State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)  
08/01/2019

Name of Building Owner/Operator (2)  
College of Saint Elizabeth

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

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

Street Address  
2 Convent Rd

City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
Steve Iacovo

Telephone Number  
973-850-7720

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
O’Connor Hall

Square Feet  
71,130

# of Floors  
5

Bldg. Age  
92

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Hallway Outside of</td>
<td>Pipe Insulation</td>
<td>8 LF</td>
<td>X</td>
</tr>
<tr>
<td>Gender Neutral Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Amount (Specify SF or LF)  
8 LF

Abatement Type  
X

Full Containment with Negative Pressure  
X

Minit-Encapsulate  
X

Glovebag Procedure  
X

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

Name of Registered Waste Hauler  
United Safety LLC

NJDEP Waste Hauler ID No.  
0036820

Amount of Waste  
TBD

Name of Registered Landfill  
Fairless Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
Vanco Petkov  
Title  
Project Manager

Signature  
08/01/2019

* Do not use this form for asbestos licensure exempted activities.
<table>
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<tr>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong> (Pursuant to NJAC 8:69 and 12:120)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Notification (1):</strong> 8/2/19</td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2):</strong> KATHLEEN FORSYTHE</td>
</tr>
<tr>
<td><strong>Agency Notified:</strong> □ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA</td>
</tr>
<tr>
<td><strong>Type Notification:</strong> □ Initial ☐ Amended ☐ Emergency (including justification)</td>
</tr>
<tr>
<td><strong>City, State, Zip Code:</strong> NUTLEY, N.J. 07110</td>
</tr>
<tr>
<td><strong>Name of Contractor:</strong> MS. K. FORSYTHE</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong> 1234567890</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** MS. KATHLEEN FORSYTHE
- **City (5):** NUTLEY
- **County (6):** ESSEX
- **Name of Monitoring Firm Hired by Building Owner (8):**
- **ASCM No.:**
- **Name of Abatement Contractor (9):** Best Removal Inc
- **Street Address:** 450 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
- **Street Address:** 280 Huylor St
- **City, State, Zip Code:** S. Hackensack, N.J. 07606

**Start Date (10):** 8/20/19  **Scheduled Completion Date (11):** 8/21/19

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 8:00 A.M. TO 5:00 P.M.

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED: IN. FACILITY:**
- **Location Normally Used Solely by Maintenance/Custodial Staff? (12):** Yes
- **Description of Asbestos-Containing Material (ACM):** Thermal System Insulation
- **Amount (Specify SF or LF):** 15 LF

**Name of Registered Waste Handler:** Best Removal Inc
- **NJDEP Waste Handler ID No.:** 17109
- **Cubic Yards of Waste:** 3/27
- **Name of Registered Landfill:** CUMBERLAND COUNTY LANDFILL
- **Disposal Date:** 8/21/19
- **City, State:** NEW BUROH, PA 17240

**Completed by:** J. MAIORANO  **Title:** Estimator

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

Date of Notification (1)  

Name of Building Owner/Operator (2)  
ANPE Corp.  

Street Address  
93 Commerce Ave.  

City, State, Zip Code  
Garfield, NJ 07026  

Name of Contact  
Novak Vasilic  

Telephone Number  
973-340-4420  

Name of facility where abatement is taking place (3)  
Residential  

Street Address  

City (5)  
Elizabeth, NJ 07208  
County (6)  
Union  
County Code (7)  
(State use only)  

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

ASCM No.  

Name of Abatement Contractor (9)  
KLOMAX, LLC  

Street Address  
309 W. End Ave  

City, State, Zip Code  
Hopatcong, NJ 07843  

License Number  
02007  

Name of OSHA Monitor  
KLOMAX, LLC  

Street Address  
309 W. End Ave  

City, State, Zip Code  
Hopatcong, NJ 07843  

Start Date (10)  
08/15/19  

Sched. Completion Date (11)  
08/20/19  

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: NORMAL HOURS  

Scope of Work (check all that apply)  
☑ >3 sf or >3 if  
☒ Renovation  
☒ ≥160 sf or ≥260 if  
☐ 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></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
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<tr>
<td></td>
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<td></td>
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</table>

Description of asbestos-containing material (ACM)  

<table>
<thead>
<tr>
<th></th>
<th>Amount (Specify SF or LF)</th>
<th>Remo</th>
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</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>90 LF</td>
<td>□</td>
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<td></td>
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<tr>
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<td></td>
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</tr>
</tbody>
</table>

Registered Waste Hauler  
KLOMAX, LLC  

NJDEP Hauler ID#  
0038241  

Cubic Yards of Waste  
2 yds  

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY  

City, State  
Hopatcong, NJ 07843  

Disposal Date  
TBD  

City, State  
TULLYTOWN, PA
Date of Notification (1) 08/02/2019
Name of Building Owner/Operator (2) Lawrence Township Public Schools

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

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

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

Name of Contact
Thomas Eldridge
Telephone Number
609-871-5420

FACILITY INFORMATION

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

Street Address
2455 Princeton Pike
City (5)
Lawrenceville
County (6)
Mercer

County Code (7)
STATE USE ONLY

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

ASCM No.
00003

Name of Abatement Contractor (9)
United Safety LLC

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

Name of OSHA Monitor
United Safety LLC

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

License No.
01317

Occupy 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] ≥ 3,000 sf or ≥3 if
- ≥ 160 sf or ≥260 if
- [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)

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<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Transite Ceiling Panels</td>
</tr>
<tr>
<td>Work #1A Corridor Rms. 108-115</td>
<td>X</td>
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<td>Transite Ceiling Panels</td>
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<tr>
<td>Work #1A Corridor Rms. 301-305</td>
<td>X</td>
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<td>Transite Ceiling Panels</td>
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<tr>
<td>Work #1A Corridor Rms. 200-212</td>
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<td></td>
<td>Pipe Insulation</td>
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Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste TBD

Name of Registered Landfill
Fairless Landfill

City, State
Yardley, PA

Completed by
Vanco Petkov
Title
Project Manager

Signature
Date
08/02/2019

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

Date of Notification (1)
8/2/19

Name of Building Owner/Operator (2)
BOARD OF EDUCATION
UPPER SADDLE RIVER, NEW JERSEY

Street Address
395 West Saddle River Road
City, State, Zip Code
Upper Saddle River, NJ 07458

Asbestos Control & Licensing

Name of Contact
Mrs. Jennifer Johnston
Telephone Number
201-961-6500

Name of Facility Where Abatement is Taking Place (3)
Robert D. Reynolds Elementary School

Street Address
391 West Saddle River Road

City (5)
Upper Saddle River
County (6)
Bergen
County Code (7)
(State Use Only)

Type of Facility (4)
School (K-12)
Subchapter 8 (other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)
Current Use (prior if being demolished): School

Name of Contractor (9)
Panoramic Window & Door Systems Inc.

Street Address
712 Sergeantsville Road

City, State, Zip Code
Stockton, NJ 08659

License Number
01237

Name of Monitoring Firm Hired by Bldg. Owner (6)
RJB Environmental, Inc.

ASCM No.

Street Address
615 Prospect Ave

City, State, Zip Code
Morrisville, PA 19067

Project Manager for Monitoring Firm
Telephone Number
267-991-9212

Scheduled Start Date (10)
08/12/19

Scheduled Completion Date (11)
08/20/19

Name of OSHA Monitor
IAQ GURU LLC

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

Source of Work (Check all that apply)
≥ 3 sf or ≥ 3 If
≥ 160 sf or ≥ 260 If

Renovation
Demolition
Mini-Enclosure
Glovebag Procedure
Non-Friable Procedure

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

Exterior Window
Exterior Window Systems
Name of Reg. Waste Hauler

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES
NO
NA

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

Amount (Specify SF or LF)
Abatement Type

Transite Panels
1300 SF

Window Caulk and Sill Caulk
4510 LF

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
6036057
Cubic Yards of Waste

City, State
Easton, PA

Name of Registered Landfill
Chrin Brothers Sanitary Landfill

Disposal Date
08/02/19

Completed by (Print or Type)
Mark M Jovic
Title
Project Manager
Signature

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE

<table>
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<th>Notification Type</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
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</tr>
<tr>
<td>DCA</td>
<td>Amended #</td>
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<tr>
<td>IDOL</td>
<td>Emergency notification (including justification)</td>
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<tr>
<td>DEP</td>
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State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) 8/02/19

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

Name of Building Owner/Operator (2)
BOARD OF EDUCATION
UPPER SADDLE RIVER, NEW JERSEY

Name of Facility Where Abatement is Taking Place (3)
Robert D Reynolds Elementary School

Street Address
391 West Saddle River Road

City [5]
Upper Saddle River
County [6] Bergen
County Code [7] (State Use Only)

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

Name of Contractor (9)
Panoramic Window & Door Systems Inc.

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

Current Use (prior if being demolished): School

Facility Information

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

Scheduled Start Date (10) 08/12/19
Scheduled Completion Date (11) 08/20/19

Source of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition
☐ Mini-Enclosure
☐ NJovebag Procedure
☐ Non-Friable Procedure

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

Exterior Window
Exterior Window Systems

Name of Registered Landfill
Chris Brothers Sanitary Landfill

Disposal Date
City, State
Easton, PA

Completed by (Print or Type)
Mark M Jovic
Title
Project Manager
Signature
Date 08/02/19
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
08/02/19

Name of Building Owner/Operator (2)
Hamilton Township School District

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

Notification Type
☐ Initial Notification
☐ Amended #
☐ Emergency notification (including justification)
☐ Cancelled

Street Address
90 Park Avenue

City, State, Zip Code
Hamilton, NJ 08690

Name of Contact
Susan Lombardo
Board President

Telephone Number
(609) 531 - 4100 ext 5073

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenwood Elementary School

Street Address
2069 Greenwood Avenue

City (5)
Hamilton

County (6)
Mercer

County Code (7)
(State Use Only)

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)
Current Use (prior if being demolished): School

Name of Contractor (9)
Panoramic Window & Door Systems Inc.

Street Address
712 Sergeantsville Road

City State, Zip Code
Stockton, NJ 08559

Project Manager for Monitoring Firm

Telephone Number
Telephone Number
P (732) 928-0900

License Number
01237

Scheduled Start Date (10)
08/12/19

Scheduled Completion Date (11)
09/06/19

Name of OSHA Monitor
IAQ GURU LLC

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

Street Address
87 Main Street

City, State, Zip Code
Lincoln Park, NJ 07035

Source of Work (Check all that apply)
☐ > 3 sf or > 3 If
☐ > 160 sf or > 260 If

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? YES NO NA

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

Amount (Specify SF or LF)

Abatement Type
☐ Renovation
☐ Demolition
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Removal Repair Encap Endless

Exterior Window Systems

Window Caulk a

1287 If

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # 0036057

Cubic Yards of Waste

Name of Registered Landfill
Chris Brothers Sanitary Landfill

Disposal Date
City, State
Easton, PA

Completed by (Print or Type)
Mark M Jovic
Title
Project Manager

Signature
Date
08/02/19
## Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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

### Notification Type
- [ ] Initial Notification
- [ ] Amended 
- [ ] Emergency notification (including justification)
- [ ] Cancelled

### Name of Building Owner/Operator (2)
- Hamilton Township School District
- **Street Address:** 90 Park Avenue
- **City, State, Zip Code:** Hamilton, NJ 08690

### Name of Contact
- Susan Lombardo
- **Board President**
- **Telephone Number:** (609) 631 - 4100 ext 5073

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
**Greenwood Elementary School**

#### Street Address
**2069 Greenwood Avenue**

#### City
- **City:** Hamilton
- **County:** Mercer
- **County Code (7):** (State Use Only)

#### Project Manager for Monitoring Firm
- **Name of Monitoring Firm Hired by Bldg. Owner (8):** ASCM No.

#### Scheduled Start Date (10)
- **09/12/19**

#### Scheduled Completion Date (11)
- **09/05/19**

#### Source of Work (Check all that apply)
- [X] ≥ 3 sf or ≥ 3 lf
- [X] ≥ 160 sf or ≥ 260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

#### Location of Asbestos-Containing Material (ACM) in Facility (13)
- **Is Location Normally Used Solely by Maint./Custodial Staff?**
  - (12) NO
  - (12) YES

#### Exterior Window Systems
- **Window Caulk a**
  - **Descrip. of Material:** 1287 LF
  - **Amount:**
  - **Abatement Type:**
    - [X] Predetermined
    - [ ] Remove Repair Encap
    - [ ] Encap

#### Name of Contractor (9)
- Panoramic Window & Door Systems Inc.

#### Street Address
- **712 Sergeantsville Road**

#### City State, Zip Code
- **City:** Stockton, NJ 08669

#### Telephone Number
- **Telephone Number:** P (732)926-0900
- **License Number:** 01237

#### Occupancy Status During Abatement
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

#### Name of OSHA Monitor
- **Name of OSHA Monitor:** IAQ GURU LLC

#### Street Address
- **87 Main Street**

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

#### Name of Registered Landfill
- **Name of Registered Landfill:** Chrin Brothers Sanitary Landfill

#### Disposal Date
- **Disposal Date:**
  - **City:** Easton, PA
  - **Date:** 08/02/19

#### Completed by (Print or Type)
- **Name:** Mark M Jovic
- **Title:** Project Manager

---

**Signature**

**Date:** 08/02/19
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08-01-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon Communication</td>
</tr>
<tr>
<td>Street Address</td>
<td>700 Hidden Ridge Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Irving, TX 75038</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Charles Messing</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(917) 992-1356</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Verizon Plainfield Facility
- **Street Address**
  - 95 William Street
- **City (5)**
  - Newark
- **County (6)**
  - Essex
- **County Code (7)**
  - [STATE USE ONLY]
- **Current Use (Prior if being demolished)**
  - Commercial
- **Name of Monitoring Firm Hired by Building Owner (8)**
  - TTI Environmental, Inc.
- **ASCM No.**
  - [MISSING]
- **Name of Abatement Contractor (8)**
  - Pinnacle Environmental Corp.
- **Street Address**
  - 1253 North Church Street
- **City, State, Zip Code**
  - Moorestown, NJ 08057
- **Telephone No.**
  - (609) 313-8218
- **Telephone No.**
  - [MISSING]
- **License No.**
  - 00756
- **Start Date (10)**
  - 08-12-19
- **Scheduled Completion Date (11)**
  - 09-30-19
- **Name of OSHA Monitor**
  - Even-Air Inc.
- **Occupancy Status During Abatement (Check Only One)**
  - Facility Closed/Vacated During Entire Period of Abatement
- **Project Manager for Monitoring Firm**
  - Kris Smith
- **Street Address**
  - 200 Broad Street
- **City, State, Zip Code**
  - Carlstadt, NJ 07072
- **Abatement Performed Outside of Normal Facility Hours**
  - [MISSING]
- **Other – Describe:**
  - [MISSING]
- **Scope of Work (Check All That Apply)**
  - [MULTIPLE BOXES CHECKED]
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - In Facility (13)
  - 11th Floor: Corridor
- **Is Location Normally Used Solely by Maintenance/Custodial Staff?**
  - Yes
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)
  - Pipe Fittings
  - [MISSING]
  - 20LF
- **Amount (Specify SF or LF)**
  - [MISSING]
- **Abatement Type**
  - [MISSING]
- **Endeavor**
  - [MISSING]
- **Name of Registered Waste Hauler**
  - Newark Carting, Inc.
- **Jersey Waste Hauler ID No.**
  - 04509
- **Cubic Yards of Waste**
  - TBD
- **Name of Registered Landfill**
  - G.R.O.W.S. North Landfill
- **Disposal Date**
  - TBD
- **City, State**
  - Morrisville, PA 19067

**Completed by**

- **Joseph Patrick**
  - Title: Project Manager
  - Signature: [signature]
  - Date: 08-01-19

*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)

Name of Building Owner/Operator (2)
Denville Township Schools

FACILITY INFORMATION

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

Street Address
320 Diamond Spring Avenue

City (5)
Denville

Square Feet
50,000

County (6)
Morris

Current Use (Prior if being demolished)
School

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

ASCM No.

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
265 A Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

License No.
0666

Project Manager for Monitoring Firm
Nadine Bello

Telephone No.
973-881-4850

Telephone No.
973-256-7010

Project Manager for Monitoring Firm
Nadine Bello

Occupy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement

Start Date (10)
08/03/2019

End Date (11)
08/04/2019

Name of OSHA Monitor
Bako Construction & Restoration, Inc

Street Address
265 A Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)

\[ \geq 3 \text{ sf or } \geq 3 \text{ ft} \]
\[ \geq 160 \text{ sf or } \geq 260 \text{ ft} \]

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

Description of Asbestos-Containing Material (ACM)

Amount

Abatement Type

Location Used Solely by Maintenance/Custodial Staff?

Boys Locker Room
X
Elbows and valve insulation
6LF
Removal

Girls Locker Room
X
Elbows and valve insulation
3LF
Repair

Name of Registered Waste Hauler
Bako Constr. & Rest. Inc.

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless Landfill/Waste Management

City, State
Totowa, NJ

Disposal Date
08/05/2019

City, State
Morrisville, PA

Completed by
Damir Valjevac

Title
Project Manager

Signature

Date
07/30/2019
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

State of New Jersey  

Date of Notification (1)  
08-01-19

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

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

Name of Building Owner/Operator (2)  
Johnson & Johnson

Street Address  
1 Johnson & Johnson Plaza

City, State, Zip Code  
New Brunswick, NJ 08901

Name of Contact  
Nandita Kamdar

Telephone Number  
(732) 524-8580

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
1 Johnson & Johnson Plaza

City (5)  
New Brunswick

County (6)  
Middlesex

County Code (7)  
STATE USE ONLY

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

ASCM No.  

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.

Street Address  
200 Broad Street

City, State, Zip Code  
Carlstadt, NJ 07072

Project Manager for Monitoring Firm  
Laura Wieczek

Telephone No.  
(973) 651-1040

Start Date (10)  
08-03-19

Scheduled Completion Date (11)  
12-31-19

Current Use (Prior if being demolished)  
Commercial

License No.  
00756

Name of OSHA Monitor  
Even-Air Inc.

Street Address  
10-59 Jackson Avenue

City, State, Zip Code  
Long Island City, NY 11101

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

☐ Abatement Performed Outside of Normal Facility Hours

Other – Describe: 

Scope of Work (Check All That Apply)  
☒ >3 sf or >3 if  
☒ ≥160 sf or ≥260 if  
☐ Renovation  
☒ Demolition

Full Containment with Negative Pressure  
Mini-Enclosure  
Glovetag Procedure

Non-Exempted ( ) and Non-Friable Procedure

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

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

Endstage

Encapsulate

Endstage

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

2nd Floor

Floor Tile & Mastic  
2,100SF  

Name of Registered Waste Hauler  
Newark Carting, Inc. / Freehold Cartage, Inc.

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
GROWS North Landfill

Disposition Date  
TBD

City, State, Zip Code  
Falls Township, PA 18615

Completed by  
Richard Doran

Title  
Project Manager

Signature  

Date  
08-01-19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SAINT MARY SCHOOL</td>
</tr>
<tr>
<td>Street Address</td>
<td>538 CHURCH STREET</td>
</tr>
<tr>
<td>City (3)</td>
<td>MIDDLETOWN</td>
</tr>
<tr>
<td>County (6)</td>
<td>MONMOUTH</td>
</tr>
<tr>
<td>Name of Facility Where Asbestos is Located (a)</td>
<td>SAINT MARY SCHOOL</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 NYLON AVE, SUITE 3065</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ENGLEWOOD CLIFFS, N.J. 07632</td>
</tr>
<tr>
<td>Phone Number</td>
<td>201-202-5941</td>
</tr>
<tr>
<td>License No.</td>
<td>00166</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>R. McDonald</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, NJ 07105</td>
</tr>
<tr>
<td>Date</td>
<td>8/3/19</td>
</tr>
<tr>
<td>Amount</td>
<td>600 sf</td>
</tr>
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</table>

**Abatement Type:**
- Removal
- Degradation
- Reuse

**Description of Asbestos-Containing Material:**
- INFRARED

**Location of Asbestos-Containing Material (ACM) to be Abated:**
- FRONT ROOM

**Amount of Asbestos-Containing Material (ACM):**
- 600 sf

*Do not use this form for asbestos forms associated with activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:58-7 and 17:19-22)

Date of Notification (1)
8/11/19

Name of Building Owner/Operator (2)
Paul Davis Restoration

 Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Street Address
1 Frassetto Way, Suite K
City, State, Zip Code
Lincoln Park NJ 07035

Name of Contact
Rob
Telephone Number
973-832-4540

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Square Feet
2000

Current Use (Prior if being demolished)
home

# of Floors
2

Bldg. Age
73

County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

License No.
703

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.

Start Date (10)
8/12/19

Scheduled Completion Date (11)
8/26/19

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

Scope of Work (Check All That Apply)
□ ≤3 sf or ≥3 if
□ ≥150 sf or ≥250 ft
□ Renovation
□ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location

Yes
No
N/A

kitchen
x

ceiling plaster

144 SF

Removal

kitchen
x

wall plaster

349 SF

Repair

basement
x

ceiling plaster

60 SF

Encapsulate

basement
x

wall plaster

120 SF

Endorse

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Newark NJ
Pen Argyl, PA

Completed by
A. Scott Higgins
Title
President
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 8:60 and 12:120)

Date of Notification (1) 7/30/19

Name of Building Owner/Operator (2)
34 BANK STREET URBAN RENEWAL, LLC

Agencies Notified

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<th>Agency</th>
<th>Type Notification</th>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
ONE CATHEDRAL DRIVE
PASADENA, NJ 07054

City, State, Zip Code
PASADENA, NJ 07054

Name of Contact
DON RASMUSON

Telephone Number
973-553-4117

Facility Information

Name of Facility Where Abatement is Taking Place (3)
COMMERCIAL BUILDING

City (5)
NETCONG

County (6)
MORRIS

Square Feet
50,000

# of Floors
1

Bidg. Age
60

Current Use (Prior to being demolished)
WAREHOUSE/SPACE

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
A. Mac Contracting Inc.

Street Address
185 Vreeland Ave.

City, State, Zip Code
MIDLAND PARK, NJ 07432

Project Manager for Monitoring Firm

Telephone No.
201-282-5641

License No.
00156

Name of OSHA Monitor
Omega Environmental Servicer Inc.

Street Address
280 Heyler Street

City, State, Zip Code
HACKENSACK, NJ 07608

Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full containment with Negative Pressure
- Mini-Enclosure
- Glove Box Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>OUTSIDE</td>
<td>X</td>
<td>ROOFING</td>
<td>4,800 SF</td>
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</table>

Name of Registered Waste Hauler
Newark Carting Inc.

Cubic Yards of Waste
60

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
PEN ARGYLL, PA 08072

Disposal Date
7/30/19

Completed by
R. McDonald
Title
President

Signature
R. McDonald

Data
7/10/19

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>7/32/19</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>34 BANK STREET URBAN RENEWAL, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>ONE GATEHALL DRIVE, SUITE 201</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parsippany, NJ 07054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DON RASMUSSEN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-351-4114</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>COMMERCIAL BUILDING</td>
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<tr>
<td>Address</td>
<td>34 BANK STREET</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Netcong, Morris</td>
</tr>
<tr>
<td>County Code (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>WAREHOUSE/office/Demo</td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>185 Vreeland Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Midland Park, NJ 07432</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental Servicer Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-262-5841</td>
</tr>
<tr>
<td>Licensee No.</td>
<td>00156</td>
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<td>Start Date/Completion Date (1)</td>
<td>POSTPONED</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
<td>FACILITY CLOSED/VACATED DURING ENTIRE PERIOD OF ABATEMENT</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>OUTSIDE</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>X</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VLT, or other miscellaneous)</td>
<td>ROOFING 4,800 SF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Newark Carting Inc.</td>
</tr>
<tr>
<td>N.J. DEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/32/19</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Newark, PA 08072</td>
</tr>
<tr>
<td>Completed by</td>
<td>R. McDonald</td>
</tr>
<tr>
<td>Title</td>
<td>President</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: 66 and 12:120)

Date of Notification (1)
8/2/19

Name of Building Owner/Operator (2)
Mountain Lakes Board of Education

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

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

Street Address
400 Boulevard

City, State, Zip Code
Mountain Lakes, NJ 07046

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mountain Lakes High School

Street Address
96 Powerville Road

City (5)
Mountain Lakes

County Code (7)
Morris

Current Use (Prior if area is being demolished)
school

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

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

Square Feet
20,000

# of Floors
1

Bldg. Age
75

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-764-2276

License No.
703

Project Manager for Monitoring Firm

Name of OSHA Monitor

Start Date (10)
8/12/19

Scheduled Completion Date (11)
8/26/19

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
☐ ≥100 sf or ≥260 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

in Facility (13)

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

<table>
<thead>
<tr>
<th>Classroom 164</th>
<th>Yes</th>
<th>x</th>
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</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>glue dots from wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
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<tr>
<td>8 SF</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Classroom 166</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 SF</td>
<td></td>
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<table>
<thead>
<tr>
<th>Classroom 168</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>8 SF</td>
<td></td>
<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler
ABS Environmental Services

Cubic Yards of Waste
TBD

Name of Registered Landfill
Chrin Brothers Sanitary Landfill

City, State
Glenwood, NJ

Completed by
A. Scott Higgins
Title
President
Signature

Date
8/2/19

* 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)  
--- EMERGENCY ---

**Check # 9473**

**Date of Notification (1)**  
10/18/19

**Name of Building Owner/Operator (2)**  
Fair Lawn Public Schools

**Street Address**  
37-01 Fair Lawn Avenue

City, State, Zip Code  
Fair Lawn, NJ 07410

**Name of Contact**  
Brooke Bartley

**Telephone Number**  
201-794-5500

--- FACILITY INFORMATION ---

**Name of facility where abatement is taking place (3)**  
Memorial Middle School (NON Sub 8)

**Street Address**  
12-00 1st Street

City  
Fair Lawn

County  
Bergen

County Code (7)  
(State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
Garden State Environmental

**Type of Facility (4)**

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**  

**# of Floors**  
1

**Bldg. Age**  

**Current Use (Prior if being demolished)**  
School NON Sub 8

**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

**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: Start 3:00 pm

**Scheduled Start Date (10)**  
08/02/2019

**Scheduled Completion Date (11)**  
08/06/2019

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

- Demolition
- Renovation
- >1 sf or >1 if
- >160 sf or >260 if

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

- 1st flo classroom
  - pipe within pipe chase (wrap & cut)
  - X

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

**Description of asbestos-containing material (ACM)**

- Yes
- No
- N/A

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJ/DEP Hauler ID#**  
19563

**Cubic Yards of Waste**  
1

**Name of Registered Landfill**

Grand Central Landfill

**City, State**  
Lincoln Park, NJ

**Disposal Date**  
08/06/19

**City, State**  
Pen Argyle, PA

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

**Title**  
Secretary/Treasurer

**Signature**  
Gordana Luna

**Date**  
08/01/2019
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAQAS 8:60-12.12D)

Date of Notification (1)
08/23/2019

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
CITY OF TRENTON, DEPT OF HOUSING

Street Address
319 EAST STATE STREET

City, State, Zip Code
TRENTON, NJ 08608

Name of Contact
DAN ROACH

Telephone Number
609-889-3518

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
101-103 NEW YORK AVE

Street Address
101-103 NEW YORK AVE

City (5)
TRENTON

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
PRIVATE RESIDENCE

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

Square Feet
2500

# of Floors
2

Blg. Age
133

Name of Monitoring Firm Hired by Building Owner (8)
A SEINE LIGHTHOUSE SOLUTIONS, LLC

ASCM No.

Name of Abatement Contractor (9)
BRINK'S TANK SERVICES

Street Address
1256 LIBERTY AVE

City, State, Zip Code
HILLSIDE, NJ 07205

Telephone No.
201-349-2666

License No.
844-462-7465

01316

Name of OSHA Monitor
A. SEINE LIGHTHOUSE SOLUTIONS, LLC

Street Address
PO BOX 354

City, State, Zip Code
SOUTH ORANGE, NJ 07079

Project Manager for Monitoring Firm
SARAH CALANDRA

Start Date (10)
08.16.19

Scheduled Completion Date (11)
08.26.19

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)
- ≥23 sf or ≥23 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

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

Yes
No
N/A

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

Location
Roofing Material
ROOFING MATERIAL
ROOFING MATERIAL
ROOF FLASHING

Amount (Specify SF or LF)
2400 SF
1200 SF
200 LF

Abatement Type
Removal
Repair
Encapsulate
Endcapure

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04508

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT LANDFILL

City, State
EAST ORANGE, NJ

Disposal Date

Completed by
ALISON LAMERS

Title
OFFICE MANAGER

Signature

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

(Pursuant to NJAC 8:66-7 and 12:1-20-7)

**Date of Notification (1)**
8 / 1 / 2019

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

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY-28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
PATRICIA JOHNSON
**Telephone Number**
732-594-2257

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE - BUILDING 60

**City (5) / County (6) / County Code (7)**
RAHWAY / UNION / 104

**Type of Facility (4)**
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie. private & commcl. bldgs., homes, etc.)

**Square Feet** 89,717
**# of Floors** 5
**Bldg. Age** 82

**RESEARCH LABORATORY AND OFFICE FACILITY**

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUCCASUNNA, NEW JERSEY 07871

**Name of OSHA Monitor**
AMERICAN LABORATORIES INC

**Telephone Number**
973-729-5649

**Expected State Date (10)**
7 / 25 / 19

**Sched. Completion Date (11)**
12 / 1 / 19

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3:30 PM
- Other - Describe:

**Scope of Work (Check all that apply)**
- Demolition
- Renovation
- >3SF OR LF
- >160 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION &amp; PIPE FITTINGS</td>
<td>1,180 LF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>210 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**Hauler ID No.**
15939

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SE

**Disposal Date**
07/25/2019

**Completed by (Print or Type)**
BENJAMIN SANCHEZ
**Title**
DIRECTOR OF OPERATIONS

**Signature**

[Handwritten signature]

**Date**
8/1/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
7 / 16 / 2019

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DOA
- EMERGENCY NOTIFICATION

Type Notification

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07865

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 60

City (5)
RAHWAY
COUNTY (6)
UNION
COUNTY CODE (7)
ASCM No. 104

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH
Telephone Number
973-729-5649

Expected State Date (10)
7 / 25 / 19

Sched. Completion Date (11)
12 / 1 / 19

Month Day Year
Month Day Year

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

- Demolition
- Renovation

Location of Asbestos-containing Material (ACM)

TO BE ABATED
in Facility (13)

Is Location normally used solely by Maintenance/Custodial Staff (12)

Yes No IN/A

Description of Asbestos-Containing Material (ACM)

(e.g. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

- Full Containment with Negative Pressure
- Mini Enclo
- X Glovebag Procedure
- Non-Friable Procedure

BASEMENT-SOUTHWEST CORNER

X PIPE INSULATION & PIPE FITTINGS

1.180 LF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Disposal Date
07/25/12/01/2019

Complted by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
/ / /
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
8 / 2 /19

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

Type Notification
- Initial Notification
- Amended Notification #5
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HACKENSACK MERIDIAN HEALTH

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
BRIAN O'NEIL
Telephone Number
732-751-3384

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
JERSEY SHORE UNIVERSITY MEDICAL CENTER

Street Address
1945 STATE HWY. 33

City (5)
NEPTUNE

County (6)
OCEAN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS INC.
ASCM No.
98

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUCCHELL, NEW YORK 10901

Project Manager for Monitoring Firm
THOMAS GEIGER
Telephone Number
732-290-2217

Telephone Number
845-369-7500
License Number
1101

Expected State Date (10)
6 / 6 /19
Sched. Completion Date (11)
12 / 30 /19

Month Day Year
Month Day Year

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY - FRIDAY 7AM-12 AM

Scope of Work (Check all that apply)
- Demolition
- >300 OR LF
- >1600 SF OR 280 LF
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Fireproof Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems, Insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6TH FLOOR 1B</td>
<td>X, VAT &amp; MASTIC</td>
<td>2,820 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR 2A</td>
<td>X, VAT &amp; MASTIC COMPLETE</td>
<td>3,050 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR 2B</td>
<td>X, VAT &amp; MASTIC</td>
<td>1,620 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR 3A</td>
<td>X, VAT &amp; MASTIC</td>
<td>888 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR 3B</td>
<td>X, VAT &amp; MASTIC</td>
<td>458 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6TH FLOOR 3</td>
<td>X, VAT &amp; MASTIC</td>
<td>340 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
913

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
05/13/2019

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
8/11/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
6 / 14 /19

Agencies Notified Type Notification
EPA Initial Notification
DEP Amended Notification
DOL Cancellation
DOH On Hold #4
DCA EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
HACKENSACK MERIDIAN HEALTH
Street Address
30 PROSPECT AVENUE
City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
BRIAN O'NEIL
Telephone Number
732-751-3384

Name of Facility Where Abatement is Taking Place (3)
JERSEY SHORE UNIVERSITY MEDICAL CENTER
Street Address
1945 STATE HWY. 33
City (6) NEPTUNE County (6) OCEAN County Code (7) 07758 (STATE USE ONLY) Current Use (Prior if being demolished) COMMERCIAL

Type of Activity (4)
S jool (K-12)
X Subchapter 8 (Other than K-12)
X Other (ie. private & commcl. bldgs., homes, etc.)

Square Foot
1,000,000
# of Floors
6
Bldg. Age
87

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS INC.
Street Address
64 BROAD STREET
City, State, Zip Code
MATAWAN, NJ

ASCM No.
99

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUPTERN, NEW YORK 10901

Telephone Number
845-389-7500
License Number
1101

Expected State Date (10)
6 / 6 /19
Sched. Completion Date (11)
12 / 30 /19

Month Day Year Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Facility Closed/Vacated During Entire Period of Abatement
X

Other - Describe:
Monday -Friday 7am-3:30 pm

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</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>6TH FLOOR 1 B</td>
<td>X</td>
<td>VATING &amp; MASTIC</td>
<td>2,820 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 2A</td>
<td>X</td>
<td>VATING &amp; MASTIC COMPLETED</td>
<td>3,050 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 2B</td>
<td>X</td>
<td>VATING &amp; MASTIC</td>
<td>1,620 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3A</td>
<td>X</td>
<td>VATING &amp; MASTIC</td>
<td>488 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3B</td>
<td>X</td>
<td>VATING &amp; MASTIC</td>
<td>458 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3</td>
<td>X</td>
<td>VATING &amp; MASTIC</td>
<td>340 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

Cubic Yards of Waste
40
Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105
Disposal Date
05/13/12-30/19
City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
11/14/19
**Date of Notification (1)**

| 6 | 5 | 19 |

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial Notification
- Amended Notification #3
- On Hold
- EMERGENCY NOTIFICATION

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

- HACKENSACK MERIDIAN HEALTH

**Street Address**

- 30 PROSPECT AVENUE
- HACKENSACK, NEW JERSEY 07601

**Name of Contact**

- BRIAN O'NEIL
- Telephone Number: 732-751-3384

**FACILITY INFORMATION**

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

  JERSEY SHORE UNIVERSITY MEDICAL CENTER

- **Street Address**

  1945 STATE HWY, 33

- **City (5)**

  NEPTUNE

- **County (6)**

  OCEAN

- **County Code (7)**

  (STATE USE ONLY)

- **Expected State Date (10)**

  - Month: 6
  - Day: 6
  - Year: 19

- **Sched. Completion Date (11)**

  - Month: 12
  - Day: 30
  - Year: 19

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

  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours - Describe:
    - Other - Describe: Monday - Friday 7am-3:30 pm

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

  - Demolition
  - Renovation
  - >3SF OR LF
  - >160 SF OR 250 LF

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

  - Location normally used solely by Maint/Custodial Staff (12)

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

  - Is Location normally used solely by Maint/Custodial Staff (12)

  - Description of Asbestos-Containing Material (ACM)

  - Amount (Specify SF or LF)

  - Abatement Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6TH FLOOR 1B</td>
<td>X VAT &amp; MASTIC</td>
<td>2,820 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 2A</td>
<td>X VAT &amp; MASTIC</td>
<td>3,050 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3A</td>
<td>X VAT &amp; MASTIC</td>
<td>1,620 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3B</td>
<td>X VAT &amp; MASTIC</td>
<td>886 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3</td>
<td>X VAT &amp; MASTIC</td>
<td>458 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3B</td>
<td>X VAT &amp; MASTIC</td>
<td>340 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- NEWARK CARTING

**Waste Hauler ID No.**

- 913

**Cubic Yards of Waste**

- 40

**Name of Registered Landfill**

- GRAND CENTRAL SANITARY LANDFILL

**City, State**

- NEWARK, NEW JERSEY 07105

**Disposal Date**

- 05/13-12/30/19

**Completed by (Print or Type)**

- BENJAMIN SANCHEZ
- Title: DIRECTOR OF OPERATIONS
- Signature: [Signature]

**Date of Completion**

- 6/15/19
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

---

**Date of Notification:** 5 / 10 / 19

- **Agencies Notified:**
  - [ ] EPA
  - [x] DEF
  - [ ] DOH
  - [x] DCA

- **Type Notification:**
  - [ ] Initial Notification
  - [ ] Amended Notification
  - [ ] Cancellation
  - [x] On Hold
  - [ ] EMERGENCY NOTIFICATION

---

**Name of Building Owner/Operator:** HACKENSACK MERIDIAN HEALTH

**Street Address:** 30 PROSPECT AVENUE

**City, State, Zip Code:** HACKENSACK, NEW JERSEY 07601

**Name of Contact:** BRIAN O'NEIL

**Telephone Number:** 732-751-3384

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** JERSEY SHORE UNIVERSITY MEDICAL CENTER

**Street Address:** 1940 STATE HWY. 33

**City (6):** NEPTUNE

**County (6):** OCEAN

**County Code (7):** 99

**Type of Facility:**
- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [ ] Other (ie. private & commcl. bldgs., homes, etc.)

**Square Feet:** 1,000,000

**# of Floors:** 6

**Bldg. Age:** 87

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

---

**Name of Monitoring Firm Hired by Building Owner:** ENVIRONMENTAL TACTICS INC.

**ASCM No.:** 99

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

---

**Street Address:** 313 SPOOK ROCK ROAD

**City, State, Zip Code:** SUFFERN, NEW YORK 10901

**Telephone Number:** 845-369-7500

**License Number:** 1101

---

**Expected State Date (10):** 5 / 13 / 19

**Sched. Completion Date (11):** 12 / 30 / 19

---

**Occupy Status During Abatement:**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
  - MONDAY -FRIDAY 6:30 PM-2:30 AM

**Scope of Work (Check all that apply):**
- [x] Demolition
- [x] >3SF OR LF
- [x] >160 SF OR 260 LF
- [x] Renovation

---

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

**TO BE ABATED:** in Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</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>6TH FLOOR 1 B</td>
<td>RAT &amp; MASTIC</td>
<td>2,820 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 2A</td>
<td>RAT &amp; MASTIC</td>
<td>3,050 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 2B</td>
<td>RAT &amp; MASTIC</td>
<td>1,620 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3A</td>
<td>RAT &amp; MASTIC</td>
<td>888 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3B</td>
<td>RAT &amp; MASTIC</td>
<td>458 SF</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR 3</td>
<td>RAT &amp; MASTIC</td>
<td>340 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 913

**Cubic Yards of Waste:** 40

**Name of Registered Landfill:** GRAND CENTRAL SANITARY LANDFILL

**City, State:** NEWARK, NEW JERSEY 07105

**Disposal Date:** 05/13-12/30/19

**City State:** PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type):** BENJAMIN SANCHEZ

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 5/10/19

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**RECEIVED:** AUG - 6 2019

**ASBESTOS CONTROLL & PRIVACY:**
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

HACKENSACK MERIDIAN HEALTH

**Street Address:**

30 PROSPECT AVENUE

**City, State, Zip Code:**

HACKENSACK, NEW JERSEY 07601

**Name of Contact:**

BRIAN O'NEIL

**Telephone Number:**

782-751-3884

---

### FACILITY INFORMATION

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

JERSEY SHORE UNIVERSITY MEDICAL CENTER

**Street Address:**

1945 STATE HWY, 33

**Zip Code:**

NEPTUNE

**County:**

OCEAN

**County Code (7):**

(STATE USE ONLY)

---

**Type of Facility (4):**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & comm. bldgs., homes, etc.)

**Square Feet:**

1,000,000

**# of Floors:**

6

**Bldg Age:**

87

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

PAR ENVIRONMENTAL CORPORATION

**Street Address:**

313 SPOOK ROCK ROAD

**City, State, Zip Code:**

SUFFERN, NEW YORK 10901

**Telephone Number:**

845-589-7500

**License Number:**

1101

**Name of OSHA Monitor:**

QUALITY ENVIRONMENTAL

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

COMMERCIAL

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - MONDAY - FRIDAY 6:30 PM - 2:30 AM

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

- 6TH FLOOR 1B
  - VAT & MASTIC
  - Yes
  - 2,820 SF
  - X

- 6TH FLOOR 2A
  - VAT & MASTIC
  - Yes
  - 3,050 SF
  - X

- 6TH FLOOR 2B
  - VAT & MASTIC
  - Yes
  - 1,620 SF
  - X

- 6TH FLOOR 3A
  - VAT & MASTIC
  - Yes
  - 888 SF
  - X

- 6TH FLOOR 3B
  - VAT & MASTIC
  - Yes
  - 458 SF
  - X

- 6TH FLOOR 3
  - VAT & MASTIC
  - Yes
  - 340 SF
  - X

**Name of Registered Waste Hauler:**

NJDEP Waste CARTING

**Hauler ID No:**

913

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

GRAND CENTRAL SANITARY LANDFILL

**City, State:**

NEWARK, NEW JERSEY 07105

**Disposal Date:**

05/13-12/30/19

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

BENJAMIN SANCHEZ

**Title:**

DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 5/3/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:30 and 12:120)

Date of Notification (1)
August 5, 2019

Name of Building Owner/Operator (2)
Atlantic City Electric Company

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Atlantic City Electric Company

Street Address
470 South Broadway

City (5)
Pennsylv

County (6)
Salem

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

ASCM No.

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

Square Feet
120

# of Floors
1

Bldg. Age
>50

Current Use (Prior to if being demolished)
Temporary work shed

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Industrial Way

City, State, Zip Code
Aston, PA 19014

Telephone No.
610-559-8902

License No.
01161

Name of OSHA Monitor
EMSL

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

Scope of Work (Check All That Apply)
Renovation Demolition

Volume of Asbestos-Containing Material (ACM)

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

Shack Control Room

Transite Siding

560 SF

Blackboard

160 SF

Name of Registered Waste Hauler
Waste Management of South Jersey

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
20

Name of Registered Landfill
Salem County Landfill

City, State
Bridgeton, NJ

Completed by
Jack Bally

Signature

Title
Sr. Project Manager

Disposal Date
TBD

Date
8/5/19

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 and 12:120)

Date of Notification (1)
8/2/19

Name of Building Owner / Operator (2)
Trenton Board of Education

Street Address
1490 Prospect Street

City, State & Zip Code
Trenton, NJ 08638

Name of Contact
Mr. Dwayne Mosley

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Grace Dunn

Street Address
401 Dayton Street

City (5)
Trenton

County (6)
Mercer

County Code (7)

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

Square Feet
60000

# of Floors
3

Bldg. Age
60+

Current Use (Prior if being demolished)
School

Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

License Number
00509

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor

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

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
916 SF

Abatement Type

Multiple Classrooms

Nail Crete

Name of Registered Waste Hauler

Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
5 Cu yd

Name of Registered Landfill
Fairless Landfill

City, State
Fairless Hills, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
8/2/19
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
08/02/2019

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Chatham, NJ 07928

**Name of Contact**
Erin

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Chatham

**County (6)**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Removal Safety LLC

**Street Address**
8 Crosby Ave

**City, State, Zip Code**
Patterson, NJ 07502

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
08/11/2019

**Scheduled Completion Date (11)**
08/15/2019

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 8:00am - 4:00pm

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition

**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)**
350 SF

**Abatement Type**
- FULL CONTAINMENT WITH NEGATIVE PRESSURE
- MINI-ENCLOSURE
- GLOVEBAG PROCEDURE
- NON-EXEMPTED (*) AND NON-FRIBLE PROCEDURE

**Name of Registered Waste Hauler**
Removal Safety LLC

**N.J. DEP Waste Hauler ID No.**
0037007

**Cubic Yards of Waste**
2

**Disposal Date**
TBD

**City, State**
Fairless, PA

**Name of Registered Landfill**
Fairless

**City**
Morrisville, PA

**Completed by**
Lasko Veskov

**Title**
President

**Signature**
[Lasko Veskov]

**Date**
08/02/2019

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Elizabeth Scaglione

**Name of Contact:** Elizabeth Scaglione

**FACILITY INFORMATION**

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

**Square Feet:** 2100

**# of Floors:** 2

**Bldg. Age:** 65+/

**Current Use:** (Prior if being demolished)
- [x] Residential Home

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

**Project Manager:**

**ASCM No.:**

**Name of Abatement Contractor:**

**All Stages Abatement**

**Street Address:**

280 N. Midland Ave.

**City, State, Zip Code:**

Saddle Brook, NJ 07663

**Telephone No.:**

201-600-3184

**License No.:** 01305

**Name of OSHA Monitor:**

**Scope of Work (Check All That Apply):**
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- [ ] Asbestos
- [ ] Asbestos-containing fibers

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [x] 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):** 71 LF

**Abatement Type:**
- [x] Encapsulate
- [ ] Enclose

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

**Name of Registered Waste Hauler:**

**All Stages Abatement**

**City, State:**

Saddle Brook, NJ

**Disposal Date:**

TBD

**City, State:**

Pen Argyl, PA

**Completed by:**

Richard Cristofoli

**Title:**

President

**Signature:**

8/2/19

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 08/02/2019

Name of Building Owner/Operator (2) Cedar Grove Board of Education

Street Address 520 Pompton Avenue

City, State, Zip Code Cedar Grove, New Jersey 07009

Name of Contact Mario Gaita

Telephone No. 973-239-5559

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Administrative LRP Building

Street Address 520 Pompton Ave

City (6) Cedar Grove, New Jersey 07009

County (6) Essex

County Code (7) 00057

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

ASCM No. 00057

Name of Abatement Contractor (9) Lilich Corporation

Street Address 246 Union Boulevard

City, State, Zip Code Totowa, New Jersey 07512

Project Manager for Monitoring Firm John Smoyer

Telephone No. 609-577-8801

License No. 01104

Start Date (10) 08/14/2019

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

Other - Describe: 

Scope of Work (Check All That Apply)

\( \geq 3 \text{ sf or } \geq 3 \text{ ft} \)

\( \leq 160 \text{ sf or } \leq 260 \text{ ft} \)

Renovation

Demolition

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

In Facility

Yes No N/A

Boiler Room X

Boiler Room X

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

Breaching, Boiler (Wrap & Cure) 50 SF X

Pipe Insulation (Wrap & Cure) 25 LF X

Amount (Specify SF of LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedure / Limited Containment & Tent

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler Lilich Corporation

NJ/DEP Waste Hauler ID No. 18724

Cubic Yards of Waste 1/4

Name of Registered Landfill Fairless Landfill

Disposal Date 08/17/2019

City, State Morrisville, PA

Completed by Adriana Olejarova

Title President

Signature

Date 08/02/2019

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

Date of Notification (1)
08 / 02 / 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 #02
☐ 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)
None

Current Use (Prior if being demolished)
Elementary School

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

Square Feet
60,000

# of Floors
2

Bldg. Age
~ 50

Name of Monitoring Firm Hired by Building Owner (6)
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

Telephone No.
856 547-0505

License No.
00836

Project Manager for Monitoring Firm
Jeremy Humble

Start Date (10)
06 / 26 / 19

Scheduled Completion Date (11)
08 / 12 / 19

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
☐ Demolition
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (?) and Non-Friable Procedure

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

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Encapsulate
☐ Non-Friable

See Attached Spreadsheet

See Attached Spreadsheet

See Attached

Name of Registered Waste Hauler
Neuber Environmental Services, Inc.

Waste Hauler ID No.
00059689

Cubic Yards of Waste
40

Name of Registered Landfill
Monmouth County Recclamation Center

City, State
Gilbertsville, PA

Disposal Date
July-Aug 19

City, State
Tinton Falls, NJ

Completed By (Print or Type)
Pat Larney
Title
Project Manager

Signature

Date
8-9-19

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