofing:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This material is presumed to have been applied to the exterior face of the concrete block walls prior to the application of the brick veneer. The brick veneer needs to be removed in order to gain access to the Damp Proofing. For bidding purposes we are assuming that these walls were constructed as cavity walls, and that the brick veneer is not mortared to the face of the concrete block walls. All brick veneer will be disposed along with the building debris as Non-ACM waste.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Lump Sum Price for 1,500 LF of Door Caulk:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove the ACM Door Caulking from around the exterior doors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Lump Sum Price for 400 LF of ACM Pipe Insulation =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on the Addendum #1, Abatement Phasing Plan, and the Responses to Bidders Questions provided in Addendum #3, there is expected to be 220 LF of ACM Pipe Insulation on horizontal pipes that are hanging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASE BID SCOPE OF WORK BREAKDOWN</td>
<td>LUMP SUM PRICE</td>
<td>Unit Price for Added Work</td>
<td>Unit Price for Deducted Work</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------</td>
<td>--------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>from the exposed ceiling in the Warehouse. The remaining 180 LF of ACM Pipe insulation is presumed to existing inside vertical chases. In Bldg 151. To access the pipes in the vertical chases, the chases will need to be partially removed. For bidding purposes, we assume that the chases were constructed of metal studs and sheetrock.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) 90 SF of ACM Vibration Cloth:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of 90 SF of Vibration Cloth that is located in the ceiling area of Bldg 151 at nine locations where the Vibration Cloth is between the AC/Heater Units and their associated ductwork. Each Vibration Cloth is expected to be roughly 1' wide x 10' long.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13) 400 LF of 4&quot; diameter Transite Pipe Removal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of 400 LF of Transite (ACM) Pipe that is located under the floor slab of the two buildings as shown on the Addendum #1 Abatement Phasing Plan. There are four areas that are expected to yield 100 LF of Transite Pipe. For bidding purposes, we are ignoring the reference to Wire Wrap or Tar Wrap. This bid proposal is based on the removal and disposal of 400 LF of 4&quot; (assumed size) diameter Transite Pipe. The GC will remove the floor slab and excavate and expose the Transite Pipes for Abatement by the ACM Abatement Subcontractor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,000 SF of Sub-grade Mastic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Base Bld Amount for the Abatement Scope of Work</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submitted by (company name) ________________________________  Authorized Person: ________________________________

Number of Work Weeks to complete the above work Scope: ________ weeks  This Date: ________________
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04-06-18

Name of Building Owner/Operator (2) John Viteri Jr. Esq., LLC

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

Street Address
3 University Plaza, Suite 207
City, State, Zip Code Hackensack, NJ 07601

Name of Contact John Viteri
Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Little Falls

County (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)
Delfa Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
04-16-18

Scheduled Completion Date (11)
04-30-18

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

Scope of Work (Check All That Apply)
☒ 200 sf or ≥ 200 sf
☒ 300 sf or ≥ 300 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

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 ☒
Endure ☒

Name of Registered Waste Hauler
Delfa Contracting LLC

NJ/DEP Waste Hauler ID No. 35240

Cubic Yards of Waste 20

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA

Disposal Date 04-20-18

Completed by
Jaime Delgado
Title Proj. Manager.

Signature

Date 04-06-18

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1)**
04-06-18

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

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

**Name of Building Owner/Operator (2)**
John Viteri Jr. Esq., LLC

**Street Address**
3 University Plaza, Suite 207

**City, State, Zip Code**
Hackensack, NJ 07601

**Name of Contact**
John Viteri

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Little Falls

**County (6)**
Bergen

**County Code (7)**

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

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

**ASCM No.**

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

**Street Address**
522 7th St.

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
201 218-9603

**License No.**
01206

**Start Date (10)**
04-18-18

**Scheduled Completion Date (11)**
04-30-18

**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
- [ ] ≥60 sf or ≥250 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Endoske
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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, 2nd and Attic</td>
<td>X</td>
<td>VAT + Mastic</td>
<td>2000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st, 2nd and Attic</td>
<td>X</td>
<td>Joint Compound</td>
<td>6,000 SF</td>
<td>X</td>
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<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation + Transite Pipe</td>
<td>145 LF</td>
<td>X</td>
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<tr>
<td>Roof</td>
<td>X</td>
<td>Flashing Tar</td>
<td>6 SF</td>
<td>X</td>
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</table>

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

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
20

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

**City, State**
Tullytown, PA

**Disposal Date**
04-24-18

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
04-06-18

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Submitted to NJAC 6:20 and 12:120)

**Check # 4244**

**Date of Notification (1)**
04/06/2018

**Name of Building Owner/Operator (2)**
NJ Department Of Military and Veterans Affairs

**Agency Notified (3)**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Street Address (5)**
101 Eggert Crossing Rd

**City, State, Zip Code (6)**
Lawrence NJ

**Name of Contact (7)**
Ted

**Facility Information (8)**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (9)</th>
<th>Type of Facility (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Guard Armory</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

**Square Feet (11)**

**# of Floors (12)**

**Bldg. Age (13)**

**Current Use (Prior if being demolished) (14)**

**Name of Monitoring Firm Hired by Building Owner (15)**
TTI

**Telephone No. (16)**
(856)840-8000

**License No. (17)**
973-933-2560 01358

**Project Manager for Monitoring Firm (18)**
Nick Restoration LLC

**Start Date (19)**
04/17/2018

**Scheduled Completion Date (20)**
04/27/2018

**Occupy Status During Abatement (Check Only One) (21)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Outside of the building

**Scope of Work (Check All That Apply) (22)**
- ≥20 sf or ≥20 ft²
- ≥150 sf or ≥150 ft²
- 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 (23)**
In Facility

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM) (25)**
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF) (26)**

**Abatement Type (27)**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

**Outside around the building (28)**

Windows - 43pcs caulking

**Name of Registered Waste Hauler (29)**
NJ DEP Waste Hauler ID No. 04507

**Cubic Yards of Waste (30)**
TBD

**Name of Registered Landfill (31)**
G.R.O.W.S

**Disposal Date (32)**
TBD

**City, State (33)**
Randolph, NJ 07869

**Completed by (34)**
Nikica Mrda

**Date (35)**
04/06/2018
Date of Notification (1):
04/06/2018

Name of Building Owner/Operator (2):
Roel Casino

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

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

Street Address:
294 Winfield Avenue

City, State, Zip Code:
Jersey City, NJ 07305

Name of Contact:
Roel Casino

Telephone Number:

FACILITY INFORMATION

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

City (5):
Jersey City

County (6):
Hudson

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

Current Use (Prior to if being demolished):
House

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

ASCN No.:

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

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

License No.:
01311

Telephone No.:
973-345-6685

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 sf or 23 ft
- 150 sf or 265 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):

Basement: X

Pipe Insulation: 85 LF

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):
85 LF

Abatement Type:
- Removal
- Repair
- Enveloping
- Encapsulation
- Endurance

Name of Registered Waste hauler:
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.:
20996

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Fairless Landfill

City, State:
Totowa, NJ

Disposal Date:
TBD

City, State:
Morrisville, PA

Completed by:
Oliver Hegedus

Title:
Project Manager

Signature:

Date:
04/08/2018

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
04/06/2018

Name of Building Owner/Operator (2)
Mary Carboy

Agencies Notified
- EPA
- DEP
- DOH
- DOL
- DOA

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

Street Address
[Redacted]

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Mary Carboy

FACILITY INFORMATION

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)
House

Name of Facility Where Abatement is Taking Place (3)

Project Manager for Monitoring Firm

Start Date (10)
04/18/2018

Scheduled Completion Date (11)
04/19/2018

Name of Monitoring Firm Hired by Building Owner (8)

Telephone No.

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

Start Date (10)
04/18/2018

Scheduled Completion Date (11)
04/19/2018

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

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

In Facility

Yes
No
N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

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)
21 LF

Abatement Type

- Removal
- Repair
- Encapsulate
- Endure

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

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
04/06/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:20-12 and 4:25-20)

**Date of Notification (1)**
04/05/2018

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

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

**Street Address**
Maplewood, NJ 07040

**County Code (7)**

**Name of Contact**
Gloria Morcillo

**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

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

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

**ASCM No.**

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

**Street Address**
11 Rosengren Avenue

**License No.**
01311

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8888

**Start Date (10)**
04/17/2018

**Scheduled Completion Date (11)**
04/19/2018

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

- x 23 sq ft or 33 ft²
- x 150 sq ft or ≥250 ft²
- Renovation
- Demolition

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

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

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

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

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

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

**City, State**
Totowa, NJ

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Morrisville, PA

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**
04/06/2018

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

**State of New Jersey**

**Pursuant to NJAC 8:56-12**

---

**Date of Notification (1)**
04/06/2018

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

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

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

**Street Address**

**City, State, Zip Code**
Morris Plains, NJ 07950

**Name of Contact**
Amy Bock

**FACILITY INFORMATION**

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

**House**

**Address**

**City (5)**
Morris Plains

**County (6)**
Morris

**County Code (7)**
N/A

**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)**

**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.**
973-345-8885

**License No.**
01311

**Start Date (10)**
04/16/2018

**Scheduled Completion Date (11)**
04/17/2018

**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)**
- 33 sf or ≤33
- ≥160 sf or ≥266 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)**

**Yes**

**No**

**N/A**

**Basement**

**Pipe Insulation**

90 LF

**Amount**

**Abatement Type**

**Removal**

**Repair**

**Encapsulation**

**Endorse**

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

**NJDEP Waste Hauler ID No.**
20988

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Morrisville, PA

**Disposal Date**
TBD

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
04/06/2018

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:212A)

Date of Notification (1)
4/9/18

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

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

Name of Building Owner/Operator (2)
Karl Berkuta  Private Home

Street Address

City, State, Zip Code
Pennington NJ 08534

Name of Contact
Karl

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Pennington NJ 08534

County (6)
Mercer

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
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior to if being demolished)

House

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
4/23/18

Scheduled Completion Date (11)
4/27/18

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
- ≥10 sf or ≥10 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

(13)

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

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

Amount (Specify SF or LF)
1800 SF

Abatement Type

Location
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
10416

Cubic Yards of Waste
4

Name of Registered Landfill
G.RO.W.S.

City, State
Morrisville PA 19067

Disposal Date
4/27/18

City, State

Trenton NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
4/9/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:28 and 5:16)

Date of Notification (1):
04 / 09 / 18

Name of Building Owner/Operator (2):
John Gay

Street Address:

City, State, Zip Code:

Name of Contact:
Diana Youssef

FACILITY INFORMATION

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

City (5):
Orange, NJ 07050

County (6):
Essex

Type of Facility (4):

Square Feet:

# of Floors:

Bldg. Age:

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

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

ASCM No.:

Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Telephone No.:
0973-638-1777

License No.:
01127

Name of Abatement Contractor (9):
Envirovision Consultants, Inc

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

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

Occumency 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):

> 150 sf or > 250 if

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

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

Yes:  No:  N/A:

Pipe insulation

Location Name of Registered bridal Hauler:
Gr Tech LLC

Cubic Yards of Waste:
TBD

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

Disposal Date:
TBD

City, State:
Wayne, NJ 07470

Completed By (Print or Type):
N.Jevtic

Title:
Owner

Signature:

Date:
04/09/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>4/10/18</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>TRIVEDI</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>TRIVEDI</td>
</tr>
<tr>
<td>City</td>
<td>PASSAIC</td>
</tr>
<tr>
<td>County</td>
<td>PASSAIC</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>TRIVEDI</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>TRIVEDI</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>RESIDENCE</td>
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<tr>
<td>Start Date</td>
<td>4/25/18</td>
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<td>Scheduled Completion Date</td>
<td>4/27/18</td>
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<td>Occupancy Status During Abatement</td>
<td>CLOSED</td>
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<td>Scope of Work</td>
<td>260 LSF</td>
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<td>Location of Asbestos-Containing Material (ACM)</td>
<td>BASEMENT</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>480SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>TRIVEDI</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
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<tr>
<td>Completed by</td>
<td>TRIVEDI</td>
</tr>
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*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60a and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/10/18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LINDA KRUEGEL</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TEANECK, NJ 07666</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. KRUEGEL</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | H.S. KRUEGEL |
| Street Address |  |
| City (5) | BERGEN |
| County (6) |  |
| Name of Monitoring Firm Hired by Building Owner (8) |  |
| ASCM No. |  |
| Name of Abatement Contractor (9) | Best Removal Inc. |
| Street Address | 450 South River Street |
| City, State, Zip Code | Hackensack, NJ 07601 |
| Project Manager for Monitoring Firm |  |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Start Date (10) | 4/23/18 |
| Scheduled Completion Date (11) | 4/24/18 |
| 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) |  |
| ☐ 53 ft² or 3 ft² | ☐ Renovation |
| ☐ 160 ft² or 260 ft² | ☐ Demolition |
| ☐ 1,024 ft² to 5,000 ft² | ☐ Full Containment with Negative Pressure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED |  |
| Distribution (13) |  |
| ☐ ASBESTOS | ☐ Mini-Enclosure |
| ☐ THERMAL INSULATION | ☐ Glovebag Procedure |
| ☐ LINOLEUM | ☐ Non-Exempted (*) and Non-Friable Procedure |
| Description of Asbestos-Containing Material (ACM) |  |
| (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |  |
| Amount (Specify SF or LF) |  |
| Abatement Type |  |
| Yes | No | N/A |
| ☐ Piping | ☐ Curtains |
| ☐ Miscellaneous | ☐ Concrete |
| ☐ Insulations | ☐ Ceilings |
| ☐ Other | ☐ Demolition |
| ☐ Sheetrock |
| ☐ Desks |
| ☐ Chairs |
| ☐ Furniture |
| ☐ Fixtures |
| ☐ Paper |
| ☐ Tiles |
| ☐ Textiles |

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

| Basement |
| Thermal Insulation | 168 SF |
| Linoleum | 15 SF |

**Name of Registered Waste Hauler**

| Best Removal Inc | 17109 |
| Minerva Enterprises, LLC |  |
| City, State | Hackensack, NJ 07601 |
| Disposal Date | 4/24/18 |
| Signature | R. Maiorano |
| Date | 4/10/18 |

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
4/6/2018  

Check #3157  

Name of Building Owner/Operator (2)  
Most Sacred Heart of Jesus School  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

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

Street Address  
127 Paterson Avenue  

City, State, Zip Code  
Wallington, NJ 07057  

Name of Contact  
Fr Feliz Marcinik  

Telephone Number  
973-778-7405  

Name of Facility Where Abatement is Taking Place (3)  
Most Sacred Heart of Jesus School  

Street Address  
127 Paterson Avenue  

City (5)  
Wallington  

County (6)  
BERGEN  

County Code (7)  

Current Use (Prior if being demolished)  
School  

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

Square Feet  
20,000  

# of Floors  
2  

Bldg. Age  
50+  

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

Street Address  
426 69th Street  

City, State, Zip Code  
Guttenberg, NJ 07093  

Project Manager for Monitoring Firm  
Telephone No.  
201-295-1700  

License No.  
01074  

Start Date (10)  
April 10/2018  

Scheduled Completion Date (11)  
4/11/2018  

Name of OSHA Monitor  
Same as above  

Occupancy Status During Abatement (Check Only One)  
X Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe: Starting 8 AM  

Scope of Work (Check All That Apply)  

X ≥ 36 ft² or ≥ 36 if  
X ≥160 ft² 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, VCT, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulate  
Enclosure  

Name of Registered Waste Hauler  
Tri-State Transfer Asso  

Waste Hauler ID No.  
19551  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Minerva Enterprises Inc  

City, State  
Waynesburg, OH  

Disposal Date  
TBD  

Completed by  
Gina Betances  

Title  
Office Manager  

Signature  
Date  
04/6/2018  

* Do not use this form for asbestos removal exempted activities.
### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Robert Schroeder</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARK, NJ</td>
<td>Robert</td>
<td></td>
</tr>
</tbody>
</table>

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

### Square Feet

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
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</table>

### Current Use (Prior if being demolished)
- [ ] Home

### Name of Monitoring Firm

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
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### Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
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<td></td>
<td>732-666-9078</td>
<td>1200</td>
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### Start Date

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<td>4/12/18</td>
<td>4/13/18</td>
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### Scope of Work (Check All That Apply)
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Scope of Work (Other - Describe)

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>transite panel</td>
<td>16 SF</td>
<td>x</td>
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### Name of Registered Waste Hauler

<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>2</td>
<td>IESI</td>
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### City, State

<table>
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<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>NEWARK, NJ</td>
<td>BETHLEHEM PA</td>
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### Completed by

<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td></td>
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---

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

State of New Jersey

Date of Notification (1)
04 / 10 / 18

Name of Building Owner/Operator (2)
Pete Morison

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

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

Street Address

City, State, Zip Code
New Providence, NJ 07974

Name of Contact
Pete Morison

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
New Providence, NJ 07974

County (6)
Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

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

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
04 / 20 / 18

Scheduled Completion Date (11)
04 / 21 / 18

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 If
☐ ≥ 190 sf or ≥260 If
☒ Renovation
☒ Demolition

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

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

Yes
No
N/A

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

Amount (Specify STF or LF)
24 LF

Abatement Type

Location of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)

Title
Owner

Signature

Date
04/10/18

* 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>04 / 10 / 18</th>
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<td>☑ Cancellation</td>
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<td>☑ DCA (NJAC 5:23-8)</td>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Bill Waldy</th>
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<table>
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<tr>
<th>Street Address</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Bayville, NJ 08721</th>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Bill Waldy</th>
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**FACILITY INFORMATION**

<table>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>School (K-12)</th>
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<tbody>
<tr>
<td>Residence</td>
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<tr>
<th>City (5)</th>
<th>Bayville</th>
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<th>County (6)</th>
<th>Ocean</th>
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<th>County Code (7) (STATE USE ONLY)</th>
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<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Residence</th>
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<tr>
<td>Square Feet</td>
<td>1100 sf</td>
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<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>65</td>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Guardian Contracting, Inc.</th>
</tr>
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<table>
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<tr>
<th>Street Address</th>
<th>1889 Route 9, Unit 61</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Toms River, New Jersey 08756</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tr>
<td></td>
<td>732-349-9932</td>
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<tr>
<th>License No.</th>
<th>00624</th>
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<th>Start Date (10)</th>
<th>04 / 20 / 18</th>
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<th>Scheduled Completion Date (11)</th>
<th>04 / 23 / 18</th>
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<table>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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</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>
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</thead>
<tbody>
<tr>
<td>exterior</td>
<td>☑ Yes</td>
<td>asbestos siding</td>
<td>1100 sf</td>
<td>☑ ☑ ☑ ☑</td>
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<tr>
<td>interior</td>
<td>☑ Yes</td>
<td>asbestos floor tile</td>
<td>700 sf</td>
<td>☑ ☑ ☑ ☑</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20223</th>
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<table>
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<th>Cubic Yards of Waste</th>
<th>3</th>
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<tr>
<th>Name of Registered Landfill</th>
<th>T.R.R.F.</th>
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<tr>
<th>City, State</th>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Nicholas Ferricola</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
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<table>
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<tr>
<th>Signature</th>
<th>[Redacted]</th>
<th>Date</th>
<th>4/1/15</th>
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* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:88 and 12:120)

Date of Notification (1): 04/02/2018
Name of Building Owner/Operator (2): North Arlington Board of Education
Check No.: 1055

Agencies Notified: 
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification: 
- Initial
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address: 222 Ridge Road
City, State, Zip Code: North Arlington, New Jersey 07031
Name of Contact: Tony Alito
Telephone Number: 201-591-6800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): George Washington Elementary School
Street Address: 175 Albert Street
City (5): North Arlington, New Jersey 07031
County (6): Bergen
County Code (7): (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8): T & M Associates
ASCM No: 
Name of Abatement Contractor (9): Lillich Corporation

Street Address: 40 Monmouth Park Highway, Suite 2
City, State, Zip Code: West Long Branch, New Jersey 07764

Project Manager for Monitoring Firm: Kevin Burns
Telephone No: 732-676-4000

Start Date (10): 04/10/2018
Scheduled Completion Date (11): 04/11/2018

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 l f
- ≥160 sf or ≥260 l f
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedure / Limited Containment & Tent
- Non-Exempted (*) and Non-Fireable Procedure

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

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

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

Amount (Specify SF of LF): 35 LF

Abatement Type: 
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler: Lillich Corporation

NJDEP Waste Hauler ID No.: 18724
Cubic Yards of Waste: 3
Name of Registered Landfill: Fairless Landfill
City, State: Woodland Park, New Jersey
Disposal Date: 04/12/2018
City, State: Morrisville, PA

Completed by: Adriana Olejarova
Title: President
Signature: 
Date: 04/02/2018

* 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)

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<tr>
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<td>Name of Building Owner/Operator (2)</td>
<td>T. SHARKEY</td>
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<td>EPA</td>
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<td>Type Notification</td>
<td>Initial</td>
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<td>Address</td>
<td>Street Address</td>
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<td>City, State, Zip Code</td>
<td>WOOD RIDGE, NJ 07075</td>
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<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
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<td>Street Address</td>
<td>450 South River Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
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<td>Telephone No.</td>
<td>201-329-7444</td>
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<tr>
<td>License No.</td>
<td>00388</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
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<tr>
<td>Street Address</td>
<td>280 Huylar Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<tbody>
<tr>
<td>Square Feet</td>
<td>1900</td>
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<tr>
<td>No. of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Age</td>
<td>82</td>
</tr>
<tr>
<td>Current Use</td>
<td>Residence</td>
</tr>
</tbody>
</table>

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

- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) To Be Abated**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>T. SHARKEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Woodridge</td>
</tr>
<tr>
<td>City</td>
<td>Bergen</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>4-19-18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>4-20-18</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Other - Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 lf</td>
<td></td>
</tr>
</tbody>
</table>

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

- [x] Thermal Insulation

**Amount (Specify SF or LF)**

| Amount | 15 LF |

**Abatement Type**

| Type | Removal |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name</th>
<th>Best Removal Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Hackensack, NJ 07601</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Robert Veldran</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>R. Veldran</td>
</tr>
</tbody>
</table>

**Date**

4-6-18

*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):**
4-6-2018

**Name of Building Owner/Operator (2):**
Elmer Evans

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

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

**Street Address:**
City, State, Zip Code
Jersey City, NJ 07305

**Name of Contact:**
Elmer Evans

**Telephone Number:**

### FACILITY INFORMATION

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

**City:**
Jersey City, NJ 07305

**County:**
Hudson

**Square Feet:**
2400

**# of Floors:**
2

**Bldg. Age:**
75+

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

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

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

**Street Address:**
235 Virginia Avenue

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

**Project Manager for Monitoring Firm:**

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

**License No.:**
01174

**Start Date (10):**
4-7-2018

**Scheduled Completion Date (11):**
4-7-2018

**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
- 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>Basement</td>
<td>No</td>
<td>Pipe insulation</td>
<td>80 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Green Environment Services

**NJDEP Waste Hauler ID No.:**
0034689

**Cubic Yards of Waste:**
3

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

**City, State:**
Jersey City, NJ

**Disposal Date:**
4-7-2018

**City, State:**
Morrisville, PA

**Completed by:**
Liliana Serrano

**Title:**
Office manager

**Signature:**

**Date:**
4-6-2018

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

**NOTIFICATION OF ASBESTOS ABatement**

(Preceded by MAC 601 and 61-16)

---

**Paid**

**Date of Notification (1)**: 4/9/18

**Type of Notification**

- [ ] EPA
- [ ] OSHA
- [ ] DOL
- [ ] Emergency (Including Notification)
- [ ] Other - 

**Name of Building Contact**

- Steve Rudy

**Location of Building**

- Address: 
- City, State: 
- Zip Code: 

**Type of Facility**

- [ ] Working Space (Clear Area & FC-6)
- [ ] Other (private & commercial buildings, houses, etc.)

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

- Building:
- Location:
- Description:
- Quantity:
- ACM - Other:

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

- Building:
- Location:
- Description:
- Quantity:
- ACM - Other:

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- Building:
- Location:
- Description:
- Quantity:
- ACM - Other:

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- Description:
- Quantity:
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- Description:
- Quantity:
- ACM - Other:

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- ACM - Other:

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- Description:
- Quantity:
- ACM - Other:

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- Description:
- Quantity:
- ACM - Other:

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- Description:
- Quantity:
- ACM - Other:

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

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- Location:
- Description:
- Quantity:
- ACM - Other:

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

- Building:
- Location:
- Description:
- Quantity:
- ACM - Other:

---

**Title**

- Vice President

**Signature**

- Joe Voccauso

**Date**

- 4/4/10

---

**Paid**

**Received**

- APR 13, 2018

**AEC-11 04-08-359**

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**Notes:**

- Use for this form:
- Print and Obtain Warranties
- Asbestos
- Water/Carbonated
- Other Miscellaneous

---

**Approved by:**

- Joe Voccauso
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
3/23/2018

Name of Building Owner/Operator (2)
Rory Rickwood

Agencies Notified Type Notification

[ ] EPA [ ] Initial
[ ] DEP [ ] Amended
[ ] DOL [ ] Emergency (Including justification)
[ ] DOH [ ] Cancellation

Street Address
City, State, Zip Code
Perth Amboy, NJ 08861

Name of Contact
Rory Rickwood

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
1,427

# of Floors
2

Bldg. Age
109

Current Use (Prior if being demolished) Residence

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
Incinia Contracting, Inc

Street Address
1360 Clifton Avenue Unit 365

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
9734509500

License No.
01036

Start Date (10)
4/17/2018

Scheduled Completion Date (11)
4/17/2018

Name of OSHA Monitor
Incinia Contracting, Inc

Street Address
1360 Clifton Avenue Unit 365

City, State, Zip Code
Clifton, NJ 07012

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

Scope of Work (Check All That Apply)
[ ] ≥3, 000 sf or ≥3 if
[ ] ≥160 sf or ≥2600 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

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

Amount (Specify SF or LF)

Basement
Pipe Insulation
110 LF

Amount (Specify Quantity)

30 YRDS

Name of Registered Waste Hauler
Atlantic Carting

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Wayne, NJ

Disposal Date
TDA

City, State
Pan Argyl, PA

Completed by
Milena Zoric

Title
Director

Signature

Date
2/23/2018

ASB-41 (R-08-08)
* Do not use this form for asbestos licensure exempted activities.