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

Date of Notification (1) 08.05.2019

Name of Building Owner/Operator (2) Tee William Garris

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

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

Street Address [Redacted]

City, State, Zip Code Newark, NJ 07112

Name of Contact Tee William Garris

Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) Newark, NJ

County (6) Essex

County Code (7) [STATE USE ONLY]

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

Name of Abatement Contractor (9)
Spes Contracting LLC

ASCM No.

Name of OSHA Monitor
Spes Contracting LLC

Street Address
164 Meriline Ave Apt. C

City, State, Zip Code
Woodland Park, NJ

Telephone No. 973-807-6330

License No. 01383

Start Date (10) 08.14.2019

Scheduled Completion Date (11) 08.15.2019

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

Other - Describe:

Scope of Work (Check All That Apply)
- ≥23 sf or ≥23 uf
- ≥160 sf or ≥260 uf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>TSI - Pipe/Fitting Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Spes Contracting LLC

NJ/DEP Waste Hauler ID No. 0038075

Cubic Yards of Waste 1.5

Disposal Date TBD

Name of Registered Landfill
Fearless Landfill

City, State Woodland Park, NJ 07424

Completed by Branislav Pavlov
Title project manager

Signature

Date 08.05.2019

* 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: 07/24/19

Name of Building Owner/Operator:
Scotch Plains-Fenwood Public Schools

Street Address:
512 Cedar St.

City, State, Zip Code:
Scotch Plains, NJ 07076

Name of Contact:
Anthony Miranda
Telephone Number:
908-232-6162

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Park Middle School

Street Address:
580 Park Ave.

City (8):
Scotch Plains

County (8):
Union

County Code (7) (STATE USE ONLY) 00079

Name of Monitoring Firm Hired by Building Owner:
EnvirosVision Consultants Inc.

ASCM No.:
00079

Name of Abatement Contractor:
Lesco Services Inc.

Street Address:
20-21 Wegaraw Rd.- Building 35E

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

Name of OSHA Monitor:
Leslaw Nalodoka

Project Manager for Monitoring Firm:
Frederik Larson
Telephone No.:
973-636-9145

Start Date:
08-12-19

Scheduled Completion Date:
08-31-19

Occupancy Status During Abatement:

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

x 23 sf or 23 sf
x 160 sf or 260 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Boiler Room

Breeching/Duct Insulation

320 SF.

Boiler Room

Boiler Gaskets, Ropes

80 SF.

Boiler Room

Pipe Insulation

18 LF.

Name of Registered Waste Hauler:
Newark Carting Inc.

NUDEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:
5

Name of Registered Landfill:
GCSL.

City, State, Zip Code:
Newark, NJ

Disposal Date:
08-31-19

City, State, Zip Code:
Pan Agryl, PA

Completed By:
Leslaw Nalodoka
Title:
President
Signature:

Date:
07/24/19

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

Date of Notification (1)  
08-05-19  

Name of Building Owner/Operator (2)  
General Electric  

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

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

Street Address  
6001 Tonnele Avenue  

City, State, Zip Code  
North Bergen, NJ 07047  

Name of Contact  
Lyle Grant  

Telephone Number  
(315) 447-4555  

Name of Facility Where Abatement is Taking Place (3)  

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

Square Feet  
2,150SF  

# of Floors  
1  

Bldg. Age  

Current Use (Prior if being demolished)  
Commercial  

County Code (7)  
(STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Group Services, LLC  

ASCM No.  
00120  

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.  

Street Address  
200 Broad Street  

City, State, Zip Code  
Carlstadt, NJ 07072  

Telephone No.  
(212) 353-8280  

License No.  
00756  

Name of OSHA Monitor  
Even-Air Inc.  

Start Date (10)  
08-19-19  

Scheduled Completion Date (11)  
08-30-19  

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

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

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

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

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

Amount (Specify SF or LF)  
2,150SF  

Name of Registered Waste Hauler  
ATC, Inc. / JBT (50071)  

NJDEP Waste Hauler ID No.  
24310  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Minerva Enterprises  

City, State  
Waynesburg, OH 44688  

Disposal Date  
TBD  

Completed by  
John A. Tancredi  

Title  
Project Manager  

Signature  
Date  
08-05-19  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 14:120.1)

Date of Notification (1): 8-7-19

Name of Building Owner/Operator (2): Saint John the Baptist Church
800 Jersey Ave
Rahway NJ 07065

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

Name of Contact:
Fatirre Andrei

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Single Family Dwelling

Street Address:
P.O. Box 337
New Egypt, NJ 08533

City, State, Zip Code:
P.O. Box 337
New Egypt, NJ 08533

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9):
EPC Technologies Inc

Asbestos No.
N/A

Project Manager for Monitoring Firm:
Steve Schenker

Telephone No.
609 758-3365

License No.
00394

Start Date (10):
8-21-19

Scheduled Completion Date (11):
8-31-19

Name of OSHA Monitor:
EPC Technologies Inc

Street Address:
P.O. Box 337
New Egypt, NJ 08533

City, State, Zip Code:
P.O. Box 337
New Egypt, NJ 08533

Scope of Work (Check All That Apply):

X 33 sf or 33 if
X ≥160 sf or ≥260 if

Renovation
X Demolition

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

In Facility (13):

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

Yes No N/A

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

Location of Asbestos-Containing Material (ACM)

In Building

In Facility

Flat Roofing

Pipe Insulation

Name of Registered Waste Hauler:
EPC Technologies

City, State:
New Egypt NJ

Waste Management of PA

Disposal Date:
8-31-19

City, State:
Mooresville PA

Completed by:
Steve Schenker

Title:
President

Signature:

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>8-7-19</td>
<td>Krazy Kat Bar</td>
<td>EPA, DEP</td>
<td>Initial</td>
<td>1398 Hurffville Road, Deptford, NJ 08096</td>
<td></td>
<td>Joe Ardare</td>
<td>856-228-1687</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
</tr>
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<tbody>
<tr>
<td>Krazy Kat Bar</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>1398 Hurffville Road, Deptford, NJ 08096</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPC Technologies Inc</td>
<td>P.O. Box 337</td>
<td>New Egypt, NJ 08533</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<td>609-758-3365</td>
<td>00394</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>8-17-19</td>
<td>8-24-19</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Flat Roofing 5000 SF x</td>
</tr>
<tr>
<td>Front Door Area</td>
<td>Red 9&quot;x9&quot; Floor Tiles 400 SF x</td>
</tr>
<tr>
<td>Basement</td>
<td>Boiler Coolboard 50 SF x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>New Egypt, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000</td>
<td>Waste Management of PA</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-24-19</td>
<td>Moonachie, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenke</td>
<td>President</td>
<td>Steve Schenke</td>
<td>8-7-19</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 5:16)

**Name of Building Owner/Operator:** Suzanne Grund

**Phone Number:** [Redacted]

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 05 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place:</strong></td>
<td>Ground Residence</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>City (s):</strong></td>
<td>Marlin</td>
</tr>
<tr>
<td><strong>County (s):</strong></td>
<td>Burlington</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner:</strong></td>
<td>Hersch Environmental, LLC</td>
</tr>
<tr>
<td><strong>ASCM No.:</strong></td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED:</strong></td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maintenance/Custodial Staff:</strong></td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF):</strong></td>
<td>200 SF</td>
</tr>
<tr>
<td><strong>Abatement Type:</strong></td>
<td>End Use</td>
</tr>
<tr>
<td><strong>Floor Title and Mastic:</strong></td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:210)

Date of Notification: 8/6/19
Name of Building Owner/Operator: Mark Russo Private Home

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

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

Street Address: [Redacted]
City, State, Zip Code: Beach Haven NJ 08008

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Mark Russo Private Home

Street Address: [Redacted]
City: Beach Haven NJ 08008
County: Ocean

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

Square Feet: 1000 +
# of Floors: 1
Bldg. Age: 35+

Current Use (Purposely or if being demolished):
House & Garage

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

ASCM No.: Name of Abatement Contractor: Pernaco Inc.

Street Address: PO Box 329
City, State, Zip Code: West Berlin NJ 08091

Project Manager for Monitoring Firm:

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

Start Date: 8/16/19
Scheduled Completion Date: 8/23/19

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

Scope of Work (Check All That Apply):
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

TO BE ABATED
Exterior Siding

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, other miscellaneous):
Exterior Siding

Amount (Specify SF or LF):
1200 SF

Abatement Type:

Endcaps
Enclosure

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste: 4
Name of Registered Landfill: G.R.O.W.S.

City, State Roll Off: Elm NJ

Disposal Date: 8/23/19
City, State: Morrisville PA 19067

Completed by:
Anthony T Perna
Title: President

Signature: [Signature]
Date: 8/6/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:19b)

Date of Notification (1) 08 / 05 / 19
Name of Building Owner/Operator (2) Mount Holly Township Public Schools

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

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

Street Address
331 Levis Drive
Mount Holly, NJ 08060

Name of Contact
William Buffa
Telephone Number
609-267-7200 x 6701

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
F.W. Holbein Middle School

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

Square Foot
10,000
# of Floors
2
Bldg. Age
80

Name of Abatement Contractor (9)
Shade Environmental, LLC

County Code (7)
[STATE USE ONLY]

Current Use (Prior if being demolished)
School

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

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
PO Box 341
Chesterfield, NJ 08515

Street Address
623 Cutter Avenue
Maple Shade, NJ 08052

City, State, Zip Code
Chesterfield, NJ 08515

City, State, Zip Code
Maple Shade, NJ 08052

Name of Abatement Contractor (9)
Shade Environmental, LLC

Telephone No.
609-298-4470

Telephone No.
856-755-0099

License No.
00842

Start Date (10)
08 / 23 / 19

Scheduled Completion Date (11)
08 / 26 / 19

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

Time of Abatement: AM- PM- AM

Scope of Work (Check all that apply)
- 3,300 sf or >3,300 sf
- 1,600 sf or >2,000 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

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 or LF)
5 LF

Abatement Type

Pipe Chase off of Custodial Closet

Pipe Insulation

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch
Title
Vice President of Operations

Signature

Date
8/5/19

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

Date of Notification (1) 08 / 06 / 19

Name of Building Owner/Operator (2) Sherwin-Williams

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

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

Street Address 101 West Prospect Avenue
City, State, Zip Code Cleveland, OH 44115

Name of Contact Kenneth Stroebel
Telephone Number

FACILITY INFORMATION

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

Gibbsboro

City (5)

County (6) Camden

County Code (7) (STATE USE ONLY)

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

ASCN No. 00003

Name of Abatement Contractor (9)
Shade Environmental, LLC

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

Project Manager for Monitoring Firm William Stafford
Telephone No. 856-840-8800

Start Date (10) 08 / 05 / 19
Scheduled Completion Date (11) 08 / 30 / 19

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

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

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

- Exterior
- Exterior Garage
- Kitchen
- Hallway Adjacent to Kitchen

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)

- Transite Siding 450 SF
- Window Glazing 350 LF
- Floor Tile and Mastic 170 SF
- Mastic 110 SF

Amount (Specify SF or LF)

Abatement Type

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

Location of Registered Waste Hauler

Freehold Cartage

Njdep Waste Hauler ID No. 15939

Cubic Yards of Waste 10

Name of Registered Landfill Fairless Landfill
City, State Morrisville, PA

Completed By (Print or Type) Christina Lynch
Title Vice President of Operations
Date 08/30/2019

* Do not use this form for asbestos licensure exempted activities.
* See Attached.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living Room</td>
<td>Yes</td>
<td>Ceramic Tile Wet Bed</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>Office</td>
<td>Yes</td>
<td>Floor Tile and Mastic</td>
<td>135 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
### Date of Notification
- **August 05, 2019**

### Name of Building Owner/Operator
- **PR I/GAR Tremble Property Two Urban Renewal LLC**

### Address of Property
- **c/o F. Greek Development, 33 Cottars Lane**, East Brunswick, New Jersey 08816

### FACILITY INFORMATION

- **Type of Facility:**
  - [ ] School (K-12)
  - [ ] Subchapter 6 (Other than K-12)
  - [x] Other (i.e. private & commercial buildings, homes, etc.)
  - **Square Feet:**
  - **# of Floors:**
  - **Edg. Age:**

### Name of Abatement Contractor
- **The MACK Group, LLC**

### Project Manager
- **Michael Garamone**
- **Telephone No.:** 609-613-2004
- **License No.:** 100751

### Schedule of Work
- **Start Date:** 8/7/19
- **Scheduled Completion Date:** 8/31/19

### Description of Asbestos-Containing Material (ACM)
- **Asbestos-Containing Material (ACM) TO BE ABRATED in Facility:**
  - [x] floor tile & associated mastic
  - [ ] Other - Describe

### Location of Asbestos-Containing Material (ACM)
- **Location Normally Used Solely by Maintenance, Custodial Staff:**
- **Description of Asbestos-Containing Material (ACM):**
  - [ ] Insulation, surfacing, VAT, or other miscellaneous
  - **Amount:**
  - **Specify:** SF or LF

### Guard Shark
- **Yes**

### Name of Registered Waste Hauler
- **Newark Carting**
- **Telephone No.:** 610-4509
- **Name of Registered Landfill:** IESI Bethlehem landfill

### Compliance:
- **Signatures:**
  - **TBD**
  - **Date:** 8/5/18

---

*Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 5:80-12.120)

**PAID**
**RECEIVED**
AUG 9 2019

**Inv 13533**

**Date of Notification (1)**
8/6/19

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

**Address**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>SBA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including Jutification)</td>
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<tr>
<td>DOA</td>
<td>Cancellation</td>
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**Street Address**
City, State, Zip Code
Hillsborough, NJ 08844

**Name of Contact**
Rory Bell

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
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<tbody>
<tr>
<td>Residential House</td>
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<td>Bergen</td>
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<th>County Code (7)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
50+

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

<table>
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<th>Project Manager for Monitoring Firm</th>
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**Telephone No.**

<table>
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<td>01255</td>
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<tr>
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**Occupancy Status During Abatement**

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<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
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<td>No</td>
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<tr>
<th>Other – Describe:</th>
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<table>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tr>
<td>233 sf or 233 if</td>
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<tr>
<td>2160 sf or 2260 if</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount</th>
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<tr>
<td>145 LF</td>
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<th>Location of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
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<td>Yes  No  N/A</td>
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<table>
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<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Harmony Contracting Inc</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>360 Palisade Ave</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Garfield, NJ 07026</td>
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**Name of Registered Waste Hauler**
Harmony Contracting Inc

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. (14)</th>
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**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
GROWS Landfill

<table>
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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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<table>
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<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Citovic</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Secretary</td>
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<table>
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<tr>
<th>Signature</th>
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<tbody>
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<table>
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<th>Date</th>
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*Do not use this form for asbestos license exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
Name of Building Owner/Operator
Montclair State University
Name of Contact
Amy Ferdinand
Date of Notification
08/05/2019
Street Address
1 Normal Ave
City, State, Zip Code
Montclair, NJ 07043
Telephone Number
973-655-9566

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place
MSU, Bohn Hall
Street Address
1 Normal Ave
City (6)
Montclair
County (6)
Essex
County Code (7)

Name of Monitoring Firm Hired by Building Owner
Detail Associates, Inc
Name of Abatement Contractor
Lillich Corporation
Street Address
300 Grand Ave
City, State, Zip Code
Englewood, NJ 07631
Telephone No.
201-569-6703

Project Manager for Monitoring Firm
Anthony Valentine
Telephone No.
973-225-8400
License No.
01104

Start Date (10)
08/06/2019
Scheduled Completion Date (11)
08/08/2019
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
 Other – Describe:

Scope of Work (Check All That Apply)
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glove bag Procedure / Limited Containment & Tent
 Non-Exempted (*) and Non-Friable Procedure

Is Location Normally Used Solely by Maintenance/Custodial Staff?

<table>
<thead>
<tr>
<th>Room</th>
<th>VAT and Mastic</th>
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<td>X</td>
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Name of Registered Waste Hauler
Lillich Corporation
NJDEP Waste Hauler ID No.
18724
Cubic Yards of Waste
.5
Name of Registered Landfill
Fairless Landfill
City, State
Totowa, New Jersey
Disposal Date
08/08/2019
City, State
Morrisville, PA

Completed by
Adriana Olejarova
Title
President
Signature
Date
08/05/2019

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:80 and 12:120)

**Date of Notification (1)**
07/31/2019

**Name of Building Owner/Operator (2)**
Montclair State University

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA
   - [ ] Initial
   - [x] Amended
   - [ ] Amendment # 1
   - [ ] Emergency (including justification)
   - [ ] Cancellation

**Street Address**
1 Normal Ave

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

**Name of Contact**
Amy Ferdinand

**Telephone Number**
973-866-5546

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
MSU, Bohn Hall

**Street Address**
1 Normal Ave

**City (5)**
Montclair

**County (6)**
Essex

**County Code (7)**

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

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

**Square Feet**
20,000

**# of Floors**
2

**Bidg. Age**
55

**Level of Monitoring Firm Hired by Building Owner (8)**
Detail Associates, Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
Lillich Corporation

**Street Address**
245 Union Boulevard

**City, State, Zip Code**
Totowa, New Jersey 07512

**Telephone No.**
973-225-5400

**License No.**
01104

**Project Manager for Monitoring Firm**
Anthony Valentini

**Telephone No.**
201-658-8708

**Start Date (10)**
08/05/2019

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

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

**Scope of Work (Check All That Apply)**
- [ ] 25 sf or 25 sf
- [x] 160 sf or 220 sf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosures
- [ ] Glove bag Procedure / Limited Containment & Tent
- [ ] Non-Exempted (*) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>411</td>
<td>VAT and Mastic</td>
<td>200 SF X</td>
<td></td>
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**Disposal Date**
08/08/2019

**Name of Registered Waste Hauler**
Lillich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**
0.5

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Totowa, New Jersey

**Date**
07/31/2019

**Completed by**
Adriana Olejarova

**Title**
President

**Signature**

---

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

**Date of Notification:** 08/06/2019

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

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

**Street Address:** 1 Ryerson Ave

**City, State, Zip Code:** Caldwell, New Jersey 07006

**Name of Contact:** Sharon M. Buge, CPA

**Telephone Number:** 973-439-3331 x 12

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
- St. Dominic's Academy

**Street Address:** 2572 John F. Kennedy Blvd

**City, State, Zip Code:** Jersey City, New Jersey 07304

**County:** Hudson

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

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

**ACSM No.:** 00012

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:** 246 Union Boulevard

**City, State, Zip Code:** Totowa, New Jersey 07512

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

**Telephone No.:** 201-559-6708

**Name of OSHA Monitor:** Iris Environmental Laboratories, LLC

**Telephone No.:** 973-225-8400

**License No.:** 01104

**Start Date:** 08/16/2019

**Scheduled Completion Date:** 08/18/2019

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

**Scope of Work:**
- [ ] ≥50 sf of ≥5 ft
- [ ] ≥160 sf or ≥260 sf

**Location of Asbestos-Containing Material (ACM) to be Abated:**
- [ ] Basement
- [ ] Bathroom
- [x] Asbestos Containing Ceiling Plaster

**Name of Registered Waste Hauler:** Lilich Corporation

**Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:** 40

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Totowa, New Jersey

**Disposal Date:** 08/18/2019

**City, State:** Morrisville, PA

**completed by:** Adriana Olejarova

**Title:** President

**Signature:**

**Date:** 08/06/2019

---

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

**Prof. #: 19-160**

<table>
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<th>Date of Notification (1)</th>
<th>08/18/19</th>
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**Name of Building Owner/Operator (2):**
Greg Frenzel

**Street Address:**

<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Ho Ho Kus, NJ 07423</th>
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**Name of Contact:**
Greg Frenzel

**Telephone Number:**

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<th>FACILITY INFORMATION</th>
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<td>Street Address:</td>
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<td>City (5)</td>
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<tr>
<td>County Code (7)</td>
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| Name of Monitoring Firm Hired by Bldg. Owner (8): | N/A |
| ASCM No. |  |

| Name of Abatement Contractor (9): KLOMAX, LLC |
| Street Address: | 309 W. End Ave |
| City, State, Zip Code: Hopatcong, NJ 07843 |
| Telephone Number: 833-455-6629 |
| License Number: 02007 |

| Occupancy Status During Abatement (Check only one): |
| Facility closed/evacuated during entire period of abatement: |
| Abatement performed outside of normal facility hours: |
| Describe: NORMAL HOURS |

| Scope of Work (check all that apply): |
| >2 sf or >2 lf: |
| ≥150 sf or ≥260 lf: |
| Demolition: |
| Renovation: |

| Location of asbestos-containing material (acm) to be abated in facility (13): | Description of asbestos-containing material (ACM): |
| Basement: | Pipe insulation |
| Garage: | Pipe insulation |

| Amount (Specify SF or LF): |
| Basement: | 100 LF |
| Garage: | 30 LF |

| Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY |
| City, State: TULLYTOWN, PA |

**Registered Waste Hauler:**
KLOMAX, LLC

| NJDEP Hauler ID# | 0038241 |
| Cubic Yards of Waste: | 6 yds |

**Disposal Date:**

| Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY |
| City, State: TULLYTOWN, PA |

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

| Title: Owner |
| Signature: |

**Date:**

08/18/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/12/19

Name of Building Owner/Operator (2) STACKS PROPERTIES

Agency Notified

☐ EPA
☐ DEP
☐ NCL
☐ DOH
☐ DCA

Type Notification

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

Street Address [REDACTED]

City, State, Zip Code RIVER VALE, N.J. 07675

Name of Contact MR. KEVIN STACKPOLE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) STACKS PROPERTIES

Street Address [REDACTED]

City (5) RIVER VALE

County (6) BERGEN

County Code (7) STATE USE ONLY

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

Name of Abatement Contractor (8) Best Removal Inc

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 3 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 2200

# of Floors 2

Bldg. Age 1960

Current Use (Prior if being demolished) RESIDENCE

Name of OSHA Monitor Omega Environmental

Street Address 280 Huyler St

City, State, Zip Code Hackensack, N.J. 07606

Project Manager for Monitoring Firm

Telephone No. 201-329-7444

License No. 00388

Start Date (10) 8/15/19

Scheduled Completion Date (11) 8/31/19

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8AM TO 5:00 PM

Scope of Work (Check all that apply)

☐ 2 har or 3.5 ft
☐ 180 sq ft or 2600 ft

Removal
Demolition

Abatement Type

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Base Tent VAT

Yes No N/A

Amount (Specify SF or LF)

Name of Registered Waste Hauler Best Removal Inc

ID No. 17109

Cubic Yards of Waste 310

Name of Registered Landfill Minerva Enterprises, LLC

City, State Hackensack, N.J. 07601

Disposal Date 8/16/19

City, State Waynesburg, Oh. 44688

Completed by J. Maiorano Title Estimator

Signature [REDACTED] Date 8/16/19

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

Date of Notification (1)
08/06/2019

Name of Building Owner/Operator (2)
Garcia, Cheryl

Agencies Notified

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<th>Type Notification</th>
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<tr>
<td>DCA</td>
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Street Address
[Redacted]

City, State, Zip Code
Lyndhurst, New Jersey 07071

Name of Contact
Garcia, Cheryl

Telephone Number

FACILITY INFORMATION

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

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

Square Feet
Appr. 1800

# of Floors
3

Bldg. Age
1922

County Code (7)

Current Use (Prior if being demolished)
Residential

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

ASCM No.

Name of Abatement Contractor (9)
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue

City, State, Zip Code
Lyndhurst, New Jersey 07071

Telephone No.
201-438-4839

License No.
02014

Start Date (10)
8/19/19

Scheduled Completion Date (11)
8/23/19

Name of OSHA Monitor
Same

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 If
- ≥160 sf or ≥280 If
- 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)

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)
Boiler Demo including insulation, packing, rope gaskets, fire brick

Amount
60 SF

Abatement Type

Name of Registered Waste Hauler
Newark Carting Inc.

Waste Hauler ID No.
04509

Cubic Yards of Waste
3 Yards

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
8/23/19

City, State
Pen Argyl, Pennsylvania

Completed by
Jarred Panecki

Title
Project Manager

Signature

Date
08/06/19

ASB-41 (R-06-06)

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)

Date of Notification (1)
8 / 7 / 19

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

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

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

Street Address
112 E Washington Street

City, State, Zip Code
Riverside, NJ 08075

Name of Contact
Robert Karmade
Telephone Number
609-217-4974

FACILITY INFORMATION

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

Street Address
112 E Washington Street

City (5)
Riverside

County (6)
Burlington

County Code (7) (STATE USE ONLY)

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

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
Mike Stockku

Telephone No.
856-840-8800

License No.
00862

Start Date (10)
8 / 21 / 19

Scheduled Completion Date (11)
8 / 26 / 19

Name of OSHA Monitor
EMSSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l
- ≥100 sf or ≥260 l
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

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
- Removal
- Repair
- Encapsulation
- Enclosure

One Room
- Floor tile and Mastic

Name of Registered Waste Hauler
Waste Management
NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Completed By (Print or Type)
Kayser Gruner

Title
Office Assistant

Signature

Date
8/7/19