State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/2016</td>
<td>Newark Public Schools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>765 Broad St</td>
<td>Newark NJ 07102</td>
<td>Christopher Cerf</td>
<td>973-733-7333</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Newark Vocational School</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 W Kinney St</td>
<td>Newark NJ 07103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitman Environmental Consultant</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Pleasant Hill Road</td>
<td>732-390-5658</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-05-2018</td>
<td>11-31-2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amex Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 734</td>
<td>973-692-6266</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amex Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO BOX 734</td>
<td>973-692-6266</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Corridor near Gym area</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amex Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 yd³</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park NJ 07424</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-08-2018</td>
<td>Morrisville PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Located by Maintenance</th>
<th>Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0038184</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4.0 yd³</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Field Hills</td>
</tr>
<tr>
<td>City, State</td>
<td>Woodland Park NJ 07424</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tome Maslakov</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/2018</td>
</tr>
</tbody>
</table>

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

(Pursuant to N.J.A.C. 5:9A and 12.129)

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<tr>
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<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>08/04/2018</td>
<td>Newark Public Schools</td>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>765 Broad St</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amendment # 15</td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark NJ 07102</td>
<td>Christopher Cerf</td>
<td>973-733-7333</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Vocational School</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 W Kinney St</td>
<td>Newark NJ 07103</td>
<td>(STATE USE ONLY)</td>
</tr>
</tbody>
</table>

| Current Use (Prior to being demolished): |  |
|-----------------------------------------|  |
| School                                 |  |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>A SCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitman Environmental Consultant</td>
<td></td>
<td>Amax Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Pleasant Hill Road</td>
<td>Cranbury NJ 08512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td>732-380-5858</td>
<td>01266</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amax Contracting LLC</td>
<td>PO BOX 734</td>
<td>Woodland Park NJ 07424</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>07-05-2018</td>
<td>31-31-2018</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Facility Closed/Televised During Entire Period of Abatement</th>
<th>Abatement Performed Outside of Normal Facility Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X: OCCUPIED BUILDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑  ≤ 23 sf or ≤ 25 sf</td>
</tr>
<tr>
<td>☑  Renovation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Culinary area X Accoustical Ceiling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amax Contracting LLC</td>
<td>12-06-2018</td>
<td>Morrisville PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 cy</td>
<td>Fairless Hills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>Amax Contracting LLC</td>
<td>12-06-2018</td>
<td>Morrisville PA</td>
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<tr>
<th>Name of Registered Landfill</th>
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<tr>
<td>Fairless Hills</td>
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<tr>
<th>Cubic Yards of Waste</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4 cy</td>
<td>Fairless Hills</td>
</tr>
</tbody>
</table>

**Asbestos Control & Licensing**

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

Date of Notification (1)
08/01/18

Check # 3226
Name of Building Owner/Operator (2)
Trinitas Regional Medical Center

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

Street Address
225 Williamson St
City, State, Zip Code
Elizabeth, NJ, 07202

Name of Contact
David Samura
Telephone Number
732-357-6167

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Trinitas Regional Medical Center (2nd site)

Street Address
655 East Jersey St
City (6)
Elizabeth
County (6)
Union
County Code (7)
(SATE USE ONLY) __________

Square Feet
20,000
# of Floors
8
Bldg. Age
50+

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)
Hospilal

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
N/A
Name of Abatement Contractor (9)
EA Services

Street Address
426 69th St
City, State, Zip Code
Guttenberg, NJ, 07093

Project Manager for Monitoring Firm
N/A
Telephone No.
201-295-1700
License No.
01074

Start Date (10)
08/03, 08/10, 08/17/2018
Scheduled Completion Date (11)
08/26/18

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: During 3 weekends only (3 phases) 8pm

Name of OSHA Monitor
Same as above

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☒ ≥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

Yes
No
N/A

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)
1,600 SF

Abatement Type
Removal
Repair
Encapsulate
Endource

Name of Registered Waste Hauler
Tri-State Transfer Associates

Cubic Yards of Waste
19551

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH

Disposal Date
TBD

Completed by
Gina Betances
Title
Office Manager
Signature
Date
08/01/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 06/6/2018

Name of Building Owner/Operator (2) West Orange Board of Education

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

Street Address 179 Eagle Rock Avenue
City, State, Zip Code West Orange, New Jersey 07052

Name of Contact Robert Csiga
Telephone Number 973-669-5400 x 20580

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kelly Elementary School
Street Address 555 Pleasant Valley Way
City (5) West Orange, New Jersey 07052

County (6) Essex
County Code (7) (STATE USE ONLY) [This field is not filled]

Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.
ASCM No. 00057

Name of Abatement Contractor (9) Lillich Corporation
Street Address 606 McBride Ave
City, State, Zip Code Woodland Park, New Jersey

Project Manager for Monitoring Firm John Smoyer
Telephone No. 973-225-6400
License No. 01104

Start Date (10) 08/16/2018
Scheduled Completion Date (11) 09/17/2018

Name of OSHA Monitor Iris Environmental Laboratories, LLC
Street Address 2333 Route 22 West
City, State, Zip Code Union, NJ 07083

Occupancy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours 7am-3pm
□ Other - Describe

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥160 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glove Bag Procedure / Limited Containment & Tent
□ 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? (12)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallway</td>
<td>X</td>
<td>4 x 5 Area</td>
<td>X</td>
</tr>
<tr>
<td>Hallway</td>
<td>X</td>
<td>12&quot; x 12&quot; Area</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Lillich Corporation
NJ/DEP Waste Hauler ID No. 18724
Cubic Yards of Waste 2
Name of Registered Landfill Fairless Landfill

City, State Woodland Park, New Jersey
Disposal Date 06/17/2018

Completed by Adriana Olejarova Title President
Signature
Date 09/08/2018

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

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

Date of Notification (1)  
July 17, 2018

Name of Building Owner/Operator (2)  
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address  
ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code  
PISCATAWAY, NJ 08854

Name of Contact  
Michael Smith ENV HEALTH & SAFETY

Telephone Number  
848.445.2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Rutgers Busch Campus Livingston Health Center  
Bldg # 4157

Street Address  
Busch Campus

City (5)  
Piscataway

County (6)  
MIDDLESEX

County Code (7)  
0098

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

Street Address  
3 TERRI LANE

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KEARNY

Telephone Number  
609-386-8800

Scheduled Start Date (10)  
August 2, 2018

Scheduled Completion Date (11)  
August 7, 2018

Occupancy Status During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours - Describe:  
4pm-5am -24hrs&Weekends as Needed  
x -Facility Occupied during abatement

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

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

1st Floor Room  
110,110D  
Linoleum  
475 sf  

Name of Reg. Waste Hauler  
See Hauler Below #1 & 2

NJ/DEP Waste Hauler ID  
See Below  
Cubic Yards of Waste:  
20

Name of Registered Landfill  
GROWS North Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405  
NJ DEP # 12561

Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type)  
Raymond C. Pedalino  
SENIOR PROJECT MANAGER

Signature  
Raymond C. Pedalino  
Date  
July 17, 2018

GAC # 2018-060
# 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)
August 3, 2018

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

## Notification Type
- [ ] Initial Notification
- [x] Amended Notification # 1 - New Start & Completion Dates
- [ ] Emergency (including justification)
- [ ] Cancelled

## Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

## Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

## City, State, Zip Code
PISCATAWAY, NJ 08854

## Name of Contact
Michael Smith ENV HEALTH & SAFETY

## Telephone Number
848.445.2550

## Name of Facility Where Abatement is Taking Place (3)
Rutgers Busch Campus Livingston Health Center
Bldg # 4157

## Street Address
Busch Campus

## City, State, Zip Code
Piscataway, MIDDLESEX, 08854

## Name of Monitoring Firm Hired by Bldg. Owner (4)
ATC ASSOCIATES

## Street Address
3 TERRE LANE

## City, State, Zip Code
BURLINGTON, NJ 08016

## Project Manager for Monitoring Firm
BRIAN KEARNY

## Telephone Number
609-386-8800

## Scheduled Start Date (10)
August 8, 2018

## Scheduled Completion Date (11)
August 13, 2018

## Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside Of Normal Facility Hours - Describe
  - [x] Other - Describe: 4pm-5am -24hrs & Weekends as Needed
- Facility Occupied during abatement

## Source of Work (Check all that apply)
- [x] 3 sf or > 3 sf
- [x] > 160 sf or > 260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maint./Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Room 110,110D</td>
<td>[x] Linoleum</td>
<td>[x] Renovation Demolition</td>
<td>475 sf</td>
<td>NA</td>
</tr>
</tbody>
</table>

## Name of Reg. Waste Hauler
See Hauler Below # 1 & 2

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2: Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

## Disposal Date
August 13, 2018

## City, State
100 New Ford Mill Road, Montgomery, PA 19067
215-736-1700

## GAC #
GAC # 2018-060

## Completed by (Print or Type)
Raymond C. Pedalino
SENIOR PROJECT MANAGER

## Signature
Raymond C. Pedalino

## Date
August 3, 2018
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)  July 19, 2018

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

Notification Type
- [X] Initial Notification
- [ ] Amended Certification
- [ ] Emergency (including justification)
- [ ] Canceled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
Michael Smith ENV HEALTH & SAFETY

Telephone Number
848-445-2560

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rutgers Busch Campus – Richardson Apartments Bldg# 3842

Street Address
Busch Campus

City (5)
Piscataway

County (6)
MIDDLESEX

County Code (7)
(State Use Only)

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

ASCM No.
0098

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

Sq. Feet
# of Floors: 3  Bldg. Age: 80 years

Current Use (prior if being demolished): Academic

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Name of OSHA Monitor
Envirovision, Inc.

Street Address
20-21 Bilq E Wagawar Road

City, State, Zip Code
Fairlawn, NJ

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe
- [ ] Other - Describe: 8am–8pm -24hrs&Weekends as Needed

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

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

<table>
<thead>
<tr>
<th>Rms</th>
<th>161, 162, 163, 164, 173, 174, 175 &amp; 176</th>
</tr>
</thead>
<tbody>
<tr>
<td>is</td>
<td>NO</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler

See Hauler Below # 1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste: 30

Name of Registered Landfill
GROWS North Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

Disposal Date
August 7, 2018

City, State
100 New Ford Mill Road, Morrisville, PA
19067

215-738-1700

Completed by (Print or Type)
Raymond C. Pedalino

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
July 19, 2018

GAC # 2018-060
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)**
August 3, 2018

**Agencies Notified**
- X EPA
- X DCA
- X DOL
- X DEP
- XDOH

**Notification Type**
- X Initial Notification
- X Amended Notification #1 – New Start & Completion Dates
- # Emergency (including justification)
- # Cancelled

**Name of Building Owner/Operator (2)**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

**Name of Contact**
Michael Smith ENV HEALTH & SAFETY
Telephone Number
848.445.2550

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Rutgers Busch Campus – Richardson Apartments
Bldg# 3842

**Street Address**
Busch Campus

**City (5)**
Piscataway

**County (6)**
MIDDLESEX

**County Code (7)**
ASCM No. 0098

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

**Street Address**
3 TERRI LANE

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

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
August 8, 2018

**Scheduled Completion Date (11)**
August 20, 2018

**Occupancy Status During Abatement (Check only one)**
- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours – Describe
- X Other – Describe: 8am–8pm -24hrs&Weekends as Needed

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

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

<table>
<thead>
<tr>
<th>Rms</th>
<th>Vinyl Sheet &amp; VAT</th>
<th>1,600 sf</th>
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</thead>
<tbody>
<tr>
<td>161,162,163,164,173, 174,175 &amp; 176</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
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**Name of Reg. Waste Hauler**
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

**Disposal Date**
August 20, 2018

**Name of Registered Landfill**
GROWS North Landfill

**City, State**
100 New Ford Mill Rd, Morrisville, PA 19067
215-736-1700

**GAC # 2018-060**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 27 / 18</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Rutgers University</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DOLWD</td>
</tr>
<tr>
<td>DHSS</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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<tbody>
<tr>
<td>Initial</td>
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<tr>
<td>Amended</td>
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<tr>
<td>Amendment #2</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>33 Knightsbridge Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Piscataway, NJ 08854</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Stanton, PE</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>848-445-2419</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Building #3715 &amp; 3717 (ONE BUILDING)</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>581 Taylor Road</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piscataway</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
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<tbody>
<tr>
<td>1875</td>
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<table>
<thead>
<tr>
<th># of Floors</th>
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<tr>
<td>1</td>
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<table>
<thead>
<tr>
<th>Bidg. Age</th>
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<tbody>
<tr>
<td>50</td>
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<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Middlesex</td>
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<th>County Code (7)</th>
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<tr>
<td>STATE USE ONLY</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Vacant</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>Criterion Laboratories</td>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>3859 Syfon Boulevard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Hainesport, NJ 08036</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Panepresso</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>215-244-1300</td>
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<th>Start Date (10)</th>
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<td>7 / 13 / 18</td>
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<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>8 / 10 / 18</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>32707</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>5</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Hainesport, NJ</td>
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<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>8/10/18</td>
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<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penn Argyle, PA</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
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</thead>
<tbody>
<tr>
<td>Kimberly Trumpetti</td>
</tr>
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<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/10/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Montclair State University

**Street Address:**
1 Normal Avenue

**City, State, Zip Code:**
Montclair, NJ 07043

**Name of Contact:**
Henry Ornovitz

**Telephone Number:**
973-656-5457

---

**FACILITY INFORMATION**

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

**Street Address:**
1 Normal Avenue

**City:**
Montclair

**County:**
Essex

---

**Name of Monitoring Firm Hired by Building Owner:**
Detail Associates Inc

**ACSM No.:**
0012

**Name of Abatement Contractor:**
VMC Company Inc

**Street Address:**
300 Grand Avenue

**City, State, Zip Code:**
Englewood, NJ 07631

**Project Manager for Monitoring Firm:**
Steven Jaraczewski

**Telephone No.:**
201-569-6708

**License No.:**
00704

**Scheduled Completion Date:**
08/27/2018

---

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

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

**Other – Describe:** 2 weekends work only, Fri. 3:00pm-Mon 7:00am

---

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

- [X] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if

- [ ] Demolition
- [X] Renovation

---

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

-Pipe fittings: 180 EA
-Pipe fittings: 80 EA

---

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

- 4 Attic Fan Rooms
- 4 Roof Fan Rooms

---

**Name of Registered Waste Hauler:**
Newark Carting Inc

**NUDEP Waste Hauler ID No.:**
05409

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
GROWS

**City, State:**
Newark, NJ

**Disposal Date:**

**Name of Registered Landfill:**
GROWS

**City, State:**

**Completed by:**
Voytek Roszkowski

**Title:**
President

**Signature:**

**Date:**
08/08/2018

---

"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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 7 / 18</th>
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<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>DOLWD</th>
<th>DHSS</th>
<th>DCA (NJAC 5:23-8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Notification</td>
<td>Initial</td>
<td>Amended</td>
<td>Amendment #</td>
<td>Emergency (including justification)</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>State of New Jersey</th>
<th>Job #1808-2332</th>
<th>Chk. #5107</th>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>NJ DOT West Trenton Maintenance Yard</td>
<td>School (K-12)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>780 Bear Tavern Road</td>
<td>Trenton, NJ 08625</td>
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<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Environmental Connection, Inc.</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos and Mold Services, Corp.</td>
<td>3859 Sylon Boulevard</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>Roland Jones</td>
<td>609-392-4200</td>
<td>00862</td>
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<th>Scheduled Completion Date (11)</th>
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<td>8 / 16 / 18</td>
<td>8 / 24 / 18</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>Time of Abatement: AM-PM PM-AM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 sf or 3 ft</td>
</tr>
<tr>
<td>160 sf or 260 ft</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office &amp; Breakroom</td>
</tr>
<tr>
<td>Floor Tile &amp; Mastic</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>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>650 SF Floor Tile &amp; Mastic</td>
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<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>4 LF Transite Pipe</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Waste Management</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>17273</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Grand Central</td>
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</table>

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<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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<tr>
<td>Tremont, NJ</td>
<td>8/24/2018</td>
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<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Kimberly A. Trumbetti</td>
<td>Office Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

| Date | 8-7-18 |

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 7 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Wiley Mission</td>
</tr>
<tr>
<td>Street Address</td>
<td>99 East Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Marlton, NJ 08053</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary Gilmore</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-983-0411</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3):** Wiley Community
- **Street Address:** 93 East Main Street
- **City (5):** Marlton
- **County (6):** Burlington

### Asbestos and Mold Services, Corp.

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

- **Name of OSHA Monitor:** EMSL Analytical, Inc.
- **Street Address:** 200 U.S. Route 130 North, Cinnaminson, NJ 08077

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

- [X] Greater than or equal to 3 ft
- [X] Greater than or equal to 160 sf or 280 sf
- [X] Demolition
- [X] Duct with asbestos wrap

### Location of Asbestos-Containing Material (ACM) To Be Abated

- **Location:** IN Facility
- **Location Normally Used Solely by Maintenance/Custodial Staff:** No

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

- **Surface Material:** Duct with asbestos wrap
- **Cubic Yards of Waste:** 5
- **Name of Registered Landfill:** Grand Central

### Completed By

- **Kimberly A. Trumbetti**
  - **Title:** Office Coordinator
  - **Signature:**
  - **Date:** 8-7-18

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

08 / 07 / 18

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

Bank of America

**Agencies Notified**

- [X] EPA
- [X] DOLWD
- [X] DHSS
- [ ] DCA
  (NJAC 5:23-8)  

**Type Notification**

- [X] Initial
- [ ] Amended
- [ ] Emergency (including justication)
- [ ] Cancellation

**Street Address**

44 South Broadway

**City, State, Zip Code**

White Plains, NY 10601

**Name of Contact**

Dino Nappi

**Telephone Number**

516-972-8809

---

### FACILITY INFORMATION

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

Bank of America

**Street Address**

186 Newark

**City**

Jersey City, NJ

**County**

Hudson

**Square Feet**

1

**Bldg. Age**

45

**Type of Facility (4)**

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

**Name of Abatement Contractor (9)**

JVN Restoration Inc

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

Testor Tech

**Street Address**

47 Foster Road

**City, State, Zip Code**

Staten Island NY 10309

**Name of OSHA Monitor**

LIC NY 11101

** Telephone No.**

516-944-8500

**License No.**

718-805-8265

**Occupancy 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: 10:00 AM - 3:00 PM - 10:00 AM

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

- [X] 2+ sf or 3+ ft
- [X] 160+ sf or 280+ ft
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Endospray
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

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

IN Facility

(15)

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

**1st Floor**

- [ ] Wall Plaster

**Amount (Specify SF or LF)**

120 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Envelope

**Name of Registered Waste Hauler**

IESI

**City, State**

Newark, NJ

**Disposal Date**

09/30/2018

**Name of Registered Landfill**

IESI

**City, State**

Bethlehem, PA

**Completed By (Print or Type)**

Ralph Barnhardt

**Title**

Project Manager

**Signature**

Date

08-07-18

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)  7 / 18 / 18
Name of Building Owner/Operator (2)  SAF 427 Bloomfield, LLC

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation
Street Address
339 Jefferson Road
City, State, Zip Code
 Parsippany, NJ 07054
Name of Contact
Matthew Rinaldi
Telephone Number
973-953-2355

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Office
Street Address
427 Bloomfield Avenue
City (5)
Montclair
County (6)
Essex
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Finog Environmental
ASCM No.
Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.
Street Address
3859 Sylon Boulevard
City, State, Zip Code
Hainesport, NJ 08036
Telephone No.
(888) 715-2211
License No.
609-702-0400
00862

Project Manager for Monitoring Firm
Rebecca Rubnitz

Start Date (10)  8 / 3 / 18
Scheduled Completion Date (11) 8 / 4 / 18

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 8:30 PM - PM 2:30 AM

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

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

4th Floor
☐ ☐ ☒ Carpet & Floor Tile

Name of Registered Waste Hauler
Waste Management

4th Floor
☐ ☐ ☒ Carpet & Floor Tile

Name of Registered Landfill
Grand Central
City, State
Lafayette, NJ
Disposal Date
8/4/18
City, State
Penn Argyle, PA

Title
Office Coordinator

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 26 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Mr. Robert Crenzeno</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hamilton, NJ 08690</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address |  |
| City (5) | Hamilton |
| County (6) | Mercer |
| County Code (7) |  |
| Current Use (Prior if being demolished) | Residential |
| Name of Monitoring Firm Hired by Building Owner (8) | Finog Environmental |
| ASCM No. |  |
| Name of Abatement Contractor (9) | Asbestos and Mold Services, Corp. |
| Street Address | 3859 Sylon Boulevard |
| City, State, Zip Code | Hainesport, NJ 08036 |
| Project Manager for Monitoring Firm | Rebecca Rubinitz |
| Telephone No. | (888) 715-2211 |
| Telephone No. | 609-702-0400 |
| License No. | 00862 |

| Start Date (10) | 8 / 6 / 18 |
| Scheduled Completion Date (11) | 8 / 10 / 18 |
| Name of OSHA Monitor | EMSL Analytical, Inc. |
| Street Address | 200 U.S. Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |  |
| Basement |  |
| Floor Tile & Mastic | 375 SF |
| Name of Registered Waste Hauler | NJ/DEP Waste Hauler ID No. 17273 |
| Cubic Yards of Waste | 5 |
| Name of Registered Landfill | Grand Central |
| City, State | Lafayette, NJ |
| Disposal Date | 8/10/2018 |
| City, State | Penn Argyle, PA |
| Completed By (Print or Type) | Kimberly A. Trumbetti |
| Title | Office Coordinator |

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:126)

**Date of Notification (1):** 8/6/18

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

**Street Address:**

**City, State, Zip Code:** Hawthorne, NJ, 07506

**Name of Contact:** Mr. Acri

**Telephone Number:**

**FACILITY INFORMATION**

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

**Street Address:**

**City:** Hawthorne

**County:** Passaic

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

**Square Feet:** 1800

**# of Floors:** 2

**Bldg. Age:** 1935

**Type of Facility:**

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

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

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

- Best Removal Inc.

**Street Address:**

- 450 South River Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental

**Street Address:**

- 280 Huyler Street

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

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**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 AM to 5:00 PM

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

- Renovation
- Demolition

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

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

**Yes**

**No**

**N/A**

**Location:**

- Basement

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

**Amount (Specify SF or LF):** 25 LF

**Abatement Type:**

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

**Name of Registered Waste Hauler:**

- Best Removal Inc

**NIDEP Waste Hauler ID No.:** 17109

**Cubic Yards of Waste:** 26.75

**Name of Registered Landfill:** Minerva Enterprises, LLC

**City, State:** Waynesburg, OH 44688

**Disposal Date:** 8/21/18

**Completed by:**

- J. Maiorano

**Title:** Estimator

**Signature:**

**Date:** 8/6/18

---

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

Date of Notification (1)
8/6/2018

Name of Building Owner/Operator (2)
Jeremy Carlisle

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jeremy Carlisle

Street Address

City (5) Montclair, County (6) Essex County Code (7) N/A

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Name of OSHA Monitor N/A

Telephone Number (973) 744-8800

License Number 00371

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

Other - Describe:

Scope of Work (Check all that apply)

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

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

Closet X Pipe Insulation 8LF X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDPS Waste Hauler ID No. 17040

Cubic Yards of Waste .5

Name of Registered Landfill Tri-State

City, State Montclair, NJ 07042

Disposal Date 9/7/18

City, State Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title President

Signature Signature

Date 8/6/2018
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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<th>Date of Notification (1)</th>
<th>8-1-18</th>
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**Agencies Notified**  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

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

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

**Street Address**  
300 77TH ST

**City, State, Zip Code**  
SEA ISLE CITY N.J. 08751

**Name of Contact**  
VERIANI

**FACILITY INFORMATION**

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

**Street Address**  
[Redacted]  

**City**  
SEA ISLE CITY

**County**  
CAPE MAY

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

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
KLEMCO INC

**Street Address**  
369 S. SPRUCE AV

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

**Telephone No.**  
856-729-0472  

**License No.**  
03374

**Start Date (10)**  
8-20-18  

**Scheduled Completion Date (11)**  
8-22-18

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

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

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

**Location Normally Used Solely by Maintenance/Custodial Staff**  
- Yes  
- No  
- N/A

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

**Name of Registered Waste Hauler**  
KLEMCO INC

**NDEP Waste Handler ID No.**  
[Redacted]

**Cubic Yards of Waste**  
MAPLE SHADE N.J. 08052

**Name of Registered Landfill**  
C.M.C. M.V.A

**City, State**  
MAPLE SHADE N.J. 08052

**Disposal Date**  
8-1-18

**Completed By**  
MICHAEL KLEMM  
Title:  
SVP

**Signature**  
[Redacted]  
Date:  
8-1-18

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

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<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<td>EARTHTECH CONTRACTING</td>
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<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Amendment #</td>
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<td>DOA</td>
<td>Cancellation</td>
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<tbody>
<tr>
<td>EARTHTECH CONTRACTING</td>
<td>155 RT 50</td>
<td>GREENFIELD, NJ 08230</td>
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<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tr>
<td>BRUCE</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tbody>
<tr>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
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<tbody>
<tr>
<td></td>
<td>ATLANTIC</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>856-779-0472</td>
<td>01371</td>
<td>N/A</td>
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<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>8-16-18</td>
<td>8-17-18</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<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)**

- 33 ft or > 33 ft
- 2160 sf or > 2160 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
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<tbody>
<tr>
<td>TO BE ABATED IN FACILITY</td>
<td>(N/A)</td>
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<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
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<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Encouragement</th>
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<td>TRANSITE</td>
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<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>
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<tbody>
<tr>
<td>KLEMCO INC</td>
<td>17094</td>
<td>3</td>
<td>ACUA</td>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>MAPLE SHADE, NJ</td>
<td></td>
<td>PLEASANTVILLE</td>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEMM SUP.</td>
<td></td>
<td>8-1-18</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 12:128)

Date of Notification (1) 8/5/18

Name of Building Owner/Operator (2) Jackie Croft Private Home

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (Including Justification)
- DCA Cancellation

Street Address [Redacted]

City, State, Zip Code Turnersville NJ 08012

Name of Contact Jackie

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jackie Croft Private Home

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

City (5)
Turnersville NJ 08012

County (6) Gloucester

County Code (7) [STATE USE ONLY]

Square Feet 1000 +

# of Floors 2

Bldg. Age 50+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Pernaco Inc

Street Address Street Address

City, State, Zip Code City, State, Zip Code

PO Box 329 West Berlin NJ 08091

Project Manager for Monitoring Firm Telephone No.

Telephone No. 856-753-9800 License No. 00727

Start Date (10) 8/15/18

Scheduled Completion Date (11) 8/24/18

Name of OSHA Monitor Same

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

Scope of Work (Check All That Apply)

- ≥2 sf or ≥2 if
- ≥160 sf or ≥226 sf if

Renovation
- Demolition

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

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

In Facility (13)

2nd floor bedrooms x

Floor Tile 480 SF x

Name of Registered Waste Hauler

United Roll Off

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 10

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

City, State Elsmore PA 1960

Disposal Date 8/24/18

City, State

Completed by Anthony T Perna

Title President

Signature

Date 8/6/18

ASB-41 (R-06-08)

* 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) 8/6/18
Name of Building Owner/Operator (2) Jessica Bienenfeld

Agencies Notified Type Notification Street Address

EPA X Initial [redacted]

DEP [ ] Amended [redacted]

DOL [ ] Amendment # [redacted]

DOH [ ] Emergency (including justification) [redacted]

DCA [ ] Cancellation [redacted]

City, State, Zip Code Springfield, NJ 07081

Name of Contact Jessica

Telephone Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) home
Street Address [redacted]
City (5) Springfield
County Code (7) [STATE USE ONLY] 2200
City, State, Zip Code Springfield, NJ 07081

County (6) Union

County Code (7) [STATE USE ONLY] 2200

Current Use (Prior to being demolished) home

Type of Facility (4)

School (K-12) [ ]

Subchapter 8 (Other than K-12) [ ]

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

Square Feet 2200

# of Floors 2

Bldg. Age 72

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. [redacted]

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

Project Manager for Monitoring Firm [redacted]

Telephone No. 973-764-2276

License No. 703

Start Date (10) 8/16/18

Scheduled Completion Date (11) 8/25/18

Name of OSHA Monitor [redacted]

Occupancy Status During Abatement (Check Only One)

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

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 [ ]

Dismantlement [X]

Full Containment with Negative Pressure [ ]

Mini-Enclosure [ ]

Glovebag Procedure [ ]

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

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

In Facility (13)

kitchen [ ]

floor tile [X]

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

Yes [X]

No [ ]

N/A [ ]

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

Amount (Specify SF or LF) 300 SF

Abatement Type

Removal [ ]

Recall [ ]

Encasement [ ]

Endorse [ ]

Disposal Date TBD

Name of Registered Landfill Chrin Brothers Sanitary Landfill

City, State Bridgewater, NJ

Complated by A. Scott Higgins Title President

Signature [redacted] Date 8/6/18

ASB-41 (R-06-08)

* 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>8/6/18</td>
<td>Jackie Falana</td>
</tr>
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**Agencies Notified**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [x] DOH
- [x] DCA

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

**Street Address**
[Redacted]

**City, State, Zip Code**
South Orange, NJ

**Name of Contact**
Jackie

**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>home</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
[Redacted]

**City**
South Orange

**County**
Essex

**Square Feet**
2200

**# of Floors**
2

**Bldg. Age**
63

**Current Use (Prior to being demolished)**
home

**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

**Project Manager for Monitoring Firm**

**Telephone No.**
973-764-2276

**License No.**
703

**Start Date (10)**
8/17/18

**Scheduled Completion Date (11)**
8/26/18

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

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

**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>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>70 LF</td>
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**Name of Registered Waste Hauler Freehold Cartage**
NJ/DEP Waste Hauler ID No.
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Westen Berks Landfill

**City, State**
Freehold, NJ

**Disposal Date**
TBD

**City, State**
Birdsboro, PA

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
8/6/18

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

**Date of Notification (1)**  
8/6/18

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

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

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

**Street Address**  
City, State, Zip Code
Scotch Plains, NJ

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

**City (5)**  
Scotch Plains

**County (6)**

**Union**

**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
Glenwood, NJ 07418

**Type of Facility (4)**

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

**Square Feet**  
2,100

**# of Floors**  
2

**Bldg. Age**  
60

**Current Use (Prior to demolition)**

- Home

**Start Date (10)**  
8/17/18

**Scheduled Completion Date (11)**  
8/27/18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other — Describe: basement

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

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- glove bag 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)**

- Pipe insulation

**Amount (Specify $F or LF)**

- 15 LF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endicare

**Name of Registered Waste Hauler**

**Freehold Cartage**

**NJDEP Waste Hauler ID No.**

- 15939

**Cubic Yards of Waste**

- TBD

**Name of Registered Landfill**

- Westen Berks Landfill

**City, State**

- Birdsboro, PA

**Disposal Date**

- TBD

**Signature**

**Completed by**

- A. Scott Higgins
- Title
- President

**Signature Date**

8/6/18

---

**Note:** 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)

08 / 02 / 18

Name of Building Owner/Operator (2)
Michael Perlow

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

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

Street Address

City, State, Zip Code
Cherry Hill NJ 08003

FACILITY INFORMATION

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

Street Address
same

City (5)

County (6)
Camden

County Code (?/STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
A.E.S.L

ASCM No.

Name of Abatement Contractor (9)
CPR ENVIRONMENTAL SERVICE

Street Address
8421 Hegerman Street

City, State, Zip Code
Philadelphia PA 19136

Project Manager for Monitoring Firm
Carmelio Altamonte

Telephone No.
2018846583

License No.
01328

Start Date (10)
08 / 04 / 18

Scheduled Completion Date (11)
08 / 05 / 18

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

Scope of Work (Check all that apply)
- >3 sf or >3 lb
- >150 sf or >250 lb

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

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

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

Amount (Specify $F or LF)
459SF

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

First floor

Name of Registered Waste Hauler
Republic Services

Cubic Yards of Waste

Waste Management- G.R.O.W.S

City, State
New Brunswick NJ

City, State
Morrisville PA

Complied By (Print or Type)
Anthony Jones

Title
Project Manager

Signature
Anthony Jones

Disposal Date

Date
8.3.18

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

Date of Notification (1)
08/03/2018

Name of Building Owner/Operator (2)
David Lorenzo

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

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

Street Address
[REDACTED]

City, State, Zip Code
Palisades Park, NJ 07650

Name of Contact
David Lorenzo

Telephone Number

FACILITY INFORMATION

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

Street Address
[REDACTED]

City (5)
Palisades Park

County Code (7)
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.)

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior if being demolished)
House

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8885

License No.
01311

Start Date (10)
08/16/2018

Scheduled Completion Date (11)
08/17/2018

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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)
[ ] 2,300 sf or 2,300 if
[ ] 2,100 sf or 2,200 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>x</td>
<td>Floor tile</td>
<td>130 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>16 LF</td>
<td>x</td>
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</table>

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

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
08/03/2018

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>08/03/2018</td>
<td>Edward Park</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DOA

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

**Street Address**

**City, State, Zip Code**
- Dumont, NJ 07628

**Name of Contact**
- Edward Park

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**

**City (6)**
- Dumont

**County (8)**
- Bergen

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

**Square Feet**
- N/A

**# of Floors**
- N/A

**Bldg. Age**
- N/A

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

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

**ASCM No.**

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

**Street Address**
- 11 Rosengren Avenue

**City, State, Zip Code**
- Totowa, NJ 07512

**Project Manager for Monitoring Firm**

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

**License No.**
- 01311

**Start Date (10)**
- 09/15/2018

**Scheduled Completion Date (11)**
- 08/16/2018

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

**Street Address**
- 11 Rosengren Avenue

**City, State, Zip Code**
- Totowa, NJ 07512

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

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

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

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

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

**Amount (Specify SF or LF)**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

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

**NJDEP Waste Hauler ID No.**
- 20996

**Disposal Date**
- TBD

**Name of Registered Landfill**
- Waste Management of PA

**City, State**
- Morrisville, PA

**Completed by**
- Ned Joksimovic

**Title**
- Project Manager

**Signature**

**Date**
- 08/03/2018

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

(Pursuant to NJAC 8:69 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** John Aaker

**Date of Notification:** 08/03/2018

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

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

**Street Address:** [Redacted]

**City, State, Zip Code:** Teaneck, NJ 07666

**Name of Contact:** John Aaker

**Telephone Number:**

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>House</th>
</tr>
</thead>
</table>

**Street Address:** [Redacted]

**City:** Teaneck

**County Code:** Bergen

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

| House |

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

| ASCM No. |
|__________|
| N/A |

**Name of Abatement Contractor:**

<table>
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<tr>
<th>D&amp;S Abatement, Inc.</th>
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**Street Address:** 11 Rosengren Avenue

**City, State, Zip Code:** Totowa, NJ 07512

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

**License No.:** 01311

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date:** 08/14/2018

**Scheduled Completion Date:** 08/15/2018

**Occupancy Status During Abatement:**

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

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

- [X] ≥3,000 sf or ≥3,000 ft
- [ ] ≥150 sf or ≥2,500 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (T) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
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<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<td>i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
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<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>220 LF</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
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<th>NGUDE Waste Hauler ID No.</th>
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<table>
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<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Waste Management of PA</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Totowa, NJ</td>
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<th>Disposal Date</th>
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<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Morrisville, PA</td>
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<tr>
<td>D&amp;S Abatement, Inc.</td>
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</thead>
<tbody>
<tr>
<td>Totowa, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D&amp;S Abatement, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NGUDE Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20996</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed by:**

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

**Signature:** [Signature]

**Date:** 08/03/2018

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:128)

Date of Notification (1)  
08/03/2018

Name of Building Owner/Operator (2)  
Tim Wallace

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

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

Street Address  

City, State, Zip Code  
Fair Lawn, NJ 07410

Name of Contact  
Tim Wallace

FACILITY INFORMATION

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

Street Address  

City (5)  
Fair Lawn

County (6)  
Bergen  
County Code (7)  
N/A  
(State Use Only)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.  
N/A

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  

Telephone No.  
973-345-8685

License No.  
01311

Start Date (10)  
08/13/2018

Scheduled Completion Date (11)  
08/14/2018

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

Scope of Work (Check All That Apply)  

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Floor Tiles</td>
<td>100 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

NUDEP Waste Hauler ID No.  
20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Completed by  
Ned Joksimovic

Title  
Project Manager

Signature  

Date  
08/03/2018

* Do not use this form for asbestos licensure exempted activities.
IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/06/2018

Name of Building Owner/Operator (2) MAPLEWOOD III LLC

Agencies Notified

☐ EPA
☐ DEP
☐ DOH
☐ DOL
☐ DCA

Type Notification

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

Street Address 2000 MAPLEWOOD DRIVE

City, State, Zip Code MAPLE SHADE NJ 08052

Name of Contact DAN

Telephone Number 856-206-2196

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES

Street Address 50 EVERGREEN CIRCLE UNIT D

City (4) MAPLE SHADE

County (5) CAMDEN

County Code (7) ____________

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.

ASCM No. ____________

Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.

Street Address 570 CLEMS RUN

City, State, Zip Code MULLICA HILL NJ 08062

Telephone No. 610-304-4676

License No. 01146

Project Manager for Monitoring Firm MATT DEPALMA

Street Address 1012 INDUSTRIAL DRIVE

Telephone No. 856-809-1202

City, State, Zip Code WEST BERLIN NJ 08091

Name of OSHA Monitor ESMI

Start Date (10) 08/07/2018

Scheduled Completion Date (11) 08/09/2018

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours

Other – Describe: ____________

Scope of Work (Check All That Apply)

☐ ≥3 sft or ≥3 if
☐ ≥160 sft or ≥260 if

☐ Renovation
☐ Demolition

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

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

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

☐ Yes
☐ No
☐ N/A

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

Amount (Specify SF or LF)

Abatement Type

BATHROOM

JOINT COMPOUND 30 SF

Endorse

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES

Waste Hauler ID No. 0034895

Cubic Yards of Waste 4

Name of Registered Landfill MINERVA LANDFILL

Disposal Date 06/21/2017

City, State WAYNESBURG, OH

City, State MULLICA HILL NJ

Completed by RON SWANSON

Title GENERAL MANAGER

Signature ____________

Date 08/06/2018

* 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):
08/06/2018

Name of Building Owner/Operator (2):
St. James AME Development Corp

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

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

Street Address
440 Washington St
City, State, Zip Code
Newark, NJ 07102

Name of Facility Where Abatement is Taking Place (3):
St. James AME Towers

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

ASCM No.
0045

Name of Abatement Contractor (9):
Lillich Corporation

Street Address
64 Broad Street
City, State, Zip Code
Matawan, NJ 07747

Project Manager for Monitoring Firm
Thomas P. Gelger
Telephone No.
732-290-2217

Start Date:
08/06/2018

CANCELED

Scheduled Completion Date (11):
08/13/2018

Name of OSHA Monitor:
Irish Environmental Laboratories, LLC

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
☐ ≤ 1000 SF
☐ > 1000 SF ≤ 5000 SF
☐ > 5000 SF ≤ 25,000 SF
☐ > 25,000 SF
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Fireable Procedure

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF of LF)

Abatement Type

Removal
Repeat
Encapetulate
Endorse

apartment-21B

X Popcorn ceiling

1300 SF

X

apartment-21B

X VAT and Mastic

1300 SF

X

Name of Registered Waste Hauler

Lillich Corporation
NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

6

Name of Registered Landfill

Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
08/13/2018

City, State
Morrisville, PA

Completed by
Adriana Olejarova
Title
President

Signature
Date
08/06/2018

* Do not use this form for asbestos licence exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:1-20)

Check No. 1178
AUG 7 - 3 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
07/20/2018

Name of Building Owner/Operator (2)
St. James AME Development Corp.

Check No. 1178
AUG 7 - 3 2018

AGENCIES NOTIFIED

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Names of Facility Where Abatement is Taking Place (3)
St. James AME Towers

Street Address
440 Washington St

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Evan Selitzer

Telephone Number
973-643-3128

FACILITY INFORMATION

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

Square Feet

# of Floors

Bldg. Age

High-rise
50+

County Code (7)
Current Use (Prior if demolishing)

County
Essex

Name of Asbestos Abatement Contractor (9)
Lilich Corporation

Street Address
84 Broad Street

City, State, Zip Code
Matilwan, NJ 07747

Telephone No.
732-290-2217

License No.
01104

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Thomas P. Geiger

Start
08/06/2018

Completion Date (11)
08/13/2018

Scope of Work (Check All That Apply)

☐ Renovation
☐ Demolition

Quantity of Asbestos-Containing Material (ACM)

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 insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF of LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Lilich Corporation

Cubic Yards of Waste
18724

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
08/13/2018

Completed by
Adriana Olejarova

Title
President

Signature

Date
07/20/2018

ASB-41 (R-06-06)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/7/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NEW CREEK LLC, C/O KIM CO RECY</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO BOX 2440</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPOTANE, WASHINGTON 99210</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JOE MAIORE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-884-2109</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>SPACE 104 (THE PLAZA @ SHORT HILLS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>800 MORRIS TURNPIKE</td>
</tr>
<tr>
<td>City (5)</td>
<td>SHORT HILLS</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000 SF</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50 YRS</td>
</tr>
<tr>
<td>Current Use (Prior to being demolishd)</td>
<td>RETAIL</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. | N/A |
| Name of Abatement Contractor (9) | FINISHING TOUCH ASBESTOS ABATEMENT CORP. |
| Street Address | 17 THOMSON STREET |
| City, State, Zip Code | WEST LONG BRANCH, NJ 07764 |
| Telephone No. | 732-292-8372 |
| License No. | 00040 |
| Name of OSHA Monitor | N/A |

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

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)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPACE 104</td>
<td>X MAIN FLOOR</td>
</tr>
</tbody>
</table>

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

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

Description of Asbestos-Containing Material (ACM)

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

| Amount (Specify SF or LF) | 1900 SF |

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>FINISHING TOUCH ASBESTOS ABATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

Completed by

<table>
<thead>
<tr>
<th>JOSEPH MILLER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</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 12:120)

Date of Notification (1)
8/6/18

Name of Building Owner/Operator (2)
Seminole Construction

Agency Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

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

Street Address
128 Bartlett Ave
City, State, Zip Code
West Creek, NJ 08092

Name of Contact
Joyce Lynn
Telephone Number
609-286-0700

FACILITY INFORMATION

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

County Code (?)
[STATE USE ONLY]

County (6)
Monmouth

City (6)
Middletown

Square Feet
976

Current Use (Prior to being demolished)
Home

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

# of Floors
1

Bidg. Age
[Redacted]

Name of Monitoring Firm Hired by Building Owner (8)
[Redacted]

Project Manager for Monitoring Firm
[Redacted]

Telephone No.
732-566-0978

License No.
1200

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

AAA LEAD PROFESSIONALS

6 WHITE DOVE COURT
LAKESIDE, NJ 08701

Scope of Work (Check All That Apply)

☐ ≥ 3 ft or ≥ 3 if
☐ ≥100 sf or ≥260 if
☒ X Renovation
☒ X Demolition
☒ X Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Full Enclosure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (15)

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

EXTERIOR

Siding
2500SF

Disposal Date
8/21/18

City, State
BETHLEHEM PA

Name of Registered Landfill
IESI

Name of Registered Waste Hauler
NEWARK CARTING

Consolidated Waste Hauler ID No.
04500

Cubic Yards of Waste
10

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

ASB-41 (R-00-06)

* 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) August 06, 2018
Name of Building Owner/Operator (2)
Dr. Jacobus

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

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

City (5)
Princeton
County Code (7)
Mercer

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

Name of Abatement Contractor (9)
The MACK Group, LLC.

ASCM No.
0021

Street Address
28 North Pennell Road
City, State, Zip Code
Media, PA 19063

Telephone No.
(800) 969-6AET

License No.
00781

Name of Contractor's Registered Office

Project Manager for Monitoring Firm
Ron Khachadourian

Occupy Any Status During Abatement (Check One Only)

Start Date (10)
8/20/18

Name of OSHA Monitor
The MACK Group, LLC.

Scheduled Completion Date (11)
9/30/18

Street Address
1500 Kings HWY N, STE 209
City, State, Zip Code
Cherry Hill, NJ 08034

License No.
00781

Scope of Work (Check All That Apply)

Renovation Demolition

Full Containment with Negative Pressure

Mini-Endoscopy

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

boiler

boiler insulation

115 sf

X


gaskets

4 sf

Name of Registered Waste Hauler
Freehold Carting

Cubic Yards of Waste
1.2

Name of Registered Landfill
GROWS / TRRF Landfill

Disposal Date
9/30/18

City, State
Tullytown, PA

Tullytown, PA

Completed by
Michael Cooper

Title
President

Signature

Date
8/6/18

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