**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:22A)

**Date of Notification:** 07/30/2019

**Name of Building Owner/Operator:**
Lawrence Township Middle School

**Street Address:**
2565 Princeton Pike
City, State, Zip Code:
Lawrenceville, NJ 08648

**Name of Contact:**
Thomas Eldridge
**Telephone Number:**
609-671-5420

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
Lawrence Middle School

**Street Address:**
2455 Princeton Pike
**City (5):**
Lawrenceville
**County (6):**
Mercer
**County Code (7):**
(SHARE USE ONLY)

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

**Telephone No.:**
866-840-9800

**Type of Facility (4):**

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

**Square Feet:**
104,000
**# of Floors:**
3
**Bldg. Age:**
67

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

**Name of Abatement Contractor:**
United Safety LLC

**Street Address:**
1253 North Church St
**City, State, Zip Code:**
Moorestown, NJ 08057

**Project Manager for Monitoring Firm:**
Michael R. Keehn
**Telephone No.:**
866-840-9800
**Scheduled Completion Date:**
08/05/2019

**Name of OSHA Monitor:**
United Safety LLC

**Street Address:**
22 Troy Lane
**City, State, Zip Code:**
Lincoln Park, NJ 07035

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

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

- [x] ≥360 sf or ≥36 if
- [ ] ≥160 sf or ≥260 if

- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negativa Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**TO BE ABATED**

- [x] In Facility

**Work #1B Corridor Rms 301-305**

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

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

**Abatement Type**

- [x] X

### Name of Registered Waste Hauler

**Service Transport Group**

**NJDEP Waste Hauler ID No.:**
SW2117

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
GROWS Landfill

**City, State:**
Morrisville, PA

**Completed by:**
Vanco Petkov
**Title:**
Project Manager

**Signature:**

**Date:**
07/30/2019

---

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

**Name of Building Owner/Operator:**
Stevens Institute of Technology

**Name of Contact:**
Kevin Klitch

**Telephone Number:**
551-655-9149

### 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>Burchard Building, Room 710</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

**Street Address:**
1 Castle Point on Hudson

**City:**
Hoboken

**County:**
Hudson

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

**ASCM No.:**
0004

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

**Street Address:**
11 Rosengren Avenue

**City:**
Totowa, NJ 07512

**Project Manager for Monitoring Firm:**
Michael Hoodak

**Telephone No.:**
609-298-5520

**License No.:**
9733458685

**Name of OSHA Monitor:**
D&S Abatement, Inc.

**Street Address:**
11 Rosengren Avenue

**City:**
Totowa, NJ 07512

**Start Date (10):**
08/10/2019

**Scheduled Completion Date (11):**
08/12/2019

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

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥3 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**

<table>
<thead>
<tr>
<th>Room 710</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Room 710</td>
<td>X</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- Pipe insulation 8 LF
- VAT 200 SF

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

**Disposal Date:**
TBD

**Name of Registered Landfill:**
Grand Central

**City, State:**
Wayne, NJ

**Completed by:**
Ned Joksimovic

**Title:**
Project Manager

**Signature:**

**Date:**
07/29/2019

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification: 07/29/2019  
Name of Building Owner/Operator (2): Wes Mingus

**AGENCIES NOTIFIED AND TYPE NOTIFICATION**

- [X] EPA  
- [X] DEP  
- [X] DOL  
- [X] DOH  
- DCA

**STREET ADDRESS**

- City, State, Zip Code: Maplewood, NJ 07040

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE**

- Name of Facility: House

**COUNTY (5)**

- County Code: Essex

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER**

- Firm: N/A

**NAME OF ABATEMENT CONTRACTOR**

- Firm: D&S Abatement, Inc.

**SCHEDULED COMPLETION DATE**

- Date: 08/10/2019

**NAME OF OSHA MONITOR**

- Firm: D&S Abatement, Inc.

**SCOPE OF WORK (CHECK ALL THAT APPLY)**

- [X] ≥ 3 sq ft or ≥ 3 ft²
- [X] Renovation
- Demolition

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

- Location: Basement

**DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)**

- Type: Pipe insulation
- Amount: 75 LF

**NAME OF REGISTERED WASTE HAULER**

- Name: Atlantic Carting

**CITY, STATE**

- Wayne, NJ

**COMPLETED BY**

- Name: Ned Joksimovic
- Title: Project Manager

**SIGNATURE**

- Signature: [Signature]

**DATE**

- 07/29/2019

---

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:30 and F2-120)

Date of Notification: 7/30/2019

Name of Building Owner/Operator:
Jennifer Sollani

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

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

Street Address:
City, State, Zip Code:
Millburn, NJ 07041

Name of Contact:
Mike Morse

Telephone Number:

Name of Facility Where Abatement is Taking Place:
Residence

Street Address:
City:
Millburn
County:
Essex

County Code:

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

Square Feet:
# of Floors:
Bldg. Age:

Name of Monitoring Firm Hired by Building Owner:
IRIS Environmental Laboratories Inc.

IRIS No.:

Name of Abatement Contractor:
Osylo Inc.

Street Address:
City, State, Zip Code:
2333 Route 22 West
Union, NJ 07083

Telephone No.:
908-206-0073

License No.:
01373

Name of OSHA Monitor:
Schneider Laboratories Global Inc.

Street Address:
City, State, Zip Code:
292 Main Street, #261
Harleysville, PA 19438

License No.:

Start Date:
08/09/2019

Scheduled Completion Date:
08/12/2019

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

Scope of Work:
- [x] Renovation
- [x] Demolition

Location of Asbestos-Containing Material (ACM):

<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>Basement</td>
<td>[x]</td>
<td>VAT and mastic</td>
<td>299SF</td>
<td>[x]</td>
</tr>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>Pipe Insulation and Elbows</td>
<td>155LF</td>
<td>[x]</td>
</tr>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>Plaster</td>
<td>112SF</td>
<td>[x]</td>
</tr>
<tr>
<td>First Floor</td>
<td>[x]</td>
<td>Linoleum</td>
<td>190SF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Century Waste Services LLC

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:
Fairless Landfill

City, State, Zip Code:
Morrisville, PA

Completed by:
Carol Bradford
Title:
President

Disposal Date:
City, State:
Signature:
Date:

*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)
7/29/19

Name of Building Owner/Operator (2)
Bergen County Department of Public Works

Street Address
1 Bergen County Plaza
Hackensack, NJ, 07601

Name of Contact
Scott Luna
Telephone Number
201-336-6804

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Bergen County Justice Center Courthouse

Street Address
10 Main St.
Hackensack

County Code (7)
[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
Omega Environmental Services, Inc

ASCM No.
00120

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
280 Huyler Street
South Hackensack, NJ, 07606

Telephone No.
201-489-8700

License No.
973-333-0176
01331

Name of OSHA Monitor
Envirovision Consultants, Inc.

Street Address
20-21 Wagarow Rd., Bldg. 35-E
Fair Lawn, NJ, 07410

Start Date (10)
08/09/19

Scheduled Completion Date (11)
8/31/19

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>Room 326</td>
<td>X</td>
<td>TSI</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>Room 327</td>
<td>X</td>
<td>TSI</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>Room 111</td>
<td>X</td>
<td>TSI</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>Room 129</td>
<td>X</td>
<td>TSI</td>
<td>2 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Unicorn Contracting Corp.

N/DEP Waste Hauler ID No.
0035844

Cubic Yards of Waste
3+ CU YD

Name of Registered Landfill
Fairless Hills Landfill

City, State
Woodland Park, New Jersey

Disposal Date
TBD

Completed by
Dimo Golcev
Title
General Manager

Signature

Date
7/29/19
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1): 07/12/2019

Name of Building Owner/Operator: Elon Kohlberg
1835 Burnett Avenue, LLC

FACILITY INFORMATION

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

Street Address (4):
1835 Burnett Avenue

City, State, Zip Code:
Union, NJ

Facility Type:
School (K-12)

Commercial property

County:
Union

County Code:
Essex

County Code (State Use Only):

Name of Contractor (6):
Industrial Safety & Environmental Solutions, Inc.

Name of Monitoring Firm Hired by Bldg. Owner (8):
ASCN No.:
Sky Environmental Services, Inc.
N/A

Name of Contest:
Elon Kohlberg

Tel. Number:
908.604.6800

License Number:
01124

Telephone Number:
(201)325-0035

Occupancy Status During Abatement (Check only one):
Vacant

Date of Completion:
07/30/2019

Occupancy Status:
Glove Bag Procedure or Wrap and cut procedure

Source of Work (Check all that apply):
Demolition

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13):

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12):
YES
NO
N/A

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

2nd floor
X

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13):

X

2nd floor
X

Name of Asbestos Waste Hauler:
Newark Carting
NJDEP Waste Hauler ID #:
04509

Cubic Yards of Waste:
~ 15

Name of Req. Landfill:
Grand Central Sanitation

City, State:
369 Raymond Blvd, Newark NJ
1963 Pen Argyl Road

City, State:
Pen Argyl, PA 18072

Completed by (Print or Type):
David Camacho
Title:
Project Supervisor
Signature:
Date:
07/12/2019

Amount (Specify SF or LF):
~ 5,500 SFT
X

~ 4 SF
X

Abatement Type:
Removal
Repair
Encapsulation
Enclosure

2nd floor

X

floor tile (9"X9")
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
7/30/19

Name of Building Owner/Operator (2)
Bergen County Department of Public Works

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment # 2
☐ Emergency (including justification)
☐ Cancelation

Street Address
1 Bergen County Plaza

City, State, Zip Code
Hackensack, NJ, 07601

Name of Contact
Scott Luna
Telephone Number
201-336-6804

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bergen County Justice Center Courthouse

Street Address
10 Main St.

City (5)
Hackensack

County (6)
Bergen

Square Feet
342,797

Number of Floors
5

Bldg. Age
1957

Current Use (Prior to being demolished)
Courthouse

Name of Monitoring Firm HIRED BY BUILDING OWNER (8)
Omega Environmental Services, Inc

ACSM No.
00120

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ, 07606

Street Address (cont.)
32 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
Richard Kuiters

Telephone No.
201-489-8700

License No.
973-333-9176

01331

Start Date (10)
08/09/19

Scheduled Completion Date (11)
8/31/19

Name of OSHA Monitor
Envirovision Consultants, Inc.

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 If 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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility |
| Normal Location Normally Used Solely by Maintenance/Custodial Staff? |
| Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |

<table>
<thead>
<tr>
<th>Room</th>
<th>Is Location N/A</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td>326</td>
<td>X</td>
<td>TSI</td>
<td>50</td>
<td>X</td>
</tr>
<tr>
<td>327</td>
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<td>TSI</td>
<td>50</td>
<td>X</td>
</tr>
<tr>
<td>111</td>
<td>X</td>
<td>TSI</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>129</td>
<td>X</td>
<td>TSI</td>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler
Unicorn Contracting Corp.

NIUPE Waste Hauler ID No.
0035844

Cubic Yards of Waste
0

Name of Registered Landfill
Fairless Hills Landfill

City, State
Woodland Park, New Jersey

Disposal Date
TBD

Completed by
Dimo Golcev
Title
General Manager
Signature

Date
7/30/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

State of New Jersey

Name of Building Owner/Operator (2):
Saint Peter's University Hospital

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

Type Notification:
- Initial
- Amended

Amendment #

Emergency (including justifiacin)

Cancellation

Street Address:
254 Easton Avenue

City, State, Zip Code:
New Brunswick, NJ 08901

Name of Contact:
Ron Carvalho as agent

Telephone Number:
908-208-3060

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
N/A

Street Address:
7 Wirt Street

City (5):
New Brunswick

County (6):
Middlesex

County Code (7)(STATE USE ONLY):

Square Feet:
10,000

# of Floors:
2

Bldg. Age:
68 yrs.

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

ASCM No.:
N/A

Name of Abatement Contractor (9):
MAK-B Pro, Inc.

Street Address:
104 Market Street

City, State, Zip Code:
Garfield, NJ 07026

Project Manager for Monitoring Firm:
Tom Geiger

Telephone No.:
732-290-2217

License No.:
01365

Start Date (10):
08 / 09 / 19

Scheduled Completion Date (11):
08 / 05 / 20

Name of OSHA Monitor:
Same as above

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

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition

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

Is Location Normally Used Safely 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):
80 LF

Abatement Type:

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

Ground Floor Entrance Area:

- Pipe insulation

Name of Registered Waste Hauler:
Nowark Carting, Inc.

NJDEP Waste Hauler ID No.:
11222

Cubic Yards of Waste:
2

Name of Registered Landfill:
G.R.O.W.S., Inc.

City, State:
Newark, NJ

Disposal Date:
August 2019

City, State:
Morrisville, PA

Completed By (Print or Type):
Kiril Nestorov

Title:
Project Manager

Signature:

Date:
7-29-19

* 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)
SUB Chapter 8

Date of Notification (1)
07/12/19

Agencies Notified
☐ EPA  ☐ Initial
☐ DEP  ☐ Amendment
☒ DOL  ☒ Amendment
☐ DOH  ☐ Cancellation
☐ DCA

Name of Building Owner/Operator (2)
Pascack Valley Regional High School District

Street Address
28 West Grand Avenue

City, State, Zip Code
Montvale, NJ 07645

Name of Contact
Robert Donahue

Facility Information

Name of facility where abatement is taking place (3)
Pascack Valley High School (Sub chapter 8)

Street Address
200 Piermont Avenue

City (6)
Hillsdale

County (6)
Bergen

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bidg. Owner (8)
AHERA Consultants, Inc.

ASCM No.
00057

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
00378

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)
08/12/2019

Scheduled Completion Date (11)
08/17/2019

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.

Describe:

Other-Describe: Occupied

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment win/enclosure
☐ Mini-enclosure
☐ Non-friable procedure

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

Yes ☒ No ☓ N/A ☒

Description of asbestos-containing material (ACM)
VAT & mastic

Amount
650 sf

Remove ☒ Repair ☓ Encap ☒

Registered Waste Hauler
B & G Restoration, Inc.

NJ DEP Hauler ID
19563

Cubic Yards of Waste
8

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
08/17/2019

City, State
Pen Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
07/29/2019
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
SUB Chapter 8

Date of Notification (1)  
07/1/2019

Name of Building Owner/Operator (2)  
Pascack Valley Regional High School District

Street Address  
23 West Grand Avenue

City, State, Zip Code  
Montvale, NJ 07645

Name of Contact  
Robert Donahue

Telephone Number  
201-358-7020

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Pascack Valley High School (Sub chapter 8)

Street Address  
200 Piernmont Avenue

City (5)  
Hillsdale

County (6)  
Bergen

County Code (7)  
(State use only)

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

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

Square Feet  
99999

# of Floors  
2

Bid, Age  
50+

Current Use (Prior if being demolished)  
school Sub 8

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

ASCM No.  
00057

Occupancy Status During Abatement (Check only one)  
Facility closed/vacated during entire period of abatement.

Scheduled Start Date (10)  
08/12/2019

Scheduled Completion Date (11)  
08/17/2019

Scope of Work (check all that apply)  
Demolition

Renovation

Full Containment win carrying pressure

Glovebag procedure

Mini-enclosure

Non-Rubber procedure

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

Description of asbestos-containing material (ACM)  

Amount (Specify SF or LF)  
650 sf

Music Room  

VAT & mastic

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID  
15963

Cubic Yards of Waste  
6

Name of Registered Landfill  
Grand Central Landfill

City, State  
Pine Park, NJ

Disposal Date  
08/17/2019

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  

Date  
07/29/2019
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2/20/19</th>
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<tr>
<td>Agencies Notified</td>
<td></td>
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<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
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<td>DOL</td>
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<tr>
<td>DOH</td>
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<td>DCA</td>
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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<td>Street Address</td>
<td>PO Box 583</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Egg Harbor township, NJ 08234</td>
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<tr>
<td>Name of Building Owner Operator</td>
<td>Jan</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Bocisit</td>
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<tr>
<td>Type of Facility</td>
<td></td>
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<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter II (Other than K-12)</td>
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<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<td>Square Feet</td>
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<td>Bldg. Age</td>
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<td>Current Use (Prior if being demolished)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>OCEAN COUNTY</td>
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<tr>
<td>County Code (STATE USE ONLY)</td>
<td>06</td>
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<tr>
<td>License No.</td>
<td>EV-760</td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>ANI JAE ABATEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1214 ELECTRINGTON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td>2/1/19</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2/1/19</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe</td>
<td></td>
</tr>
<tr>
<td>Scopes of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>250 sq ft or 25 ft</td>
<td></td>
</tr>
<tr>
<td>2,000 sq ft or 2,500 ft</td>
<td></td>
</tr>
<tr>
<td>160 ft or 2,500 ft</td>
<td></td>
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<tr>
<td>Renovation</td>
<td></td>
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<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE REMOVED IN Facility</td>
<td>OUTSIDE</td>
</tr>
<tr>
<td>Area (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>YES</td>
</tr>
<tr>
<td>(12)</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2,000 SF</td>
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<tr>
<td>Abatement Type</td>
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</tr>
<tr>
<td>Removal</td>
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<tr>
<td>Recycling</td>
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<td>Reuse</td>
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<td>End Use</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler Transporter</td>
<td>MCI Haulers</td>
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<tr>
<td>State</td>
<td>ALABAMA</td>
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<tr>
<td>Hauler ID No.</td>
<td>21-647</td>
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<tr>
<td>Cable Yards of Waste</td>
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</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>ILM OF PA</td>
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<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Signed</td>
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</tr>
<tr>
<td>Date</td>
<td>7/30/19</td>
</tr>
</tbody>
</table>

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

(Pursuant to NJAC 8:30-2.16)

**Date of Notification (1):**

07 / 30 / 19

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

Edward Mazelis

**Agencies Notified:**

- [ ] EPA
- [x] DOLWD
- [x] DHSS
- [ ] DCA (NJAC 5:23-5)

**Type Notification:**

- [ ] Initial
- [ ] Amended
- [x] Amendment #
- [ ] Emergency (including 'justification')
- [ ] Cancellation

**Street Address:**

Chatham, NJ 07928

**City, State, Zip Code:**

Chatham, NJ 07928

**Name of Contact:**

Edward Mazelis

**Telephone Number:**

**FACILITY INFORMATION**

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

Private house

**Type of Facility (4):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

Morris

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

Gr Tech LLC

**ASCM No.:**

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

Envirovision Consultants, Inc

**Street Address:**

576 Valley Rd #283

Wayne, NJ 07470

**City, State, Zip Code:**

Wayne, NJ 07470

**Telephone No.:**

973-638-1777

**License No.:**

01127

**Start Date (10):**

08 / 08 / 19

**Scheduled Completion Date (11):**

08 / 09 / 19

**Name of OSHA Monitor:**

Envirovision Consultants, Inc

**Street Address:**

20-21 Wagaw Road, Bldg. #35E

Fair Lawn, NJ 07410

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

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

**Time of Abatement:**

AM: PM: AM: PM

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

- [x] >3 sf or >3 If
- [ ] ≥ 160 sf or ≥260 If
- [ ] Renovation
- [x] Demolition

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

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

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

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

- [ ] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Amount (Specify S/F or LF):**

90 LF

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

**Location Description:**

Pipe insulation

**Location of Registered Waste Hauler:**

Gr Tech LLC

**UDC Waste Hauler ID No.:**

0033785

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encasement
- [ ] Enclosure

**Name of Registered Landfill:**

T.R.R.F. Inc

**Disposal Date:**

TBD

**TBD**

**City, State:**

Tullytown, PA

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

N. Jevtic

**Title:**

Owner

**Signature:**

[Signature]

**Date:**

07/30/19

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:12-20)

<table>
<thead>
<tr>
<th>Date of Notification [1]</th>
<th>July 29, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator [2]</td>
<td>BASF Catalysts</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 Middlesex Turnpike</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Iselin, NJ 08830</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kyle Smith</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732.205.7664</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place [3] | BASF Catalysts |
| Street Address | 25 Middlesex Turnpike |
| City | Iselin |
| County | Middlesex |
| County Code | (State Use Only) |
| ASCM No. | 00079 |
| Name of Contractor [9] | GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address | 20-21 Wagaw Road, Bldg # 35 E |
| City, State, Zip Code | Fairlawn, NJ 07410 |
| Project Manager for Monitoring Firm | Fred Larson |
| Telephone Number | 973-638-9145 |
| Scheduled Start Date [10] | July 29, 2019 |
| Scheduled Completion Date [11] | September 30, 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: |
| Source of Work (Check all that apply) | 
| ≥ 3 sf or ≥ 3 lf |
| ≥ 160 sf or ≥ 280 |
| Location of Asbestos-Containing Material (ACM) in Facility [13] | Laboratory # 112 |
| Fan Room # 3 |
| Crawlspace By Fan Room # 3 |
| Room # 45 |
| Laboratory # 112 |
| Fan Room # 3 |
| Crawlspace By Fan Room # 3 |
| Room # 45 |
| Name of Reg. Waste Hauler | Sea Hauler Below # 1 & 2 |
| NJDEP Waste Hauler ID # | See Below |
| Cubic Yards of Waste | 80 |
| Disposal Date | September 30, 2019 |
| City, State | FL-1000 New Ford Rd, Morrisville, PA 19067 Disposal Site, Permit # 100265 |
| Name of Registered Landfill | Fairless Landfill Grand Central Landfill |
| Completed by (Print or Type) | Marin Graure |
| Title | Sr. Project Manager |
| Signature | Marin Graure |
| Date | July 29, 2019 |

GAC # 2019-680-002,003 & 004
# State of New Jersey Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>July 30, 2019</th>
</tr>
</thead>
</table>

**Agencies Notified:**
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

**Notification Type:**
- Initial Notification
- Amended Notification
- Emergency (including justification)
- Cancelled

**Name of Building Owner/Operator:**
- RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address:**
- ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS), 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

**City, State, Zip Code:**
- PISCATAWAY, NJ 08854

**Name of Contact:**
- MICHAEL F. SMITH, ENV. HEALTH & SAFETY

**Telephone Number:**
- 848-445-2550

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

**Sq. Feet:** N/A

**# of Floors:** 4

**Bldg. Age:** 100+ years

**Current Use (prior if being demolished):** ACADEMIC

**Name of Facility Where Abatement is Taking Place:**
- 84 COLLEGE AVENUE, BLDG# 3039

**City:**
- NEW BRUNSWICK

**County:**
- MIDDLESEX

**Name of Monitoring Firm Hired by Bldg. Owner:**
- ATC

**ASCM No.:** 00098

**Street Address:**
- 3 TERRI LANE

**City, State, Zip Code:**
- BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm:**
- BRIAN R. KEARNEY

**Telephone Number:**
- 609-386-9800

**Scheduled Start Date:**
- 08/09/19

**Scheduled Completion Date:**
- 08/12/19

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Other (Describe):** Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work:**
- > 3 sf or >3 if
- > 160 sf or >260 if
- Renovation Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
<th>Location Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>004 MER</td>
<td>YES</td>
<td>TSI</td>
<td>&lt;10 SF</td>
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<tr>
<td>004 MER</td>
<td>NO</td>
<td>TSI</td>
<td>&lt; 9 LF</td>
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</tbody>
</table>

**Amount:**
- <10 SF
- < 9 LF

**Cubic Yards of Waste:**
- 10 CY

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

**Disposal Date:**
- 08/12/2019

**City, State:**
- 100 New Ford Mill Rd, Morrisville, PA 19067

**Hauler #:**
- Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
  - NJDEP # 12561
- Newark Carting, Inc., Newark, NJ 07109
  - NJ DEP # 4509

**Name of Registered Waste Hauler:**
- See Hauler Below #1 & 2

**Hauler ID #:**
- See Below

**Name of Person, Waste Hauler:**
- RAYMOND C. PEDALINO

**Title:**
- SENIOR PROJECT MANAGER

**Signature:**
- Raymond C. Pedalino

**Date:**
- July 30, 2019

**Copies To:**
- Rutgers, REHS, Attn: Mike Smith
- ATC, Attn: Brian Kearney
Date of Notification (1) 8/1/2019  

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

Name of Building Owner/Operator (2)  Plantino  

Street Address  

City, State, Zip Code  Maywood, NJ 07607  

Name of Contact  Paul Plantino  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  

City (5)  Maywood, NJ 07607  

County (6)  Bergen  

County Code (7)  

Square Feet  

# of Floors  

Bldg. Age  

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

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

ASCM No.  

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

Street Address  PO Box 341  

City, State, Zip Code  Chesterfield, NJ 08515  

Telephone No.  609 258-4070  

License No.  00493  

Start Date (10)  8/15/2019  

Scheduled Completion Date (11)  8/17/2019  

Name of OSHA Monitor  MECS  

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)  
- >= 500 sf or <= 2,000 sf  
- >= 2,000 sf or <= 2,500 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

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

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

Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endorse  

Basement  X  
Thermal Pipe Insulation  55 lf  X  

Name of Registered Waste Hauler  Stevens Environmental Services  

NJDEP Waste Hauler ID No.  16292  

Cubic Yards of Waste  1  

Name of Registered Landfill  Fairless Landfill  

City, State  Allentown, NJ  

Disposal Date  8/20/2019  

City, State  Morrisville, PA  

Completed by  Mahlon E. Stevens  
Title  Project Manager  
Signature  
Date  8/1/2019  

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(State of New Jersey)
 pursuant to N.J.A.C. 8:26-1 and 12:20)

Date of Notification (1)  
7/30/2019

Agriculties Notified

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<th>Agency</th>
<th>Type Notification</th>
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<td>EPA</td>
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<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
<td></td>
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</table>

Name of Building Owner/Operator (2)  
Swindell

Street Address  
[Redacted]

City, State, Zip Code  
Middlesex, NJ 08846

Name of Contact  
Patricia

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Middlesex, NJ 08846

County (6)  
Middlesex

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

□ School (K-12)
□ Subchapter 8 (Other than K-12)

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

Square Feet  
1600

# of Floors  
1

Bldg. Age  
75 +/-

Current Use (Prior or being demolished)  

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

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

ASCM No.  
[Redacted]

Name of OSHA Monitor  
MECS

Start Date (10)  
8/8/2019

Scheduled Completion Date (11)  
8/27/2019

Facility Status During Abatement (Check Only One)  
☑ Abatement Performed Outside of Normal Facility Hours

Other - Describe: 8 am - 4 pm

Scope of Work (Check All That Apply)  
☑ ≥ 33 sf or ≥ 3 ft

☑ ≥ 160 sf or ≥ 260 sf

□ Renovation

□ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td>Yes No N/A</td>
</tr>
</tbody>
</table>

Basement  
X

Thermal Pipe Insulation  
55 lf

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

Amount (Specific SF or LF)  
55 lf

Abatement Type  
X

Name of Registered Waste Hauler  
Stevens Environmental Services

NJDEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
1

Name of Registered Landfill  
Fairless Landfill

City, State  
Allentown, NJ

Disposal Date  
8/30/2019

City, State  
Morrisville, PA

Completed by  
Mahlon E. Stevens

Title  
Project Manager

Signature  
[Signature]

Date  
7/30/2019

* Do not use this form for asbestos licensure exempted activities.
Name of Facility Where Abatement Is Taking Place (3):
LANXESS Solutions US Inc.

Street Address:
1020 King George Post Road
Fords, NJ 08863

Name of Monitoring Firm Hired by Building Owner (8):
Emilcott Associates, Inc.

Name of Abatement Contractor (9):
Stryker Demolition & Environmental Services, LLC

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6 Fuel Line</td>
</tr>
<tr>
<td>Door Gasket, caulk, counter</td>
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<tr>
<td>QA, M1D, E2, E1 Area</td>
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<tr>
<td>ZAA, Ester 2, PA Tank, E1</td>
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</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff? (10)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6 Fuel Line</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Door Gasket, caulk, counter</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QA, M1D, E2, E1 Area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZAA, Ester 2, PA Tank, E1</td>
<td>X</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation (TSI)</td>
<td>197 LF</td>
<td>x</td>
</tr>
<tr>
<td>Other Misc.</td>
<td>530 LF</td>
<td>x</td>
</tr>
<tr>
<td>Pipe Insulation (TSI)</td>
<td>2468 LF</td>
<td>x</td>
</tr>
<tr>
<td>Surfacing</td>
<td>2538 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Horwith Trucks, Inc.

Cubic Yards of Waste:
45

Disposal Date:
8/9/2019

City, State:
Northampton, PA
Cumberland County Landfill
Shippensburg, PA

Completed by:
Mark Klotzbach
Title: Vice President
Signature:
Date: 7/30/19

* 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 (4)
07-31-19

Name of Building Owner/Operator (2)
PSEG

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

Type Notification
☒ Initial
☐ Amended
☒ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
4000 Hadley 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)
Roadway

Street Address
59 Furler St & Union Blvd

City (5)
Totowa

County (8)
Passaic

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

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

ASCM No.
N/A

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

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank, NY 11980

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
631-924-8111

License No.
01136

Start Date (10)
07-29-19

Scheduled Completion Date (11)
08-29-19

Name of OSHA Monitor
WRS Environmental Services, Inc.

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>Street</td>
<td>x</td>
<td>Transite pipe</td>
<td>100 LF</td>
<td>x</td>
</tr>
<tr>
<td>Street</td>
<td>x</td>
<td>Transite pipe</td>
<td>1100 LF</td>
<td>x</td>
</tr>
<tr>
<td>Street</td>
<td>x</td>
<td>Coal tar wrap</td>
<td>200 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Veolia ES Technical Solutions

NJ/DEP Waste Hauler ID No.
101699

Name of Registered Landfill
EQ

Cubic Yards of Waste
TBD

Disposal Date
TBD

City, State
Flanders, NJ, Michigan

Completed by
Raymond Tutiven
Title
Project Manager

Signature

Date
07-31-19

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  8-1-19

Name of Building Owner/Operator (2)  Federal Realty Investment Trust

Agencies Notified  
- EPA
- DOL
- DOH
- DCA

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

City, State, Zip Code  Rockville, MD 20852

Name of Contact  Ric Woodie

Telephone Number  301-998-8286

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Ellisburg SC Space 12(former hallmark store)

Street Address  22NJ -70

City (5)  Cherry Hill

County (6)  Camden

Current Use (Prior if being demolished)  vacant

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

Name of Abatement Contractor (9)  Pepper Environmental Services

ASCM No.  

Street Address  700 Turner Way

City, State, Zip Code  Aston, PA 19014

Project Manager for Monitoring Firm  Don Helm

Telephone No.  610-787-0402

Start Date (10)  8-1-19

Scheduled Completion Date (11)  8-30-19

Street Address  2251 Fraley Street

City, State, Zip Code  Phila., PA 19137

Telephone No.  215-533-5155

License No.  01166

Name of OSHA Monitor  Vertex Companies

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

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 lf
- ≥190 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)  

Name of Registered Waste Hauler  Minerva Landfill

Service Transport Group  

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  

Disposal Date  

City, State, Zip Code  Libson, OH

Completed by  Jennifer Niven

Title  Dir of Operations

Signature  

Date  8-1-19

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5646)

Date of Notification (1) 7 / 29 / 19

Name of Building Owner/Operator (2) Robert E. Holmes Gardens

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

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

Street Address
14 Rev. Samuel Carpenter Boulevard

City, State, Zip Code
Edison NJ 08820

Name of Contact
Hurley, Deborah

Telephone Number
1-908-561-2525

FACILITY INFORMATION

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

Street Address

City (5)
Edison

County (6)
Middlesex

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

ASCM No. 0045

Name of Abatement Contractor (9)
CPR Environmental Service

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

Square Feet
1000

# of Floors
2

Bldg. Age
70

Current Use (Prior if being demolished)
Residential

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

ASCM No. 0045

Name of Abatement Contractor (9)
CPR Environmental Service

Street Address
8421 Hegerman St

City, State, Zip Code
Philadelphia PA 19136

Project Manager for Monitoring Firm
Thomas Geiger

Telephone No. 732 2902217

Start Date (10)
7 / 30 / 19

Scheduled Completion Date (11)
7 / 30 / 19

Name of OSHA Monitor
Same

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 - PM

Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure
☐ Renovation
☐ Demolition
☐ 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)
350SF

Abatement Type
Removal
Repair
Encapsulate
Endose

2 bedrooms and hallway
☑ ☐ ☐ VAT

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

Name of Registered Waste Hauler
ASBESTOSTRANSPORTATION COMPANY
NJDEP Waste Hauler ID No. S24310

Cubic Yards of Waste

Name of Registered Landfill
MINERYA ENTERPRISES LLC

City, State
WAYNESBURG OH

Completed By (Print or Type)
ANTHONY JONES

Title
PROJECT MANAGER

Signature
Anthony Jones

Disposal Date

City, State

Date
7-29-19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/29/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bernstein</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Initial</td>
<td>[REDACTED]</td>
</tr>
<tr>
<td>[ ] Amended</td>
<td></td>
</tr>
<tr>
<td>[ ] Amendment #</td>
<td></td>
</tr>
<tr>
<td>[ ] Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>[ ] Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County Code (6)</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</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>MECS</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 341</td>
<td>Chesterfield, NJ 08515</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 299-0407</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 322</td>
<td>Allentown, NJ 08501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>End Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/30/2019</td>
<td>7/31/2019</td>
</tr>
</tbody>
</table>

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

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

- [X] >3,000 sf or >3 if
- [X] >1,000 sf or >200 sf
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Thermal Pipe Insulation</td>
<td>40 if</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Stevens Environmental Services</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>18292</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fairless Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown, NJ</td>
<td>7/31/2019</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td>[REDACTED]</td>
<td>7/29/2019</td>
</tr>
</tbody>
</table>

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

State of New Jersey

(Pursuant to NJAC 8:560 and 12:120)

---

### Date of Notification (1)
07/31/19

### Name of Building Owner/Operator (2)
Paul Cramer

### Agencies Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

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

### Address Information
- Street Address
- City: Bridgewater, NJ 08807
- County: Somerset
- State: NJ
- Zip Code: 08807

### Name of Facility Where Abatement is Taking Place (3)
[Redacted]

### Name of Monitoring Firm Hired by Building Owner (8)
AAA LEAD PROFESSIONALS

### Project Manager for Monitoring Firm
[Redacted]

### Start Date (10)
08/12/19

### Scheduled Completion Date (11)
08/16/19

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

### Square Feet

### # of Floors

### Bldg. Age

### 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

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

- [x] ≥ 3 ft or ≥ 3 if
- [ ] ≥ 150 ft or ≥ 250 if
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

#### TO BE ABATED

in Facility

#### Location Normally Used Soley by Maintenance/Custodial Staff?

Yes | No | N/A
--- | --- | ---

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

(i.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)

### Amount (Specify SF or LF)

#### Abatement Type

### Name of Registered Waste Hauler
NEWARK CARTING

### NJDEP Waste Hauler ID No.
04509

### Cubic Yards of Waste
5

### Name of Registered Landfill
IESI

### City, State
NEWARK, NJ

### Disposal Date
08/16/19

### City, State
BETHLEHEM PA

### Completed by
JOSEPH PERLSTEIN

### Title
OWNER

### Signature

### Date
05/07/19

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 8:15)

**Date of Notification (1)**
07 / 29 / 19

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

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

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

**Name of Contact**
Dorothy Davis

**Street Address**

**City, State, Zip Code**
Toms River, NJ 08757

**Telephone Number**

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

**County (6)**
Ocean

**Name of Monitoring Firm Hired by Building Owner (8)**
Management & Enviro. Consulting Services

**ASCM No.**

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
623 Cutler Avenue

**City, State, Zip Code**
Maple Shade, NJ 08052

**Project Manager for Monitoring Firm**
Bill Weisgarber

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

**License No.**
00842

**Start Date (10)**
08 / 07 / 19

**Scheduled Completion Date (11)**
08 / 09 / 19

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

**Scope of Work (Check all that apply)**
- [ ] 3 or more if
- [ ] 150 or more if

**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
- [x] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] Lower Level
  - [ ] Floor Tile

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Freehold, NJ

**Completed By (Print or Type)**
Christina Lynch

**Title**
Vice President of Operations

**Signature**

**Date**
08/09/2019

**City, State**
Morrisville, PA

**Disposal Date**
08/09/2019

**Signature**

**Date**
7/29/19

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

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>The Village Charter School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>101 Sullivan Way</td>
</tr>
<tr>
<td>City</td>
<td>Trenton, NJ 08628</td>
</tr>
<tr>
<td>County</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Epic Environmental Services, LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Ebets</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-205-1077</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
<tr>
<td>Time of Abatement: AM-________ PM-________ PM-________ AM</td>
<td></td>
</tr>
</tbody>
</table>

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

- [x] 3 or more sf
- [ ] ≥160 sf or ≥260 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

**Building A First and Second Floors**

- [x] Window Glazing

**Name of Registered Waste Hauler**

- Freehold Cartage
  - NJDEP Waste Hauler ID No: 15939
  - Cubic Yards of Waste: 2
  - Name of Registered Landfill: Fairless Landfill
  - Disposal Date: 08/22/2019
  - City, State: Morrisville, PA

**Completed By (Print or Type)**

- Christina Lynch (Vice President of Operations)

**Signature**

- 7/30/19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 8:16)

---

**Date of Notification (1)**
- 07 / 29 / 19

**Name of Building Owner/Operator (2)**
- Gary Whelan

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

**Street Address**
- [Redacted]

**City (5)**
- Maple Shade

**County (6)**
- Burlington

**Name of Monitoring Firm Hired by Building Owner (8)**
- Eagle Industrial Hygiene Associates, Inc.

**ASCM No.**
- [Redacted]

**Name of Abatement Contractor (9)**
- Shade Environmental, LLC

**Street Address**
- 359 Dreher Road

**City, State, Zip Code**
- Horsham, PA 19044

**Project Manager for Monitoring Firm**
- Larry Nagelberg

**Telephone No.**
- 215-768-4681

**License No.**
- 00842

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

**Street Address**
- 623 Cutler Avenue

**City, State, Zip Code**
- Maple Shade, NJ 08052

**Start Date (10)**
- 08 / 07 / 19

**Scheduled Completion Date (11)**
- 08 / 12 / 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: AM-PM-PM-AM

**Scope of Work (Check all that apply)**
- [x] 2,160 sf or >2,160 sf
- [x] 100 sf or >100 sf
- [x] Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of 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>Living Room &amp; Laundry Room</td>
<td>[x]</td>
<td>Tile and Mastic</td>
<td>160 SF</td>
<td>[x] [x] [x] [x]</td>
</tr>
<tr>
<td>Living Room</td>
<td>[x]</td>
<td>Sheetrock and Joint Compound</td>
<td>84 SF</td>
<td>[x] [x] [x] [x]</td>
</tr>
<tr>
<td>Bathroom</td>
<td>[x]</td>
<td>Sheetrock and Joint Compound</td>
<td>19 SF</td>
<td>[x] [x] [x] [x]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- [Redacted]

**Freehold Cartage**
- NJDEP Waste Hauler ID No. 15839

**Cubic Yards of Waste**
- 2

**Name of Registered Landfill**
- [Redacted]

**Disposal Date**
- 08/12/2019

**City, State**
- [Redacted]

**Completed By (Print or Type)**
- Christina Lynch

**Title**
- Vice President of Operations

**Signature**
- [Signature]

**Date**
- 07/29/19

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

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

**Date of Notification:** 7-27-19

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>601 W. CLARKS Landing Rd</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code:** EGG HARBOR, N.J 08218

**Name of Contact:** Tom

**Telephone Number:** 609-965-7498

---

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

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

**ASCM No.:** N/A

**Name of Abatement Contractor:** KLEINCO INC

**Street Address:** 369 S. SPRUCE AVE

**City, State, Zip Code:** MAPLE SHADE, N.J 08052

**License No.:** X 01371

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

**Project Manager for Monitoring Firm:**

**Telephone No.:** 856-779-0472

---

**Start Date (10):** 8-5-19

**Scheduled Completion Date (11):** 8-15-19

**Occupancy Status During Abatement:** [ ] 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 sf

[ ] 160 sf or >=260 sf

[ ] Renovation

[ ] Demolition

---

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

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

[ ] Yes

[ ] No

[ ] N/A

**Description of Asbestos-Containing Material (ACM):** TRANSITE 1750

**Amount:** X

**Abatement Type:**

---

**Name of Registered Wastewater Hauler:** KLEINCO INC

**Waste Hauler ID No.:** 15904

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:** ACUA

**City, State:** MAPLE SHADE, N.J.

**Disposal Date:**

---

**Completed By:** KLEINCO INC

**Title:** SUPERVISOR

**Signature:**

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>7-22-19</td>
<td>PINELANDS CONSTRUCTION</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<td></td>
<td>Initial</td>
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<tr>
<td></td>
<td>Amended</td>
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<tr>
<td></td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>300 77TH ST</td>
<td>SEA ISLE CITY N.J. 08243</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Contractor</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
<td>MAJCIN</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
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<tr>
<td></td>
<td>OCEAN CITY</td>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Abatement Contractor (5)</th>
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<tbody>
<tr>
<td>CAPE MAY</td>
<td>KLEEMCO INC</td>
</tr>
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<table>
<thead>
<tr>
<th>ASCM No</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>8-19-19</td>
<td>9-19-19</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ 350 sf or 23 ft</td>
</tr>
<tr>
<td>√ 160 sf or 2250 ft</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>TRANSITE</td>
<td>3000 SF X</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>KLEEMCO INC</td>
<td>C.M.C. M&amp;B.A.</td>
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<table>
<thead>
<tr>
<th>NDEP Waste Header # No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>17904</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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</tbody>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEEM</td>
<td>S.U.P.</td>
<td>WnklDrk</td>
<td>7-27-19</td>
</tr>
<tr>
<td>Date of Notification</td>
<td>Name of Building Owner/Operator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-22-19</td>
<td>GARDEN STATE DOUGHNUT CONTROL &amp;</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. WILDWOOD</td>
<td>Clermont, NJ 08210</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S. SPRING AVE</td>
<td>Maple Shade, NJ 08052</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>586-719-0472</td>
<td>01371</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>8-6-19</td>
<td>8-16-19</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Occupied During Entire Period of Abatement</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Middle Enclosure</td>
</tr>
<tr>
<td>Other - Describe:</td>
<td>Full Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>TRANSITANE 900 SF X</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC</td>
<td>18904</td>
<td>8 YDS</td>
<td>CM &amp; M.W</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>5-23-19</td>
<td>WILDWOOD, NJ</td>
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**Completed By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Klein</td>
<td>SUPERVISOR</td>
<td>Multi +</td>
<td>7-27-19</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
07 / 30 / 19

Name of Building Owner/Operator (2)
NJDPMC

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

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

Street Address
20 West State Street
City, State, Zip Code
Trenton, NJ 08608
Name of Contact
Joseph Ferroigne
Telephone Number
609-292-6869

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Beneficial Insect Rearing Laboratory

Street Address
20 State Police Drive
City (5)
West Trenton
County (6)
Mercer
County Code (?)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World Engineering
ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC
Street Address
623 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Gavin Gilmore
Telephone No.
201-738-3311

License No.
856-756-0099

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)
08 / 01 / 19
Scheduled Completion Date (11)
08 / 16 / 19
Name of OSHA Monitor
EMSL Analytical, Inc.

Scope of Work (Check all that apply)
☒ ≥30 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 ☐

Boiler
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Gaskets
☐ ☒ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Location of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15539
Cubic Yards of Waste 1
Name of Registered Landfill
Fairless Landfill
City, State
Freehold, NJ
Morrisville, PA
Disposal Date
08/15/2019

Completed By (Print or Type)
Christina Lynch
Title
Vice President of Operations
Signature
Date
7/30/19

* 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):
07/26/2019

Name of Building Owner/Operator (2):
Woolston Construction

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

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

Street Address:
83 Old Amboy Road
Bordentown NJ 08505

City, State, Zip Code:
Bordentown NJ 08505

Name of Contact:
Ritchie Woolston

Facility Information:

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

Street Address:
34 Thoms J Rhodes Industrial Drive
Hamilton Township

County (6):
Mercer

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

Current Use (Prior if being demolished):
Vacant Lot

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

Name of Abatement Contractor (9):
Alpha Environmental LLC

Street Address:
P O Box 8297

City, State, Zip Code:
Trenton NJ 08650

Project Manager for Monitoring Firm:

Telephone No.:
609-847-2956

License No.:
01222

Start Date (10):
07/28/2019

Scheduled Completion Date (11):
08/03/2019

Name of OSHA Monitor:

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>
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<tbody>
<tr>
<td>Vacant Lot</td>
<td>[x] No</td>
<td>Siding</td>
<td>7 Cubic Yards</td>
<td>X</td>
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Name of Registered Waste Hauler:
Woolston

NU/DEP Waste Hauler ID No.:
07516

Cubic Yards of Waste:
7

Name of Registered Landfill:
Grow's Landfill

City, State:
Bordentown NJ

Disposal Date:
Various

City, State:
Morrisville PA

Completed by:
Kelly Sisk

Title:
Project Manager

Signature:

Date:
07/26/2019

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

Date of Notification (1) 07 / 29 / 19

Name of Building Owner/Operator (2) Saint Veronica School

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

Type Notification
- Initial
- Amended
- Amendment #01
- Emergency (including justification)
- Cancellation

Street Address
4219 North Route 9

City, State, Zip Code
Howell, New Jersey 07731

Name of Contact
Deacon Gino Esposito
Telephone Number
732 370-3891

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Saint Veronica School

Street Address
4219 North Route 9

City (5)
Howell

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Elementary School

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

ASCM No.
00102

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

Street Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Jeremy Humble

Telephone No.
856 547-0505

License No.
00836

Name of OSHA Monitor
Neuber Environmental Services

Street Address
1100 Grosser Road

City, State, Zip Code
Gilbertsville, PA 19525

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

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-5PM__PM__AM

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

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

See Attached Spreadsheet

Cubic Yards of Waste
40

Name of Registered Waste Hauler
Neuber Environmental Services, Inc.

NUDEP Waste Hauler ID No.
0035969

Disposal Date
July-Aug 19

City, State
Gilbertsville, PA

Name of Registered Landfill
Monmouth County Recalation Center

City, State
Tinton Falls, NJ

Completed By (Print or Type)
Pat Larney
Title
Project Manager
Signature
Date
7-29-19

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

Date of Notification (1): 7-29-19
Name of Building Owner/Operator (2): 106 FRANKLIN TURNPIKE LLC - 2019

Agency Notified: DEP
Type Notification: Initial
Amended #:
Emergency (Including justification):
Cancellation:

Address:
106 FRANKLIN TURNPIKE
WALDwick, NJ 07463

Name of Facility Where Abatement is Taking Place (3):
106 FRANKLIN TURNPIKE LLC

Type of Facility (4):

City:
WALDwick
County:
BERGEN

Name of Monitoring Firm Hired by Building Owner (5):
ASCM No.

Name of Abatement Contractor (6):
Best Removal Inc

Street Address:
350 South River St
City, State, Zip Code:
Hackensack, N.J. 07601

Telephone No.:
201-329-7444
License No.:
00388

Name of OSHA Monitor:
Omega Environmental

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Start Date (10):
8-8-19
Scheduled Completion Date (11):
8-9-19

Occupancy Status During Abatement (Check only one): No

Facility Closed/Vacated During Entire Period of Abatement:

Abatement Performed Outside of Normal Facility Hours:

Other – Describe:

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

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

In Facility (12):

Location Normally Used Solely by Maintenance/Custodial Staff:

Yes

Is Location Normally Used Solely by Maintenance/Custodial Staff?

No

N/A

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

Thermal Insulation

Amount (Specify SF or LF):
90 LF

Abatement Type:

End Result:

Complete Removal

Date:
7-29-19

Name of Registered Waste Hauler:
Best Removal Inc

Waste Hauler ID No.:
17109

Disposal Date:
8-9-19

City:
Hackensack, N.J. 07601

State:

County:

Name of Registered Landfill:

Cubic Yards of Waste:
1/2 YD

LUMBERLAND COUNTY LANDFILL

Completed by:
R. Veldran
Title:
Estimator
Signature:
R. Veldran
Date:
7-29-19

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

(Pursuant to NJAC 8:68 and 12:129)

**State of New Jersey**

**Name of Building Owner/Operator:** Mark R. Fisher

**Street Address:** 50 Bote Road

**City, State, Zip Code:** Greenwich, CT 06830

**ASBESTOS CONTROL & REMOVAL**

**Name of Contact:** James Dunn

**Telephone Number:** 732-347-7087

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**FACILITY INFORMATION**

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

- **Street Address:** [Redacted]
- **City:** New Brunswick, NJ
- **County:** Middlesex
- **County Code:** 08901
- **Square Feet:** 2,500
- **# of Floors:** 2
- **Bldg. Age:** 80
- **Current Use (Prior to being demolished):** House

**Type of Facility:**

- School (K-12)
- Subchapter 9 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

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

- ASCM No. [Redacted]
- Name of Abatement Contractor: NovaTech Inc.

**Project Manager for Monitoring Firm:** [Redacted]

**Start Date:** 8/8/19

**Scheduled Completion Date:** 9/8/19

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

**Scope of Work:**

- Renovation
- Demolition

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

- **In Facility:** Basement
  - **Yes:** No
  - **Location:**
    - **Description:**
      - Communicating Systems Insulation
      - Thermal Insulation
      - Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
  - **Amount (Specify SF or LP):** 2,100 LF

**Name of Registered Waste Hauler:** NovaTech Inc.

**Cubic Yards of Waste:**

**Name of Registered Landfill:** CRWS Inc.

**Disposal Date:** 09/19/19

**City, State:** Herronville, PA

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