**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 / 3 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rutgers University / Job #1807-2328 Chk. #TBD</td>
</tr>
<tr>
<td>Street Address</td>
<td>33 Knightsbridge Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joan Stanton, PE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>848-445-2419</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Building #3084 - Kreeger Learning Annex |
| Street Address | 151 College Avenue |
| City (5) | Piscataway |
| County Code (STATE USE ONLY) | Middlesex |
| Name of Monitoring Firm Hired by Building Owner (8) | Criterion Laboratories |
| 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. | 609-702-0400 |
| License No. | 00862 |
| 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)**

- 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**

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

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

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Cement Board Siding</th>
<th>1500 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Black Tar Paper Vapor Barrier</td>
<td>4500 SF</td>
</tr>
<tr>
<td>Exterior</td>
<td>Roofing</td>
<td>14,000 SF</td>
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**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Champion</th>
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<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>32707</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
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**Disposal Date**

<table>
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<th>Disposal Date</th>
<th>9/30/18</th>
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</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central</td>
</tr>
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</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Joann Mullarkey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Office Coordinator</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)  
Check # 1489

Date of Notification (1)  
8/17/2018  
Name of Building Owner/Operator (2)  
PAUL ROBESON CHARTER SCHOOL

Agencies Notified  
☒ EPA  
☐ Dep  
☒ DOL  
☐ DOH  
☐ DCA  
☐ Amendments to Notification (1)  
☒ Amended Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

STREET ADDRESS  
643 INDIANA AVENUE  
City, State, Zip Code  
TRENTON, NJ 08638

Name of Contact  
DAVID D'ANDREA  
Telephone Number  
609-890-7110

Name of Facility Where Abatement is Taking Place (3)  
PAUL ROBESON CHARTER SCHOOL

Street Address  
643 INDIANA AVENUE  
City (5)  
TRENTON, NJ

County  
MERcer

County Code (7) (STATE USE ONLY)  
Name of Abatement Contractor (9)  
CREAM RIDGE ENVIRONMENTAL INC.

Street Address  
15 BLACK FOREST ROAD  
City, State, Zip Code  
HAMILTON, NJ 08691

Telephone No.  
609-890-7110  
License No.  
00676

Start Date (10)  
8/4/2018  
Scheduled Completion Date (11)  
8/4/2018  
Name of OSHA Monitor  
MECS

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

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 (*) & Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  
LIBRARY  
NFVAT  
840 SF  
X

Name of Registered Waste Hauler  
HORIZON DISPOSAL SERVICES  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Growth  
Disposal Date  
20 YDS  
8/4/2018  
City, State  
MORRISVILLE, PA.

Completed By  
DAVID D'ANDREA  
Title  
PRESIDENT  
Signature  
27-MAR  
Date  
8/6/2018

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

**Check #: 7248**

### Date of Notification (1)

08/11/18

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

Dumont Public School District

### Address (3)

25 Depew Street

City: Dumont  
State: NJ  
Zip Code: 07628

Name of Contact: Paul Cords, Director  
Telephone Number: 201-387-3079

### NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

Charles A. Selzer Elementary School

Street Address: 435 Prospect Ave.

City: Dumont  
County: Bergen

Name of Monitoring Firm: Westchester Environmental, LLC  
Address: 1248 Wrights Lane

City: Dumont  
State: NJ  
Zip Code: 07628

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address: 180 Sargeant Avenue

City: Clifton  
State: NJ  
Zip Code: 07013

License Number: 000807

### SCHEDULED HOSTED START DATE (10)

08/14/18

### OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY)

Facility Closed/Vacated During Entire Period of Abatement

### TYPE OF WORK (CHECK ALL THAT APPLY)

Renovation

Full Containment with Negative Pressure

### DESCRIPTION OF ABATEMENT TYPE

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

Room 121

VAT & associated mastic 280 SF

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

Cubic Yards of Waste

Amount Specified for SF or LF

Name of Registered Waste Hauler (14)

Newark Carting, Co.

NJDEP Waste Hauler ID No.

City: Newark  
State: NJ

Disposal Date:

City: Pen Argyl  
State: PA  
Zip Code: 18072

Signature

Date: 8/3/18

Biliyana Kulakovska

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

Date of Notification (1)
08/11/18

Name of Building Owner/Operator (2)
Dumont Public School District

Agency Notified Type Notification
[X] EPA [x] Initial Notification
[X] DEP
[X] DOH

Name of Building Address
25 Depew Street

City, State, Zip Code
Dumont, NJ 07628

Name of Contact
Paul Cordts, Director

Telephone Number
201-387-3079

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Charles A. Seitzer Elementary School

City (5)
435 Prospect Ave.

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Westchester Environmental, LLC

ASCN No.
000127

Name of Abatement Contractor (9)
Four Strong Builders, Inc.

Street Address
1248 Wrights Lane

City, State, Zip Code
West Chester, PA 19380

Name of Abatement Contractor
Clifton, NJ 07043-1935

Schedule Start Date (10)
08/14/18

Scheduled Completion Date (11)
08/17/18

Occupancy Status During Abatement (Check only one)
[ ] School (K-12)

[ ] Subchapter 8 (Other than K-12)

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

Square Feet # of Floors Bldg. Age
40000
2
60

Current Use (Prior to Being Demolished)
School

Project Manager for Monitoring Firm
Matt Abraham

Telephone Number
610-431-7545

License No.
973-614-0377

Name of OSHA Monitor
Four Strong Builders, Inc.

Street Address
180 Sargeant Avenue

City, State, Zip Code
Clifton, NJ 07013

Scope of Work (Check all that apply)
[ ] Demolition
[ ] Renovation

[ ] VAT & associated mastic

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos-Containing Material (ACM)

Location Normally Used Solely by Maintenance/Custodial Staff

Room 121

VAT & associated mastic

260 SF

Name of Registered Waste Hauler
Newark Carting, Co.

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Clifton, NJ

Disposal Date
Pen Argyl, PA 18072

Completed by (Print or Type)
Bilyana Kulakovska

Title
Office Administrator

Signature
Date
8/3/18

JUN 95

ASB-41
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) August 7, 2018

Agencies Notified
☐ EPA
☐ DCA
☒ DOL
☒ DEP- No Longer REQUIRED
☒ DOH

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

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

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

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV.

Telephone Number
848-445-2550

HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DOUGLASS DISABILITIES CENTER, BLDG# 8370

Street Address
DOUGLASS CAMPUS

City (5)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)
ASCM No
00098

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

Current Use (prior if being demolished)
ACADEMIC

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

Sq. Feet
N/A

# of Floors
2

Bldg. Age
80+ years

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 R. KEARNEY

Telephone Number
609-386-8800

Scheduled Start Date (10)
08/17/18

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

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

Scheduled Completion Date (11)
8/20/18

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 ft
☒ ≥ 160 sf or ≥ 280 ft

☒ Renovation
Renovation Demolition

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

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

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

Amount

VAT

Room 4-124 Suite

Address

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste
10 CY

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

Disposal Date
08/20/2018

City, State
100 New Ford Mill Rd, Morrisville, PA
10007

215-736-1700

RAMPOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
August 7, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith
and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/09/2018

Name of Building Owner/Operator (2) Monmouth University
Check No: 1177

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

Street Address 400 Cedar Avenue

City, State, Zip Code West Long Branch, New Jersey 07764

Name of Contact Timothy Orr
Telephone Number 732-571-3424

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Monmouth University, Spruce Hall

Street Address 400 Cedar Street

City (5) West Long Branch, New Jersey 07764

County (6) Monmouth

Square Feet 60,000

# of Floors 2

Bldg. Age 50+

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

ASCM No. 00057

Name of Abatement Contractor (9) Lillich Corporation

Square Feet 60,000

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 John Smoyer

Street Address P.O. Box 385

City, State, Zip Code Oceanville, New Jersey 08231

Telephone No. 609-652-1833

Telephone No. 973-225-8400

License No. 01104

Start Date (10) 08/04/2018

Scheduled Completion Date (11) 08/07/2018

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 sf or ≥3 if
☐ ≥160 sf or ≥290 if
☐ 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 In Facility (13)

Mechanical Room X

Textured Ceiling & Joint Compound

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

Amount (Specify SF of LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

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 Woodland Park, New Jersey

Disposal Date 09/07/2018

City, State Morrisville, PA

Completed by Adriana Olejarova

Title President

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification (1)**
07/19/2018

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

**Check No. 1177**

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

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

**Street Address**
400 Cedar Avenue

**City, State, Zip Code**
West Long Branch, New Jersey 07764

**Name of Contact**
Timothy Orr

**Telephone Number**
732-571-3424

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Monmouth University, Spruce Hall

**Street Address**
400 Cedar Street

**City (5)**
West Long Branch, New Jersey 07764

**County (6)**
Monmouth

**County Code (7)**
(State Use Only)

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

**ASCM No.**
00057

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

**Street Address**
P.O. Box 385

**City, State, Zip Code**
Oceanville, New Jersey 08231

**Project Manager for Monitoring Firm**
John Smoyer

**Telephone No.**
609-552-1833

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

**License No.**
01104

**Start Date (10)**
09/04/2018

**Scheduled Completion Date (11)**
09/07/2018

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

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

### Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition

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

**In Facility (13)**

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

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

**Amount (Specify SF of LF)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Mechanical Room</td>
<td>Textured Ceiling &amp; Joint Compound</td>
<td>50 SF</td>
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</table>

### Name of Registered Waste Hauler
Lillich Corporation

**NJ/DEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Woodland Park, New Jersey

**Disposal Date**
08/07/2018

**City, State**
Morrisville, PA

**Completed by**
Adriana Olejarova

**Title**
President

**Signatures**

**Date**
07/19/2018

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/11/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☐ EPA</td>
<td>☐ Initial</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>☐ Amended</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>☐ Emergency (including justification)</td>
</tr>
<tr>
<td>☐ DOL</td>
<td>☐ Amendment #</td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PRESBYTERIAN CHURCH OF MADISON</td>
</tr>
<tr>
<td>Street Address</td>
<td>19 GREEN AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MADISON, NJ. 07940</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>NS. CATTY BAILLIE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-377-1600</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PRESBYTERIAN CHURCH OF MADISON |
| Street Address | 19 GREEN AVE |
| City (5) | MADISON |
| County (6) | MORRIS |
| Name of Monitoring Firm Hired by Building Owner (8) | DETAIL ASSOCIATES |
| ASCM No. | 00012 |

| Best Removal Inc. |
| Street Address | 450 South River Street |
| City, State, Zip Code | Hackensack, NJ 07601 |
| Name of Abatement Contractor (9) | Best Removal Inc. |
| License No. | 00388 |

| Project Manager for Monitoring Firm | STEVE JARACZEWSKI |
| Telephone No. | 201-569-6708 |

| Name of OSHA Monitor | Omega Environmental |
| Street Address | 280 Huyler Street |
| City, State, Zip Code | South Hackensack, NJ 07606 |

| Start Date (10) | 8/6/18 |
| Scheduled Completion Date (11) | 8/19/18 |

| Scope of Work (Check All That Apply) | |
|☐ 21 sf or 21 ft | ☐ Renovation |
|☐ 2160 sf or 2160 ft | ☐ Demolition |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility |
| Name of Registered Waste Hauler | Best Removal Inc |
| NUDEP Waste Hauler ID No. | 17109 |
| City, State | Hackensack, NJ 07601 |
| Completed by | J. MAIORANO |
| Title | Estimator |

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| THERMAL SYSTEM INSULATION | 230 LF |
| THERMAL SURFACING INSULATION | 185 SF |

| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Waynesburg, OH 44688 |
| Disposal Date | 8/19/18 |

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

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

**Name of Building Owner/Operator (2):** PRESBYTERIAN CHURCH OF MADISON

**Street Address:** 19 GREEN AVE

**City, State, Zip Code:** MADISON, NJ 07940

**Name of Contact:** Mrs. CATHY BAULIE

**Telephone Number:** 973-877-1600

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** PRESBYTERIAN CHURCH OF MADISON

**Street Address:** 19 GREEN AVE

**City (5):** MADISON

**County Code (6):** Morris

**County Name:** Morris

**Square Feet:** 4022 sq ft

**# of Floors:** 3

**Bldg. Age:** 130 yrs

**Current Use (Prior to being demolished):** Parish/School

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

**ASCM No.:** 00012

**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

**Start Date (10):** 8/6/18

**Scheduled Completion Date (11):** 8/19/18

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00 AM to 5:00 PM/Deck Aged

**Scope of Work (Check All That Apply):**
- Painting
- Demolition

---

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

- Boiler Room
- Boiler Room

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

**Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous):**
- Thermal System Insulation
  - 280 SF
  - X
- Thermal Surfacings Insulation
  - 185 SF
  - X

---

**Name of Registered Waste Hauler:** Best Removal Inc

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

**Cubic Yards of Waste:** 12cy

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

**Disposal Date:** 8/19/11

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

---

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:**

---

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

(Pursuant to NJAC 8:80 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
08-01-2018

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

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

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

**Street Address**

**City, State, Zip Code**
Clifton NJ 07011

**Name of Contact**
Allen Stone

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Clifton NJ 07011

**County (6)**

**Passaic**

**County Code (7)**

**Current Use (Prior to if being demolished)**
Private Dwelling

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Amex Contracting LLC

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**Project Manager for Monitoring Firm**
Kayode Adefisoye

**Telephone No.**
347-241-7673

**Start Date (10)**
08-11-2018

**Scheduled Completion Date (11)**
09-11-2018

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by</th>
<th>Description of</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maintenance/</td>
<td>Asbestos</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custodial Staff</td>
<td>Containing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Material (ACM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(i.e. thermal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>systems insulation,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>surfacing, VAT, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>other miscellaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location**
Basement

**pipe insulation**

60 LF

**Name of Registered Waste Hauler**
Amex Contracting LLC

**NJDEP Waste Hauler ID No.**
0036184

**Cubic Yards of Waste**
3 CY

**Name of Registered Landfill**
Fairless Hills

**City, State**
Woodland Park NJ 07424

**Disposal Date**
09-202-2018

**City, State**
Morrisville PA

**Completed by**
Tome Maslarkov

**Title**
Project Manager

**Signature**

**Date**
08-01-2018

---

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

Date of Notification (1)  
8/2/2018

Name of Building Owner/Operator (2)  
Sham Bacchus

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

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

Street Address [redacted]

City, State, Zip Code  
Jersey City NJ 07307

Name of Contact  
Sham Bacchus

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Sham Bacchus's Residential

Street Address [redacted]

City (5)  
Jersey City

County (6)  
Hudson

County Code (7)  
(State Use Only)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
MKD Property Maintenance LLC

Street Address  
105 Van Riper Avenue

City, State, Zip Code  
Clifton NJ 07011

Project Manager for Monitoring Firm

Telephone No.  
Telephone No.  
201-898-9008

License No.  
01336

Start Date (10)  
8/18/2018

Scheduled Completion Date (11)  
9/25/2018

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other – Describe: [blank]

Scope of Work (Check All That Apply)

☐ 23 sf or 23 ft  
☐ ≥160 sf or ≥260 ft  
☑ Renovation Demolition

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

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

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

Siding  
X

Transite  
1700 SF  
X

Name of Registered Waste Hauler  
TBD

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
1 YD

Name of Registered Landfill  
110 Sand Company

City, State  
Melville, NY 11747

Completed by  
Darko Raloski

Title  
Project Manager

Signature

Date  
8/2/2018

* 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)**
August 8, 2018

**Name of Building Owner/Operator (2)**
MCR Services, Inc.

**Address of Facility Where Abatement is Taking Place (3)**
**HOME/APARTMENTS TO BE DEMOLISHED**

**Street Address**
60 US ROUTE 130

**City**
BORDENTOWN

**County**
BURLINGTON

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

**Street Address**
413 N BLACK HORSE PIKE

**City, State, Zip Code**
RUNNEMEDE, NJ 08078

**Project Manager for Monitoring Firm**
HOWARD ZENOB

**Telephone No.**
856-482-1311

**Start Date (10)**
AUGUST 17, 2018

**Scheduled Completion Date (11)**
AUGUST 31, 2018

**Name of Abatement Contractor (9)**
DAS GROUP LLC

**Street Address**
41 PINE STREET

**City, State, Zip Code**
ROCKAWAY, NJ 07866

**Telephone No.**
6099011768

**License No.**
01337

**Name of OSHA Monitor**

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

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FL MASTER BR, LR AND BR</td>
<td>Yes</td>
<td>LINOILEUM</td>
<td>600SF</td>
<td>X</td>
</tr>
<tr>
<td>FRONT BR</td>
<td>Yes</td>
<td>LINOILEUM</td>
<td>150SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FL UNIT 3 THROUGHOUT</td>
<td>Yes</td>
<td>LINOILEUM</td>
<td>900SF</td>
<td>X</td>
</tr>
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</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**Waste Hauler ID No.**
04509

**Name of Registered Landfill**
GRAND CENTRAL

**City, State**
NEWARK, NJ

**Completed by**
WILLIAM FINKLE

**Title**
PROJECT MGR

**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 8:90 and 12:120)

Date of Notification (1) 8/6/2018

Name of Building Owner/Operator (2) NRG Energy Inc.

Agencies Notified EPA, DEP, DOL, DOH, DCA

Type Notification Initial

Street Address 2033 Rt 31

City, State, Zip Code Glen Gardner NJ 08826

Name of Contact Marko Stankovic, Project Manager

Telephone Number 973-570-2645

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NRG Energy Inc

Street Address 2033 Rt 31

City (6) Glen Gardner

County (8) Hunterdon

County Code (7) n/a

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

Name of Abatement Contractor (9) Checkmark Industrial

Street Address 54 Morgan Dr

City, State, Zip Code Sparta NJ 07871

Start Date (10) 8/6/2018

Scheduled Completion Date (11) 9/3/2018

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

Scope of Work (Check All That Apply) 23 sf or ≥23 sf

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

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

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

Asbestos-Containing Material

Approx. 300 LF

Name of Registered Waste Hauler Atlantic Carting

Cubic Yards of Waste 20

Name of Registered Landfill Waste Management

Disposal Date

City, State Tulleytown PA

Completed by Corey Stankovic Title CEO

Signature 8/6/2018

Full Containment with Negative Pressure

Abatement Type

Non-Exempted (*) and Non-Friable Procedure

* 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)
8 / 8 / 18

### Name of Building Owner/Operator (2)
Mr. Craig Balogh / Job #1808-2335 Chk. #5108

### Street Address
Boonton, NJ 07005

### City, State, Zip Code
Boonton, NJ 07005

### Name of Contact
Craig

### Telephone Number

#### 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>Residential</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Firm Hired by Building Owner (8)

<table>
<thead>
<tr>
<th>Criterion Laboratories</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
</tbody>
</table>

### Street Address
400 Street Road

### City, State, Zip Code
Bensalem, PA

### Project Manager for Monitoring Firm
Mike Panepresso

### Telephone No.
215-244-1300

### 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 - Describe Time of Abatement: AM PM AM PM

#### 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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>930 SF</td>
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</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Central</td>
<td>17273</td>
<td>5</td>
<td>8/22/18</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type)
Kimberly A. Trumbetti

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Coordinator</td>
<td></td>
<td>8-8-18</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 8:68 and 12:120)

Date of Notification (1):
August 8, 2018

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

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

Name of Building Owner/Operator (2):
Gemini Restoration, Inc.

Street Address:
725 Lehigh Avenue

City, State, Zip Code:
Union, NJ 07083

Name of Contact:
Matt Abrahamson

Telephone Number:
908-886-7777

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

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

Square Feet:
1,548 sf

# of Floors:
2

Bldg Age:
1932

Current Use (Prior if being demolished):
Residential

County Code (7):
Essex

Name of Monitoring Firm Hired by Building Owner (8):
(name not legible)

ASCM No.:
(name not legible)

Name of Abatement Contractor (9):
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address:
17 Thompson Street

City, State, Zip Code:
West Long Branch, NJ 07764

Telephone No.:
732.222.8372

License No.:
00040

Start Date (10):
8/19/18

Scheduled Completion Date (11):
8/20/18

Scope of Work (Check All That Apply):
- ≤3 sf or ≤3 ft
- ≤150 sf or ≤150 ft
- 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):

<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>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>TSI</td>
<td>60 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.:
12056

Cubic Yards of Waste:
0.5CY

Name of Registered Landfill:
FAIRLESS LANDFILL

City, State:
West Long Branch, NJ

Completed by:
Joseph P. Miller

Title:
President

Signature:

Date:
8/8/18

Disposal Date:
8/22/18

City, State:
MORRISVILLE, PA

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:59 and 12:22B)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/12/18</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including Justification), Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Occupant (2)</td>
<td>Betty Means</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County Code (3)</td>
<td>ATLANTIC</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Resident</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County (4)</td>
<td>ATLANTIC</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12), Subchapter 8 (Other than K-12), Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>7/12/18</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/22/18</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3,000 sf or ≥ 33,000 lbf</td>
<td></td>
</tr>
<tr>
<td>≥ 100 sf or ≥ 1,000 lbf</td>
<td></td>
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<tr>
<td>Renovation Demolition</td>
<td></td>
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<tr>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Leasing of An asbestos-containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintain Staff (12)</td>
<td></td>
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<tr>
<td>Disposition of AsbestosContaining Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal, Repair, Encasement</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Allied Waste LLC</td>
</tr>
<tr>
<td>N/DEP Waste Hauler ID No.</td>
<td>201447</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>561.8</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Land of PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Long Beach, PA</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 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/02/2018</th>
<th>Name of Building Owner/Operator (2)</th>
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</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Residence</td>
</tr>
<tr>
<td>EPA</td>
<td>X</td>
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<tr>
<td>DEP</td>
<td>X</td>
<td>City, State, Zip Code</td>
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<tr>
<td>DOL</td>
<td></td>
<td>Westfield NJ 07090</td>
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<tr>
<td>DOH</td>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td>Kathi McGee</td>
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<tr>
<td>Type Notification</td>
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<td>Telephone Number</td>
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<td>Initial</td>
<td>X</td>
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<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 354</td>
<td>School (K-12)</td>
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<tr>
<td>City (5)</td>
<td>South Orange, NJ 07079</td>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Westfield</td>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
<td>Square Feet</td>
</tr>
<tr>
<td>Union</td>
<td></td>
<td>2,100</td>
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<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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<td># of Floors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
<td>Bldg. Age</td>
</tr>
<tr>
<td></td>
<td></td>
<td>88</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Seine Lighthouse Solutions</td>
<td></td>
<td>Brinks Tank Services</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>PO Box 354</td>
<td></td>
<td>1256 Liberty Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>South Orange, NJ 07079</td>
<td></td>
<td>Hillside, NJ 07205</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Sarah Calandra</td>
<td>201-349-2666</td>
<td>844-462-7465</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>08/13/2018</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>08/30/2018</td>
<td></td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Seine Lighthouse Solutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PO Box 354</td>
</tr>
<tr>
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<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Orange, NJ 07079</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 lf</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</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>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe wrap</td>
<td>60 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Chase</td>
<td>X</td>
<td>Pipe wrap</td>
<td>50 LF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>04509</td>
<td>Waste Management Landfill</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Orange, NJ</td>
<td>08/02/2018</td>
</tr>
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</table>

**Completed by**

<table>
<thead>
<tr>
<th>Alison Lamers</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
<td></td>
<td></td>
<td>08/02/2018</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 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/06/2018</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
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<tr>
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</tr>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
<td>X</td>
</tr>
<tr>
<td>DOL</td>
<td>X</td>
</tr>
<tr>
<td>DOH</td>
<td>X</td>
</tr>
<tr>
<td>DCA</td>
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</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
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</tr>
<tr>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #</td>
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</tr>
<tr>
<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Colonia NJ 07067</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Carl Widmer</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Colonia</td>
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<tr>
<td>County</td>
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<tr>
<td>Middlesex</td>
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<td>County Code</td>
<td>(STATE USE ONLY)</td>
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<td>Square Feet</td>
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<td># of Floors</td>
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<td>Bldg. Age</td>
<td>66</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<td>ASCM No.</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
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<tr>
<td>Brinks Tank Services</td>
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<tr>
<td>1256 Liberty Avenue</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Hillside, NJ 07205</td>
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<td>Sarah Calandra</td>
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<tr>
<td>Telephone No.</td>
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<tr>
<td>201-349-2666</td>
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<tr>
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<td>08/17/2018</td>
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<td>Scheduled Completion Date (11)</td>
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<td>09/04/2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other — Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 lf</td>
<td>X</td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
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<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (?) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
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<tr>
<td>In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Attic Chimney Area</td>
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</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
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</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td></td>
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<td>Name of Registered Landfill</td>
<td></td>
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<tr>
<td>Waste Management Landfill</td>
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<td>08/06/2018</td>
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<tr>
<td>Name of Registered Landfill</td>
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<tr>
<td>Waste Management Landfill</td>
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<tr>
<td>WASTE MANAGEMENT LANDFILL</td>
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<tr>
<td>Print Form</td>
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</tbody>
</table>

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/01/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Chancellor Development Group LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>1615 N Kings Hwy</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Cherry Hill NJ 08034</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>David N Ragone</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-795-7775</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Metro PCS #7607 |
| Street Address | 1615 N Kings Hwy |
| City (5) | Cherry Hill |
| County (6) | Camden |
| County Code (7) | ASCM No. |
| Name of Monitoring Firm Hired by Building Owner (8) | Alpha Environmental LLC |
| Street Address | P O Box 8297 |
| City, State & Zip Code | Trenton NJ 08650 |
| Project Manager for Monitoring Firm | Telephone Number | Telephone Number | License Number |
| Date | 08/01/2018 |
| Scheduled Completion Date (11) | 08/11/2018 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | 200 Route 130 North |
| City, State & Zip Code | Cinnaminson NJ 08077 |

## Occupancy Status During Abatement (Check only one)

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours - 7am to 3pm
- [ ] Facility Occupied During Abatement

## Scope of Work (Check all that apply)

- [x] ≥ 3 ft or ≥ 3 if
- [ ] ≥ 160 sf ≥ 260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glove Bag Procedures
- [x] Non-Exempted and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>12 LF</td>
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</tbody>
</table>

## Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 00033330</td>
<td>1</td>
<td>Grows Landfill</td>
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</tbody>
</table>

## Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>Rod Richardson</td>
</tr>
</tbody>
</table>

| Date | 08/01/2018 |
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8/7/2018

Name of Building Owner/Operator (2) Matt Kasindorf

Street Address

City, State, Zip Code Maplewood, NJ, 07040

Name of Contact Matt Kasindorf

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Matt Kasindorf

Street Address

City (5) Maplewood

County (6) Essex

County Code (7) (STATE USE ONLY)

Square Feet

Type of Facility (4)

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

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes
- Other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply)

- [X] 2 sf or > 2 sf
- [ ] 160 sf or > 260 sf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Friable Procedure

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

Attic X Pipe Insulation 12 LF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Cubic Yards of Waste .5

Name of Registered Landfill Tri - State

City, State Montclair, NJ 07042

Disposal Date 8/31/18

City, State Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian President

Signature

Date 8/7/2018
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)  
7/25/2018

Name of Building Owner/Operator (2)  
Clark Walnut Developers LLC

Street Address  
820 Morris Turnpike

City, State, Zip Code  
Short Hills 7076

Name of Contact  
Danny Matarese  
Telephone Number  
732-580-9090

Agencies Notified  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  
[ ] Initial  
[ ] Amended  
[ ] Amendment  
[ ] Emergency  
[ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place  
Private property

Street Address  
35 Walnut Ave/Office building  
Clark

County Code (7)  
(State Use Only)

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

Name of Abatement Contractor (9)  
ACM Solutions Services LLC

Street Address  
1435 51st Street  
North Bergen NJ 07047

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check Only One)  
[ ] Facility Closed/Vacated During Entire Period of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ ] Other – Describe: 7:00 AM to 4:00 PM

Scope of Work (Check All That Apply)  
[ ] ≥3 sf or ≥3 ft

≥160 sf or ≥2260 ft

Renovation  
Demolition  
Full Containment with Negative Pressure

Glovebag Procedure  
Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>
| Roof Parapet  
1st floor  
Exterior  
Exterior perimeter | [X] No  
[X] Yes  
[X] No  
[X] Yes | Roof Flashing  
floor tile and mastic  
window glazing  
Counter flashing | 180SF  
11000SF  
294LF  
255SF | [X] Removal  
[ ] Repair  
[ ] Encapsulate  
[ ] Endorse |

Name of Registered Waste Hauler  
Newark Carting Inc  
NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste  
0

Name of Registered Landfill  
ISES Bethlehem Rd Landfill

Disposal Date  
2335 Applebutter Rd Bethlehem PA

City, State  
Po Box 5670

Completed by  
Galo Zumba  
Title  
Principal  
Signature  
Galo Zumba  
Date  
7/25/2018

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Name of Represented Member</th>
<th>Unix</th>
<th>City, State, Zip Code</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Newark Central Sanitary Landfill</td>
<td>Newark, NJ 07105</td>
<td>Newark, NJ 07105</td>
<td>Newark, NJ 07105</td>
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<td>Newark Central Sanitary Landfill</td>
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<tr>
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<td>Newark, NJ 07105</td>
<td>Newark, NJ 07105</td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

**Address Information**

- **City**: Newark
- **State**: NJ
- **Zip Code**: 07105

**License Information**

- **License No.**: 00166
- **License Class**: 18S 07-22
- **Name of Contractor**: Omega Envirat, Inc.
- **Address**: 205 North 1st Street, Elkton, MD 21921

**Contractor Information**

- **Name of Contractor**: Omega Envirat, Inc.
- **Address**: 205 North 1st Street, Elkton, MD 21921

**Work Order Information**

- **Work Order No.**: 210262-0641
- **Description of Work**: Replacement of Existing Water Main
- **Start Date**: 05/21/2018
- **End Date**: 06/01/2018
- **Contractor**: Omega Envirat, Inc.
- **Address**: 205 North 1st Street, Elkton, MD 21921

**Project Information**

- **Project Name**: Replacement of Existing Water Main
- **Project Address**: 205 North 1st Street, Elkton, MD 21921

**Emergency Contact Information**

- **Name**: Joe Vocadlo
- **Phone**: 410-757-5300

**Safety Information**

- **OSHA 10 Card No.**: 00166
- **OSHA 30 Card No.**: 00166
- **Certification Date**: 05/21/2018
- **Expiry Date**: 05/20/2021

**Supervision Information**

- **Supervisor**: Joe Vocadlo
- **Phone**: 410-757-5300

**Materials Information**

- **Material**: Water Main
- **Quantity**: 107600
- **Type**: Steel

**Contractor Information**

- **Contractor**: Omega Envirat, Inc.
- **Address**: 205 North 1st Street, Elkton, MD 21921

**Owner Information**

- **Owner**: Newark Central Sanitary Landfill
- **Address**: 205 North 1st Street, Elkton, MD 21921

**Engineer Information**

- **Engineer**: Joe Vocadlo
- **Phone**: 410-757-5300
## NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**DOL - 10 DAY**

**Data of Notification (Y) : 8/31/15**

**Agency Notified : EPA**

**Name of Building Owner/Operator : PARKER LABS**

**Address : 286 ELOISE RD, FAIRFIELD, NJ 07007**

**Type of Notification :**

- **EPA**
- **DEP**
- **DOE**
- **DDOH**
- **DCA**

**Name of Person Responsible for Abatement : JASON ABETTI**

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

**Street Address : 286 ELOISE RD**

**City, State, Zip Code : FAIRFIELD, NJ 07007**

**County : ESSEX**

**County Code : 0734**

**Number of Floors : 1**

**Building Size : 10,000 sf**

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

- [ ] Residential
- [ ] Commercial
- [ ] Other

**Scope of Work :**

- [ ] Renovation/Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Other

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

- **Location : WAREHOUSE**
- **Number : X**

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

- [ ] Non-RAF
- [ ] RAF

**Amount :**

- [ ] 500 sf

**Name of Registered Subcontractor :**

- **Newark Garbage, Inc.**

**City, State, Zip Code : Newark, NJ 07101**

**Date of Completion : 8/10/15**

**Name of Contact : JASON ABETTI**

**License No. :**

- **00166**

**Name of OHSA Monitor : Omega Environmental Services Inc.**

**Address : 250 Huyler St 4**

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

**Complied by : R. McDonald**

**Date : 8/31/15**

---

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

State of New Jersey

Name of Building Owner/Operator (2)
Paterson Restoration Corp.

Date of Notification (1)
06 / 5 / 18

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

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

Name of Contact
Shashi Patel as agent for owner
Telephone Number
973-237-1222

FACILITY INFORMATION

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

Street Address
163-177 Pennsylvania Avenue

City (5)
Paterson

County (6)
Passaic

County Code (7)
Current Use (Prior to being demolished)

Project Manager for Monitoring Firm
N/A

ASCM No.
N/A

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
494 East 41st Street

City, State, Zip Code
Paterson, NJ 07504

Start Date (10)
08 / 17 / 18

Scheduled Completion Date (11)
08 / 31 / 18

Name of OSHA Monitor
Same as above

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/7PM-12AM

Scope of Work (Check all that apply)
☐ ≥300 ft or ≥90 ft
☐ ≥160 sf or ≥260 ft
☒ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☑</td>
<td>Pipe Insulation</td>
<td>30 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

N.J. DEP Waste Hauler ID No.
419

Cubic Yards of Waste
1

Name of Registered Landfill
G.R.O.W.S., North W/M of PA

City, State
Paterson, NJ

Completed By (Print or Type)
James Unger
Title
Sr. Estimator/Project Mgr.

Disposal Date
8-30-17

City, State
Morrisville, PA

Signature

Date
9-5-18

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

Date of Notification (1)
08 / 07 / 18

Name of Building Owner/Operator (2)
Ameritrust Residential Services, LLC

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>☑ Initial</td>
<td>Gary Hagopian</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-B)</td>
<td></td>
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<td>□ Amended</td>
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<td>□ Amendment #</td>
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</tr>
<tr>
<td></td>
<td>□ Emergency (including justification)</td>
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</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
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</tr>
</tbody>
</table>

Street Address
3630 Peachtree Road NE Suite 1500
Atlanta, GA 30326

City, State, Zip Code

Name of Contact
Gary Hagopian

Telephone Number
917-586-2559

FACILITY INFORMATION

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

City (5)
East Brunswick

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61
Toms River, New Jersey 08755

City, State, Zip Code
Toms River, New Jersey 08755

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

Start Date (10)
08 / 17 / 18

Scheduled Completion Date (11)
08 / 20 / 18

Name of OSHA Monitor
E.M.S.L. Analytical

Occancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement

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

Basement
☐ ☑ ☐ asbestos containing ceiling
900 sf

Location: Northern
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, VAF, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location: Southern

Location: Western

Location: Eastern

Location: Outside

Location: All

Location: Multiple

Location: None

Cubic Yards of Waste
3

Name of Registered Wast Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Disposal Date
08/20/18

City, State
Toms River, New Jersey
Tullytown, Pennsylvania

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

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

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 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 07 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Victor Passucci</td>
</tr>
</tbody>
</table>
| Agencies Notified | EPA  
DOLWD  
DOH  
DCA (NJAC 5:23-8)  |
| Type Notification | Initial  
Amended  
Emergency (including justification)  
Cancellation |
| Street Address | Redacted |
| City, State, Zip Code | Scotch Plains, NJ 07076 |
| Name of Contact | Victor Passucci |
| Telephone Number | |

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>Westfield</td>
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<tr>
<td>City (5)</td>
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<tr>
<td>County (6)</td>
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</tr>
<tr>
<td>Union</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Guardian Contracting, Inc.</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ANC No.</td>
</tr>
<tr>
<td>Guardian Contracting, Inc.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
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<tr>
<td>08 / 17 / 18</td>
<td>08 / 20 / 18</td>
</tr>
<tr>
<td>Ocupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM - AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥300 sf</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥200 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
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</tr>
<tr>
<td>Demolition</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Flat Procedure</td>
<td></td>
</tr>
</tbody>
</table>

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>asbestos siding</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Guardian Contracting, Inc.  
NJDEP Waste Hauler ID No. 20223  
Cubic Yards of Waste 3  
Name of Registered Landfill: T.R.R.F.  
City, State: Toms River, New Jersey  
Disposal Date: 8/20/18  
City, State: Tullytown, Pennsylvania  
Completed By (Print or Type) Nicholas Fernicola  
Title: Project Manager  
Signature: [Signature]  
Date: 8/18/18

* 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)**
08-06-18

**Name of Building Owner/Operator (2)**
IBN Construction Corp

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>49 Hermon St.</td>
<td>522 7th St.</td>
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<tr>
<td>DEP</td>
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<td></td>
</tr>
<tr>
<td>DOL</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code**
Newark, NJ 07105

**Name of Contact**
Nelson Espinosa

**Telephone Number**
(973) 344-4568

**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>Dignity House / Commercial Property</td>
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</tr>
</tbody>
</table>

**Address**
276 Broadway

**City (5)**
Passaic

**County Code (7)**
Passaic

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

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

**Name of Abatement Contractor (9)**
Defla Contracting LLC

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-16-18</td>
<td>08-24-18</td>
</tr>
</tbody>
</table>

**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)**

- ≥30 sf or ≥30 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>VAT + Mastic</td>
</tr>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1250 SF</td>
</tr>
<tr>
<td>70 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Defla Contracting LLC

**NJDEP Waste Hauler ID No.**
356240

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
08-22-18

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
08-06-18

* 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)
08/06/2018

Name of Building Owner/Operator (2)
Residence

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

Type Notification
- Initial

Address
- Street Address
- City, State, Zip Code
- Name of Contact
- Telephone Number

FACILITY INFORMATION

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

City (5)
Union

County (6)
Union

Square Feet
1,583

# of Floors
2

Bldg. Age
72

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354
South Orange, NJ 07079

City, State, Zip Code
South Orange, NJ 07079

License No.
01316

Telephone No.
844-462-7465

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Start Date (10)
09/17/2018

Scheduled Completion Date (11)
09/04/2018

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)
- Asbestos Removal
- 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 Utility Closet | Pipe wrap | 25 LF |

Name of Registered Waste Hauler
Newark Carting

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
East Orange, NJ

Disposal Date
City, State
Penn Argyle, PA

Completed by
Alison Lamers

Title
Office Manager

Signature
* Atanas

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 6:60 and 12:120)

Date of Notification (1)
08/02/2018

Name of Building Owner/Operator (2)

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

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

Street Address

City, State, Zip Code
Cranford NJ 07016

Name of Contact
Mark Harley

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Cranford

County (6)
Union

County Code (7)

Square Feet
1,950

# of Floors
2

Bldg. Age
68

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Telephone No.
844-462-7465

License No.
01316

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

Occuancy 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 ft
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Yes
No
N/A

Location Description

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill

Waste Management Landfill

City, State
East Orange, NJ

Disposal Date

City, State
Penn Argyle, PA

Completed by
Alison Lamers
Title
Office Manager

Signature

Date
08/02/2018

* 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 and 12:120)

**Date of Notification (1):** 6/21/18  
**Name of Building Owner / Operator (2):** VERIZON COMMUNICATIONS

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended R#1-8/8/18</td>
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<td>DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address:** 386 East Bay Avenue  
**City, State & Zip Code:** Manahawkin NJ

**Name of Contact:** Brian Tilton  
**Telephone Number:** 215-640-4563

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Manahawkin Central Office  
**Street Address:** 386 East Bay Avenue

**City (5):** Manahawkin  
**County (6):** Ocean  
**County Code (7):**

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

**Square Feet:** 23500  
**# of Floors:** 1  
**Bldg. Age:** 75

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

**Name of Monitoring Firm Hired by Building Owner (6):** USA ENVIRONMENTAL MANAGEMENT, INC.  
**ASCM No.:**

**Street Address:** 8436 ENTERPRISE AVE  
**City, State & Zip Code:** PHILADELPHIA PA 19153

**Project Manager for Monitoring Firm:** MARK JENKINS  
**Telephone Number:** 215-365-5910

**Scheduled Start Date (10):** 7/23/18  
**Scheduled Completion Date (11):** 8/6/18

**Occupancy Status During Abatement (Check only one):**
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☒ Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: 5:00 PM – 1:30 AM
- ☐ Facility Occupied During Abatement

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Used by</th>
<th>Solenoid or Custodial Staff? (12)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Yes</td>
<td>1200 SF</td>
<td>☐ Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Yes</td>
<td>100 SF</td>
<td>☒ Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>No</td>
<td>100 SF</td>
<td>☐ Encapsulate</td>
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</table>

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC.  
**City, State:** NEW CASTLE, DE 19720

**Title:** Estimator  
**Signature:**

**Name of Registered Landfill:** MINERVA LANDFILL  
**City, State:** WAYNESBURG, OH 44688

**Disposal Date:** TBD  
**Cubic Yards of Waste:** 10  
**Date:** 6/21/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/21/18

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Agencies Notified

<table>
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<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tbody>
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<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL 9791</td>
<td>Emergency</td>
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<tr>
<td>DOH 4107</td>
<td>Cancellation</td>
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</table>

Street Address 368 East Bay Avenue

City, State & Zip Code Manahawkin NJ 08050

Name of Contact Brian Tilton

Telephone Number 215-540-4563

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Manahawkin Central Office

Street Address 368 East Bay Avenue

City (5) Manahawkin

County (6) Ocean

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.

ASCM No.

Type of Facility (4)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Square Feet 23500

# of Floors 1

Bldg. Age 75

Current Use (Prior if being demolished) COMMUNICATIONS

Name of Abatement Contractor (6) BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Telephone Number 215-786-6040

License Number 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Scheduled Start Date (10) 7/23/18

Scheduled Completion Date (11) 8/8/18

Occupancy Status During Abatement (Check only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
<td></td>
</tr>
</tbody>
</table>

Describe: 5:00 PM – 1:30 AM

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
<td></td>
</tr>
<tr>
<td>≥160 sf ≥260 If</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
</tbody>
</table>

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Frisable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wat/Mastic</td>
<td>1200 SF</td>
</tr>
<tr>
<td>Boiler insulation</td>
<td>100 SF</td>
</tr>
<tr>
<td>Breaching insulation</td>
<td>100 SF</td>
</tr>
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</table>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No. 20580

Cubic Yards of Waste 10

Name of Registered Landfill MINERVA LANDFILL

Disposal Date TBD

City, State WAYNESBURG, OH 44688

Completed By (Print or Type) PATRICK T. DeCARO

Title Estimator

Signature

Date 6/21/18
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/10/18

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

Type Notification
☑ Initial  ☐ Amended R#2-8/6/18  ☐ Emergency  ☐ Cancellation

Name of Building Owner / Operator (2)
Burlington Coat Factory

Street Address
1830 US Route 130 North
City, State & Zip Code
Burlington NJ 08016

Name of Contact
Mike Woods
Telephone Number
917-838-4314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

City (5)
Lawrenceville

County (6)
Mercer

County Code (7)

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

ASCM No.

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

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 if
☐ ≥160 sf ≥260 if

Renovation  ☑ Demolition

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

Rear Offices
☐ ☑ ☐

Break Room, Mens Room & Corridor
☐ ☐ ☐

Ladies Room, Corridor & Sales Floor
☐ ☐ ☐

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

Yes ☑ No ☐ N/A ☐

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

Mastic 512 SF

Amount (Specify SF or LF)

Mastic 1,575 SF

Mastic 900 SF

Abatement Type

Full Containment with Negative Pressure  ☐

Mini-Enclosure  ☐

Glove Bag Procedures  ☐

Non-Exempted and Non-Friable Procedure  ☐

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Comleted By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
40 Cu Yd

Disposal Date
TBD

Name of Registered Landfill
FAIRLESS HILLS LANDFILL

City, State
MORRISVILLE, PA

Date
8/6/18

PD 18055
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/18

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

Type Notification
- Initial
- Amended R#2-8/6/18
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Burlington Coat Factory

Street Address
1830 US Route 130 North
Burlington NJ 08016

City, State & Zip Code

Name of Contact
Mike Woods

Telephone Number
917-838-4314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

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

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

City, State & Zip Code

Telephone Number
215-786-5040

License Number
00509

Name of OSHA Monitor

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

Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Receiving Area

Aisle Way C-D @ Column 4

Aisle Way C-D @ Column 2

Aisle Way D-E @ Column 1-2

Vestibule G-H @ Column 2-5

Vestibule J & Cashwraps

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
40 Cu Yd

Name of Registered Landfill
FAIRLESS HILLS LANDFILL

Disposal Date
TBD

City, State
MORRISVILLE, PA

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Date
8/6/18

SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

PD 18055
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7/10/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Burlington Coat Factory</td>
</tr>
<tr>
<td>Street Address</td>
<td>1830 US Route 130 North</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Burlington NJ 08016</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Woods</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>917-938-4314</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Burlington Coat Factory Store #226 |
| Street Address | 2495 Route 1, Suite 1 |
| City, County & Zip Code | Lawrenceville, Mercer County, Mercer 08648 |
| Project Manager for Monitoring Firm | Frank Westfall |
| Telephone Number | 215-640-5320 |

| Scheduled Start Date | 7/24/18 |
| Scheduled Completion Date | 8/20/18 |

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

| ESIS |
| Street Address | 436 Walnut Street |
| City, State & Zip Code | Philadelphia, PA 19106 |

| Project Manager for Monitoring Firm | Frank Westfall |
| Telephone Number | 215-640-5320 |

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - Describe: (10:00 PM – 6:00 AM) Sunday - Thursday
- Facility Occupied During Abatement

**Scope of Work**

- 3 or more if ≥3 if
- 160 ≤ 260 if
- Renovation
- Demolition

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

| Rear Offices |Yes | No | N/A |
| Break Room, Mens Room & Corridor |Yes | No | N/A |
| Ladies Room, Corridor & Sales Floor |Yes | No | N/A |

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastic</td>
<td>512 SF</td>
</tr>
<tr>
<td>Mastic</td>
<td>1,575 SF</td>
</tr>
<tr>
<td>Mastic</td>
<td>900 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

| SERVICE TRANSPORT GROUP, INC. |
| City, State | NEW CASTLE, DE 19720 |
| Completed By | PATRICK T. DECARO |
| Title | Estimator |
| Signature | Patrick T. DeCaro |

**Name of Registered Landfill**

| FAIRLESS HILLS LANDFILL |
| City, State | MORRISVILLE, PA |

**Date**

| 7/20/18 |
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
7/10/18

**Name of Building Owner / Operator (2)**
Burlington Coat Factory

**Street Address**
1830 US Route 130 North
Burlington NJ 08016

**Name of Contact**
Mike Woods

**Telephone Number**
917-836-4314

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Burlington Coat Factory Store #226

**Street Address**
2495 Route 1, Suite 1

**City (5)**
Lawrenceville

**County (6)**
Mercer

**County Code (7)**

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

**Telephone Number**
215-640-5320

**ASCM No.**

**Type of Facility (4)**
- Retail

**Square Feet**
72500

**# of Floors**
1

**Bldg. Age**
50

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

**Name of Abatement Contractor (9)**
Bristol Environmental Inc

**Street Address**
1123 Beaver Street
Bristol, PA 19007

**Telephone Number**
215-768-8040

**License Number**
00509

**Name of OSHA Monitor**
Bristol Environmental Inc

**Street Address**
1123 Beaver Street
Bristol, PA 19007

**Project Manager for Monitoring Firm**
Frank Westfall

**Scheduled Start Date (10)**
7/24/18

**Scheduled Completion Date (11)**
8/20/18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  - (10:00 PM – 6:00 AM)
- Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- ≥150 sf ≥260 if
- Renovation
- Demolition

---

### Abatement

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

<table>
<thead>
<tr>
<th>Receiving Area</th>
<th>Mastic</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisle Way C-D @ Column 4</td>
<td>Mastic</td>
<td>4,000</td>
</tr>
<tr>
<td>Aisle Way C-D @ Column 2</td>
<td>Mastic</td>
<td>436 SF</td>
</tr>
<tr>
<td>Aisle Way D-E @ Column 1-2</td>
<td>Mastic</td>
<td>436 SF</td>
</tr>
<tr>
<td>Vestibule G-H @ Column 2-6</td>
<td>Mastic</td>
<td>300 SF</td>
</tr>
<tr>
<td>Vestibule J &amp; Cashwraps</td>
<td>Mastic</td>
<td>1100 SF</td>
</tr>
<tr>
<td>Vestibule J &amp; Cashwraps</td>
<td>Mastic</td>
<td>900 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**Name of Registered Landfill**
FAIRLESS HILLS LANDFILL

City, State
NEW CASTLE, DE 19720

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

---

**Completed By (Print or Type)**
PATRICK T. DeCARO

**Title**
Estimator

**Signature**

**Date**
7/20/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/18

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agency Notified
☑ EPA 9975
☐ DEP
☐ DOL 9555
☐ DOH 9952
☐ DCA

Type Notification
☑ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
1830 US Route 130 North
City, State & Zip Code
Burlington NJ 08016

Name of Contact
Mike Woods
Telephone Number
917-638-4314

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
72500
# of Floors
1
Bldg. Age
50

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

License Number
00509

Project Manager for Monitoring Firm
FRANK WESTFALL

Telephone Number
215-660-5220

ESIS

Street Address
436 Walnut Street
City, State & Zip Code
Phila., PA 19106

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

ASCM No.

Scheduled Start Date (10)
7/24/18

Scheduled Completion Date (11)
8/20/18

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/ Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:

10:00 PM - 6:00 AM

☐ Facility Occupied During Abatement

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

☑ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
4,300

Abatement Type

Sales Floor

Mastic

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Date
7/10/18
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)  
7 / 11 / 18

Name of Building Owner/Operator (2)  
Verizon Communications

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

Type Notification  
☑ Initial  
☐ Amended  
☐ Amendment #3-8/6/18  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
71 Madison Ave

City, State, Zip Code  
Jersey City, NJ 07304

Name of Contact  
Brian Kingsbury  
Telephone Number  
201 356 5166

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

Square Feet  
113,347  
# of Floors  
7  
Build. Age  
+50

Current Use (Prior to being demolished)  
Verizon Communications

Name of Facility Where Abatement is Taking Place (3)  
Verizon Bergen Central Office

Name of Monitoring Firm Hired by Building Owner (8)  
ESIS  
ASCM No.  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
10 Exchange Place, 13th Floor

City, State, Zip Code  
Jersey City  
BRISTOL, PA 19007

Project Manager for Monitoring Firm  
Brian Kingsbury  
Telephone No.  
201 356 5166

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-8:00PM/11:30PM-AM  
☐ Other

Scope of Work (Check all that apply)  
☒ ≥ 3 sf or ≥ 3 if  
☐ ≥ 160 sf or ≥ 280 if  
☐ ≥ 160 sf or ≥ 280 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)  

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

Description of Asbestos-Containing Material (ACM)  

Amount (Specify SF or LF)  

Abatement Type  

Endcaps  

Encapsulation  

Repair  

Removal  

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

Start Date (10)  
7 / 23 / 18  
□ Scheduled/Completion Date (11)  
□ ON HOLD

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

City, State  
NEW CASTLE, DE  
NJDEP Waste Hauler ID No. 20990

Disposal Date  
TBD  
Name of Registered Landfill  
MINERVA LANDFILL

City, State  
WAYNESBURG, OH  
Disposal Date  
TBD

Completed By (Print or Type)  
Dillan DeCaro  
Title  
Estimator  
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 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 11 / 18</td>
<td>Verizon Communications</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
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<tr>
<td>□ DOLWD</td>
<td>□ Amended</td>
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<tr>
<td>□ DOH</td>
<td>□ Amendment #2-7/26/18</td>
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<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td></td>
<td>□ Cancellation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Madison Ave</td>
<td>Brian Kingsbury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Verizon Bergen Central Office</td>
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<tr>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (*) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Jersey City</td>
<td>113,347</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>Hudson</td>
<td>±50</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon Bergen Central Office</td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESIS</td>
<td></td>
<td>Bristol Environmental, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Exchange Place, 13th Floor</td>
<td>00509</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey City</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Kingsbury</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 7 / 23 / 18</td>
<td>8 / 10 / 18</td>
</tr>
</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-3:00PM/11:30PM-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 25 sf or &gt;25 sf</td>
</tr>
<tr>
<td>□ 250 sf or &gt;250 sf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glueless Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
</tr>
<tr>
<td>Elevator Shaft</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
</tr>
<tr>
<td>Basement Hallway</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>VAT &amp; Mastic</td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 SF</td>
<td>□ Removal</td>
</tr>
<tr>
<td>140 LF</td>
<td>□ Encapsulate</td>
</tr>
<tr>
<td>40 LF</td>
<td>□ Endure</td>
</tr>
<tr>
<td>38 LF</td>
<td>□ Enclose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Group, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20980</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Landfill</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle, DE</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>7-26-18</td>
</tr>
</tbody>
</table>
**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>7 / 11 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DOLWD</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
<tr>
<td>□ NJF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>Amendment #1-7/23/18</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Verizon Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>71 Madison Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07034</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Kingsbury</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Bergen Central Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>71 Madison Ave</td>
</tr>
<tr>
<td>City</td>
<td>Jersey City</td>
</tr>
<tr>
<td>County</td>
<td>Hudson</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Kingsbury</td>
</tr>
</tbody>
</table>

| Start Date (10) | 7 / 23 / 18 |
| Scheduled Completion Date (11) | 8 / 10 / 18 |

<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: <em><strong>:</strong></em> AM-<em><strong>:</strong></em> PM/5:00PM-2:00AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or ≥3 lf</td>
</tr>
<tr>
<td>□ 150 sf or ≥260 lf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ N/A</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>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify - SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 SF</td>
<td>□ Removal</td>
</tr>
<tr>
<td>140 LF</td>
<td>□ Encapsulation</td>
</tr>
<tr>
<td>40 LF</td>
<td>□ Endorsement</td>
</tr>
<tr>
<td>38 LF</td>
<td>□ □ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Service Transport Group, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
<td>NDEP Waste Hauler ID No. 20990</td>
</tr>
<tr>
<td>Elevator Shaft</td>
<td>Cubic Yards of Waste 3</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td></td>
</tr>
<tr>
<td>Basement Hallway</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Newman Castle, DE</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Dillian DeCarn</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Dillian DeCarn</td>
</tr>
<tr>
<td>Date</td>
<td>7-23-18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensing, renovation, or demolition.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

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<th>Date of Notification (1)</th>
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<tbody>
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<tr>
<td>Verizon Communications</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOLWD 0126</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOH 0000</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-6)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>71 Madison Ave, Jersey City, NJ 07034</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Brian Kingsbury</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

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<tr>
<td>Verizon Bergen Central Office</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>113,347</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>7</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>+50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (8)</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 18007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 18007</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 l</td>
</tr>
<tr>
<td>≥160 sf or ≥260 l</td>
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<th>Abatement Type</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>40 SF</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>140 LF</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>40 LF</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</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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</tbody>
</table>

| Elevator Cab Floor | VAT & Mastic | 40 SF |
| Elevator Shaft | Pipe Insulation (Wrap & Cut) | 140 LF |
| Elevator Machine Room | Pipe Insulation | 40 LF |

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>NEW CASTLE, DE</th>
</tr>
</thead>
</table>

| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | MINERVA LANDFILL |
| Disposal Date | TBD |
| City, State | WAYNESBURG, OH |

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Dillian DeCaro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Dillian DeCaro</td>
</tr>
<tr>
<td>Date</td>
<td>7/11/18</td>
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</tbody>
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