<table>
<thead>
<tr>
<th>Date of Expiration</th>
<th>Vendor Name</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ASBESTOSIZED in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/18</td>
<td>EFFY BARLASKE</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
04/19/2018

Check #3165

Name of Building Owner/Operator (2)
Kristi Norris

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

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

Street Address

City, State, Zip Code
Verona, NJ 07044

Name of Contact
Kristi Norris

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mrs. Kristi Norris Residence

Street Address

City (5)
Verona

County (6)
ESSEX

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
04/21/2018

Scheduled Completion Date (11)
04/24/2018

Occuancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Starting 11 AM

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

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

In Facility (13)

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

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

Amount (Specify SF or LF)
20 SF

Abatement Type

Name of Registered Waste Hauler
Freehold Carting

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste

tbd

Name of Registered Landfill
Cumberland Landfill

City, State
Freehold, NJ

Disposal Date
tbd

City, State
Newburg, PA

Completed by
Gina Betances

Title
Office Manager

Signature

Date
04/19/2018

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

Date of Notification: 4/20/18

Name of Building Owner/Operator: Todd Unger
Street Address: [Blurred]
City, State, Zip Code: Montclair, NJ, 07042

Name of Facility Where Abatement is Taking Place: Todd Unger
Street Address: Montclair
City, State, Zip Code: Essex, NJ

Name of Monitoring Firm hired by Building Owner: N/A
ASCM No.: 67

Name of Abatement Contractor: AZTECH MANAGEMENT, INC.
Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042
Telephone Number: (973) 744-8800
License Number: 00371

Scheduled Start Date: 5-3-18
Scheduled Completion Date: 5-5-18

Occupancy Status During Abatement: Outside of Normal Facility Hours

Scope of Work: [X] Renovation

Description of Asbestos-Containing Material (ACM): pipe/insulation

Amount: 50 LF

Abatement Type: [ ] Enclosure

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.
Waste Hauler: NJDEP Waste Hauler ID No. 17040
City, State: Montclair, NJ 07042

Completed by: Constantine Vivian
Title: President
Date: 4/20/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/19/18</th>
</tr>
</thead>
</table>

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

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

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

**Street Address**
399 Monmouth Street

**City, State, Zip Code**
East Windsor, NJ 08520

**Name of Contact**
CARRIE JONES

**Telephone Number**
(609) 632-0006 X 519

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>1 Woodbridge Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>1 Woodbridge Center</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Woodbridge</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Middlesex</td>
</tr>
<tr>
<td><strong>County Code (7) (STATE USE ONLY)</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th></th>
</tr>
</thead>
</table>

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

**ASCM No.**

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

**Street Address**
6 WHITE DOVE COURT

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

**Telephone No.**
732-668-9078

**License No.**
1200

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
4/30/18

**Scheduled Completion Date (11)**
7/27/18

**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] 23 sf or 23 if
- [x] 160 sf or 160 if
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**TO BE ABATED**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**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)**
8500 LF

**Abatement Type**

<table>
<thead>
<tr>
<th>Enclosure</th>
<th>Repair</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INTERIOR**

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
045069

**Cubic Yards of Waste**
40

**Disposal Date**
7/27/18

**Name of Registered Landfill**
IESI

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**

---

*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)

04/12/18

Name of Building Owner/Operator (2)
Borough of Matawan

Agency Notified
- EPA

Type Notification
- Amendment

Name of Building Owner/Operator (2)
Borough of Matawan

Street Address
201 Broad Street

City, State, Zip Code
Matawan, NJ 07747

Name of Contact
Louis Ferrara

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Matawan Borough Hall Annex

Street Address
201 Broad Street

City (5) County (6) County Code (7)
Matawan Monmouth

Name of Monitoring Firm Hired by Bldg. Owner (8)
T & M Associates

ASCM No.
145

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00376

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
04/23/2018

Scheduled Completion Date (11)
06/22/2018

Occupancy Status During Abatement (Check only one)
- Occupied

Other-Describe:

Scope of Work (check all that apply)
- Renovation

- Full Containment w/ negative pressure

- Demolition

- ≥3 sf or ≥3 ft

- ≥160 sf or ≥250 ft

- Mini-enclosure

- Non-frangible procedure

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

boiler room boiler 1 & 2

boiler jacket insulation

1,050 sf

boiler room boiler 1 & 2

rib paste/gasketing/fire bricks/packing

2 cy

boiler room boiler 1 & 2

matrix block boiler flute insulation

120 sf

boiler room boiler # 2

boiler flute insulation below metal jacket

70 sf

boiler room boiler # 1

fibrous rope gasketing

10 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste
45

Name of Registered Landfill
Fairless Landfill

City, State
Lincoln Park, NJ

Disposal Date
04/23/18-06/22/18

City, State
Morrisville, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
04/20/2018

SEE NEXT PAGE FOR ADDITIONAL LOCATIONS / QUANTITIES
Re: One page attachment to 14 day initial notification dated 04/04/2018 for asbestos removal at: Matawan Borough Hall Annex 201 Broad Street Matawan, NJ 07747

*** RESUME ***

The following materials shall be abated:

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance / custodial staff</th>
<th>Description of ACM</th>
<th>Amount (LF or SF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room throughout</td>
<td>NO</td>
<td>Pipe insulation and associated pipe fittings</td>
<td>210 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>boiler room boiler # 2</td>
<td>NO</td>
<td>Water tank insulation</td>
<td>10 sf</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):** 04/17/11

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

#### Name of Building Owner/Operator (2):
Borough of Matawan

#### Street Address:
201 Broad Street

#### City, State, Zip Code:
Matawan, NJ 07747

**Name of Contact:** Louis Ferrara

#### Phone Number:
732-671-6400

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3):** Matawan Borough Hall Annex

**Street Address:**
201 Broad Street

**City (5):** Matawan

**County (6):** Monmouth

**County Code (7):** 

**Square Feet:** 50,000

**# of Floors:** 2

**Bldg. Age:** 90

**Name of Monitoring Firm Hired by Bldg. Owner (8):**
T & M Associates

**ASCM No.:** 145

**Name of Abatement Contractor (9):**
B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

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

**Telephone Number:**
(973)685-6969

**License Number:** 00378

**Name of OSHA Monitor:**
B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

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

#### Scope of Work (check all that apply):
- [ ] Demolition
- [X] Renovation
- [X] Full Containment w/mechanical pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-flammable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal Repair Encap Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room boiler 1 &amp; 2</td>
<td>[X]</td>
<td>boiler jacket insulation</td>
<td>1,050 sf</td>
<td>[X]</td>
</tr>
<tr>
<td>boiler room boiler 1 &amp; 2</td>
<td>[X]</td>
<td>rib paste/gasketing/fire bricks/packing</td>
<td>2 cy</td>
<td>[X]</td>
</tr>
<tr>
<td>boiler room boiler 1 &amp; 2</td>
<td>[X]</td>
<td>matrix block boiler flue insulation</td>
<td>120 sf</td>
<td>[X]</td>
</tr>
<tr>
<td>boiler room boiler #2</td>
<td>[X]</td>
<td>boiler flue insul below metal jacket</td>
<td>70 sf</td>
<td>[X]</td>
</tr>
<tr>
<td>boiler room boiler #1</td>
<td>[X]</td>
<td>fibrous rope gasketing</td>
<td>10 if</td>
<td>[X]</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**
B & G Restoration, Inc.

**NJDEP Hauler ID:** 19563

**Cubic Yards of Waste:** 45

**Name of Registered Landfill:**
Tullytown Resource & Recovery Center

**City, State:** Lincoln Park, PA

**Disposal Date:**
04/18/18-05/18/18

**Completed by (Print or Type):**
Gordana Luna

**Title:** Secretary/Treasurer

**Signature:**
Gordana Luna

**Date:** 04/17/2018

SEE NEXT PAGE FOR ADDITIONAL LOCATIONS / QUANTITIES
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
04/11/18

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

**Agency(ies) Notified**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address**

**City, State, Zip Code**
Nutley, NJ, 070910

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

**Square Feet**
3,000+

**# of Floors**
3

**Bldg. Age**
50+

**Residential Home**

**Facility Information**

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

**City (6)**
Nutley

**County (6)**
Essex

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

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

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

**ASCM No.**
N/A

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

**Street Address**
426 69th st

**City, State, Zip Code**
Guttenberg, NJ, 07093

**Project Manager for Monitoring Firm**
N/A

**Telephone No.**
201-285-1700

**License No.**
01074

**Start Date (10)**
04/16/18

**Scheduled Completion Date (11)**
04/21/18

**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)**
- [ ] ≥3 ft or ≥3 ft
- [x] ≥160 sf or ≥280 sf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Yard</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Debris Cleanup</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Asbestos Debris Cleanup</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Asbestos Debris Cleanup</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Asbestos Debris Cleanup</td>
<td>20 yd³</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Carting Inc

**NJDEP Waste Hauler ID No.**
156339

**Cubic Yards of Waste**
N/A

**Name of Registered Landfill**
Cumberland Landfill

**City, State**
Newbury, PA

**Disposal Date**
TBD

**Completed by**
Gina Betances

**Title**
Office Manager

**Signature**
[Signature]

**Date**
04/11/18

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

**State of New Jersey**

**Date of Notification (1)**
04 / 21 / 18

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

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Ridgewood, NJ 07450

**County (5)**
Bergen

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

**Name of Abatement Contractor (9)**
Gr Tech LLC

**Street Address**
576 Valley Rd #283

**City, State, Zip Code**
Wayne, NJ 07470

**License No.**
973-638-1777

**Name of OSHA Monitor**
Envirovision Consultants, Inc

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

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

**Start Date (10)**
05 / 01 / 18

**Scheduled Completion Date (11)**
05 / 02 / 18

**Scope of Work (Check all that apply)**
- Renovation
- Demolition

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

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

**Abatement Type**

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

**Name of Registered Waste Hauler**
Gr Tech LLC

**Cubic Yards of Waste**
0033785

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

**Disposal Date**
TBD

**Tullytown, PA**

**N/eve**
Owner

**Signature**

**Date**
04/21/18

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

Date of Notification (1)  04 / 20 / 18

Name of Building Owner/Operator (2)  Arshala Eaton

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

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

Street Address  

City, State, Zip Code  East Orange, NJ 07017

Name of Contact  
Diana Youssef

Facility Information

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

Address

City (5)  
East Orange, NJ 07017

County (5)  
Essex

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)  
Gr Tech LLC

Street Address  
576 Valley Rd #283

City, State, Zip Code  Wayne, NJ 07470

Project Manager for Monitoring Firm  
Telephone No.  

License No.  

Name of OSHA Monitor  
Envirovision Consultants, Inc

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

City, State, Zip Code  Fair Lawn, NJ 07410

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

☐ AM  
☐ PM  
☐ PM  
☐ AM

Scope of Work (Check all that apply)

☒ > 3 sf or > 3 if
☐ ≥ 160 sf or ≥ 260 sf

☒ Renovation
☐ Demolition

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

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 SIF or LF)

Abatement Type

☐ Removal  
☐ Repair  
☐ Encapsulation  
☐ Endorse

Name of Registered Waste Hauler  

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  

Name of Registered Landfill  

Disposal Date  

City, State  

Wayne, NJ 07470

Completed By (Print or Type)

Title  
Owner

Signature  
Date  

N. Jevtic

04/20/18

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

**Date of Notification (1)**
4-19-18

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

**Street Address**

**Name of Contact**
HENRY ARCHIBALD

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Agency Notified**

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**

**City, State, Zip Code**

**Name of Monitoring Firm Hired by Building Owner (8)**
ATLAS ENV. INSPECTIONS

**ASCN No.**

**Name of Abatement Contractor (9)**
PRIMAR CONSTRUCTION INC

**Street Address**

**City, State, Zip Code**

**Project Manager for Monitoring Firm**
TAYLOR

**Telephone No.**
317-726-4693

**Name of OSHA Monitor**

**Telephone No.**
317-726-4693

**License No.**

**Start Date (10)**
5-4-18

**Scheduled Completion Date (11)**
5-5-18

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

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of AsbestosContaining Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTIC</td>
<td>Yes</td>
<td>INSULATION</td>
<td>4200 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
PRIMAR CONSTRUCTION

**NJDEP Waste Hauler ID No.**
6031759

**Cubic Yards of Waste**

**Name of Registered Landfill**
WESTMORELANDS

**City, State**

**Disposal Date**
3-5-18

**City, State**
BIRDSBORO, PA

**Completed by**
FRANK DUA

**Title**
V.PRES

**Signature**

**Date**
3-5-18

---

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

(Pursuant to N.J.A.C. 6:19 and 6:18)

<table>
<thead>
<tr>
<th>Date of Notification (4)</th>
<th>06 / 17 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Roman Osen</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Montclair, NJ 07043</td>
</tr>
<tr>
<td>Name of Contactor</td>
<td>Brandon Rogers</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>Montclair, NJ 07043</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Head by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>04 / 16 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>04 / 20 / 18</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% or less</td>
<td>None</td>
</tr>
<tr>
<td>25% to 50%</td>
<td>None</td>
</tr>
<tr>
<td>50% or more</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asbestos-Detaining Material (ACM) Normally Used Sober by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Renovate</th>
<th>Encapsulate</th>
<th>Endure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>[Redacted]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R., Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.Jevola</td>
<td>Owner</td>
</tr>
</tbody>
</table>

**ASBM-41**

**MAY 11**

*Do not use this form for asbestos mapping exempted activities.*
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

**Date of Notification:** 4/17/18
**Type of Notification:** Initial

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Carl R Pursell Inc</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berlin, NJ</td>
<td>Carl Pursell</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Type of Facility (4):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (i.e., 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>2000</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E107370</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9):** Arn Lee Abatement Restoration LLC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1212 Burlington Ave</td>
<td>610-391-5916</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of GSH Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Start Date (10):** 4/15/18
**Scheduled Completion Date (11):** 5/15/18

**Occupy Status During Abatement (Check Only One):** Facility Closed/Vacated During Entire Period of Abatement
**Other – Describe:**

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or 23 lf
- [ ] ≥60 sf or ≥260 lf
- [x] Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>Yes</td>
<td>Sidy</td>
<td>2005 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Atlarke LLC

<table>
<thead>
<tr>
<th>City, State</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delran, NJ</td>
<td>205447</td>
</tr>
</tbody>
</table>

**Disposal Date:** TBD

**Name of Registered Landfill:** Hill of PA

**Compliments:** Joseph J. Hill, President

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 4/19/18  
Agency Notified: EPA  
Type of Notification: Initial  
Number of Building/Structure (2): 100SB, 100CHEM, 100087  
Address: 84 E. 24TH ST.  
City, State, Zip Code: PATerson, NJ 07301  
Name of Contact: Anthony  
Telephone Number: 973-690-5441  
Type of Facility:  
K-12  
Other: Residential  
License No.: 00156  
Contractor: A. Misc Contracting Inc.  
Monitoring Firm: ASCM No.:  
Occupancy Status During Abatement (Check Only One):  
Renovation  
Demolition  
Location of Asbestos-Containing Material (ACM):  
Description: 
Location: Warehouse  
ACM Used Only by Maintenance/Custodial Staff (12):  
ACM Used Only by Maintenance/Custodial Staff: Yes  
Amount: 100 lb  
Abatement Type: Complete by July  
Name of Registered Waste Hauler: Newcomer Catering, Inc.  
Hauler ID No.: 04508  
Cubic Yards of Waste:  
Regulated Landfill:  
Central Sanitary Landfill:  
Dated: 4/19/18  
Completed by: P. McDonald  
Title: President  
Date: 4/19/18  
Do not use this item for asbestos license exempted activities.
# Notification of Asbestos Abatement

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 6:5 and 12:120)

**Date of Notification:** 04/17/2018

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

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

**Name of Building Owner/Operator:**

**Street Address:**

**City, State, Zip Code:** Old Tappan, NJ 07675

**Name of Contact:** Beth Levine

**Telephone Number:**

---

**Facility Information**

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

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

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

**House**

**Name of Monitoring Firm Hired by Building Owner:**

**ASCM No.:**

**Name of Abatement Contractor:**

**Street Address:**

**City, State, Zip Code:**

**Telephone No.:** 973-345-8685

**License No.:** 01311

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

---

**Start Date:** 05/01/2018

**Scheduled Completion Date:** 05/02/2018

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

**Scope of Work (Check All That Apply):**
- [x] ≥3 sq ft or ≥3 if
- [ ] ≥160 sq ft or ≥260 ft
- [x] Renovation
- [x] Demolition

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

**In Facility:**

<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>Yes</td>
</tr>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 350 SF

**Abatement Type:**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Amount of Waste Collected:**

**Disposal Date:** TBD

**Name of Registered Waste Hauler:**

**City, State:**

**Totowa, NJ**

**Completed by:**

**Oliver Hegedus**

**Title:** Project Manager

**Signature:**

**Date:** 04/17/2018

---

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

**State of New Jersey**

**NO. 25131**

**Date of Notification (1)**
04/17/2018

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

**Agencies Notified (3)**
- [X] EPA
- [X] DEP
- DOL
- [ ] DOH
- [ ] DCA

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

**Street Address (5)**

**City, State, Zip Code (6)**
Caldwell, NJ 07006

**Name of Contact (7)**
Kevin Kelly

**Telephone Number (8)**

**FACILITY INFORMATION (9)**

**Name of Facility Where Abatement is Taking Place (10)**
House

**Street Address (11)**

**City (12)**
Caldwell

**County (13)**
Essex

**County Code (14)**
N/A

**State Use Only (15)**
N/A

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

**Type of Facility (16)**
- [X] Subchapter B (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet (17)**
N/A

**# of Floors (18)**
N/A

**Bldg. Age (19)**
N/A

**Name of Monitoring Firm Hired by Building Owner (20)**
N/A

**ASCM No. (21)**

**Name of Abatement Contractor (22)**
D&S Abatement, Inc.

**Street Address (23)**
11 Rosengren Avenue

**City, State, Zip Code (24)**
Totowa, NJ 07512

**Project Manager for Monitoring Firm (25)**

**Telephone No. (26)**
973-345-8885

**License No. (27)**
01311

**Start Date (28)**
04/30/2018

**Scheduled Completion Date (29)**
05/01/2018

**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: Occupied

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (30)**

**In Facility (31)**

| Basement | VAT | 700 SF | X |
| Basement | Pipe Insulation | 60 LF | X |

**Name of Registered Waste Hauler (32)**
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No. (33)**
20996

**Cubic Yards of Waste (34)**
TBD

**Disposal Date (35)**
TBD

**Name of Registered Landfill (36)**
Fairless Landfill

**City, State (37)**
Morvisville, PA

**Disposal Site (38)**
TBD

**Completed by (39)**
Oliver Hegedus

**Title (40)**
Project Manager

**Signature (41)**
[Signature]

**Date (42)**
04/17/2018

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:30 and 7:22)

Date of Notification (1)
04/17/2018

Name of Building Owner/Operator (2)
Trina Pietz

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

Street Address
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Trina Pietz

FACILITY INFORMATION

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

Street Address

City (5)
Maplewood

County (6)
Essex

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

Asbestos Contractor (9)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8685

License No. 01311

Start Date (10) 04/27/2018
Scheduled Completion Date (11) 04/28/2018

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

Scope of Work (Check All That Apply)
- ≥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)

Yes No N/A

Location of Asbestos-Containing Material (ACM)

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)
70 LF

Abatement Type
Removal Repair Encapsulate Enclosure

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

NJ/DEP Waste Hauler ID No. 20998

Cubic Yards of Waste TBD

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, NJ

Disposal Date TBD

City, State
Morrisville, PA

Completed by
Oliver Hegedus

Title Project Manager

Signature

Date 04/17/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
4/10/18

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

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

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

**Street Address**
400 CLIFTON AVE

**City, State, Zip Code**
ELIZABETH N J

**Name of Contact**
GIANNA MILAZZICK

**Telephone Number**
732-239-1902

**FACILITY INFORMATION**

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

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

**Street Address**
400 CLIFTON AVE

**City (5)**
ELIZABETH

**County Code (7)**
SOMERSET

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
PRIMAR CONSTRUCTION INC

**Street Address**
110 FIELDREST AVE RARITAN PLAZA

**City, State, Zip Code**
EDISON NJ 08837

**Telephone No.**
732-239-1902

**License No.**
01276

**Project Manager for Monitoring Firm**

**Telephones No.**
732-239-6040

**City, State, Zip Code**
PHILA PA 19116

**Name of OSHA Monitor**
GARRAM DU A

**Start Date (10)**
5-7-18

**Scheduled Completion Date (11)**
5-14-18

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

**Scope of Work (Check All That Apply)**
- 23 sf or 23 ft
- 160 sf or 2260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>V</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>ROOF</td>
<td>V</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>2ND FLOOR PATH</td>
<td>V</td>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM)**
(12)

- CAULK
- FLASHING
- Gypsum

**Amount (Specify SF or LF)**
100 LF
80 LF

**Name of Registered Wast hauler**
WM DIF NEW JERSEY

**NJDEP Waste Hauler ID No.**
17223

**Name of Registered Landfill**
WM FAIRLESS HILLS

**City, State**
PHILA PA

**Disposal Date**
5-14-18

**City, State**
MORRISVILLE PA 18067

**Completed by**
GARRAM DU A

**Title**

**Signature**

**Date**
5-20-18

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

**Date of Notification:** 4/19/18

**Name of Building Owner/Operator:** TS MARION DELCOTE

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

**County:** ESSEX

**Name of Firm Hired by Building Owner:** ASCM No.

**Name of Contractor:** H. S. DELCOTE

**Type of Building: (A)**
- School
- Building, office, factory
- Commercial buildings, homes

**Occupancy Status During Abatement:** Vacant

**Description of Material to be Abated:** Fibrous Insulation

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

**Type:** Baseline

**Amount:** 76 LF

**Name of Registered Waste Hauler:** BEST REMOVAL INC

**Name of Contractor:** J. MAIORENO

---

**Detoxification of Asbestos Containing Material (ACM):**

- **Location:** Baseline
- **Amount:** 76 LF
- **Incineration:** Yes
- **Non-Friable Material:** Yes

---

**Disposal Date:** 4/23/18

**State:** OH

**City:** Weyersburg, OH 44688

---

**Signature:** J. MAIORENO

---

**Reference:** [Image: Document]
Date of Notification: 4/20/18

Agency Notified: [ ] EPA  [ ] DEP  [ ] DOL  [ ] DOR  [ ] DCA  [ ] Initial Notification  [ ] Amended Notification  [ ] Emergency Notification  [ ] Cancellation

Name of Building Owner/Operator: Matthew Ramstead

Street Address: 30 Maple St.

City, State, Zip Code: West Orange, NJ, 07052

Name of Contact: Matthew Ramstead

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Matthew Ramstead

Street Address: 30 Maple St.

City, State, Zip Code: West Orange, Essex

Name of Monitoring Firm hired by Building Owner: N/A

ASCM No.: 67

Type of Monitoring: N/A

Project Manager for Monitoring Firm: N/A

Telephone Number: N/A

Scheduled Start Date: 05/01/18

Scheduled Completion Date: 05/03/18

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

Facility Occupancy Hours: N/A

Other Occupancy Description: N/A

Scope of Work: [ ] 250 sq ft or 500 lf  [ ] 2501 sq ft or 2500 lf  [ ] Demolition  [ ] Renovation

Location of Asbestos-Containing Material (ACM) TO BE ELIMINATED in Facility: Basement

Location Normally Used: N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAR, or other miscellaneous): Pipe Insulation, 50 LF

Amount (Specify SF or LF): 50 LF

Abatement Type: [ ] Full Containment with Negative Pressure  [ ] Encapsulation  [ ] Non-Premise Procedure

Name of Abatement Contractor: AZTECH MANAGEMENT, INC.

Street Address: 66 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Telephone Number: (973) 744-8800

License Number: 00373

Name of OSHA Monitor: N/A

Street Address: N/A

City, State, Zip Code: N/A

Completed by (Print or Type): Constantine Vivian

Title: President

Date: 4/20/18

Signature: Constantine Vivian
Date of Notification (1)  
04/20/18

Name of Building Owner/Operator (2)  
Mark Carelli

Street Address  
City, State, Zip Code  
Maplewood, NJ 07040, USA

Name of Contact  
Mark Carelli

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet  
# of Floors  
Bldg. Age

Name of Abatement Contractor (9)  
NJ Abatement Services LLC

Street Address  
199 Chesnut Ridge Road

City, State, Zip Code  
Montvale, NJ 07465

Telephone No.  
201-962-6500

License No.  
01290

Name of OSHA Monitor  
Iris Environmental Laboratories

Street Address  
2333 route 22 west

City, State, Zip Code  
Union, NJ 07083

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

<table>
<thead>
<tr>
<th>Location</th>
<th>VAT</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TILES 1ST FLOOR</td>
<td></td>
<td>3,900 SF</td>
</tr>
<tr>
<td>TILES BASEMENT</td>
<td>1,700 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting

NJ DEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
0.5

Name of Registered Landfill  
IESI BETHLEHEM LANDFILL

City, State  
369 RAYMOND BLVD, NEWARK NJ 07105

Disposal Date  
04/27

City, State  
BETHELHEM, PA 18015

Completed by  
NICOLE INTRIGA

Title  
SUPERVISOR

Signature  

Date  
04/20/18

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(PURSUANT TO NJAC 8:30-7 AND 12:126-7)

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

**Name of Building Owner / Operator (2)**
MERCK SHARPE & DOHME CORP

**Street Address**
2000 GALLOPING HILL ROAD
KENILWORTH, NJ 07033

**Name of Contact**
JESSICA FEARON-BROWN

**Telephone Number**
908-740-2035

---

**FACILITY INFORMATION**

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

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (I.e., private & commercial bldgs., homes, etc.)

**Square Feet**
N/A

**Of Floors**
N/A

**Building Age**
N/A

**Current Use (Prior if being demolished)**
N/A

**Name of Monitoring Firm Hired by Bldg. Owner (5)**
ATC GROUP SERVICES

**Name of Abatement Contractor (9)**
Northstar Contracting Group, Inc.

**Street Address**
3 TERRI LANE, BROMLEY CORP CENTER
BERLIN, NJ 08016

**City, State, Zip Code**
BERLIN, NJ 08016

**Telephone Number**
609-787-7222

**Project Mgr. For Monitoring Firm**
JOHN LUTZ

**Telephone Number**
609-787-7222

**Scheduled Start Date (10)**
05/03/18

**Scheduled Completion Date (11)**
06/01/18

**Occupancy Status During Abatement (Check Only 1)**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility
- [ ] Other - Describe: 7:00AM-3:30 PM MON-FRI

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

- [ ] Demolition
- [ ] Renovation
- [ ] 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 Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>solely by maintenance or custodial staff (12)</td>
<td>(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>REMOVAL Type</th>
<th>REPAIR</th>
<th>ENCAPSUL</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>R</td>
<td>E</td>
<td>E</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
NORTHSTAR CONTRACTING GROUP, INC.

**Waste Hauler ID No.**
NJDEP WASTE HAULER ID NO.

**Cubic Yards of Waste**

**Disposal Date**

**City, State**

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MGMT SRVCE

**ST HANOVER, NJ 07936**

**Completed by (Print or Type)**
STEVEN STILES

**Title**
PROJECT MANAGER

**Signature**

**Date** 04/13/18

---

**ASB-41**
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:69-7 AND 12:120-7)

Date of Notification (1) 04/05/18

Name of Building Owner / Operator (2)
MERCK SHARP & Dohme Corp.

Street Address
2000 GALLOPING HILL ROAD
City, State, Zip Code
KENILWORTH, NJ 07033

Name of Contact
JESSICA FEARON-BROWN
Telephone Number
908-740-2035

Genuses Notified
☐ EPA  ☑ DOL  ☑ DOH
Type of Notification
☐ Initial  ☑ Amended  ☑ Amendment #
☐ Emergency w/Justification  ☐ Cancellation

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

Street Address
2000 GALLOPING HILL ROAD
City (5) KENILWORTH  County (6) UNION  County Code (7) N/A

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

Square Feet N/A  # Of Floors N/A  Building Age N/A

Current Use (Prior if being demolished) N/A

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

Name of Abatement Contractor (9)
Northstar Contracting Group, Inc.

Street Address
8 TERRI LANE, BROMLEY CORP CENTER
City, State, Zip Code
BERLINGTON, NJ 08501

Project Mgr. For Monitoring Firm
JOHN LUTZ
Telephone Number 609-571-7522

City, State, Zip Code
EAST HANOVER, NJ 07936

Scheduled Start Date (10) 04/17/18
Sched. Completion Date (11) 05/15/18

Telephone Number 973-772-3690
License Number 00880

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: 7:00AM-3:30PM MON-FRI

Name of OSHA Monitor
Northstar Contracting Group, Inc.

Street Address
32 WILLIAMS PARKWAY
City, State, Zip Code
EAST HANOVER, NJ 07936

Scope of Work (Check All That Apply)

Demolition  ☐  Renovation  ☐  Full Containment with Negative Pressure
☐ ≥100 sf or ≥250 lb
☐ ≥100 sf or ≥250 lb

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
</tr>
</tbody>
</table>

Location of Asbestos Containing Material (ACM) 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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exterior Adjacent To</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES NO N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHSTAR CONTRACTING GROUP, INC.</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>

City, State
EAST HANOVER, NJ 07936

Disposal Date

Completed by (Print or Type)
STEFAN STILES
Title PROJECT MANAGER
Signature
Date 04/06/18

ASB-41
### FACILITY INFORMATION

**Name of Building Owner/Operator:** Macromedia Incorporated  
**Street Address:** PO Box 75, Hackensack, NJ 07602

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

**Square Feet:** 350,000  
**# of Floors:** 3  
**Blg. Age:** 50+

**Name of Abatement Contractor:** Yannuzzi Environmental Services, Inc.

**Street Address:** 135 Kinnelon Rd., Kinnelon, NJ 07405

**Name of OSHA Monitor:** Yannuzzi Environmental Services, Inc.

**Street Address:** 135 Kinnelon Rd., Kinnelon, NJ 07405

### Scope of Work

- 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>Yes</td>
<td>No N/A</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>[Specify SF or LF]</td>
<td>[Specify Type]</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler

**Name:** Yannuzzi Group, Inc.  
**ID No.:** 17467

**Name of Registered Landfill:** GROWS & Conestoga

**City, State:** Morrisville, PA / Birdsboro, PA

**Disposal Date:** 4/25-7/31/18

**Title:** Project Coordinator

**Signature:**  
**Date:** 4/19/18

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:23-8)

State of New Jersey
Name of Property Owner/Operator (2)
Kathleen Cabrera

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

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

Date of Notification (1)
4 / 20 / 18

Street Address

City, State, Zip Code
Burlington, NJ 08016

Name of Contact
Kathleen Cabrera

Telephone Number

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 and commercial buildings, homes, etc.)

Square Feet
2,500

# of Floors
3

Bldg. Age
100 yrs.

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Residential

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
617 Stokes Rd., Suite 4-318
Medford, NJ 08055

Telephone No. (888)715-2211

License No. 00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
3858 Sylon Boulevard
Hainesport, NJ 08036

City, State, Zip Code
Cinnaminson, NJ 08077

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)
LOCATION (13)
TO BE ABATED
IN Facility

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

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

Amount (Specify SF or LF)

Abatement Type

Repair
Encapsulation
Endorsement

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

Disposal Date
5/3/18

City, State
Lafayette, NJ

City, State
Penn Argyle, PA

Completed By (Print or Type)
Joann Mullarkey

Title
Office Coordinator

Signature

Date
4/20/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:36 and 5:16)

Date of Notification (1) 4 / 20 / 18
Name of Building Owner/Operator (2) PSE&G / Job # 1802-5273 Check #10025

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

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ
Name of Contact
Ryan Thomasen
Telephone Number
973-941-8155

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Orange Gas Facility
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
284 North Park Street
City (5)
East Orange, NJ
Square Feet

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

Name of Monitoring Firm Hired by Building Owner (8)
NA
Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048
Telephone No.
609-265-2107
License No.
00529

Project Manager for Monitoring Firm

Telephone No.

Name of OSHA Monitor
EMSL Analytical

License No.

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

Start Date (10) 4 / 30 / 18 Scheduled Completion Date (11) 5 / 18 / 18

Scope of Work (Check all that apply)

☐ ≥250 sf or ≥3K
☐ ≥1,000 sf or ≥2800 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 ☐ Encapsulation ☐ Enclosure

Exterior ☐ ☐ ☑ Roof Paper & Tar Flashing 2,200 SF
Exterior ☐ ☐ ☑ Roof Insulation 300 SF
Exterior ☐ ☐ ☑ Roof Insulation 7,800 SF

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

Environmental Transport Group
NJDEP Waste Hauler ID No.
NJ006920 Cubic Yards of Waste 40

Name of Registered Landfill

City, State
Flanders, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

Disposal Date
5/18/18

City, State
Morrisville, PA

Date
4/20/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:8.06 and 5:16)

Date of Notification (1) 4 / 20 / 18
Name of Building Owner/Operator (2) PSE&G / Job # 1802-5272 Check #10078

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

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

Street Address 4000 Hadley Road
City, State, Zip Code South Plainfield, NJ

Name of Contact Ryan Thomasen Telephone Number 973-941-8155

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) PSE&G - Plainfield Gas Facility

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 (5)(STATE USE ONLY) Current Use (Prior if being demolished) District Office

Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Abatement Contractor (7) AbateTech, Inc.

Street Address 30 Maple Ave. PO Box 25
City, State, Zip Code Lumberton, NJ 08048
Telephone No. 609-265-2107 License No. 00529

Name of OSHA Monitor EMSL Analytical

Street Address 200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

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

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

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

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

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

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

Location
Exterior
Exterior
Exterior

Description
Roof Flashing
Roof Ter
Roof Walking Pads

Cubic Yards of Waste
40

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

Name of Registered Waste Hauler Environmental Transport Group
NJDEP Waste Hauler ID No. NJD0006920

Disposal Date 5/1/18 City, State Morrisville, PA

Completed By (Print or Type) Gwendolyn Trumbetti Title Operations Coordinator

Signature Date 4/20/18

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

**Date of Notification (1)**
- 4 / 19 / 18

**Name of Building Owner/Operator (2)**
- PSE&G / Job #1804-5302
- Michael Escamilla

**Street Address**
- 4000 Hadley Road
- South Plainfield, NJ

**Telephone Number**
- 973-417-0464

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- PSE&G- Bergen Point

**County (6)**
- Middlesex

**Name of Monitoring Firm Hired by Building Owner (8)**
- ASCM No.
- Health & Safety Services

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

**Street Address**
- PO Box 365
- Berlin, NJ 08009

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

**Project Manager for Monitoring Firm**
- Jim Proctor

**Telephone No.**
- 856-452-1311

**License No.**
- 00520

**Name of OSHA Monitor**
- EMSL Analytical

**Street Address**
- 200 Route 130 North
- Cinnaminson, NJ 08077

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

**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)**
- Exterior

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

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- Caulk
- Cubic Yards of Waste
- 40

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

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Endorse

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No. 18750
- G.R.O.W.S. Landfill

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Gwendolyn Trumbetti
- Operations Coordinator

**Signature**
- [Signature]

**Date**
- 4/19/18

---

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

**Date of Notification (1)**: 4/23/18  
**Name of Building Owner/Operator (2)**: PSE&G  
**Name of Contact**: JONATHAN Villa-Gonzalez  
**Telephone Number**: 908-282-0249

**Facility Information**

- **Name of Facility Where Abatement Is Taking Place (3)**: PSE&G  
- **Street Address**: 958 JERSEY AVE.  
- **City**: NEW BRUNSWICK  
- **County**: MIDDLESEX  
- **Name of Monitoring Firm Hired by Building Owner (8)**: ENVIRONMENTAL TACTICS  
- **ASCN-No.**: 0045  
- **Name of Abatement Contractor (9)**: UNIQUE SYSTEMS OF AMERICA INC  
- **Street Address**: 396 WHITEHEAD AVE.  
- **City, State, Zip Code**: MATAWAN, NJ 07747

**Project Manager for Monitoring Firm**: TOM GEIGER  
**Telephone No.**: 732-290-2217

**Start Date (10)**: 4/25/18  
**Scheduled Completion Date (11)**: 5/30/18

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

**Scope of Work (Check All That Apply)**
- ≥ 250 sf or ≥250 sf  
- ≥3,000 sf or ≥250 sf  
- Demolition  
- Renovation

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDDLE OF BUILDING</td>
<td>Yes</td>
<td>TRANSITE PANELS</td>
<td>12 SF</td>
<td>Removal</td>
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<tr>
<td></td>
<td>No</td>
<td>WIRE SOOK</td>
<td>50 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Waste Management**

- **Name of Registered Waste Hauler**: NJ DEP Waste Hauler ID No. 1125  
- **Cubic Yards of Waste**: 10  
- **Name of Registered Landfill**: FAIRLESS  
- **City, State**: ELIZABETH, NJ

**Completed by**: CAROL RAIMO  
**Title**: OFFICE MGR.  
**Signature**: Carol Raimo  
**Date**: 4/23/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>4/16/18</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>PSEG</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JONATHAN VILLA-GONZALEZ</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-202-0249</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>PSEG</td>
</tr>
<tr>
<td>Street Address</td>
<td>958 JERSEY AVE.</td>
</tr>
<tr>
<td>City</td>
<td>NEW BRUNSWICK</td>
</tr>
<tr>
<td>County</td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ENVIRONMENTAL TACTICS</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0045</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>UNIQUE SYSTEMS OF AMERICA INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>Start Date</td>
<td>4/25/18</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>4/27/18</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>UNIQUE SYSTEMS OF AMERICA INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>396 WHITEHEAD AVE.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH RIVER, NJ 08882</td>
</tr>
<tr>
<td>Scope of Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</td>
<td>MIDDLE OF BUILDING</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE PANELS</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>WASTE MANAGEMENT</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>1125</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>12 SF</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>FAIRLESS</td>
</tr>
<tr>
<td>City, State</td>
<td>ELIZABETH, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>CAROL RAIMO</td>
</tr>
<tr>
<td>Title</td>
<td>OFFICE MGR.</td>
</tr>
<tr>
<td>Signature</td>
<td>Carol Raimo</td>
</tr>
<tr>
<td>Date</td>
<td>4/16/18</td>
</tr>
</tbody>
</table>

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**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:126**

**Date of Notification (1)**

4/23/18

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

PSE&G

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact**

JOHN BRADLEY

**Facility Information**

**Telephone Number**

732-374-6138

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

PSE&G

**Street Address**

982 SPRINGFIELD AVE.

**City (5)**

IRVINGTON

**County (6)**

ESSEX

**Type of Facility (4)**

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

**Square Feet**

10,000

**# of Floors**

2

**Bidg. Age**

APR 100 YRS

**Substation**

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

ENVIRONMENTAL TACTICS

**ASCN No.**

0045

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA INC

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Telephone No.**

732-432-8350

**License No.**

01111

**Name of OSHA Monitor**

UNIQUE SYSTEMS OF AMERICA INC.

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Start Date (10)**

5/7/18

**Scheduled Completion Date (11)**

6/8/18

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

☑ Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours**

☑ necessary operations only

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

☑ Renovation Demolition

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

TO BE ABATED

In Facility

(13)

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

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

**Amount (Specify SF or LF)**

ACM window caulking

150 LF

**Name of Registered Waste Hauler**

WASTE MANAGEMENT

**NJ/DEP Waste Hauler ID No.**

1125

**Cubic Yards of Waste**

APP 6

**Disposal Date**

TBD

**Name of Registered Landfill**

FAIRLESS

**City, State**

ELIZABETH, NJ

**Completed by**

CAROL RAIMO

**Title**

OFFICE MGR.

**Signature**

Carol Raimo

**Date**

4/23/18

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

---

**Print Form**

**PAID**

**RECEIVED**

APR 24, 2018
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/23/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 HADLEY ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH PLAINFIELD, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>CARL SCHMIDT</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-463-9537</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PSE&G |
| Street Address | 60 S. NEWMAN ST. |
| City (5) | SOUTH HACKENSACK |
| County (6) | BERGEN |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 0045 |
| Street Address | 64 BROAD STREET |
| City, State, Zip Code | MATAWAN, NJ 07747 |
| Project Manager for Monitoring Firm | TOM GEIGER |
| Telephone No. | 732-290-2217 |
| Start Date (10) | 5/14/18 |
| Scheduled Completion Date (11) | 6/30/18 |

- **Type of Monitoring Firm**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
  - Other – Describe: **Necessary Operations Only**

- **Scope of Work**
  - 23 sf or 23 If
  - 180 sf or 220 If
  - Renovation
  - Demolition

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

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

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

- **Amount (Specify SF or LF)**
  - 300 LF
  - 3000 LF

- **WASTE MANAGEMENT**
  - NJDEP Waste Hauler ID No. 1125
  - Cubic Yards of Waste 20
  - Name of Registered Landfill FAIRLESS

- **Completed by**
  - CAROL RAIMO
  - Title: OFFICE MGR.
  - Signature: 
  - Date: 4/23/18

*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 / 23 / 18

Name of Building Owner/Operator (2):
Mercer County Technical School

Street Address:
1020 Trenton Rd - 2nd Floor (Room 425)

City, State, Zip Code:
Hamilton, NJ 08690

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Sypec Center - Room A142

Street Address:
129 Bull Run Rd

City (5):
Pennington, NJ 08534

County (5):
Mercer

County Code (7)(STATE USE ONLY):

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

ASCM No.:

Name of Abatement Contractor (9):
Controlled Environmental Systems

Street Address:
1121 N. Bethlehem Pike - Suite 60

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

Telephone No.:
215 542 7000

License No.:
00847

Start Date (10):
5 / 7 / 18

Scheduled Completion Date (11):
5 / 22 / 18

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

Time of Abatement: AM-2:00PM/10:00PM-AM

Scope of Work (Check all that apply):
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition

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

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

<table>
<thead>
<tr>
<th>Room A142</th>
<th>Transite Panels</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

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

Amount (Specify SF or LF):
130 SF

Abatement Type:

Name of Registered Waste Hauler:
Geppert Recycling

NJDEN Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:
Western Berks Community Landfill

City, State:
Hatfield, PA

Disposal Date:

Completed By (Print or Type):
Patricia Visco

Title:
Office Manager

Signature:

Date:
4/23/2018