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

**State of New Jersey**

**Date of Notification (1)**
04/09/19

**Check #3356**

**Name of Building Owner/Operator (2)**
Queen of Peace High School

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**: Queen of Peace High School
- **Street Address**: 21 Church Place
- **City, State, Zip Code**: North Arlington, NJ, 07031
- **Name of Contact**: Ralph
- **Telephone Number**: 973-270-3537

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

**Square Feet**: 20,000+
**# of Floors**: 3
**Bldg. Age**: 50+

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

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

**Name of Abatement Contractor (9)**: EA Services

**Street Address**: 436 69th st
**City, State, Zip Code**: Guttenberg, NJ, 07022
**Telephone No.**: 201-295-1700
**License No.**: 01074

**Start Date (10)**: 04/22/19
**Scheduled Completion Date (11)**: 04/24/19

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

**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: N/A

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

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

- **In Facility (13)**
- **Name of Registered Waste Hauler**
  - **Tri-State Transfer Associates**
  - **Name of Registered Landfill**
  - **Minerva Enterprises**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Type</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>ACM Elbows</td>
<td>3 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Tri-State Transfer Associates
**Cubic Yards of Waste**
TBD
**Disposal Date**
TBD
**City, State**
Waynesburg, OH

**Completed by**
Michael Fajardo
**Title**
Office Clerk
**Signature**

**Date**
04/09/19

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

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification**: 4/10/2019

**Agency Notified**: [X] EPA

**Notification Type**: Initial Notification

**Street Address**: 

**City**, **State**, **Zip Code**: Orange, NJ, 07050

**Name of Building Owner/Operator**: Gene Krasner

**Telephone Number**: 

**Waiver Approved**: 

### Facility Information

**Name of Facility Where Abatement is Taking Place**: [Redacted]

**Street Address**: [Redacted]

**City, State, Zip Code**: [Redacted]

**County**: Essex

**Square Feet**: [Redacted]

**Type of Facility**: [X] School (K-12)

### Monitoring Firm

**Name of Monitoring Firm Hired by Building Owner**: [N/A]

**Telephone Number**: [N/A]

### Abatement Contractor

**Name of Abatement Contractor**: Aztech Management, Inc.

**Street Address**: 86 Christopher St.

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

**Telephone Number**: (973) 744-9800

### Occupancy Status

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

**Month Day Year**

04-10-19

04-11-19

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

- Basement
- Pipe insulation

**Amount of ACM Abated**: 40 LF

**Abatement Type**: [X] Full Containment with Negative Pressure

### Disposal

**Disposal Date**: 4/12/19

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

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

**Signature**: [Redacted]

**Date**: 4/10/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/05/2019

Name of Building Owner/Operator (2)
Mark Quartello

Name of Contact
Mark Quartello

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

Type Notification
[X] Initial

Street Address

City, State, Zip Code
Westwood, NJ 07675

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Trader Joe's & Adjacent Vacant Space

Street Address
20 Irvington Street

City (5)
Westwood

County (6)
Bergen

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

ASCN No.

Name of Abatement Contractor (9)
United Safety LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-636-9145

Start Date (10)
04/22/2019

Scheduled Completion Date (11)
05/04/2019

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:
7:00am - 9:30am Mon-Fri

Scope of Work (Check All That Apply)
[X] Renovation
[X] Demolition

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

1st FL Back Storage Room
1st FL Back Storage Room
2nd FL Mezzanine
1st FL Adjacent Vacant Space

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

Description of Asbestos Containing Material (ACM)
(i.e. thermal insulation, surfacing, VAT, or other miscellaneous)
9x9 Olive Green/Gray VAT ONLY
Off White Joint Compound
9x9 Green/Gray VAT ONLY
12x12 Off White VAT ONLY

Amount (Specify SF or LF)
560 SF
2,200 SF
810 SF
5,500 SF

Abatement
Removal
Repair
Endosulf
Encapsulation
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
R.E.D. TECHNOLOGIES LLC

Waste Hauler ID No.
0035163

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Portland, CT

Completed by
Vanco Petkov

Title
Project Manager

Disposal Date
TBD

City, State
Waynesburg, OH/Morrisville, PA

Date
04/05/2019

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

Date of Notification (1) 04/8/19

Name of Building Owner/Operator (2)
South Plainfield Board of Education

Name of Contact
Thomas Wiggins
Telephone Number
908-754-4620

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
South Plainfield Middle School

Street Address
125 Jackson Ave.

City, State, Zip Code
South Plainfield, NJ 07080

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

ASCM No.
00127

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
205 Route 46 Suite 14

City, State, Zip Code
Totowa NJ 07512

Project Manager for Monitoring Firm
Paul McCa

Telephone No.
484-894-4841

Start Date (10)
04/18/19

Scheduled Completion Date (11)
05/02/19

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

Scope of Work (Check All That Apply)
X Renovation
X Demolition

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

Cafeteria

Is Location Normally Used Solely by Maintenance/Custodial Staff?
X Yes

Description of Asbestos Containing Material (ACM)

Drop Ceiling Panels 2x4

Amount (Specify SF or LF)
5,440sf

Name of Registered Waste Hauler
Academy Construction Inc

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
10

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
04/08/19

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

Date of Notification (1)
4/10/2019

Name of Building Owner/Operator (2)
Residential

Name of Contact
Subrat Nayak

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

Street Address
Livingston

City (5)
Livingston

County (6)
Essex

Type of Facility (4)

Square Feet
2,678

# of Floors
1

Bldg. #
60

Current Use (Prior if being demolished)
Commercial

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

Name of Abatement Contractor (9)
Sky Contracting, LLC

Name of OSHA Monitor
Sky Contracting, LLC

Start Date (10)
4/24/2019

Scheduled Completion Date (11)
4/29/2019

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

≤ 3600 sf or ≤ 36 If

≥ 6000 sf or ≥ 360 If

Removal

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedures

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Floor Tiles

200 SF

Location of Asbestos-Containing Material (ACM)

Ground Floor

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)

Abatement Method

Removal

Repair

Enclosure

Endorsement

Endorsement

Name of Registered Waste Hauler
Service Transport Group, Inc.

Service Transport Group, Inc.

City, State
New Castle, Delaware

Completed by
Predrag Sarcev

Title
Vice President

Signature

Date
4/10/2019

NJ DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Disposal Date
TBD

*A do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
#### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/10/2019</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Private Property / Brett Tanzman ESQ</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<td>DOH</td>
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<td>DCA</td>
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<td>Initial</td>
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<td>Amended</td>
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<td>Amendment</td>
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<td>Emergency (Including Justification)</td>
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<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Danny Matarrese</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Private Property |
| Street Address | | |
| City (5) | Springfield NJ |
| County Code (7) | [STATE USE ONLY] |
| Current Use (Prior if being demolished) | |

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

| Square Feet | 2 |
| # of Floors | | |
| Blgd. Age | +50 |

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

### Name of Abatement Contractor (9)
- ACM Solutions Services LLC

### Street Address
- 1435 51st Street |
| City, State, Zip Code | North Bergen NJ 07047 |

### Project Manager for Monitoring Firm
- N/A

### Telephone No.
- 201-552-9685

### Name of OSHA Monitor
- Iris Environmental Laboratories

### Street Address
- 2333 Route 22 West
| City, State, Zip Code | Union NJ 07803 |

### Scope of Work (Check All That Apply)
- [X] ≥ 3,000 sf or ≥ 33 if
- [X] ≥ 1600 sf or ≥ 2800 if
- [ ] 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)

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM)</td>
<td>pipe insulation Wrap and cut</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>55LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

### Location of Registered Waste Hauler
- Newark Carting Inc

### NJDEP Waste Hauler ID No.
- 04509

### Cubic Yards of Waste
- |

### Name of Registered Landfill
- ISES Bethlehem Rd Landfill

### Disposal Date
- 2336 4th Avenue, Piscataway, NJ 08854

### Completed by
- Galo Zumba

### Title
- Principal

### Date
- 4/10/2019

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## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:19)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/10/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Private Property / Brett Tanzman ESQ</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>X Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Danny Mataresse</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Private Property</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City (5)</td>
<td>Springfield, NJ</td>
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<tr>
<td>County (5)</td>
<td>Union County</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>N/A</td>
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<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ACM Solutions Services LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1435 51st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
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<tr>
<td>Telephone No.</td>
<td>201-552-9685</td>
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<tr>
<td>License No.</td>
<td>01384</td>
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<tr>
<td>Start Date (10)</td>
<td>4/10/2019</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>4/12/2019</td>
</tr>
<tr>
<td>Occancy Status During Abatement (Check Only One)</td>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X Renovation X Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe insulation Wrap and cut 40LF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>40LF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Newark Carting Inc</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>04509</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>ISES Bethlehem Rd Landfill</td>
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<tr>
<td>Disposal Date</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State</td>
<td>Union NJ 07803</td>
</tr>
<tr>
<td>Completion Date</td>
<td>May 10, 2019</td>
</tr>
<tr>
<td>Completed by</td>
<td>Galo Zumba</td>
</tr>
<tr>
<td>Title</td>
<td>Principal</td>
</tr>
</tbody>
</table>

*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) 04/08/2019

Name of Building Owner/Operator (2) PEARSALL ST. LLC.

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

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

Street Address

City, State, Zip Code JERSEY CITY NJ.

Name of Contact RAFAEL BERNAL

Telephone Number

FACILITY INFORMATION

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

Square Feet 1,100 SF

# of Floors 2

Bldg. 98

Name of Facility Where Abatement is Taking Place (5)
PRIVATE

City (5) JERSEY CITY NJ.

County (6) HUDSON

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

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

ASCM No.

Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC,

Street Address 4919 BERGENLINE AVE,

City, State, Zip Code WEST NEW YORK NJ.

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 201 776 0642

License No. 01300

Start Date (10) 04/10/2019

Scheduled Completion Date (11) 04/11/2019

Name of OSHA Monitor EMSL ANALITICAL INC

Street Address 307 W. 38 ST,

City, State, Zip Code NEW YORK NY.

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
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox 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

BASEMENT X PIPE INSULATION 100 LF X

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

Amount (Specify SF or LF) 100 LF

Name of Registered Waste Hauler TRI STATE ASSOCC INC

Waste Hauler ID No. 19851

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 CARLOS ESQUIVEL

Title OWNER

Signature Date 04/08/2019

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

Date of Notification: 4/3/19

Name of Building Owner / Operator: Rider University
Street Address: 2083 Lawrenceville Road
City, State & Zip Code: Lawrenceville, NJ 08648
Name of Contact: Walter Eddy
Telephone Number: 609-696-780

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Kroner Dormitory
Street Address: 2083 Lawrenceville Rd
City: Lawrenceville
County: Mercer
County Code: 08648

Type of Facility: Dormitory

Name of Abatement Contractor: Bristol Environmental, Inc.
Street Address: 1123 Beaver Street
City, State & Zip Code: Bristol, PA 19007
License Number: 00509

Name of OSHA Monitor: Bristol Environmental, Inc.
Street Address: 1123 Beaver Street
City, State & Zip Code: Bristol, PA 19007

Name of Monitoring Firm Hired by Building Owner: Pennoni Associates
Street Address: 515 Grove Street, Suite B
City, State & Zip Code: Haddon Heights, NJ 08035
Telephone Number: 856-665-2944

Scheduled Start Date: 4/8/19
Scheduled Completion Date: 4/12/19 (SUB 8 PORTION COMPLETED)

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours: 2 PM - 10PM (4/11/19)

Scope of Work: 3+ sf or 3+ If

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?: Yes

Is Location Normally Used Solely by Maintenance or Custodial Staff?: No

Is Location Normally Used Solely by Maintenance or Custodial Staff?: N/A

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

Amount (Specify SF or LF): 60 SF

Abatement Type: Full Containment with Negative Pressure Mini-Enclosure

Non-Exempted and Non-Friable Procedure:

Name of Registered Waste Hauler: Service Transport Inc.
City, State: New Castle, DE

Completed By: Gino Pizzigoni
Title: Project Manager
Signature: Gino Pizzigoni
Date: 4/10/19

GI 18271 D
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/3/19
Name of Building Owner / Operator (2) Rider University
Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended #R2-4/10/19
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Kroner Dormitory
Street Address
2083 Lawrenceville Rd
City, State & Zip Code
Lawrenceville, NJ 08648
Name of Contact
Walter Eddy
Telephone Number 609-896-780

FACILITY INFORMATION
Name of Building Owner / Operator (2)
Rider University
Street Address
2083 Lawrenceville Road
Lawrenceville, NJ 08648
City, State & Zip Code
Lawrenceville, NJ 08648
Name of Contact
Walter Eddy
Telephone Number 609-896-780

Name of Facility Where Abatement is Taking Place (3)
Kroner Dormitory
Street Address
2083 Lawrenceville Rd
City, State & Zip Code
Lawrenceville, NJ 08648
Name of Contact
Walter Eddy
Telephone Number 609-896-780

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates
Street Address
515 Grove Street, Suite B
City, State & Zip Code
Haddon Heights, NJ 08035
Project Manager for Monitoring Firm
Brian Clark
Telephone Number 856-656-2944

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates
Street Address
515 Grove Street, Suite B
City, State & Zip Code
Haddon Heights, NJ 08035
Project Manager for Monitoring Firm
Brian Clark
Telephone Number 856-656-2944

Scheduled Start Date (10) 4/8/19
Scheduled Completion Date (11) 4/12/19
Occupancy Status During Abatement (Check only one)
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)
60 SF
30 LF

Name of Registered Waste Hauler
Service Transport Inc.
City, State
New Castle, DE

Name of Registered Landfill
Fairless Landfill
Disposal Date
City, State
Fairless Hill, PA

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature
Date 4/10/19

Cubic Yards of Waste 5 cu yd
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification (1): 4/3/19

Name of Building Owner / Operator: Rider University

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

Type Notification:
- Initial
- Amended #R1-4/10/19
- Emergency
- Cancellation

Street Address:
2083 Lawrenceville Road

City, State & Zip Code:
Lawrenceville, NJ 08648

Name of Contact:
Walter Eddy

Telephone Number: 609-886-7800

FACILITY INFORMATION

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

Street Address:
2083 Lawrenceville Rd

City (5):
Lawrenceville

County (6):
Mercer

County Code (7):

Square Feet:
12000

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

Current Use (Prior if being demolished):
Dormitory

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

Street Address:
515 Grove Street, Suite B

City, State & Zip Code:
Haddon Heights, NJ 08035

Name of Abatement Contractor (9):
Bristol Environmental, Inc.

Street Address:
1123 Beaver Street

City, State & Zip Code:
Bristol, PA 19007

Name of OSHA Monitor:
Bristol Environmental Inc.

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement 7:00 AM to 3:30 PM

Scope of Work (Check all that apply):
- × ≥3 sf or ≥3 ft
- ≤160 sf ≤260 ft
- × Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- 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>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
<td>60 SF</td>
</tr>
<tr>
<td>Flue Packing</td>
<td>30 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

<table>
<thead>
<tr>
<th>Amount</th>
<th>Abatement Method Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Service Transport Inc.

City, State:
New Castle, DE

Completed By (Print or Type):
Gino Pizzigoni

Title:
Manager

Signature:
Gino Pizzigoni

Date: 4/10/19

GI 18271 D
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
4/3/19

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Initial</td>
</tr>
<tr>
<td>DCH</td>
<td>Amended</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rider University</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>2083 Lawrenceville Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
<tr>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Name of Contact</td>
</tr>
<tr>
<td>Walter Eddy</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>609-696-7700</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kroner Dormitory</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>2083 Lawrenceville Rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrenceville</td>
<td>Mercer</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Clark</td>
<td>609-656-2944</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 Hours – 7am to 3pm</td>
</tr>
<tr>
<td>Describe:</td>
</tr>
<tr>
<td>Facility Occupied During Abatement 7:00 AM to 3:30 PM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 l</td>
</tr>
<tr>
<td>≥160 sf ≥280 l</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Environmental, Inc.</td>
<td>006958</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1123 Beaver Street</td>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Environmental Inc.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boiler Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Insulation Plume Packing</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
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<tbody>
<tr>
<td>Boiler Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Boiler Room</td>
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</table>

<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>Boiler Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Up</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 cu yd</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
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<table>
<thead>
<tr>
<th>Fairless Hill, PA</th>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sino Pizzigoni</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sino Pizzigoni</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-3-9</td>
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</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1):**
04/10/2019

**Name of Building Owner/Operator (2):**
Our Lady of Mount Virgin Parish

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

**Type Notification:**
Initial

**Street Address:**
800 Harris Avenue

**City, State, Zip Code:**
Middlesex, NJ 08846

**Name of Contact:**
Edward Kura

**Telephone Number:**
732-366-2149 ext. 2014

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Our Lady of Mount Virgin Parish Center

**Street Address:**
450 Drake Ave

**City:**
Middlesex

**County:**
Middlesex

**Current Use (Prior to being demolished):**
Church Center

**Square Feet:**
18,000+

**# of Floors:**
1

**Bidg. A:**
50+

**Name of Monitoring Firm Hired by Building Owner (8):**
HERA Consultants, Inc

**ASCM No.:**
0057

**Name of Abatement Contractor (9):**
Nari Construction, LLC

**Street Address:**
P.O. Box 385

**City, State, Zip Code:**
Oceanville, NJ 08231

**Telephone No.:**
609-652-1833

**License No.:**
01306

**Start Date (10):**
04/22/2019

**Scheduled Completion Date (11):**
05/01/2019

**Name of OSHA Monitor:**
Nari Construction, LLC

**Street Address:**
63 Leather Stocking Path

**City, State, Zip Code:**
Lincoln Park, NJ 07035

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

**Scope of Work (Check All That Apply):**
[ ] ≥ 100 sf or ≥ 300 sf
[ ] ≥ 100 sf or ≥ 300 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebox Procedure
[ ] Non-Exempted (*) and Non-Friable Procedures

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location 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>Hallway to Boiler Room</td>
<td>No (N/A)</td>
<td>VAT/Mastic</td>
<td>720 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room (Crawlspace)</td>
<td>X</td>
<td>TSI</td>
<td>3200 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Nari Construction, LLC

**NJDEP Waste Hauler ID No.:**
20 CY

**Cubic Yards of Waste:**

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

**City, State:**
Lincoln Park, NJ

**Disposal Date:**
TBD

**City, State:**
Morrismile, PA

**Completed by:**
Igor Jezdimirovic

**Title:**
P.Manager

**Signature:**

**Date:**
04/10/2019

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

Date of Notification (1)  4/12/2019

Name of Building Owner/Operator (2)  Craig Dziura

Street Address

City, State, Zip Code  Nutley, NJ, 07110

Name of Contact  Craig Dziura

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Craig Dziura

Street Address

City  Nutley

County  Essex

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

Type of Facility (4)

[ ] School  [X] Subchapter 8 (Other than K-12)

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

Square Feet  # of Floors  Bldg. ge

Current Use (Prior if being demolished)

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

Street Address  86 Christopher St.

City, State, Zip Code  Montclair, NJ 07042

Project Manager for Monitoring Firm  N/A

Telephone Number  (973) 744-8800

License Number  00371

Name of OSHA Monitor  N/A

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Description

[ ] Other - Describe: Other Occupancy Description

Scope of Work (Check all that apply)

[ ] 1500 sq. ft. or < 250 sq. ft.

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Single Bag Procedure

[X] Non-Friable Procedure

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

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCLOSURE

<table>
<thead>
<tr>
<th>Location Normally Used</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>Pipe Insulation</td>
<td>20 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  17040

Cubic Yards of Waste  .5

Name of Registered Landfill  Tri - State

City, State  Montclair, NJ 07042

Disposal Date  N/A

City, State  Bronx, NY, 10474

Completed By (Print or Type)  Constantine Vivian

Title  President

Signature  Constantine Vivian

Date  4/12/2019

96 Prospect St.
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 9:60-7 and 12:120-7)

Date of Notification (1)
4/12/2019

Name of Building Owner/Operator (2)
David Berry

Name of Contact
David Berry

FACILITY INFORMATION

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

Street Address
123 Main St

City
Millburn

County
Essex

Name of Monitoring Firm hired by Building Owner (8)
AZTECH MANAGEMENT, Inc.

ASCN No.
N/A

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

Street Address
90 Christopher St.

City
Montclair

State
NJ

Zip Code
07042

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Procedure

Name of OSHA Monitor
N/A

Street Address
123 Main St

City
Millburn

State
Essex

Zip Code
07042

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

Material (ACM)

Location Normally Used

Location

Basement

Pipe Insulation

[X] Yes

40 LF

[X] No


Location of Waste Hauler

AZTECH MANAGEMENT, INC.

Ward

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Tri-State

City
Montclair

State
NJ

Zip Code
07042

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
4/12/2019

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

Date of Notification (1)
04/09/19

Check #3354

Name of Building Owner/Operator (2)
Holy Trinity Church

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

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

Street Address
34 Maple Ave

City, State, Zip Code
Hackensack, NJ, 07601

Name of Contact
Tom

Telephone Number
201-968-5039

Name of Facility Where Abatement is Taking Place (3)
Bergen Arts & Science Charter School

Street Address
43 Maple Avenue

City (5)
Hackensack

County (9)
Bergen

County Code (7)
(State Use Only)

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

Square Feet
20,000+

# of Floors
3

Bidg. A
50+

Current Use (Prior if being demolished)
School

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

ASC No.
N/A

Name of Abatement Contractor (9)
EA Services

Street Address
436 69th st

City, State, Zip Code
Guttenberg, NJ, 07022

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

License No.
01074

Start Date (10)
04/19/19

Scheduled Completion Date (11)
04/22/19

Name of OSHA Monitor
N/A

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

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

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

In Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Reinforcement
Endorse

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprise

Disposal Date
TBD

City, State
Waynesburg, OH

Name of Tri-State Transfer Associates

City, State
Bronx, NY

Completed by
Michael Fajardo

Title
Office Clerk

Signature

Date
04/09/19

* 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
Millennial Partners LLC

Date of Notification
1 / 22 / 19

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment #5
☐ Emergency (including justification)
☐ Cancellation

Street Address
2 Riverside Drive Suite 500

City, State, Zip Code
Camden NJ 08103

Name of Contact
Telephone Number
1 800 971-6773

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
The Victor Bldg

Street Address
201 N. Front Street

City (5)
Camden

County (6)

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner
Pennon

Street Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Name of Abatement Contractor
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD.

City, State, Zip Code
SOUTHAMPTON PA 18966

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856-656-2875

License No.
00783

Start Date
2 / 1 / 19

Scheduled Completion Date
6 / 30 / 19

Name of OSHA Monitor
Criterion Labs

Street Address
400 Street Road

City, State, Zip Code
Bensalem Pa 19020

Scope of Work (Check all that apply)

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

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

<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 or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Office</td>
<td>☐</td>
<td>☐</td>
<td>Pipe Insulation</td>
<td>160 LF</td>
</tr>
<tr>
<td>1st Floor</td>
<td>☐</td>
<td>☒</td>
<td>Radiator Insulation</td>
<td>75 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>☒</td>
<td>☐</td>
<td>Pipe Ins. above Plaster Ceiling</td>
<td>600 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>☐</td>
<td>☒</td>
<td>Contaminated Plaster Ceiling</td>
<td>12,000 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste
Disposal Date
City, State
WAYNESBURG, OHIO

Completed By (Print or Type)
CHRISTINE DEL VISCO

Name of Registered Landfill
MINERVA LANDFILL

Title
ASST. ADMINISTRATOR

Signature

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Location</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residual 12 x 12 Mastic</td>
<td>1,275 SF</td>
<td>lst Fl Entryway to Stairs and Stcl Cntctn under Stcl Cntctn Wall and Mastic</td>
<td>9 x 9 Floor Tile</td>
</tr>
<tr>
<td>Mastic on bottom of drywall</td>
<td>600 SF</td>
<td>lst Fl Cntctn/Kitchen Side</td>
<td>lst Fl Cntctn/Kitchen Side</td>
</tr>
<tr>
<td>Base mastic</td>
<td>50 LF</td>
<td>lst Fl, in piles, in 2nd Fl Office, Old Bathroom</td>
<td>3 x 9 Floor Tile and Mastic</td>
</tr>
<tr>
<td>Block Pipe Insulation</td>
<td>60 SF</td>
<td>lst Fl, Floor Shop, Closet, Floor Shop, Closet</td>
<td>Block Pipe Insulation</td>
</tr>
<tr>
<td>Ducts, Floor Shop</td>
<td>80 LF</td>
<td>2nd Fl, Alternate Storage, &quot;Dia&quot;</td>
<td>Block Pipe Insulation</td>
</tr>
<tr>
<td>Residual Dry Mastic</td>
<td>600 SF</td>
<td>2nd Fl, Large Entry-Stairway, Large Entry-Stairway</td>
<td>Block Pipe Insulation</td>
</tr>
<tr>
<td>Residual Dry Mastic</td>
<td>100 SF</td>
<td>lst Fl, Floor Shop, Closet</td>
<td>Block Pipe Insulation</td>
</tr>
<tr>
<td>Residual 9 x 9 Mastic</td>
<td>150 SF</td>
<td>lst Fl, Furniture, Storage</td>
<td>50 LF</td>
</tr>
<tr>
<td>Weep Insulation</td>
<td>500 LF</td>
<td>lst Fl, Furniture, Storage</td>
<td>lst Fl, Furniture, Storage</td>
</tr>
<tr>
<td>Old Roof Below Newer Roof</td>
<td>32,000 SF</td>
<td>lst Fl, Building Warehouse</td>
<td>lst Fl, Building Warehouse</td>
</tr>
</tbody>
</table>

**Other Miscellaneous**

- Custom Equipment
- Surcharges, VAT on Surcharges, VAT on Equipment
- Installation
- Maintenance
- Used or Retired
- Unused or Excess
- Custom Equipment
- Surcharges, VAT on Surcharges
<table>
<thead>
<tr>
<th>Floor</th>
<th>Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>Fire Insulation Above Plaster Ceiling</td>
<td>3st Floor</td>
</tr>
<tr>
<td></td>
<td>Fire Insulation Above Plaster Ceiling</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Contaminated Plaster Ceiling</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Roofing Material</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Exterior Window Glass</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Exterior Window Culk</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Exterior Door Frame Culk</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Metal Associated with Non-ACM Kitchen Sheet Hooding</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>9x9 Red Floor Tile and Mastice</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>N/A</td>
<td>OTHER MISCELLANEOUS</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF WORK PERFORMED:**

- Demolition of non-ACM materials.
- Installation of new ACM materials.
- Repairs to affected areas.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:66 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 22 / 19</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Millennial Partners LLC</td>
</tr>
<tr>
<td>Agency(ies) Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Riverside Drive Suite 500</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden NJ 08103</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>1 800 971-6773</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>The Victor Bldg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>201 N. Front Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>Square Feet</td>
<td>90,000</td>
</tr>
<tr>
<td># of Floors</td>
<td>7</td>
</tr>
<tr>
<td>Building Age</td>
<td>100+</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>DELTA/BJS, INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1345 INDUSTRIAL BLVD.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTHAMPTON PA 18966</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215 322-2900</td>
</tr>
<tr>
<td>License No.</td>
<td>00763</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Pennoni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>515 Grove Street, Suite 1B</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Alan Lloyd</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-656-2875</td>
</tr>
</tbody>
</table>

| Start Date (10) | 2 / 1 / 19 |
| Scheduled Completion Date (11) | 5 / 31 / 19 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM-4PM/____PM-____AM</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>&gt;3 sf or &gt;3 If</td>
<td></td>
</tr>
<tr>
<td>≥180 sf or ≥280 If</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosures</td>
<td></td>
</tr>
<tr>
<td>Glovebox Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Ftile Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td>Yes No N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Floor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Office</td>
</tr>
<tr>
<td>1st</td>
<td>Floor</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20580</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OHIO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>CHRISTINE DEL VISCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>ASST. ADMINISTRATOR</td>
</tr>
<tr>
<td>Signature</td>
<td>Christine Del Visco</td>
</tr>
<tr>
<td>Date</td>
<td>4/8/201</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Use</th>
<th>Description</th>
<th>Amount</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor Building Warehouse</td>
<td></td>
<td>Old Roof below newer roof</td>
<td>32,000 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through out</td>
<td></td>
<td>Wire Insulation</td>
<td>500 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Fl Cafeteria</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>150 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st fl small office</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>100 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Fl Large Rm 40sf under concrete floor</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Fl Large Rm entry-stairway</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>60 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ceilings and Old Roof</td>
<td></td>
<td>Duct Tar</td>
<td>840 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Large Storage 4&quot; dia</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>50 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Large Storage 1&quot; dia</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>50 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor Tool Shop</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>35 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor Tool Shop Closet</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>3 LF</td>
<td>X</td>
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<tr>
<td>2nd floor office after bathrm</td>
<td></td>
<td>9x9 Gray Floor Tile and Mastic</td>
<td>360 sf</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>1st Fl, in pile debris in cafeteria</td>
<td></td>
<td>Cove base mastic</td>
<td>50 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Cafeteria/Kitchen Side</td>
<td></td>
<td>Mastic on bottom of drywall</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st fl Cafeteria/kitchen side floor tile continues under walls and mastic</td>
<td></td>
<td>9x9 Floor Tile</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st fl, entryway to stairs and into walk-in freezers</td>
<td></td>
<td>Residual 12 x 12 Mastic</td>
<td>1,275 sf</td>
<td>X</td>
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<tr>
<td>Date of Notification: 1/22/19</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator: Millenial Partners LLC</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place: The Victor Bldg</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Street Address: 2101 N. Front Street</td>
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<td></td>
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<tr>
<td>City: Camden</td>
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<tr>
<td>County: Camden</td>
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</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner: Pennoni</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor: DELTA/BJDS, INC</td>
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<tr>
<td>Phone Number: 1-800-971-6773</td>
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<tr>
<td>FACILITY INFORMATION</td>
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<tr>
<td>Type of Facility: Other (i.e., private and commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet: 90,000</td>
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<td># of Floors: 7</td>
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</tr>
<tr>
<td>Current Use: Prior to being demolished</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm: Alan Lloyd</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.: 856-656-2875</td>
<td></td>
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<td></td>
<td></td>
</tr>
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<td>Start Date: 2/1/19</td>
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<td>Scheduled Completion Date: 3/31/19</td>
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<tr>
<td>Occupancy Status During Abatement: Fully Occupied</td>
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<tr>
<td>Scope of Work: Renovation</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility: 1st Floor Office, 1st Floor, Basement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM):</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF):</td>
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<tr>
<td>Abatement Type:</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Name of Registered Waste Hauler: Service Transport Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name of Registered Landfill: Minerva Landfill</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City, State: WAYNESBURG, OHIO</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By: Christine Del Viscio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)</th>
<th>AMOUNT SPECIFY SF OR LF</th>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATE</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victor Building Warehouse</td>
<td>YES</td>
<td>N/A</td>
<td>Old Roof below newer roof</td>
<td>32,000 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through out</td>
<td>X</td>
<td></td>
<td>Wire Insulation</td>
<td>500 LF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Fl Cafeteria</td>
<td>X</td>
<td></td>
<td>Residual 9 X 9 Mastic</td>
<td>150 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Fl small office</td>
<td>X</td>
<td></td>
<td>Residual 9 X 9 Mastic</td>
<td>100 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Fl Large Rm 40sf under concrete floor</td>
<td>X</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Fl Large Rm entry-stairway</td>
<td>X</td>
<td></td>
<td>Residual 9x9 Mastic</td>
<td>60 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Ceilings and Old Roof</td>
<td>X</td>
<td></td>
<td>Duct Tar</td>
<td>840 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Large Storage 4&quot; dia</td>
<td>X</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>50 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Large Storage 1&quot; dia</td>
<td>X</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>50 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor Tool Shop</td>
<td>X</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>35 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor Tool Shop Closet</td>
<td>X</td>
<td></td>
<td>Block Pipe Insulation</td>
<td>3 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor office after bathrm</td>
<td>X</td>
<td></td>
<td>9x9 Gray Floor Tile and Mastic</td>
<td>360 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Fl, in pile debris in Cafeteria</td>
<td>X</td>
<td></td>
<td>Cove base mastic</td>
<td>50 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor Cafeteria/Kitchen Side</td>
<td>X</td>
<td></td>
<td>Mastic on bottom of drywall</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st fl Cafeteria /kitchen side floor tile continues under walls and mastic</td>
<td>X</td>
<td></td>
<td>9x9 Floor Tile</td>
<td>600 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st fl, entryway to stairs and into walk-in freezers</td>
<td>X</td>
<td></td>
<td>Residual 12 x 12 Mastic</td>
<td>1,275 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification**: 1/22/19

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DOLWD</td>
</tr>
<tr>
<td>DOH</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
</tr>
<tr>
<td>Amendment #2</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator**: Millennial Partners LLC

**Street Address**: 2 Riverside Drive Suite 500

**City, State, Zip Code**: Camden NJ 08103

**Name of Contact**: Telephone Number 1 800 971-6773

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: The Victor Bldg

**Street Address**: 201 N. Front Street

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>Camden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
</tr>
</thead>
</table>

**Current Use (Prior to being demolished)**: ge

**Square Feet**: 90,000

<table>
<thead>
<tr>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Number of Floors**: 7

**Bldg. ge**

**Name of Abatement Contractor**: DELTA/BDJS, INC

**Street Address**: 1345 INDUSTRIAL BLVD.

**City, State, Zip Code**: SOUTHAMPTON PA 18966

**Telephone No.**: 215 322-2900

**License No.**: 00783

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion Labs</td>
</tr>
</tbody>
</table>

**Street Address**: 400 Street Road

**City, State, Zip Code**: Bensalem Pa 19020

<table>
<thead>
<tr>
<th>Criterion</th>
</tr>
</thead>
</table>

**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-4PM/PM-AM

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

- ≥3 sf or ≥8 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

<table>
<thead>
<tr>
<th>1st Floor Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☑ ☐</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>160 LF</td>
</tr>
<tr>
<td>☑ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☑ ☐</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Radiator Insulation</td>
</tr>
<tr>
<td>75 SF</td>
</tr>
<tr>
<td>☑ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Pipe Ins. above Plaster Ceiling</td>
</tr>
<tr>
<td>600 LF</td>
</tr>
<tr>
<td>☑ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ☑ ☑</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Contaminated Plaster Ceiling</td>
</tr>
<tr>
<td>12,000 SF</td>
</tr>
<tr>
<td>☑ ☐ ☐</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**SERVICE TRANSPORT GROUP**

**NJDEP Waste Hauler ID No.**: 20990

**Cubic Yards of Waste**: 20

**Name of Registered Landfill**: MINERVA LANDFILL

**City, State**: WAYNESBURG, OHIO

**Disposal Date**: 2-15-2019

**Completed By (Print or Type)**

**CHRISTINE DEL VISCIO**

Title: **ASST. ADMINISTRATOR**

Signature: **Date**

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

### Date of Notification (1)
1 / 22 / 19

### Agencies Notified
- [X] EPA
- [X] DOLWD
- [X] DOH
- [ ] DCA

### Type Notification
- [X] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

### Name of Building Owner/Operator (2)
Millennial Partners LLC
Street Address
2 Riverside Drive Suite 500
City, State, Zip Code
Camden NJ 08103
Name of Contact
Telephone Number
1 800 971-6773

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
The Victor Bldg
Street Address
201 N. Front Street
City (5)
Camden
County (6)
Camden
Name of Monitoring Firm Hired by Building Owner (8)
Vertex
Street Address
700 Turner Way Suite 105
City, State, Zip Code
Aston PA 19014
Project Manager for Monitoring Firm
David Brown
Telephone No.
610-558-8902
Start Date (10)
2 / 1 / 19
Scheduled Completion Date (11)
3 / 31 / 19

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

#### Square Feet
90,000

#### # of Floors
7

#### Bldg.
10

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>New</th>
<th>Demolition</th>
<th>Renovation</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Frangible Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] &gt;= 3 sf or &gt;= 3 if</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X] &gt;= 160 sf or &gt;= 250 If</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1st Floor Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>160 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4th Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiator Insulation</td>
</tr>
<tr>
<td>&lt;=75 SF</td>
</tr>
</tbody>
</table>

#### Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>3</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 PYLES LANE NEW CASTLE DE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTINE DEL VISCIO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASST. ADMINISTRATOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Del Visco</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6-19</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 22 / 19</td>
<td>Millennial Partners LLC</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Victor Bldg</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>2 Riverside Drive Suite 500</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>NJ 08103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertex</td>
<td>DELTA/BJDS, INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>201 N. Front Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>County Code (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Criterion Labs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 1 / 19</td>
<td>3 / 31 / 19</td>
</tr>
</tbody>
</table>

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

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

<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 Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Office</td>
<td>Yes</td>
<td>(Specify SF or LF)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP</td>
<td>20990</td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 PYLES LANE NEW CASTLE DE</td>
<td>WAYNESBURG, OHIO</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTINE DEL VISCIO</td>
<td>ASST. ADMINISTRATOR</td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
4 / 16 / 19

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

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

Name of Building Owner/Operator (2)  
Virtua

Street Address  
20 Stow Rd

City, State, Zip Code  
Marlton NJ 08053

Name of Contact  
David Cranston  
Telephone Number  
215 253-7216

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Tatem Brown Family Practice

Street Address  
2225 Evesham Road

City (5)  
Voorhes

County (6)  
Camden  
County Code (7) (STATE USE ONLY)  
-current use (Prior if being demolished)  

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

Name of Abatement Contractor (9)  
Delta/BJDS, Inc

Street Address  
1345 Industrial Blvd

City, State, Zip Code  
Southampton Pa 18966

Telephone No.  
215 322-2900  
License No.  
00783

Project Manager for Monitoring Firm  
David Brown

Telephone No.  
610 558-8902

Start Date (10)  
4 / 30 / 19  
Scheduled Completion Date (11)  
6 / 30 / 19

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM - 4PM - 8PM - 4AM

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)

Doctor and Patience rooms  
☐ Yes  ☑ No  ☑ N/A  
Basement Mechanical Room  
☐ Yes  ☑ No  ☑ N/A

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

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

Name of Registered Waste Hauler Service Transport Group  
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste  
Name of Registered Landfill Minerva Landfill

Disposal Date  
City, State  
Waynesburg, Ohio

Completed By (Print or Type)  
Christine Del Viscio  
Title  
Asst. Administrator  
Signature  
Date  
4-16-19

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

**State of New Jersey**

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

**Address:** 4000 Hadley Rd.

**City, State, Zip Code:** South Plainfield NJ

**Name of Contact:** Jeffrey Gazick

**Telephone Number:** 856-628-2477

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Manhole #2
- **Street Address:** 1 Maltese Dr.
- **City:** Totowa
- **County:** Passaic
- **Type of Facility:** Other (i.e. private & commercial building, etc.)

**Name of Abatement Contractor (9):** WRS Environmental Services, Inc.

**Address:** 17 Old Dock Rd

**City, State, Zip Code:** Yaphank, NY 11980

**Telephone No.:** 631-924-8111

**License No.:** 01136

---

**MONITORING**

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

---

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

- x ≥30 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- x Renovation Demolition

---

**Description of Asbestos-Containing Material (ACM) (Specify SF or LF):** Coal tar wrap 50 LF

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

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

---

**ABATEMENT**

- **Amount:** 50 LF

---

**Endorsement:**

**Endorsement:**

**Endorsement:**

---

**WASTE HANDLER**

- **Name of Registered Waste Hauler:** Veolia ES Technical Solutions
- **Disposal Date:** TBD

---

**Signature:** Raymond Tutiven

**Date:** 04-10-19

---

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

Date of Notification (1)
11/11/11

Name of Building Owner/Operator (2)
MICHELLE HARBECK

Type Notification
Initial

City, State, Zip Code
glen ridge, nj 07028

Name of Contact
MICHELLE HARBECK

Agency Information

Name of facility where abatement is taking place (3)

FACILITY INFORMATION

MICHELLE HARBECK

Street Address

City (5)
city

County (6)
Essex

County Code (7)
(State use only)

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01167

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
04/22/19

Sched. Completion Date (11)
05/03/19

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- >1 sf or >3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition

Description of asbestos-containing material (ACM)

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

BASEMENT
basement crawl space & CLOSET

PIE INSULATION
20 LFT

PIE INSULATION
20 LFT

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID# 13508

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
04/23/19

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
President

Signature
04/11/19

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

**D&S Proj. #: 19-65**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/17/19</th>
</tr>
</thead>
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**Name of Building Owner/Operator (2)**
mary anne marra

**Street Address**

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Westfield, NJ 07090</th>
</tr>
</thead>
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**Name of Contact**
mary anne marra

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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</thead>
</table>

Name of facility where abatement is taking place (3)
mary anne marra

**Street Address**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Westfield</th>
</tr>
</thead>
</table>

| County (6) | Union |

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(State use only)</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm HIred by Bldg. Owner (8)**

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
</table>

**Type of Facility (4)**
D & S RESTORATION, INC.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>20 California Ave.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Paterson, NJ 07503</th>
</tr>
</thead>
</table>

**Start Date (10)**
04/17/19

| Sched. Completion Date (11) | 05/03/19 |

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

| Facility closed/vacated during entire period of abatement. |

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

| >2 sf or >2 if |

| 260 sf or >260 if |

| Description of asbestos-containing material (ACM) |

| PIPE INSULATION |

| Cubic Yards of Waste |

| 1 yd. |

| Name of Registered Landfill |

| TULLYTOWN, RESOURCE RECOVERY |

| Name of Registered Waste Hauler |

| D & S RESTORATION, INC. |

| NDEP Hauler ID# | 13506 |

| Disposal Date |

| 04/18/19 |

| City, State |

| PATerson, NJ 07503 |

| Completed by (Print or Type) |

| BOGDAN JOLDSIC |

| Signature |

| 04/11/19 |
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/09/2000

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

Type Notification
☒ Initial
☐ Amended

Amendment #: ____________________________

Emergency (including justification)
☐ Yes
☐ No
☐ N/A

Name of Building Owner/Operator (2) george tzczairilidis

Street Address

City, State, Zip Code
westfield, nj 07090

Name of Contact
george tzczairilidis

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

george tzczairilidis

Street Address

City (5) westfield

County (6) union

County Code (7) (State use only)

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Start Date (10) 04/20/19

Scheduled Completion Date (11) 05/10/19

Scope of Work (check all that apply)
☒ >3 sf or >3 ft
☐ 1 < 160 sf or >260 ft
☐ Demolition

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

Yes ☒ No ☐ N/A ☐

Pipe Insulation

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Repair ☒ Replace ☐

Full Containment w/negative pressure Room ☐ Mini-enclosure ☐
Glovebag procedure ☐ Non-Exempted (*) and Non-Friable ☐

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506
Cubic Yards of Waste 2 yd.
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State PATTERSON, NJ 07503
Disposal Date 15

Completed by (Print or Type)
BOGDAN JOLDZIC
Title PRESIDENT
Signature

Date 04/11/19

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

Date of Notification (1)
04/11/2019

Name of Building Owner/Operator (2)
Passaic County Weatherization DEP

Street Address
930 River Dr

City, State, Zip Code
Totowa, NJ, 07512

Name of Contact
Allen Stone

Telephone Number
973-569-4719

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

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

Square Feet
N/A

Current Use (Prior to being demolished)
PRIVATE HOUSE

County Code (7)
N/A

Street Address
Passaic

City (5)
Passaic

City (6)
Passaic

County (8)
Passaic

County (9)
N/A

Name of Monitoring Firm Hired by Building Owner (6)
N/A

ASCM No.

Name of Abatement Contractor (8)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

License No.
01274

Telephone No.
973-333-5144

Name of OSHA Monitor
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
04/20/2019

Scheduled Completion Date (11)
04/21/2019

Occupy 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)
☐ x3 sf or x3 if
☐ 160 sf or x260 sf
☑ Renovation
☑ Demolition

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

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

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

Amount (Specify SF or LF)
120 LF

Abatement Type
Removal

Endorse

Name of Registered Waste Hauler
EHW ABATEMENT LLC

N.J. DEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
N/A

Name of Registered Landfill
TRI STATE TRANSFER

City, State
PATERSON, NJ

Disposal Date
TBD

City, State
BRONX, NY

Completed by
Victor Espiritu

Title
Project Manager

Signature

Date
04/11/2019

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