**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**CHECK # 24035**

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Monmouth University; Edison School of Science
- **Street Address**: 400 Cedar Avenue
- **City**: West Long Branch
- **County**: Monmouth
- **Name of Monitoring Firm Hired by Building Owner (8)**: Briggs Associates
- **Telephone No.**: (609) 298-5520
- **Start Date (10)**: 05-30-17
- **Occupancy Status During Abatement (Check Only One)**:
  - Facility Open
  - Abatement Performed Outside of Normal Facility Hours
- **Scope of Work (Check All That Apply)**:
  - 2,000 sf or >
  - >1000 sf or >2500 sf
  - Renovation
  - Demolition

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

- **Level 2**: Acoustical Ceiling Plaster 18,000 SF

**REGISTERED WASTE HAULER**

- **Name of Registered Waste Hauler**: ATC, Inc. / JBT (50071)
- **Disposal Date**: TBD

**ABATEMENT TYPE**

- **Asbestos Type**: Removal, Encapsulate, Endorse

**CONTACT INFORMATION**

- **Name of Contact**: Robert L. Correro
- **Right Thumb Print**

**SIGNATURE**

- **Signature**

(Date: 04-11-17)

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 4/10/2017  Check # 2993
Name of Building Owner/Operator (2): Our Lady of Czestochowa School

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

Street Address: 48 Luis Marin Boulevard
City, State, Zip Code: Jersey City, NJ 07302
Name of Contact: Mrs. Kalin Mason
Telephone Number: 

Name of Facility Where Abatement is Taking Place (3): Our Lady of Czestochowa School

County Code: Hudson

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.: 
Name of Abatement Contractor (9): EA Services Corporation

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

Square Feet: 50,000
# of Floors: 4
Bldg. Age: 60+

Current Use (Prior to being demolished): School

Start Date (10): 4/21/17
Scheduled Completion Date (11): 4/24/2017

Occupancy Status During Abatement (Check Only One): 
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Starting at 11 AM

License No.: 01074

Name of OSHA Monitor: Same as above

Scope of Work (Check All That Apply): 
- [x] ≥3 sf or ≥3 if
- [x] ≥180 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous): 
Amount (Specify SF or LF): 5 LF
Abatement Type: 

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):
- Cafeteria: No
- Pipe Insulation: 5 LF

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

Name of Registered Waste Hauler:
- Freehold Carting
- NJDEP Waste Hauler ID No. 15939
- Cubic Yards of Waste: tbd
- Name of Registered Landfill: Cumberland Landfill
- Disposal Date: tbd
- City, State: Newburg, PA

Completed by: Gina Betances
Title: Office Manager
Signature: 
Date: 4/6/2017

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

Date of Notification (1)

Name of Building Owner/Operator (2)
VEECO Instruments, Inc.

Street Address
1 Terminal Dr.

City, State, Zip Code
Plainview, NY 11803

Name of Contact
Michael Marx

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Warehouse

Street Address
394 Elizabeth Ave.

City (5) County (6) County Code (7) (State use only)
Somerset

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.
WCD Group

Name of Abatement Contractor (9)
Paragon Contracting, Inc.

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

Subchapter 8 (Other than K-12)

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

Square Feet 
80,000 SF

# of Floors
01

Bldg. Age
45

Current Use (Prior if being demolished)
Industrial Building

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

Other: Storage Room Under Containment

Scope of Work (check all that apply)

Demolition

Renovation

Full Containment w/negative pressure

Glovebag procedure

Mini-enclosure

Non-Exempted (*) Non-frangible procedure

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

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

No

Yes

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal

Repair

Encap

Encl

Storage Room

VAT&Mastic

1,040 SF

Registered Waste Hauler
Paragon Contracting, Inc.

Disposal Date
TBD

City, State
Clifton, NJ 07014

Name of Registered Landfill
GROWS/Tullytown

City, State
Clifton, NJ 07014

Completed by (Print or Type)
Goran Lazevski

Title
President

Signature

Date
04/11/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
4/10/2017

Name of Building Owner/Operator (2)  
Mark Selco

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

Street Address  
[Redacted]

City, State, Zip Code  
Margate, NJ 08402

Name of Contact  
Mark

Telephone Number

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Margate

County (6)  
Atlantic

County Code (7)  
[STATE USE ONLY]

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

ASCM No.

Name of Abatement Contractor (9)  
Safeway Abatement LLC

Street Address  
128 Bartlett Ave

City, State, Zip Code  
West Creek, NJ 08092

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)  
4/19/2017

Scheduled Completion Date (11)  
4/26/2017

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

Other – Describe:

Scope of Work (Check All That Apply)  
[ ] ≥3 sf or ≥3 ft
[ ] ≥160 sf or ≥260 ft

Renovation  
[ ] Demolition

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

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

In Facility (13)  
[ ] Yes  
[ ] No  
[ ] N/A

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

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

Amount (Specify SF or LF)  
1430 SF

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorse

Name of Registered Waste Hauler  
Timster Trucking Inc

NJDEP Waste Hauler ID No.  
21079

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management

City, State  
West Creek, NJ

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed by  
Amanda Mears

Title  
Owner- Safeway

Signature  

Date  
04/10/2017

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4-10-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD NL T 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td>VACANT</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE NJ 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-729-0422</td>
</tr>
<tr>
<td>License No.</td>
<td>00444</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Start Date (10) | 4-20-17**  
**Scheduled Completion Date (11) | 4-22-17**

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

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

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

- [x] 150 sf or 150 ft
- [x] 250 sf or 250 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>TRANSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>37,505E</td>
</tr>
</tbody>
</table>

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

**Disposal Date | WOODBINE**

**Completed By | Michael Klem**

---

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-10-17</td>
<td>ADAMS CONTRACTORS INC.</td>
<td>EPA</td>
<td>Initial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>716 HAVEN AVE</td>
<td>OCEAN CITY N.J. 08226</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place**: Residence
- **Type of Facility**: Vacant
- **Square Feet**: 1000
- **# of Floors**: 3
- **Bldg. Age**: 50+
- **Current Use (Prior to being demolished)**: Vacant

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

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-21-17</td>
<td>4-28-17</td>
</tr>
</tbody>
</table>

- **Occupancy Status During Abatement**: Facility Closed/Vacated During Entire Period of Abatement
- **Scope of Work**: Siding

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

- **Location of ACM**
  - To Be Abated
  - In Facility

**Abatement Type**

- **Removal**
- **Repair**
- **Encapsulate**

**Endorsement**

- **Signed by**: Michael Klemm, Sup.
- **Date**: 4-10-17

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

(Pursuant to NJAC 8:60 and 12:130)

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>4-10-17</th>
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<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>300 7TH ST.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>SEA ISLE CITY N.J. 08243</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | RESIDENCE |
| **Street Address** | [Redacted] |
| **City (5)** | OCEAN CITY |
| **County (6)** | CLARK MUNICIPAL |
| **County Code (7)** | [STATE USE ONLY] |
| **Type of Facility (4)** | VACANT |
| **Square Feet** | 1500 |
| **# of Floors** | 1 |
| **Bldg. Age** | 50 + |
| **Current Use (Prior if being demolished)** | VACANT |

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

| **ASCN No.** | N/A |

**Name of Abatement Contractor (9)**

| **KLEMCO INC.** |
| **Street Address** | 369 S. SPRUCE AVE |
| **City, State, Zip Code** | MAPLE SHADE N.J. 08052 |
| **Telephone No.** | 856-779-0472 |
| **License No.** | 00444 |
| **Name of OSHA Monitor** | N/A |

**Start Date (10)**

| 4-20-17 |

**Scheduled Completion Date (11)**

| 5-27-17 |

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

- [ ] >3 sf or >3 ft
- [ ] =160 sf or >200 sf
- [x] Demolition

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

| SIDING |

**Amount (Specify SF or LF)**

| 2000 sq ft |

**Name of Registered Waste Hauler**

| KLEMCO INC. |

**Cubic Yards of Waste**

| N.J. DEP Waste Hauler ID No. 13909 |

**Name of Registered Landfill**

| CAMDEN, N.J. |

**Completed By**

| MICHAEL KLEMM |

**Title**

| SUP. |

**Signature**

| [Signature] |

**Date**

| 4-10-17 |

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)  4/11/2017

Agencies Notified  [ ] EPA  [ ] Initial Notification
                      [ ] Initial Notification
                      [ ] Amended Notification
                      [ ] Emergency
                      [ ] Cancellation

Name of Building Owner/Operator (2)  Nancy Sobieski

Street Address

City, State, Zip Code  Maplewood, NJ, 07040

Name of Contact  Nancy Sobieski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Nancy Sobieski

Street Address

City (5)  Maplewood  County (6)  Essex

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

Type of Facility (4)

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

Square Feet  # of Floors  Bldg. Age

Name of Monitoring Firm hired by Building Owner (8)

ASCN No.

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

Street Address  86 Christopher St.

City, State, Zip Code  Montclair, NJ 07042

Telephone Number  (973) 744-8800

License Number  00371

Name of OSHA Monitor  N/A

Project Manager for Monitoring Firm

Telephone Number  N/A

Scheduled Start Date (10)  4-25-17

Sched. Completion Date (11)  4-26-17

Month  Day  Year  Month  Day  Year

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe: "Off-Hours Descript"
[ ] Other - Describe: "Other Occupancy Descript"

Scope of Work (Check all that apply)

[X] ≥ 3 sf or ≥ 1 lf
[ ] ≥ 160 sf or ≥ 260 lf
[X] Renovation
[ ] Demolition

[X] Pull Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glove-Bag Procedure
[ ] Non-Friable Procedure

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

Is Location

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 LP)

Abatement Type

ENCLOSURE

REMOVAL

REPAIR

ENCLOSURE

Baseline

Pipe insulation  160LF  X

Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.

New Jersey Waste Hauler ID No.  NJDEP Waste 17040

Cubic Yards of Waste  1.5

Name of Registered Landfill  Minerva Enterprise INC

City, State  Waynesburg, Ohio 44688

Disposal Date  4-28-17

Completed By (Print or Type)  Constantine Vivian

Title  President

Signature  Date  4/11/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 4/11/2017
Name of Building Owner/Operator (2) Everett Henderson

Agencies Notified
[X] EPA
[X] DOL
[X] DON
[X] NDEP

Type Notification
[X] Initial Notification

Street Address

City, State, Zip Code
Midland Park, NJ, 07432

Name of Contact
Everett Henderson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Everett Henderson

Street Address

City (5)
Midland Park

County (6)
Essex

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

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Scheduled Start Date (10)
4-21-17

Month Day Year

Scheduled Completion Date (11)
4-22-17

Month Day Year

Occupancy Status During Abatement (Check only one)
[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glove-bag Procedure

[X] Non-Friable Procedure

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf

[X] Renovation

[ ] >150 sf or >260 lf

[ ] Demolition

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

In Facility

(X3)

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 SP or LF)

Abatement Type

REMOVAL REPAIR ENCLOSURE

Pipe insulation 75 LF X

Location of Registered Waste Hauler
AZTECH MANAGEMENT, INC.
NDEP Waste Hauler ID No. 17040

City, State
Montclair, NJ 07042

Disposal Date
4-24-17

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

Title President

Signature Date 4/11/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04-10-2017

Name of Building Owner/Operator (2)
Edward Pinto

Agencies Notified

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

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Edward Pinto

Type of Facility (4)

Private Dwelling

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

Square Feet
N/A

County Code (7)
N/A

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Private Dwelling

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

Name of Abatement Contractor (9)
Amax Contracting LLC

Street Address
2108 Fulton St, Suite 2A

City, State, Zip Code
Brooklyn, NY 11233

Telephone No.
347-241-7673

License No.
01266

Name of Project Manager for Monitoring Firm
Kayode Adeisoyme

Telephone No.
973-692-6298

Name of OSHA Monitor
Amax Contracting LLC

Project Manager for Monitoring Firm
Street Address
PO BOX 734

City, State, Zip Code
Woodland Park, NJ 07424

Scheduled Completion Date (11)
04-28-2017

Facility Closed/Vacated During Entire Period of Abatement

Occupy Status During Abatement (Check Only One)

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

Scope of Work (Check All That Apply)

☐ ≥23 sf or ≥3 if

☐ ≥160 sf or ≥260 if

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Basement

Yes

No

N/A

PIE INSULATION

100 LF

Abatement Type

Endoscope

Name of Registered Waste Hauler
Amax Contracting LLC

NJDEP Waste Hauler ID No.
0036184

Cubic Yards of Waste
2 CY

Name of Registered Landfill
Fairless Hills

City, State
Woodland Park, NJ 07424

Disposal Date
04-27-2017

Completed by
Tome Maslakovic

Title
Project Manager

Signature

Date
04-10-2017

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

Date of Notification (1): 4/10/17

Name of Building Owner/Operator (2): Charles Carter

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

Street Address: [ ]
City, State, Zip Code: Maplewood, NJ 07040

FACILITY INFORMATION

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

Square Feet: 1,619 SF
# of Floors: 2
Bldg. Age: Built 1924

County (6): Essex
Cruntly Code (7): [STATE USE ONLY]

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

Name of Abatement Contractor (9): Unicorn Contracting Corp.

Street Address: 32 Willow Way
City, State, Zip Code: Woodland Park, NJ 07424

Project Manager for Monitoring Firm: Telephone No.

Start Date (10): 4/20/17
Scheduled Completion Date (11): 4/22/17

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

Name of OSHA Monitor: Envirovision Consultants, Inc.
Street Address: 20-21 Wagaraw Rd., Bldg. 35-E
City, State, Zip Code: Fair Lawn, NJ 07410

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify, SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement - Crawl Space</td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>8 LF</td>
<td>X X</td>
</tr>
<tr>
<td>Garage - Wall</td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>Vermiculite</td>
<td>20 SF</td>
<td>X X</td>
</tr>
<tr>
<td>Attic - Under Floor Boards</td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>Vermiculite</td>
<td>96 SF</td>
<td>X X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Unicorn Contracting Corp.
NJ/DEP Waste Hauler ID No.: 0035844

Cubic Yards of Waste: 3+

Name of Registered Landfill: Fairless Hills Landfill

City, State: Woodland Park, New Jersey
Disposal Date: TBD

Completed by: Dino Golcev
Title: General Manager
Signature: [Signature]
Date: 4/10/17

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

Date of Notification (1)
04 / 11 / 17
Name of Building Owner/Operator (2)
Noreen Zigarelli

Agencies Notified
☐ EPA
☐ DOL/WD
☐ DOH
☐ DCA
☐ (NJAC 5:23-B)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation
Street Address
City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Noreen Zigarelli
Telephone Number

FACILITY INFORMATION

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

Street Address
City (5)
Ortley Beach

County (8)
Ocean

County Code (?) (STATE USE ONLY)

Square Feet
1000 sf
# of Floors
1
Bldg. Age
65

Current Use (Prior to being demolished)
Residence

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

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755

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

Start Date (10)
04 / 24 / 17
Scheduled Completion Date (11)
04 / 25 / 17

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

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

Street Address
1056 Stetton
City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥280 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)
1000 sf

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Disposal

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 ☐

exterior ☐ ☒ ☐ asbestos siding

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
4/26/17
City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fermcola
Title
Project Manager

Signature
4/12/17

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

Date of Notification (1)
04-10-17

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

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

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

Street Address
581 Highland Parkway

City, State, Zip Code
Toms River, NJ 08753

Name of Contact
Tom Merenda

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

Name of Facility Where Abatement is Taking Place (3)
581 Highland Parkway

Square Feet
5080

County Code (7)
N/A

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
Arcturus Environmental Services, LLC.

ASCM No.

Name of Abatement Contractor (6)
Pinnacle Environmental Corp.

Street Address
9 Prince William Road

City, State, Zip Code
Morganville, NJ 07751

Telephone No.
(732) 617-9279

Name of OSHA Monitor
Even-Air Inc.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

License No.
00756

Project Manager for Monitoring Firm
Frank Tamargo

Telephone No.
201-939-6565

Start Date (10)
03-20-17

End Date (11)
04-04-17

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

 Scheduled Completion Date (11)
(3) Project Completed

Scope of Work (Check All That Apply)
☐ ≥23 sq ft or ≥23 f²
☐ ≥160 sq ft or ≥160 f²
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Ground Floor: Lounge Closet
Joint Compound
80SF

Ground Floor: Training Closet
Joint Compound
77SF

Ground Floor: Training Closet
VAT/Mastic
65SF

Ground Floor: A/C Room
VAT/Mastic
38SF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
NJ-113

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows North Landfill

City, State
Morrisville, PA 19067

Disposal Date
TBD

Freehold Cartage
Freehold, NJ 07728

Completed by
Richard Doran

Title
Project Manager

Signature

Date
04-10-17

* Do not use this form for asbestos licensure exempted activities
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or 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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor: Heater Room</td>
<td>N/A</td>
<td>VAT/Mastic</td>
<td>96SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Ground Floor: Lounge Closet</td>
<td>N/A</td>
<td>VAT/Mastic</td>
<td>745SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Ground Floor: Offices</td>
<td>N/A</td>
<td>VAT/Mastic</td>
<td>328SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
4/10/2017

Name of Building Owner/Operator (2)
Residence

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

Street Address
City, State, Zip Code
Mountainside, NJ 07092

Name of Contact
Gail Steckler
Telephone Number

FACILITY INFORMATION

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

Street Address
City (5)
Mountainside

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

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

Name of Abatement Contractor (9)
Brinks Tank Services

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

Square Feet
200

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)

Start Date (10)
4/24/2017

Scheduled Completion Date (11)
4/28/2017

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

Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥31 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<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>
</table>
| Yes  
vinyl tile                                                  | vinyl tile and mastic                                                                                           | 94 sq.ft                | X              |

Name of Registered Waste Hauler
Newark Carting
NJ/DEP Waste Hauler ID No. 04509

Disposal Date
City, State
Penn Argyle, PA

Completed by
Alison Lamers
Title
Office Manager
Signature

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 04-12-2017

Name of Building Owner/Operator (2) LUX Properties, LLC

Agencies Notified  Type Notification 

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

Street Address

City, State, Zip Code
Hillside, NJ 07205

Name of Contact: Kinyada Frazier

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5) Hillside

County (6) N/A

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

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

ASCM No.

Name of Abatement Contractor (9) United Safety LLC

Street Address 12 Maple Ave #F2

City, State, Zip Code Pine Brook, NJ 07058

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 973-276-0099

License No. 01317

Start Date (10) 04-22-2017

Scheduled Completion Date (11) 04-24-2017

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

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 2600 if

Removal
Demolition

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

Abatement Type

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

In Facility (13)

Yes No N/A

Basement  X

Pipe Insulation  130 LF  X

Basement  X

VAT  80 SF  X

Amount (Specify SF or LF)

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

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

Name of Registered Waste Hauler
United Safety LLC

NJDEP Waste Hauler ID No. 0036820

Cubic Yards of Waste TBD

Name of Registered Landfill
GROWS Landfill

City, State Pine Brook, NJ Tullytown, PA

Completed by Vanco Patkov
Title Project Manager

Signature Date 04-12-2017

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

Date of Notification (1)
4/12/17

Name of Building Owner/Operator (2)
Robin Dorfman, Lives in CA

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

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

Street Address

City, State, Zip Code
Leonia, NJ

Name of Contact
Leonel Morales

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Leonia

County (6)
Bergen

County Code (7)
(State Use Only)

Square Feet
2500

# of Floors
2

Bldg. Age
75

Current Use (Prior if being demolished)

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

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
4/21/17

Scheduled Completion Date (11)
5/15/17

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

Scope of Work (Check All That Apply)
☐ ≥30 sl or ≥3 l
☒ ≥160 sf or ≥280 l
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frisable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
60 LF

Abatement Type

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
4/12/17

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

Date of Notification (1) 04/06/17

Name of Building Owner/Operator (2) D2 PLUS LLC.

Agencies Notified Type Notification

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

Street Address
34A. W. HARDWOOD TERRACE.

City, State, Zip Code
PALISADES PARK 07650

Name of Contact
HEESUN YANG

Telephone Number

FACILITY INFORMATION

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

Street Address
PALISADES PARK, 07650

City (5) PALISADES PARK

County (6) N/A

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

Square Feet
1,600

# of Floors
1

Bldg. Age
79

Current Use (Prior if being demolished)
N/A

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

ASCM No.
N/A

Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC

Street Address
1126 - 51 ST.

City, State, Zip Code
NORTH BERGEN NJ. 07047

Project Manager for Monitoring Firm
N/A

Telephone No.
Telephone No. 201- 766- 0642

License No.
01300

Name of OSHA Monitor
EMSL ANALYCAL INC

Street Address
307W. 38TH ST.

City, State, Zip Code
NEW YORK NY. 10018

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥180 sf or ≥360 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

ROOF

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

ROOF (Blanck Membrane) ACM

Amount
500 SF

Abatement Type
☒ Removal
☐ Repair
☒ Encapsulation
☐ Endosulf

Name of Registered Waste Hauler
TRI - STATE - ASSOCC INC

Waste Hauler ID No. 19951

Cubic Yards of Waste TBD

Name of Registered Landfill
MINERVA ENTERPRISE INC

City, State
BRONX, N.Y.

Disposal Date TBD

City, State
WAYNESBURG OHIO.

Completed by
Xiomara Gomez

Title
SECRETARY

Signature

Date 04/06/17

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

Date of Notification (1) April 12, 2017

Name of Building Owner / Operator (2) Macy’s Corporate Services

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

Type Notification:
- Initial
- Amended
- Amendment #
- Cancellation

Street Address
7 West Seventh Street
City, State & Zip Code
Cincinnati, OH 45202

Name of Contact
Paul Gedomski – Raritan Maintenance Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Macy’s Distribution Center

Street Address
401 Clearview Road

City (5)
Edison

County (6)
Middlesex

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Joseph Anello

Telephone Number
856-556-2557

Telephone Number
609-216-8000

License Number
00817

Scheduled Start Date (10)
April 24, 2017
Scheduled Completion Date (11)
May 24, 2017

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

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

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

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Main Area
X
Gaskets
40 SF

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
3

Name of Registered Landfill
Fairless Hills

City, State
Little Egg Harbor, NJ 08087

Completed By
Diane Aloia
Title
Executive Administrator

Signature

Date
April 12, 2017

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

*Notification of Asbestos Abatement*

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

### Date of Notification (1)
04/09/17

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

### Name of Building Owner/Operator (2)
**Dentsply Sirona Preventive**

### Street Address
330 S. Van Brunt Avenue

### City, State, Zip Code
Englewood, NJ

### Name of Contact:
Robert Valabre

### FACILITY INFORMATION

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

**Commercial Building**

**Street Address**
330 South Van Brunt Avenue

**City (5)**
Englewood, NJ

**County (6)**
Bergen

**County Code (7)**
(State Use Only)

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

**Name of Contractor (9)**
BL Contracting, Inc

**Street Address**
5 Marguerite Lane

**City, State, Zip Code**
Towaco 07082

**Project Manager for Monitoring Firm**

**Telephone Number**
973-901-0153

**License Number**
01265

**Scheduled Start Date (10)**
04/22/17

**Scheduled Completion Date (11)**
04/25/17

**Name of OSHA Monitor**
BL Contracting Inc.

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

**Source of Work (Check all that apply)**
- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 150 sf or ≥ 250 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Non Exempted and Non Friable Procedure
- [ ] Min-Enclosure
- [ ] Glove bag Procedure
- [ ] Full Containment with Negative Pressure

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

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

**YES**

**NO**

**NA**

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

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

**Abatement Type**
Remove Repair Envelop Enclose

**Second Floor**

<table>
<thead>
<tr>
<th>Weatherproofing</th>
<th>Duct Insulation</th>
<th>16 LF</th>
</tr>
</thead>
</table>

**Name of Reg. Waste Hauler**
Waste Management of Pennsylvania

**NJDPS Waste Hauler ID #**
0035784

**Cubic Yards of Waste**
5

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

**Disposal Date**
04/25/17

**City, State**
Tullytown, PA

**Completed by (Print or Type)**
Nedo Vasile

**Title**
President

**Signature**

**Date**
04/09/17
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/12/17</td>
<td>Bill Bareilles Private Residence</td>
</tr>
</tbody>
</table>

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

| City, State, Zip Code | Tuckerton NJ 08087 |

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Bareilles Private Residence</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>1</td>
<td>35+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slab under house</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>Pernaco Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-753-9000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/21/17</td>
<td>4/27/17</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or 23 If</td>
</tr>
<tr>
<td>□ 160 sf or 2250 If</td>
</tr>
<tr>
<td>□ Renovation Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfaced, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Roll Off</td>
<td>22459</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/27/17</td>
<td>Morrisville PA 19067</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony T Perna</td>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/12/17</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
04-12-2017

**Name of Building Owner / Operator (2)**
New Jersey Institute of Technology

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

**Type of Notification**
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address**
University Heights-323 Dr. Martin Luther King Jr. Blvd.

**City, State & Zip Code**
Newark, NJ 07102-1982

**Name of Contact**
Joseph F. Tartaglia

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
New Jersey Institute of Technology-Faculty Hall Building- Lab 010

**Street Address**
University Heights
323 Dr. Martin Luther King Jr. Blvd.

**City**
Newark, NJ 07102

**County**
Essex

**County Code**

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

**Street Address**
280 Heyler Street
South Hackensack, NJ 07606

**Telephone Number**
201-489-8700

**Scheduled Start Date (10)**
03-22-2017

**Scheduled Completion Date (11)**
03-27-2017

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed During Normal Hours:
  - [ ] 9:00am – 6:00pm
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf ≥260 if
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glove Bag Procedures
- [x] Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or 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>Lab 010</td>
<td>Yes</td>
<td>Floor tile and mastic</td>
<td>700 SF</td>
<td></td>
</tr>
<tr>
<td>Lab 010</td>
<td>No</td>
<td>Transile table tops</td>
<td>150 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Resource Management Group, LLC

**City, State**
Trenton, NJ 08619

**Completed By (Print or Type)**
Mr. Brian Haney

**Title**
President

**Signature**

**Date**
04-12-2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:08 and 12:120)

Date of Notification (1)
04-12-2017

Agendas Notified
EPA
DEP
DOL
DOH
DCA
Type Notification
Initial
Amended
Emergency
Cancellation

Name of Building Owner / Operator (2)
New Jersey Institute of Technology
Street Address
University Heights, 323 Dr. Martin Luther King Jr. Blvd
City, State & Zip Code
Newark, NJ 07102-1982

Name of Contact
Joseph F. Tartaglia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Jersey Institute of Technology-Faculty Hall Building-Lab 010
Street Address
323 Dr. Martin Luther King Jr. Blvd
City
Newark
County
Essex
County Code

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

Square Foot 30,000
No. of Floors
4 plus basement
Building Age
55

Current Use
P: Prior it being demolished
Institute of Technology

Name of Abatement Contractor (9)
Resource Management Group, LLC
Street Address
2113 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08618

Telephone Number
(609) 327-2779
License Number
0185

Name of OSHA Monitor
UPS Environmental Laboratories, Inc.
Street Address
2349 Route 22 West
City, State & Zip Code
Union, NJ 07083

Scheduled Start Date (10)
03-22-2017
Scheduled Completion Date (11)
03-31-2017

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

Scope of Work (Check all that apply)
≥3 sf or ≥50 if
≥160 sf ±250 if
Renovation
Demolition

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

Location of Asbestos-Containing Material (ACM)

Lab 010

Name of Registered Waste Hauler
Resource Management Group, LLC
City, State
Trenton, NJ 08618

Completed By (Print or Type)
Mr. Brian Harvey

Title
President
Signature
Date
04-12-2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
4/12/17

Name of Building Owner/Operator (2)  
Craig

Name of Contact  
Sean Craig

FACILITY INFORMATION

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

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

Square Feet  
2200

# of Floors  
2

Bldg. Age  
65+/-

County (6)  
Burlington

Name of Abatement Contractor (8)  
Stevens Environmental Services, Inc.

Name of Monitoring Firm Hired by Building Owner (9)  
MECS

Name of CSHA Monitor  
MECS

City, State, Zip Code  
Medford, NJ 08055

Street Address  
PO Box 341

City, State, Zip Code  
Crosswicks, NJ 08515

Telephone No.  
(609) 298-4070

Telephone No.  
(609) 259-9688

License No.  
00493

Start Date (10)  
4/13/17

Scheduled Completion Date (11)  
4/14/17

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7 am to 4 pm

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

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Family Room</td>
<td>X</td>
<td>VAT</td>
<td>380 sf</td>
</tr>
<tr>
<td>Laundry Room</td>
<td>X</td>
<td>VAT</td>
<td>12 sf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mastic</td>
<td>30 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.

City, State  
Allentown, NJ

Disposal Date  
4/17/17

Name of Registered Landfill  
Fairless Landfill

City, State  
Morrisville, PA

Completed By  
Mahlon E. Stevens

Title  
Project Manager

Signature  

Date  
4/12/17

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

**Date of Notification (1)**
4/12/17

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

**Street Address**
 kẻ Pháp

**City, State, Zip Code**
Medford, NJ 08055

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

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

**Square Feet**
2200

**Current Use (Prior to being demolished)**
65+/-

**Facility Information**

**Name of Meeting Place**
MECS

**Name of Abatement Contractor (8)**
Stevens Environmental Services, Inc.

**Project Manager**
Bill Weisgarber

**Address**
PO Box 341
Crosswicks, NJ 08515

**City, State, Zip Code**
Allentown, NJ 08501

**Telephone No.**
(609) 298-4070

**License No.**
00493

**OSHA Monitor**
MECS

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Normally Used Solely by Person(s) in Charge of Facility</th>
<th>Description of ACM (i.e., thermal blanket, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Room</td>
<td>Yes</td>
<td>VAT</td>
<td>380 sf</td>
</tr>
<tr>
<td>Laundry Room</td>
<td>Yes</td>
<td>VAT</td>
<td>12 sf</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Mastic</td>
<td>30 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**
Stevens Environmental Services, Inc.

**Waste Hauler No.**
18262

**Cubic Yards of Waste**
3 CU

**Name of Registered Landfill**
Hairless Landfill

**City, State**
Morrisville, PA

**Completed by**
Mahlon E. Stevens

**Project Manager**

**Signature**

**Date**
4/12/17

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

Date of Notification (1): 4-13-17  
Name of Building Owner/Operator: Dominic Giagaglione  
Name of Contact: Dominic Giagaglione  

Agencies Notified:  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification:  
- Initial  
- Amended  
- Amendment  
- Emergency (Including justifications)  
- Cancellation  

Street Address:  
City, State, Zip Code: Scotch Plains, NJ 07076  

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

Type of Facility (4):  
- School (K-12)  
- Subchapter 5 (Other than K-12)  
- Other (i.e., private & commercial buildings, homes, etc.)  

Current Use (Prior to being demolished):  
- Single family Dwelling  

Name of Facility Where Abatement is Taking Place (3):  
Single family Dwelling  

Name of Abatement Contractor (9): EPC Technologies Inc.  
ASCM No.: N/A  

Street Address: P.O. Box 337  
City, State, Zip Code: New Egypt, NJ 08533  
Project Manager for Abatement: Steve Schenker  
Telephone No.: 609-758-3365  
License No.: 00394  

Start Date (10): 4-24-17  
Scheduled Completion Date (11): 4-28-17  

Start Date (10): 4-24-17  
Scheduled Completion Date (11): 4-28-17  

Name of OSHA Monitor: EPC Technologies Inc  
Street Address: P.O. Box 337  
City, State, Zip Code: New Egypt, NJ 08533  

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility:  
- Family Den Room  
- Roof Chimney  

Yes  
No  
N/A  

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):  
- Floor Tile/mastic  
- Tan Flashing  

Amount (Specify SF or LF):  
- 150 SF  
- 4 SF  

Abatement Type:  
- Removal  
- Replacement  
- Endcap/Enclosure  
- Enclosure  

Name of Registered Waste Hauler: EPC Technologies  
City, State: New Egypt, NJ 17000  
Cubic Yards of Waste: 1  
Name of Registered Landfill: Waste Management of PA  
City, State: Monroeville, PA  
Disposal Date: 4-28-17  
Name of Registered Landfill: Waste Management of PA  
City, State: Monroeville, PA  
Disposal Date: 4-28-17  

Completed by: Steve Schenker  
Title: President  
Signature: Steve Schenker  
Date: 4-13-17  

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/12/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>□ EPA</td>
</tr>
<tr>
<td></td>
<td>□ DCA</td>
</tr>
<tr>
<td></td>
<td>□ DOL</td>
</tr>
<tr>
<td></td>
<td>□ DEP</td>
</tr>
<tr>
<td></td>
<td>□ OOH</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RBG Hightstown LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>3930 Flagler Drive #202</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Palm Beach, Florida</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ryan Cowell</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Facility Where Abatement is Taking Place (3)
Hightstown Mill Redevelopment

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

### Square Feet
60,000 SF

### # floors
3

### Bidg. Age
100

### Current Use (prior if being demolished):
Former Fabrics Mill

### Name of Contractor (9)
BL Contracting, Inc.

### Street Address
5 Marguerite Lane

### City, State, Zip Cod
Towaco NJ 07082

### Telephone Number
973-901-0153

### License Number
01285

### Name of OSHA Monitor
BL Contracting Inc.

### Street Address
5 Marguerite Lane

### City, State, Zip Cod
Towaco NJ 07082

### Occupancy Status During Abatement (Check only one)
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours - Describe:
- □ Other - Describe: 8am-4 pm Monday-Saturday

### Scheduled Start Date (10)
04/17/17

### Scheduled Completion Date (11)
04/27/17

### Source of Work (Check all that apply)
- □ 3 sf or ≥ 3 if
- □ ≥ 160 sf or ≥ 280 sf
- □ Renovation
- □ Demolition
- □ Non Exempted and Non Friable Procedure
- □ Mini-Enclosure
- □ Glove bag Procedure
- □ Full Containment with Negative Pressure

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

<table>
<thead>
<tr>
<th>Building 3 Bridge-2nd Floor</th>
<th>TSI</th>
<th>216 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 4-1st Floor</td>
<td>Transite</td>
<td>1,900 SF</td>
</tr>
<tr>
<td>Building 8-3rd Floor</td>
<td>VAT Debris (bags)</td>
<td>10</td>
</tr>
</tbody>
</table>

### Name of Reg. Waste Hauler
NDEP Waste Hauler ID #: 0036784

### Cubic Yards of Waste
10

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

### Disposal Date
04/28/17

### City, State
Tullytown, PA

### Completed by (Print or Type)
Ned Vasilić

### Title
President

### Signature

### Date
04/12/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/11/2017

Name of Building Owner/Operator (2) AGL Services Co.

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

Type Notification
[X] Initial

J:\3:\5\1\10598

Street Address
Ten Peachtree Place, Suite 1000
Atlanta, GA 30309

City, State, Zip Code

Name of Contact
Chad Quinn (agent for Owner)

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Elizabeth Gas Plant - Control Bldg and Office Bldg

Street Address
300 3rd Avenue
Elizabeth

City (5)

County Code (7) (STATE USE ONLY)

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

Square Feet
9,900

# of Floors
1-2

Bldg. Age
40+

Current Use (Prior if being demolished)
office and control

Name of Monitoring Firm Hired by Building Owner (8)
EHS Environmental, Inc.

ASCM No.

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

Street Address
42 Ridge Road
Phoenixville, PA 19460

City, State, Zip Code

Telephone No.
610-933-4332

License No.
50836

Name of OSHA Monitor
Neuber Env. Svcs., Inc.

Street Address
42 Ridge Road
Phoenixville, PA 19460

City, State, Zip Code

Start Date (10) 4/27/2017

Scheduled Completion Date (11) 5/19/2017

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

Scope of Work (Check All That Apply)
[ ] 20-25 sf or 25 sf
[X] 250 sf or 250 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Horizon Disposal

NJ DEP Waste Hauler ID No. 2
10416

Cubic Yards of Waste
30

Name of Registered Landfill
GROWS/Tulleytown Landfill

Disposal Date 5/2017

City, State
Morrisville, PA

Completed by
Jeff LaRiviere
Title
Pres.

Signature
Date 4/11/2017

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

Date of Notification (1) 4/12/17

Name of Building Owner/Operator (2) CAMPBELL'S SOUP COMPANY

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

Street Address
1 CAMPBELL PLACE

City, State, Zip Code
CAMDEN, NJ 08103

Name of Contact
Ray Scelfo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CAMPBELL'S

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

Square Feet
20,000

# of Floors
2

Bldg. Age
86

Current Use (Prior to being demolished)

HEADQUARTERS

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS

ASCM No.

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

Street Address
3370 PROGRESS DRIVE

City, State, Zip Code
BENSEN, PA 19020

License No.
00783

Telephone No.
215 244-1300

Project Manager for Monitoring Firm ERIC WYSOCKI

Name of OSHA Monitor
EHS

Street Address
1435 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON PA

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
- >=160 sf or >= 280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

Yes No N/A

(15)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

PILOT PLANT

- TRANSITE CEILING

460 SF

- (X)

Name of Registered Waste Hauler

SERVICE TRANSPORT

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Bryan Cullen

Title PROJECT MGR.

Signature

Date
4/13/2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:116)

Date of Notification (1) 4 / 12 / 17

Name of Building Owner/Operator (2) CAMPBELL'S SOUP COMPANY

Street Address 1 CAMPBELL PLACE
City, State, Zip Code CAMDEN, NJ 08103

Name of Facility Where Abatement is Taking Place (3) CAMPBELL'S

Type of Facility (4) School

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS

License No. 215 222-2000

Current Use (Prior to being demolished)

HEADQUARTERS

Name of Abatement Contractor (6) DELTA/BJDS, INC

Street Address 3370 PROGRESS DRIVE
City, State, Zip Code BENSalem, PA 19020

Name of OSHA Monitor EHS

Street Address 1345 INDUSTRIAL BLVD
City, State, Zip Code SOUTHAMPTON PA

Name of Registered Landfill MINERVA LANDFILL

Cubic Yards of Waste

Disposal Date

City, State WAYNESBURG, OH 44403

Signature

Date 4/13/2017

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

Date of Notification (1)  4 / 14 / 17

Name of Building Owner/Operator (2)  INSPIRA MEDICAL CTR

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

Street Address  333 IRVING AVE

City, State, Zip Code  BRIDGETON

Name of Contact  Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  INSPIRA MEDICAL CENTER

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

Street Address  333 IRVING AVE

City (5)  BRIDGETON

County (5)  CUMBERLAND

County Code (7)  (STATE USE ONLY)

Current Use (Prior if being demolished)  HEALTH CENTER

Square Feet  >50,000

# of Floors  4

Bldg. Age  50+

Name of Monitoring Firm Hired by Building Owner (8)  CRITERION LABS

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

ASCM No.  

Street Address  1345 INDUSTRIAL BLVD

City, State, Zip Code  SOUTHAMPTON PA

License No.  00783

Project Manager for Monitoring Firm  ERIC WYSOCKI

Telephone No.  215 244-1300

Telephone No.  215 322-2900

Start Date (10)  4 / 27 / 17

Scheduled Completion Date (11)  7 / 31 / 17

Name of OSHA Monitor  EHS

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: 7AM-___PM/___PM-7AM

Street Address  411 SOUTH GATE  SUITE E

City, State, Zip Code  MICKLETON NJ 08056

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

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

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

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

Amount (Specify SF or LF)  10,300

Abatement Type  
- Removal
- Repair
- Encapsulate
- Enclosure

CRISIS AREA

FLOOR TILE AND MASTIC  10,300

Service Transport  

Name of Registered Waste Hauler

Service Transport  

Cubic Yards of Waste  

Name of Registered Landfill  MINERVA LANDFILL

City, State  WAYNESBURG, OH 44686

Disposal Date  

Completed By (Print or Type)  THOMAS JOHNSON

Title  PROJECT MGR.

Signature  

Date  4-14-2017

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

Date of Notification (1)
4/13/2017

Name of Building Owner/Operator (2)
The Crowell Group, LLC dba Spring Lake Arbors

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

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

Street Address
550 Warren Avenue

City, State, Zip Code
Spring Lake, NJ 07762

Name of Contact
Patti Murray

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Arbors at Spring Lake - Crawlspace A

City (5)
Spring Lake

County (6)
Monmouth

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
25000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Senior Assisted Living

Name of Monitoring Firm Hired by Building Owner (8)
EHS Environmental, Inc.

ASCM No.

Name of Abatement Contractor (9)
Prism Response, Inc.

Street Address
411 Southgate Court, Suite E

City, State, Zip Code
Mickleton, NJ 08056

Telephone No.
856-224-0080

License No.
01121

Name of OSHA Monitor
EHS Environmental, Inc.

Start Date (10)
4/24/2017

Scheduled Completion Date (11)
4/28/2017

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

Scope of Work (Check All That Apply)
- ≥ 30 sf or ≥ 30 ft²
- ≥ 160 yd² or ≥ 2600 ft²
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable Procedure
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace A</td>
</tr>
</tbody>
</table>

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 & Fittings

Amount (Specify SF or LF)
480 LF

Abatement Type

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>SW1724</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste
40

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

City, State
Trenton, New Jersey

Disposal Date
4/28/2017

City, State
Morrisville, PA

Completed by
Jessica Wolfe

Title
Administrative Support

Signature

Date
4/13/2017

Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)  
04/08/2017

Name of Building Owner/Operator (2)  
Tricia & Trevor Gallagher

Type of Notification  
(X) Initial Notification  
( ) Amended  
( ) Emergency (including justification)  
( ) Cancellation

Agencies Notified  
( ) USEPA  
( ) NJDEP  
( ) NJDOL  
( X) NJDOH  
( ) NJDCA

Street Address  
Hoboken, NJ 07030

FACILITY INFORMATION

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

Name of Contractor (9)  
Industrial Safety & Environmental Solutions, Inc.

City (5)  
Hoboken

Scheduled Completion Date (11)  
04/21/2017

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

County Code (7)  
Hudson

Name of OSHA Monitor  
ISES, Inc.

Sq. Feet: 2000

License Number  
01124

Current Use (if being demolished):  

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

Building Age: 80

( ) Non-Exempt (*) and Non-Friable Procedure

Street Address  
3300 Hudson Avenue

( X) Full Containment with Negative Pressure

City State Zip Code  
Union City, NJ 07087

( ) Mini-Enclosure with Negative Pressure

Telephone Number  
201 325-0055

Glove-bag Procedure or Wrap and cut procedure

( ) Demolition

Telephone Number  
(201)325-0055

Occuancy Status During Abatement (Check only one)

( ) Renovation

( ) Minor Project (<25 SF or <10 LF ACM)

Name of OSHA Monitor  
ISES, Inc.

( ) Small Project (>25 <160 SF or >10 <260 LF ACM)

License Number  
01124

( ) Large Project (>160 SF or >260 LF ACM)

Source of Work (Check all that apply)  

( ) Abatement Performed Outside of Normal Facility Hours -

Other - Describe: work area in basement will be vacated

Telephone Number  
(201)325-0055

Occupancy Status During Abatement

( X) Facility Closed/Vacated During Entire Period of Abatement

Scheduled Start Date (10)  
04/18/2017

Yes NO N/A

Location of Asbestos- 
Containing Material (ACM)

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

Amount (Specify 
SF or LF)

Abatement Type  
Removal

Repair

Enclosure

Name of Reg. Waste Hauler  
NJDEP Waste Hauler ID # 50452

Cubic Yards of Waste  
~ 10

Name of Reg. Waste Hauler  
NJDEP Waste Hauler ID # 50452

Name of Reg. Landfill  
Grand Central Sanitation
1963 Pan Argyl Road

City State  
Dover, NJ 07801

Disp. Date  
04/21/2017

City State  
Pen Argyl, PA 18072

Completed by (Print or Type)  
David Camacho

Signature  

Title  
Project Supervisor

Date  
04/08/2017

~ 140 LF

X

X
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator:** JC Penney Corporation / Job #1702-5117

**Name of Contact:** Kathy McKinley

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** JC Penney- Store #0497

**Street Address:** 6501 Legacy Drive MS 2108

**City, State, Zip Code:** Plano, TX 75024

**Name of Monitoring Firm Hired by Building Owner:** Health & Safety Services

**ASCN No.:**

**Name of Abatement Contractor:** AbateTech, Inc.

**Street Address:** 305 Mount Hope Avenue

**City, State, Zip Code:** Rockaway, NJ 07866

**County Code (7):** Morris

**County Code (7):**

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

**Type of Facility:**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Start Date:** 4 / 26 / 17

**Scheduled Completion Date:** 5 / 2 / 17

**Name of OSHA Monitor:** EMSL Analytical

**Street Address:** PO Box 365

**City, State, Zip Code:** Berlin, NJ 08009

**Telephone No.:** 609-839-2432

**License No.:** 00529

**Occupancy Status During Abatement:**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM-__ PM-__ AM

**Scope of Work:** Check all that apply

- [ ] ≥ 23 sf or ≥ 23 if
- [ ] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** AbateTech, Inc.

**NJDEN Waste Hauler ID No.:** 18750

**Cubic Yards of Waste:** 8

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

**City, State:** Lumberton, NJ

**Disposal Date:** 5/2/17

**City, State:** Tullytown, PA

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

**Title:** Operations Coordinator

**Signature:**

**Date:** 4/2/17

---

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

**Date of Notification (1)**  
4 / 11 / 17

**Name of Building Owner/Operator (2)**  
Middle Township Public Schools / Job #1704-5133 Check #3104

**Street Address**  
216 South Main Street

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

**Name of Contact Administration**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Middle Township ES #1

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**School**

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

**Name of Abatement Contractor (9)**  
AbateTech, Inc.

**Street Address**  
611 Industrial Way West

**City, State, Zip Code**  
Eagleton, NJ 07724

**License No.**  
00529

**Name of OSHA Monitor**

**EMSL Analytical**

**Telephone No.**  
732-904-9565

**Start Date (10)**  
4 / 14 / 17

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

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

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM - _____ AM

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

☐ ≥ 3 sf or ≥ 3 if

☐ ≥ 160 sf or ≥ 260 if

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

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

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

**Amount (Specify SF or LP)**

**Abatement Type**

**Endorse**

**Disposal Date**  
4/17/17

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

**City, State**  
Lumberton, NJ

**Name of Registered Waste Hauler**  
AbateTech, Inc.

**NUDEP Waste Hauler ID No.**  
18750

**Cubic Yards of Waste**  
4

**Name of Registered Landfill**

**City, State**  
Lumberton, NJ

**Completed By (Print or Type)**  
Gwendolyn Trumbetti

**Title**

**Operations Coordinator**

**Signature**

**Date**  
4/17/17

---

*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**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 6 / 17</td>
<td>Cumberland County Improvement Authority/Job #1703-5126 Check #9045</td>
</tr>
</tbody>
</table>

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

**Type Notification**
- [x] Initial
- [x] Amended
- Amendment #2
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
169 Jesse Bridge Road, Millville, NJ 08332

**City, State, Zip Code**
Millville, NJ 08332

**Name of Contact**
Jerry Valazquez

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
14 North Pearl Street

**City**
Bridgeton, NJ 08332

**County**
Cumberland County Improvement Authority

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

**Square Feet**

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

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

**Number of Floors**

**Bldg. Age**

**EMSL Analytical**

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**Name of OSHA Monitor**

**Telephone No.**
609-265-2107

**License No.**
00529

**Project Manager for Monitoring Firm**
John Lutz

**Telephone No.**
609-366-6800

**Start Date (10)**
4 / 3 / 17

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

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

**Time of Abatement:** AM-PM PM-AM

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boiler Room</td>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Boiler Insulation</td>
<td>No</td>
<td>140 SF</td>
</tr>
<tr>
<td>Transite</td>
<td>No</td>
<td>100 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
20

**Name of Registered Landfill**
Cumberland County Solid Waste Complex

**City, State**
Lumberton, NJ

**Disposal Date**
4/11/17

**City, State**
Millville, NJ 08332

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
4/10/17

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

**Date of Notification (1)**  
4 / 11 / 17

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

**Street Address**  
PO Box 7356

**City, State, Zip Code**  
North Brunswick, NJ

**County of Middlesex Highways & Bridges / Job #1702-5120 Check #9106**

**Name of Contact Administration**

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Middlesex County - MCAT Building

**Street Address**  
97 Apple Orchard Lane

**City (5)**  
North Brunswick, NJ

**County (6)**  
Middlesex

**Name of Monitoring Firm Hired by Building Owner (8)**  
Matrix New World Engineering

**ASCN No.**  
AbateTech, Inc.

**Name of Abatement Contractor (9)**

**Street Address**  
26 Columbia Turnpike

**City, State, Zip Code**  
Florham Park, NJ 07932

**Telephone No.**  
(973) 555-9040

**License No.**

**Name of OSHA Monitor**  
EMSL Analytical

**Project Manager for Monitoring Firm**  
Gavin Gilmore

**Start Date (10)**

3 / 20 / 17

**Scheduled Completion Date (11)**

4 / 28 / 17

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

- [X] 33 sf or >33 sf
- [X] 160 sf or >260 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

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

<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) (i.e., thermal systems insulation, surfing, VAT, or other miscellaneous)**

- Wood Paneling Glue/Mastic: 1,120 SF
- Window/Door Caulk: 1,500 LF
- Floor tile & Mastic: 352 SF
- Linoleum: 36 SF

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NUDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

25

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

**Disposal Date**

4/28/17

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

[Signature]

**Date**

4/11/17

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

Date of Notification (1) 4 / 11 / 17
Name of Building Owner/Operator (2) County of Middlesex Highways & Bridges / Job #1702-5120 Check #5106

Agencies Notified ☑ EPA ☐ DOLWD ☐ DHSS ☑ DCA (NJAC 5:23-8)
Type Notification ☑ Initial ☐ Amended ☐ Amendment #2 ☐ Emergency (including justification) ☐ Cancellation
Street Address PO Box 7356
City, State, Zip Code North Brunswick, NJ

Name of Contact Administration

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middlesex County - MCAT Building
Street Address 97 Apple Orchard Lane
City (5) North Brunswick, NJ
County (6) Middlesex

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering
Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 26 Columbia Turnpike
City, State, Zip Code Florham Park, NJ 07932
Telephone No. 973-585-9040
License No. 0609-265-2107

Start Date (10) 3 / 20 / 17
Scheduled Completion Date (11) 4 / 28 / 17

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

Current Use (Prior if being demolished) Office Building

Name of OSHA Monitor ENSL Analytical

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

Occupancy Status During Abatement (Check only one) ☑

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

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

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

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

Amount (Specify SF or LF)

Abatement Type ☑ Removal ☐ Repair ☐ Encapsulation ☐

Above and below Windows ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Transite Panels ☑ ☐ ☐ ☐

Name of Registered Waste Hauler AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750
City, State Lumberton, NJ
Disposal Date 4/28/17
Name of Registered Landfill G.R.O.W.S. Landfill
City, State Tullytown, PA

Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 4/11/17

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

Name of Building Owner/Operator (2)
Glenwood Apartments & County Club

Street Address
1 Cherry Hill Lane
City, State, Zip Code
Old Bridge, NJ 08857
Name of Contact
Eric Prieto
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartments

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

Square Feet
2,000
# of Floors
2
Bldg. Age
65+

Current Use (Prior to being demolished)
Apartments

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

>=3 5f or >=3 If
>=160 sf or >=260 If
Renovation
Demolition

<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>2 A-D Ashwood Mall-Crawl Space</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>180 LF</td>
<td>X</td>
</tr>
<tr>
<td>4 A-D Ashwood Mall-Crawl Space</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>150 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group
NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
6 CY
Name of Registered Landfill
Minerva Landfill

City, State
New Castle
Disposal Date
05/04/2017
City, State
Waynesburg, OH 44688
Date
04/11/2017
Title
Vice President

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**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

04 / 12 / 17

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

New Jersey Department of Environmental Protection

**Address (3)**

401 East State Street, PO Box 420

Trenton, NJ 08826

**Name of Contact**

Joseph Maio

**FACILITY INFORMATION**

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

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

Square Feet

# of Floors

Bldg. Age

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

Warren

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

Street Address

344 West State Street

Trenton, NJ 08601

City, State, Zip Code

Garfield, NJ 07026

Telephone No.

973-928-4888

License No.

1188

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 and 204</td>
<td>☐ ☐ ☒</td>
<td>Multi-layered resilient floor cover 336 SF</td>
</tr>
<tr>
<td>002 and 005</td>
<td>☐ ☐ ☒</td>
<td>Flue Cement 8 SF</td>
</tr>
<tr>
<td>001,004,101,102,103,104</td>
<td>☐ ☐ ☒</td>
<td>Paper duct insulation 80 SF</td>
</tr>
<tr>
<td>Exterior</td>
<td>☐ ☐ ☒</td>
<td>Cementitious Siding 3,420 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

ATC

NJDEP Waste Hauler ID No.

SW-24310

Cubic Yards of Waste As Needed

Disposal Date

TBD

Name of Registered Landfill

Minerva Enterprises

City, State

Waynesburg, OH

**Completed By (Print or Type)**

Allen Monchik

Title

Project Manager

Signature

Date 4/12/17

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