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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2019</td>
<td>Lawrence Township Public Schools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Lawrence Middle School</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #3</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2565 Princeton Pike</td>
<td>Lawrenceville, NJ 08648</td>
<td>United Safety LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
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<tbody>
<tr>
<td>104,000</td>
<td>3</td>
<td>67</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>Middle School</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTI Environmental, Inc.</td>
<td>United Safety LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/2019</td>
<td>08/09/2019</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 25 sf or 25 sf</td>
</tr>
<tr>
<td>x 150 sf or 250 sf</td>
</tr>
<tr>
<td>Removation</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>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom 300 Bathroom</td>
<td>X</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>40 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No. SW2117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Fairless Landfill</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanco Petkov</td>
<td>Project Manager</td>
<td></td>
<td>08/06/2019</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
08/06/2019

Name of Building Owner/Operator (2):
Joanne Love

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

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

Street Address:

City, State, Zip Code:
Bernardsville, NJ 07924

Name of Contact:
Joanne Love

FACILITY INFORMATION

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

Street Address:

City (5):
Bernardsville

County (6):
Somerset

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

Current Use (Prior to being demolished):
House

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

ASCM No.:

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

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

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

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

Start Date (10):
08/20/2019

Scheduled Completion Date (11):
08/21/2019

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

Scope of Work (Check All That Apply):
- [x] ≤ 30 sf or ≤ 23 if
- [ ] 30 sf or ≥260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

Garage

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
Transit Paneling 80 SF

Amount (Specify SF or LF):

Abatement Type:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

Name of Registered Landfill:
Grand Central

City, State:
Totowa, NJ

Disposal Date:
TBD

Name of Registered Waste Hauler:
Atlantic Carting

NJDEP Waste Hauler ID No. 26085

Cubic Yards of Waste:
TBD

Completed by:
Oliver Hegedus

Title:
Project Manager

Signature:

Date:
08/06/2019

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

State of New Jersey

Date of Notification (1)
08/06/2019

Agency Notified

Name of Building Owner/Operator (2)
Lisa Basile

Street Address

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Lisa Basile

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Maplewood

County Code (7)
Essex

County Code (7)

Current Use (Prior to being demolished)
House

Name of Abatement Contractor (6)
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

TelephoneNumber

Scheduled Completion Date (11)
08/20/2019

Start Date (10)
08/19/2019

Occupancy Status During Abatement (Check Only One)

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

Other – Describe: Occupied

Scope of Work (Check All That Apply)

≥300 sf or ≥600 sf

≥100 sf or ≥260 sf

Renovation
Demolition

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

Yes
No
N/A

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

Basement

Pipe insulation

135 LF

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

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
28085

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central

City, State
Totowa, NJ

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
08/06/2019

Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
NON Sub 8

Date of Notification (1): 08/18/19

Name of Building Owner/Operator (2):
South Plainfield School District

Street Address:
125 Jackson Avenue

City, State, Zip Code:
South Plainfield, NJ 07080

Name of Contact:
Tom Wiggins

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Franklin Elementary School (NON Sub-chapter 8)

Street Address:
1000 Franklin Avenue

City (5):
South Plainfield

County (6):
Union

County Code (7) (State use only):

Name of Monitoring Firm HIred by Bldg. Owner (8):

ASCM No.:

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

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Telephone Number:
(973) 696-8889

License Number:
00378

Name of OSHA Monitor:
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Current Use (Prior if being demolished):
school (non sub 8)

Type of Facility (4):
[ ] School (K - 12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:
50,000 sf

# of Floors:
2

Bldg. Age:
50+

Scheduled Start Date (10):
08/19/2019

Sched. Completion Date (11):
08/23/2019

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

Describe:

Other-Describe:

Scope of Work (check all that apply):

[ ] Demolition
[ ] Renovation

[ ] >3 sf or >3 ft
[ ] ≥160 sf or >260 sf

Description of asbestos-containing material (ACM):

Amount (Specify SF or LF):

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

Room 23

VAT & mastic
755 sf

Registered Waste Hauler:
B & G Restoration, Inc.

NJDEP Hauler ID#:
19563

Cubic Yards of Waste:

Name of Registered Landfill:
Grand Central Landfill

City, State:
Lincoln Park, NJ

Disposal Date:
08/23/2019

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Signature:
Gordana Luna

Date:
09/09/2019
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>10/18/19</td>
<td>South Plainfield School District</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>X Initial</td>
<td>South Plainfield School District</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amendment</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Cancellation</td>
<td></td>
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<tr>
<td>□ DOH</td>
<td>□</td>
<td></td>
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<tr>
<td>□ DCA</td>
<td>□</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>125 Jackson Avenue</td>
<td>South Plainfield, NJ 07080</td>
<td>Tom Wiggins</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Non Sub 8</th>
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</thead>
<tbody>
<tr>
<td>908-754-4620 x 8270</td>
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### FACILITY INFORMATION

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

**John E Riley Elementary School (NON Sub-chapter 8)**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
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<tbody>
<tr>
<td>1000 Morris Avenue</td>
<td>South Plainfield</td>
<td>Union</td>
</tr>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>ASCM No.</th>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
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<tbody>
<tr>
<td>(State use only)</td>
<td></td>
<td></td>
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<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Type of Facility (5)</th>
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<tbody>
<tr>
<td>□ School (K-12)</td>
<td>□ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>□ Other (Private/Commercial Bldgs/Homes, etc.)</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
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<tbody>
<tr>
<td>50,000 sf</td>
<td>2</td>
<td>50+</td>
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<tr>
<th>Current Use (Prior if being demolished)</th>
<th>(non sub 8)</th>
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<tbody>
<tr>
<td>School</td>
<td>(Non) Sub-chapter 8</td>
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**Name of Abatement Contractor (9)**

**B & G Restoration, Inc.**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
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<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(973) 696-8869</td>
<td>00378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

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

- □ Demolition
- □ Renovation
- □ Full Containment w/negative pressure
- □ Mini-enclosure
- □ Non-friable procedure
- □ ≥160 sf or ≥280 sf

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

<table>
<thead>
<tr>
<th>Room 7</th>
<th>VAT &amp; mastic</th>
<th>Description of asbestos-containing material (ACM)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>766 sf</td>
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**Registered Waste Hauler**

**B & G Restoration, Inc.**

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>19563</td>
<td>9</td>
<td>Grand Central Landfill</td>
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</table>

<table>
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<tr>
<th>City, State</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
<td>08/23/2019</td>
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**Completed by (Print or Type)**

**Gordana Luna**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td>Secretary/Treasurer</td>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>08/09/19</td>
<td></td>
</tr>
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</table>

**State of NJ**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:60-7 and 12:120-7)
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
08/19/2019

Name of Building Owner/Operator (2):
David Robin

Agencies Notified:
[X] DOH
[ ] EPA
[ ] DEP
[ ] DCA

Type Notification:
[X] Initial
[ ] Amendment
[ ] Cancellation

Street Address:

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

Name of Contact:
David Robin

Facility Information

Name of facility where abatement is taking place (3):
David Robin

Street Address:

City (5):
Fair Lawn, NJ 07410

County (6):
Bergen

County Code (7):
(State use only)

Type of Facility (4):
[X] Other (Private/Commercial Bldgs./Homes, etc.

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):
Residential

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

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Telephone Number:
(973)696-6869

License Number:
00378

Name of OSHA Monitor:
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm:

Phone Number:

Scheduled Start Date (10):
08/19/2019

Scheduled Completion Date (11):
08/23/2019

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

Abatement performed outside of normal facility hours:

Other/Describe:

Scope of Work (check all that apply):

Demolition

Renovation

>3 sf or >3 tif

≥160 sf or ≥280 sf

Location of asbestos-containing material 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):
VAT (no mastic)

Amount (Specify SF or LF):
950 sf

Removal

Repair

Enclosure

Enclosure

Registered Waste Hauler:
B & G Restoration, Inc.

NJ DEP Hauler ID#:
19563

Cubic Yards of Waste:
10

Name of Registered Landfill:
Grand Central Landfill

City, State:
Lincoln Park, NJ

Disposal Date:
08/23/2019

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Signature:

Date:
08/08/2019
**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>08/06/2019</th>
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**Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [X] DCA

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

**Street Address**
City, State, Zip Code  
Maplewood, NJ 07040

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

**Name of Contact**
Eli Fishbein

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td>House</td>
</tr>
</tbody>
</table>

**Street Address**

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

<table>
<thead>
<tr>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

| Project Manager for Monitoring Firm |
| Street Address |
| 11 Rosengren Avenue |

| City, State, Zip Code |
| Totowa, NJ 07512 |

| Telephone No. |
| 9733458685 |

| License No. |
| 01311 |

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

<table>
<thead>
<tr>
<th>Square Feet (N/A)</th>
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</table>

<table>
<thead>
<tr>
<th># of Floors (N/A)</th>
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</table>

<table>
<thead>
<tr>
<th>Bldg. Age (N/A)</th>
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</table>

**Start Date (10)**
08/16/2019

**Scheduled Completion Date (11)**
08/17/2019

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
</tr>
</tbody>
</table>

| City, State, Zip Code |
| Totowa, NJ 07512 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] ±3 sf or ±3 ft</td>
</tr>
<tr>
<td>[X] ±150 sf or ±260 sf</td>
</tr>
<tr>
<td>[X] Renovation</td>
</tr>
<tr>
<td>[X] Demolition</td>
</tr>
</tbody>
</table>

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

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

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

| Amount (Specify SF or LF) |
| 75 LF |

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

| Name of Registered Waste Hauler |
| Atlantic Carting |

| NJ/DEP Waste Hauler ID No. |
| 26085 |

| Cubic Yards of Waste |
| TBD |

| Name of Registered Landfill |
| Grand Central |

| City, State |
| Totowa, NJ |

| Disposal Date |
| TBD |

| City, State |
| Pen Argyl, PA |

**Completed by**

| Project Manager |
| Oliver Hegedus |

| Signature |
| [Signature] |

| Date |
| 08/08/2019 |

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

Date of Notification (1) 08/08/19

Name of Building Owner/Operator (2)

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

City, State, Zip Code Lakewood, NJ 08701

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (6)

Lakewood

County (6)

Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) home

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
AAA Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address

City, State, Zip Code

LAKewood, NJ 08701

Project Manager for Monitoring Firm Telephone No.

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address

City, State, Zip Code

LAKewood, NJ 08701

Start Date (10) 08/18/19 Scheduled Completion Date (11) 08/21/19

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

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

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

Exterior SIDING 2000SF x

Name of Registered Waste Hauler
NEWARK CARTING

NJ DEP Waste Hauler ID No. 04509

Cubic Yards of Waste 10

Name of Registered Landfill IESI

City, State NEWARK, NJ

Disposal Date 08/21/19

City, State BETHLEHEM PA

Completed by

JOSEPH PERLSTEIN
Title OWNER

Signature

Date 08/08/19

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 8:69 and 12:120)

Date of Notification (1)
08/08/19

Name of Building Owner/Operator (2)
Jeanmarie Arculeo

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

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

Street Address
City, State, Zip Code
Metuchen, NJ 08840

Name of Contact
Jeanmarie Arculeo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

City (5)
Metuchen

County (6)
Middlesex

Square Feet
# of Floors
Bldg. Age

County Code (7)
(STATE USE ONLY)

Current Use (Prior to being demolished)
home

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

ASCM No.

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-869-9078

License No.
1200

Start Date (10)
08/18/19

Scheduled Completion Date (11)
08/21/19

Name of OSHA Monitor

AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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
□ 400 sf or ≥500 sf
□ Renovation
□ Demolition
□ ≤30 if

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

□ Interiors
□ Exteriors
□ Other

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

Description of Asbestos Containing Material (ACM)

□ Other (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
150 SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Endorse

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
4

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
08/21/19

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date
08/08/19

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

State of New Jersey

Date of Notification (1) 08/08/2019

Name of Building Owner / Operator (2)
Beverly Bohanek

Address
City, State & Zip Code Carteret, NJ 07008

Name of Contact
Beverly Bohanek

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Beverly Bohanek

Street Address

City (5) Carteret
County (6) Middlesex
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

Health & Safety Services

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 1740

# of Floors 2

Bldg. Age 67

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
Resource Management Group, LLC.

Street Address 2115 Hamilton Avenue, Suite 202

City, State & Zip Code Trenton, NJ 08619

Telephone Number 609-814-4279

License Number 0185

Name of OSHA Monitor

J&S Environmental Laboratories, Inc.

Street Address 2333 Route 22 West

City, State & Zip Code Union, NJ 07083

Scopes 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)

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

Amount (Specify SF or LF) 65 LF

Abatement Type

Location
Removal
Repair
Encapsulate
Endorse

Yes
No
N/A

Pipe insulation

Abatement Type

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No. 0038218

Cubic Yards of Waste TBD

Name of Registered Landfill
Grows Landfill

Disposal Date TBD

City, State Morrisville, PA

Completed By (Print or Type)
Mr. Brian Haney

Title President

Signature

Date 08/08/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Name of Building Owner/Operator:**
Elizabeth Polifroni Private Home

**Street Address:**
TBD

**City, State, Zip Code:**
TBD

**Name of Contact:**
John

**Telephone Number:**
TBD

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Elizabeth Polifroni Private Home

**Street Address:**
TBD

**City:**
TBD

**County:**
TBD

**Name of Abatement Contractor:**
Pernaco Inc.

**Street Address:**
TBD

**City, State, Zip Code:**
TBD

**Project Manager for Monitoring Firm:**
TBD

**Telephone No.:**
TBD

**License No.:**
TBD

**Start Date (10):**
TBD

**Scheduled Completion Date (11):**
TBD

**Occupy Status During Abatement:**
TBD

**Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours:**
TBD

**Scope of Work:**
TBD

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

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

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

**Amount:**
TBD

**Abatement Type:**
TBD

**Name of Registered Waste Hauler:**
United Roll Off

**NJDEP Waste Hauler ID No.:**
22459

**Cubic Yards of Waste:**
TBD

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

**Disposal Date:**
TBD

**City, State:**
Elm NJ

**Morrisville PA 19067**

**Completed by:**
Anthony T Perna

**Title:**
President

**Signature:**
TBD

**Date:**
TBD

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

Date of Notification (1)
08 / 07 / 19

Name of Building Owner/Operator (2)
Resipro

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

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

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

Name of Contact
Joe Sanchez

Telephone Number
732-556-8146

FACILITY INFORMATION

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

Street Address
[Redacted]
Woodbridge

City (5)
Middlesex

County (6)
County Code (7) [STATE USE ONLY]

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

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

ASCM No.

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

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Project Manager for Abatement
Nicholas Fernicola

Telephone No.
732-349-9932

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
08 / 19 / 19

Scheduled Completion Date (11)
08 / 20 / 19

Scope of Work (Check all that apply)

☒ ☐ ☐ 200 sf or >200 sf
☐ ☑ ☐ 250 sf or >250 sf
☐ ☐ ☐ 260 sf or >260 sf

Facility Closed/Vacated During Entire Period of Abatement
☒ Yes
☐ No
☐ N/A

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM
PM
PM

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Disposal Date
08/20/19

City, State
Toms River, New Jersey

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

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature
[Signature]

Date
5/7/19

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☐ Yes ☑ No ☐ N/A</td>
<td>asbestos pipe insulation</td>
<td>110 sf</td>
</tr>
</tbody>
</table>

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

☐ Removal
☐ Repair
☐ Encapsulation

* Contact the asbestos contractor for asbestos removal activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  8-7-2019

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

Type Notification  
- Initial  
- Amended (End time extended)  
- Emergency  
- Cancellation

Name of Building Owner / Operator (2)  
Jefferson Health

Street Address  
18 E. Laurel Road

City, State & Zip Code  
Stratford, NJ 08084

Name of Contact  
Mr. John Fertinna

Telephone Number  
856-346-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Jefferson Health – Physical Therapy

Street Address  
18 E. Laurel Road

City (5)  
Stratford, NJ 08084

County (6)  
Camden

County Code (7)  

Square Feet  
250,000

# of Floors  
2

Bldg. Age  
52

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)  
Resource Management Group, LLC

Street Address  
2115 Hamilton Ave, Ste 202

City, State & Zip Code  
Trenton, NJ 08619

Telephone Number  
609-977-6159

License Number  
01185

Name of OSHA Monitor  
J&S Environmental Laboratories, Inc.

Street Address  
2533 Route 22 West

City, State & Zip Code  
Union, NJ 07083

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

Describe:  8:00am to 8:00pm

Facility Occupied During Abatement

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 if  
- ≥160 sf ≥280 if  
- Renovation  
- Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

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

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

Amount (Specify SF or LF)  
68 SF

Name of Registered Waste Hauler  
Robinson Waste Disposal Service, Inc.

NJDEP Waste Hauler ID No.  
17304

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grows Landfill

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed By (Print or Type)  
Mr. Brian Haney

Title  
President

Signature  

Date  
08/7/2019
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
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<tr>
<td>□ DEP</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amended</td>
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<td>□ DOH</td>
<td>□ Emergency</td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Jefferson Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>18 E. Laurel Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Stratford, NJ 08084</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Mr. John Ferraiina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>859-346-6000</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Jefferson Health - Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>18 E. Laurel Road</td>
</tr>
<tr>
<td>City (5) Stratford, NJ 08084</td>
<td>County (6) Camden</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ School (K-12)</td>
</tr>
<tr>
<td>□ Subchapter 8 (Other than K-12)</td>
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<tr>
<td>□ Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>250,000</td>
<td>2</td>
<td>52</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Hospital</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Resource Management Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2115 Hamilton Ave, Suite 202</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08619</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>01185</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>J&amp;S Environmental Laboratories, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>□ ≥160 sf ≥260 if</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Spray on insulation 68 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>□ N/A</td>
<td></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>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glove Bag Procedures</td>
</tr>
<tr>
<td>□ Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Robinson Waste Disposal Service, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 17304</td>
<td>Cubic Yards of Waste TBD</td>
</tr>
<tr>
<td>City, State Voorhees, NJ</td>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date TBD</th>
<th>Grows Landfill</th>
</tr>
</thead>
</table>

Completed By (Print or Type) Mr. Brian Haney
Title President
Signature
Date 07/26/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Check # 3422</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2019</td>
<td></td>
<td>Washington Academy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>David Thomas</td>
<td>973-432-5976</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>Washington Academy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 N 7th St</td>
<td>Newark, NJ, 07107</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No. N/A</td>
<td>EA Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>426 69th St</td>
<td>Guttenberg, NJ, 07093</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>01074</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/16/2019</td>
<td>08/18/2019</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>9x9 Tiles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</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>9x9 Tiles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-State Transfer Associates</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprise</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Fajardo</td>
<td>Office Clerk</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/02/2019</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 8:50 and 12:120)

Date of Notification (1) 08/02/2019
Check # 3421

Name of Building Owner/Operator (2)
Holy Trinity

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

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

Street Address
336 1st St
Westfield, NJ, 07090

City, State, Zip Code

Name of Contact
Robert Brewer

Telephone Number
908-400-5315

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Holy Trinity

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

Square Feet
10,000+

# of Floors
3

Bldg. Age
50+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
School

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

ASCM No.
N/A

Name of Abatement Contractor (9)
EA Services

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
201-916-7813

License No.
01074

Start Date (10)
08/19/2019

Scheduled Completion Date (11)
08/20/2019

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: N/A

Scope of Work (Check All That Apply)

- ≥3 sf or ≥30 ft
- ≥160 sf or ≥280 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)

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) |
| Abatement Type |
| Removal |
| Repair |
| Encapsulate |
| Endorse |

- Basement Cafeteria
  - Sprayed on Ceiling
  - 3 SF
  - X

Name of Registered Waste Hauler
Tri-State Transfer Associates

Waste Hauler ID No. 19551

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprise

City, State
Bronx, NY

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Michael Fajardo
Office Clerk

Signature

Date
08/02/2019

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

State of New Jersey

Date of Notification (1)
08/08/2019

Name of Building Owner/Operator (2)
Preakness Reformed Church

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

Type Notification

Street Address
131 Church Lane

City, State, Zip Code
Wayne, New Jersey 07470

Name of Contact
Thomas Powers

Facility Information

Telephone Number
973-632-3086

Name of Facility Where Abatement is Taking Place (3)
Preakness Reformed Church

Street Address
131 Church Lane

City (5)
Wayne, New Jersey 07470

County (6)
Passaic

Current Use (Prior to if being demolished)
Church

County Code (7)
STATE USE ONLY

Square Feet
30,000

# of Floors
1

Bldg. Age
50+

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

License No.
01104

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates Inc

AscM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
560 Sylvan Avenue, Suite 3065

City, State, Zip Code
Englewood, New Jersey 07632

Street Address
246 Union Boulevard

City, State, Zip Code
Totowa, New Jersey 07512

Telephone No.
201-569-6708

Telephone No.
973-225-8400

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Project Manager for Monitoring Firm
Anthony Valentine

License No.
01104

Start Date (10)
08/13/2019

Scheduled Completion Date (11)
08/15/19

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

Scope of Work (Check All That Apply)
☐ 2,000 sf or < 2,000 sf
☐ 1,000 sf or < 1,000 sf
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Cafeteria

Pipe Insulation (Wrap & Cut)

250 LF X

Name of Registered Waste Hauler
Lillich Corporation

Waste Hauler ID No.
18724

Cubic Yards
10

Name of Registered Landfill
Fairless Landfill

City, State
Morristown, PA

Disposal Date
08/15/2019

Completed by
Adriana Olejarova
Title
President

Signature

Date
08/08/2019

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

(Pursuant to NJAC 8:50 and 12-120)

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>8/8/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Dean Krammer Private Home</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td>Initial</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>Haddonfield NJ 08033</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Haddonfield NJ 08033</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>John</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| **Name of Facility Where Abatement is Taking Place (3)** | Dean Krammer Private Home |
| **Street Address** | |
| **City (5)** | Haddonfield |
| **State, Zip Code** | NJ 08033 |
| **County (6)** | Camden |
| **County Code (7)** | |
| **Square Feet** | 1000 + |
| **# of Floors** | 1 |
| **Bldg. Age** | 35+ |
| **Current Use (Prior if being demolished)** | |
| **Name of Monitoring Firm Hired by Building Owner (8)** | ASCM No. |
| **Street Address** | |
| **City, State, Zip Code** | |
| **Name of Abatement Contractor (9)** | Pernaco Inc. |
| **Street Address** | PO Box 329 |
| **City, State, Zip Code** | West Berlin NJ 08091 |
| **Telephone No.** | 856-753-9800 |
| **License No.** | 00727 |
| **Name of OSHA Monitor** | Same |
| **Start Date (10)** | 8/16/19 |
| **Scheduled Completion Date (11)** | 8/28/19 |
| **Occupancy Status During Abatement (Check Only One)** | Facility Closed/Vacated During Entire Period of Abatement |
| **Abatement Performed Outside of Normal Facility Hours** | Other - Describe: |
| **Scope of Work (Check All That Apply)** | □ Renovation |
| | □ Demolition |
| | □ Full Containment with Negative Pressure |
| | □ Jumbo-Enclosure |
| | □ Glovebag Procedure |
| | □ Non-Exempted (§) and Non-Firable Procedure |

| **Location of Asbestos-Containing Material (ACM)** | **TO BE ABATED** |
| **In Facility** | (13) |
| **Basement Floor** | x |
| **Plaster Outside Wall of Dining Room** | x |
| **Garage Side** | |

| **Name of Registered Waste Hauler** | NJ DEP Waste Hauler ID No. 22459 |
| **United Roll Off** | |
| **City, State** | Elm NJ |
| **Name of Registered Landfill** | G.R.O.W.S. |
| **Disposal Date** | 8/28/19 |
| **City, State** | Morrisville PA 19067 |
| **Completed by** | Anthony T Perna |
| **Title** | President |
| **Signature** | |
| **Date** | 8/8/19 |

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

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

Agency Notified: EPA
Type Notification: Initial

Name of Building Owner/Operator (2): Mr. Jonathan Cordew
Street Address: [Redacted]
City, State, Zip Code: Hasbrouck Heights, NJ 07604
Name of Contact: [Redacted]
Telephone Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Hasbrouck Heights
Street Address: [Redacted]
City (5): Hasbrouck Heights
County (6): Bergen
County Code (7) (STATE USE ONLY): [Redacted]
Current Use (Prior to being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): Best Removal Inc
ASCM No.: 450 South River St
Street Address: Hackensack, N.J. 07601
City, State, Zip Code: Bergen
Project Manager for Monitoring Firm: [Redacted]
Telephone No.: 201-329-7444
License No.: 00388
Name of Abatement Contractor (9): Omega Environmental
Street Address: 280 Huyler St
City, State, Zip Code: Hackensack, N.J. 07606

Start Date (10): 8/22/19
Scheduled Completion Date (11): 8/23/19

Occupy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: [Redacted]

Scope of Work (Check all that apply):
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Hi-Volume Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ]</td>
</tr>
<tr>
<td>Basement</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify $F or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermo-Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>Thermo-Insulation</td>
<td>80 SF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Endvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Best Removal Inc
NJDEP Waste Hauler ID No.: 17109
Disposal Date: 8/23/19
City, State: Hackensack, N.J. 07601

Name of Registered Landfill: Minerva Enterprises, LLC
Cubic Yards of Waste: 3/10c
City, State: Waynesburg, Oh. 44688

Completed by: J. Maiorano
Title: Estimator
Signature: [Redacted]
Date: 8/7/19

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

Date of Notification (1)
8/5/2019

Check#3429
Name of Building Owner/Operator (2)
Church of The Little Flower

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

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

FACILITY INFORMATION

Street Address
110 Roosevelt Avenue
City, State, Zip Code
Berkeley Heights, NJ 07922

Source: Facility Name

Name of Facility Where Abatement is Taking Place (3)
Church of The Little Flower

County Code (7)
(STATE USE ONLY)

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

Square Feet
30,000
# of Floors
1
Blg. Age
50+

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

Name of Abatement Contractor (9)
EA Services Corporation

ASCM No.

Name of OSHA Monitor
Same as above

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

Telephone No.
201-295-1700
License No.
01074

Start Date (10)
8/5/19
Scheduled Completion Date (11)
8/6/2019

Project Manager for Monitoring Firm

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 4:00 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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Deerborn Park

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

Amount
10 SF
Specify SF or LF

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulate
☒ Endure

Name of Registered Waste Hauler
EA Services Corporation

Cubic Yards of Waste
N/A

Name of Registered Landfill
Tri-State Transfer Assoc.

City, State
Guttenberg, NJ

Disposal Date
Tbd

Completed by
Gina Betances
Title
Office Manager

Signature

Date
8/5/2019

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1) 7 / 29 / 19**  
Name of Building Owner/Operator (2)  
The College of New Jersey

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

**Type Notification**  
☒ Initial  
☐ Amended  
☐ Amendment #1-8/7/19  
☐ Emergency (including justification)  
☐ Cancellation

**Street Address**  
2000 Pennington Road  
City, State, Zip Code  
Ewing, NJ 08628

**Name of Contact**  
Matt Bonomo  
Telephone Number  
609-847-1888

**FACILITY INFORMATION**

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

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

**Square Feet**  
**# of Floors**  
**Bldg, Age**

**County (5)**  
MERCER  
**County Code (7) (STATE USE ONLY)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
USA Environmental Management Inc  
**ASCM No.**

**Name of Abatement Contractor (9) **  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
344 West State Street  
City, State, Zip Code  
Trenton, NJ 08618

**Project Manager for Monitoring Firm**  
William Weisgarber  
**Telephone No.**  
609-656-8101

**Start Date (10)**  
8 / 8 / 19  
**Scheduled Completion Date (11)**  
8 / 9 / 19

**Occupancy Status During Abatement (Check only one)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours - Describe: Time of Abatement: 8:00AM-5:30PM/5:00PM-1:30AM ↔

**Scope of Work (Check all that apply)**  
☒ ≥3 sf or ≥3 ft²  
☒ ≥160 sf or ≥260 ft²  
☒ Retention  
☐ Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
IN Facility (13)  
**Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)**  
Yes  
No  
N/A

- **Basement Hallway**
- **Pipe Insulation-Wrap & Cut**  
  70 LF

**Name of Registered Waste Hauler**  
BRISTOL ENVIRONMENTAL, INC.  
**NJ/DEP Waste Hauler ID No.**  
18706

**Cubic Yards of Waste**  
**Name of Registered Landfill**  
FAIRLESS LANDFILL

**City, State**  
BRISTOL, PA 19007  
**Disposal Date**

**Completed By (Print or Type)**  
Brian Scarfano  
**Title**  
Estimator  
**Signature**  
Brian Scarfano  
**Date**  
8/9/19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 5:16)

---

**Date of Notification (1)**

| 7 | 29 | 19 |

---

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

The College of New Jersey

---

**Agency Notified**

- [ ] EPA
- [x] DOLWD 5777
- [x] DHSS 5784
- [ ] DCA

**Type Notification**

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

---

**FACILITY INFORMATION**

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

TCNJ-Green Hall

**Type of Facility (4)**

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

**Street Address**

2000 Pennington Road

**City**

Ewing

**County**

MERCE

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

---

**Name of Monitoring Firm Hired by Building Owner (6)**

USA Environmental Management Inc

---

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

---

**Name of Abatement Contractor (9)**

**Street Address**

344 West State Street

---

**City, State, Zip Code**

Trenton, NJ 08618

---

**Telephone No.**

609-656-8101

---

**Project Manager for Monitoring Firm**

William Weisgarber

---

**Telephone No.**

215-768-6040

---

**License No.**

00509

---

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

---

**Street Address**

1123 BEAVER STREET

---

**City, State, Zip Code**

BRISTOL, PA 18007

---

**Start Date (10)**

8/8/19

---

**Scheduled Completion Date (11)**

8/9/19

---

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM

---

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

- [x] ≥200 sf or ≥260 #
- [ ] ≥100 sf or ≥260 #
- [x] ≥200 sf or ≥300 #
- [ ] ≥150 sf or ≥260 #
- [ ] ≥100 sf or ≥260 #
- [x] ≥300 sf or ≥360 #
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

IN Facility (13)

---

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

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

---

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

Pipe insulation-Wrap & Cut

---

**Amount (Specify SF or LF)**

70 LF

---

**Abatement Type**

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

---

**Name of Registered Waste Hauler**

BRISTOL ENVIRONMENTAL, INC.

---

**Name of Registered Landfill**

FAIRLESS LANDFILL

---

**City, State**

BRISTOL, PA 18007

---

**Disposal Date**

---

**City, State**

FAIRLESS HILLS, PA

---

**Completed By (Print or Type)**

Brian Scariaf

---

**Title**

Estimator

---

**Signature**

Brian Scariaf

---

**Date**

7-29-19
“WRAP AND CUT” REMOVAL PROCEDURES FOR INSULATED PIPE

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section “Scope of Work”)
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner’s representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and “candy-striped” around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors.
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**State of New Jersey**

**Name of Building Owner/Operator:** Fair Lawn Board of Education

**Address:**
- **Street Address:** 37-01 Fair Lawn Ave
- **City, State, Zip Code:** Fair Lawn, NJ 07410

**Name of Contact:** Brooke Bartley
- **Telephone Number:** 201-794-5500

**Name of Facility Where Abatement is Taking Place:** Memorial Middle School
- **Street Address:** 12-00 1st Street
- **City:** Fair Lawn
- **County:** Bergen

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

**Square Feet:** 50+
- **No. of Floors:** 2
- **Building Age:** 50+

**Status of Current Use:** Prior to being demolished middle school

**Name of Abatement Contractor:** Polmax Corporation

**Street Address:** 44 Koster Street
- **City:** Wallington NJ 07057

**Telephone No.:**
- **973-588-4821**
- **973-609-1122**

**License #:** 01361

**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
- [X] Other – Describe: exterior work - roof overhang soffits

**Start Date:** August 8, 2019
**Scheduled Completion Date:** August 11, 2019

**Scope of Work:** Check All That Apply:
- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- exterior soffit above vestibule roof
- exterior soffit in front of boys locker

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

**Amount (Specify SF or LF):**
- 30
- 60

**Name of Registered Waste Hauler:**
- Polmax Corporation
- NJDEP Waste Hauler ID No.: 0038275

**Cubic Yards of Waste:**
- 1/2

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

**Name of Registered Landfill:** Fairless Landfill
- **City, State:** Morrisville, PA 19057

**Completed by:**
- Sławomir Kielczewski
  - Title: CEO

**Print Form:**
- August 8, 2019

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 13:120-7)

State of New Jersey

Initial Notification
Check #: 7503

RECEIVED
AUG 1, 2019

ASBESTOS CONTROL & LICENSING

Table:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>08/19</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Tewksbury Board of Education</td>
</tr>
<tr>
<td>Address</td>
<td>173 Old Turnpike Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Califon, NJ 07830</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-439-2010 x. 4289</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Old Turnpike Middle School</td>
</tr>
<tr>
<td>Address</td>
<td>171 Old Turnpike Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Califon, NJ 07830</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Owner</td>
<td>Ahera Consultants, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>P.O. Box 358 Oceanville, NJ</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Four Strong Builders, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>180 Sargeant Avenue Clifton, NJ 07013-1935</td>
</tr>
<tr>
<td>License Number</td>
<td>973-614-0377</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Four Strong Builders, Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>180 Sargeant Avenue Clifton, NJ 07013</td>
</tr>
<tr>
<td>Phone Number</td>
<td>973-614-0377</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>VAT &amp; associated mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>50 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Four Strong Builders, Inc.</td>
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<tr>
<td>Hauler ID No</td>
<td>12509</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S., Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Clifton, NJ Tullytown, PA</td>
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<tr>
<td>Disposal Date</td>
<td>8/6/19</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Bilyana Kulakowska</td>
</tr>
<tr>
<td>Title</td>
<td>Office Administrator</td>
</tr>
<tr>
<td>Signature</td>
<td>8/6/19</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

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

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

Name of Building Owner/Operator (2):
HS Jeanette Harrison

Street Address:

City, State, Zip Code:
WAYNE, NJ, 07470

Name of Contact:
HS Harrison

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
HS Jeanette Harrison

Street Address:

City (5):
WAYNE

County (6):
PASSAIC

County Code (7) (STATE USE ONLY):

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

Square Feet:
2200

# of Floors:
2

Bldg. Age:
1930

Current Use (Prior to being demolished):

Name of Monitoring Firm Hired by Building Owner (5):

ASCN No.:

Name of Abatement Contractor (9):
Best Removal Inc

Street Address:
450 South River St

City, State, Zip Code:
Hackensack, N.J., 07601

Telephone No.:
201-329-7444

License No.:
00388

Project Manager for Monitoring Firm:
Omega Environmental

Telephone No.:

Name of OSHA Monitor:
S. Hackensack, N.J., 07606

Street Address:
280 Huyler St

City, State, Zip Code:

Start Date (10):
8/21/19

Scheduled Completion Date (11):
8/22/19

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

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

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

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

Thermal System Insulation:
0 LF

Name of Registered Waste Hauler:
Best Removal Inc

NUDEP Waste Hauler ID No.:
19109

Cubic Yards of Waste:
2.5

Name of Registered Landfill:
Minerva Enterprises, LLC

City, State:
Waynesburg, Oh., 44688

Disposal Date:
8/22/19

Completed by:
J. Maiorano
Title:
Estimator

Signature:

Date:
8/7/19

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 7 / 2019</th>
</tr>
</thead>
</table>

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

Macy's Corporate Services

**Street Address**

7 West Seventh street
Cincinnati, OH 45202

**Name of Contact**

Ralph Coppola

**Telephone Number**

973-265-9763

---

**FACILITY INFORMATION**

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

Macy's Menlo Park

**Street Address**

55 Parsonage Road
Edison

**City (5)**

Edison

**County (6)**

Middlesex

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

08387

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

Pennoni Associates

**ASCM No.**

ACM Consulting Corp.

**Street Address**

515 Grove Street Suite 1B
Haddon Heights, NJ 08035

**City, State, Zip Code**

Union, NJ 07083

**Name of Abatement Contractor (9)**

EMSL Analytical

**Street Address**

307 West 38th Street
New York, NY 10118

**Telephone No.**

973-265-9763

**License No.**

00575

---

**Start Date (10)**

08 / 07 / 2019

**Scheduled Completion Date (11)**

12 / 31 / 2019

**Name of OSHA Monitor**

Ralph Coppola

---

**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:

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

Yes ☐ No ☒ N/A ☒

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

☐ Mastic 4495 SF

---

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

IN Facility

1st Fl Cosmetic & Fragrant

☐ ☐ ☐ ☐ ☐

**Abatement Type**

☐ ☐ ☐ ☐ ☐

---

**Location of Registered Waste Hauler**

Tri-State Transfer Associates, Inc

NJDEP Waste Hauler ID No. SW1896

Cubic Yards of Waste TBD

Minerva Enterprise

Disposal Date TBD

Waverly, NJ 07481

---

**Completed By (Print or Type)**

Gina Smolar

General Manager

**Signature**

8/6/2019

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 08/08/2019
Name of Building Owner/Operator (2) Westwood Regional School District

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

Street Address 701 Ridgewood Road
City, State, Zip Code Township of Washington, New Jersey 07676

Name of Contact Mario Cofrini Telephone Number 201-864-0680 x 2010

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

Street Address 23 Third Street
City (5) Westwood, New Jersey 07676

County (6) Bergen

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

Street Address P.O. Box 385
City, State, Zip Code Oceanville, New Jersey 08231

Project Manager for Monitoring Firm Eric D. Clarkson
Telephone No 809-552-1833

Start Date (10) 08/12/2019
Scheduled Completion Date (11) 08/19/2019

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

Scope of Work (Check All That Apply)
☐ ≥3000 sf or ≥300 ft
☐ ≥1600 sf or ≥260 ft
☐ Renovation
☐ Demolition

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>
<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 of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen &amp; Storage attic area</td>
<td>X</td>
<td>Pipe &amp; Fitting insulation</td>
<td>280 LF</td>
<td>X</td>
</tr>
<tr>
<td>Nurse's Suite &amp; Restroom</td>
<td>X</td>
<td>Pipe &amp; Fitting insulation</td>
<td>130 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Lillich Corporation
Lillich Corporation NJDEP Waste Hauler ID No. 19724

Cubic Yards of Waste 10
Name of Registered Landfill Fairless Landfill
City, State, Totowa, New Jersey
Disposal Date 08/19/2019
City, State Morrisville, PA

Completed by Signature
Adriana Olejarova President

Date 08/08/2019

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 5:80 and 5:120)

**Date of Notification (1)**

05/08/2019

**Agency Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

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

Westwood Regional School District

**Street Address**

701 Ridgewood Road

**City, State, Zip Code**

Township of Washington, New Jersey 07676

**Name of Contractor**

Maria Colini

**Telephone Number**

201-884-9800 x 2010

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - Westwood Middle School
- **Street Address**
  - 23 Third Street
- **City**
  - Westwood, New Jersey 07676
- **County**
  - Bergen
- **Current Use (Check if applicable)**
  - Middle School
- **Current Use (Specify if applicable)**
  - Middle School
- **Type of Facility (4)**
  - School (K-12)
- **Square Feet (5)**
  - 30,000
- **No of Floors (6)**
  - 3
- **Age (7)**
  - 50+

**Type of Facility (4)**

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

### OCCUPANCY STATUS DURING ABATEMENT

- Faculty, Staff, Students Not Affected
- Faculty, Staff, Students Affected

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

- Demolition
- Renovation

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

- 13

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe &amp; Fitting Insulation</td>
<td>280 LF</td>
<td>Full Encapsulation with Negative Pressure</td>
</tr>
<tr>
<td>Pipe &amp; Fitting Insulation</td>
<td>250 LF</td>
<td>Non Fragmentable</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

- Lillich Corporation

### Disposal Date

08/18/2019

**City, State**

Morristown, New Jersey

**Completed By**

Adriana Olejarova

**Title**

President

**Signature**

08/18/2019

**Note:** Do not use this form for asbestos license exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

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

**Name of Building Owner/Operator (2):**
Newark Public Schools

**Street Address:**
190 Muhammad Ali Avenue

**City, State, Zip Code:**
Newark, NJ 07108

**Name of Contact:**
Benjamin Olagadeyo

**Telephone Number:**
973-938-7544

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Gladys Hillman-Jones Middle

**Street Address:**
24 Crane Street

**City (5):**
Newark, NJ 07104

**County (6):**
Essex

**County Code (7):**

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

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

**Square Feet:**
26,300

**# of Floors:**
4

**Bldg. Age:**
108

**Name of Monitoring Firm: ASCM No.:**
Whitman 732-390-5858

**Name of Abatement Contractor (9):**
Smac Corp.

**Street Address:**
431 North Midland Ave

**City, State, Zip Code:**
Saddle Brook, NJ 07663

**Telephone No.:**
201-791-6777

**License No.:**
01110

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

**Street Address:**
1056 Shalton Rd

**City, State, Zip Code:**
Piscataway, NJ 08854

---

**Start Date (10):**
08/13/2019

**Scheduled Completion Date (11):**
08/19/2019

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

**Scope of Work (Check All That Apply):**
- 30 ft or 30 ft
  - Renovation Demolition
  - Full Containment with Negative Pressure
  - Glovebox Procedure
  - Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Rooms #</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>103,105</td>
<td>Floor Tiles</td>
<td>Appr. 2,068 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Smac Corp.

**NJDEP Waste Hauler ID No.:**
18590

**Cubic Yards of Waste:**
30 yards

**Disposal Date:**
08/19/2019

**Name of Registered Landfill:**
Grows Landfill

**City, State:**
Morrisville, PA

**Completed by:**
Borce Gjoroski

**Title:**
President

**Signature:**

**Date:**
08/08/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator (2):**
Princeton University - Office of Design and Construction

**Street Address:**
200 Elm Drive
Princeton, NJ 08544

**Name of Contact:**
Robert Ortego
Telephone Number: 609-258-4571

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Princeton University - Engineering Quadrangle

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

**Street Address:**
Olden Street
Princeton

**County:**
MERCER

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>TTI Environmental Inc</th>
</tr>
</thead>
</table>

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
BRISTOL ENVIRONMENTAL, INC.

**Street Address:**
1123 BEAVER STREET
BRISTOL, PA 19007

**Telephone No.:**
609-840-8800

**License No.:**
00590

---

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

**Start Date (10):**
8 / 22 / 19

**Scheduled Completion Date (11):**
8 / 23 / 19

**Time of Abatement:**
7:00AM - 3:30PM / 4:00PM - 7:00AM

---

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

**Scope of Work (Check all that apply):**
- [x] 3 SF or less
- [x] 160 SF or greater
- [ ] Demolition
- [x] Renovation
- [x] Non-Friable Procedure
- [ ] Full Containment with Negative Pressure
- [ ] Glovebag Procedure
- [ ] Mini-Enclosure
- [ ] Other

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>E218</td>
<td>☐ Yes ☨ No ☨ N/A</td>
<td>☨ Floor tile</td>
<td>44 LF</td>
<td>☞ ☞ ☞ ☞</td>
</tr>
<tr>
<td>E226</td>
<td>☨ Yes ☐ No ☨ N/A</td>
<td>☨ Floor tile</td>
<td>44 SF</td>
<td>☞ ☞ ☞ ☞</td>
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<td>E230</td>
<td>☨ Yes ☨ No ☨ N/A</td>
<td>☨ Floor tile</td>
<td>44 SF</td>
<td>☞ ☞ ☞ ☞</td>
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<tr>
<td>E232</td>
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<td>☨ Floor tile</td>
<td>49 SF</td>
<td>☞ ☞ ☞ ☞</td>
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</tbody>
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---

**Name of Registered Waste Hauler:**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.:**
18706

**Cubic Yards of Waste:**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAIRLESS LANDFILL</td>
</tr>
<tr>
<td></td>
<td>FAIRLESS HILLS, PA</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill:**
FAIRLESS LANDFILL

**City, State:**
BRISTOL, PA 19007

---

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

**Title:**
Estimator

**Signature:**
Brian Scaffer

**Date:**
8-7-19

---

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

Date of Notification (1)  
8 / 8 / 19  

Name of Building Owner/Operator (2)  
Shadrll Moorestown, LP - Metro Commercial

Street Address  
307 Fellowship Road, STE 300  

City, State, Zip Code  
Mt. Laurel, NJ 08054  

Name of Contact  
Adam Wolosky  
Telephone Number  
856-222-3058

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Kmart Moorestown  

Street Address  
401 Route 38  

City (5)  
Moorestown, NJ 08057  

County (8)  
Burlington  

County Code (7)/STATE USE ONLY  
NA

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

ASCM No.  
NA  

Name of Abatement Contractor (9)  
Alliance Environmental Systems  

Street Address  
550 East Union St.  

City, State, Zip Code  
West Chester, PA 19382  

Project Manager for Monitoring Firm  
Dave Turosky  
Telephone No.  
610-558-8902

Scheduled Completion Date (11)  
9 / 27 / 19  

Start Date (10)  
8 / 19 / 19  

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

Square Feet  
100,000  

# of Floors  
1

Bldg. Age  
45  

Current Use (Prior if being demolished)  
Vacant  

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-  PM __PM 3:30PM __AM

Name of OSHA Monitor  
AET  

Street Address  
28 N. Pennel Road  

City, State, Zip Code  
Media, PA 19063

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

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

Main Sales Floor  
□ □ □  
Floor Tile / Mastic

Expansion Joint Caulk  
□ □ □  
Back Exterior Wall

Vibration Damper  
□ □ □  
Generator Room

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)  
70,000 SF

Abatement Type

Encapsulate  
Removal  
Repair  
Other Enclosure

Cubic Yards of Waste  
100  

Name of Registered Landfill  
Western Berks Community Landfill  

Disposal Date  
TBD  

City, State  
City  
Birdsboro, PA

Name of Registered Waste Hauler  
Richard Burns & Co

NJDPS Waste Hauler ID No.  
19855  

Complied By (Print or Type)  
Mark Griffin  
Title  
Estimator

Signature  
Date  
8/8/19

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

Name of Building Owner/Operator (2)
Bogoljub Strika

Name of Contact
Bogoljub Strika

FACILITY INFORMATION

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

Street Address
Censored

City (5)
Parlin

County (6)
Middlesex

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

Name of Abatement Contractor (9)
All Stages Abatement

Type of Facility (4)

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

□ Square Feet
1800

□ # of Floors
2

□ Bldg. Age
55+-

□ Current Use (Prior if being demolished)
Residential Home

□ Start Date (10)
8/10/19

□ Scheduled Completion Date (11)
8/14/19

□ Occupancy Status During Abatement (Check Only One)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours

□ Other – Describe:

□ Scope of Work (Check All That Apply)

□ ≥3 sf or ≥3 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

□ 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

□ Repair

□ Encapsulate

□ Removal

□ Enclosure

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
3 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Pen Argyl, PA

Completed by
Richard Cristofol

Title
President

Signature

Date
8/9/19

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

Date of Notification (1) 8/8/19

Name of Building Owner/Operator (2)
Hamilton Township School District
ASBESTOS CONTROL & LICENSING

Street Address
90 Park Avenue
City, State, Zip Code
Hamilton, NJ 08690

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

FACILITY INFORMATION

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

Street Address
2720 South Clinton Avenue

City (5)
Hamilton
County (6)
Mercer

Type of Facility (4)
School (K-12)
Subchapter 8 (other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)
Current Use (prior if being demolished): High School Grades 9-12

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

Name of OSHA Monitor
IAQ GURU LLC

Street Address
712 Sargentsville Road
City State, Zip Code
Stockton, NJ 08699

License Number
01237

Project Manager for Monitoring Firm
Telefon Number
P (732)926-0900 x102

Scheduled Start Date (10)
8/12/19
Scheduled Completion Date (11)
9/9/19

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

Source of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Mini-Enclosure
- Glovebag Procedure
- Non-Friable Procedure
- Location of Asbestos-Containing Material (ACM) in Facility (13)
- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO
- NA
- Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)
- Amount (Specify SF or LF)
- Abatement Type
- Remove Repair Encap Enclase
- Exterior Window Systems
- Exterior Window Systems
- Name of Reg. Waste Hauler
- Panoramic Window & Dr Sys Inc
- N J DEP Waste Hauler ID #
- 0036057
- Cubic Yards of Waste
- Name of Registered Landfill
- Chrin Brothers Sanitary Landfill
- Disposal Date
- City, State
- Easton, PA

Completed by (Print or Type)
Mark M Jovic
Title
Project Manager
Signature
Date 8/8/19
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Date of Notification (1)**
08 / 08 / 19

**Name of Building Owner/Operator (2)**
Glenside Equipment Company

**Address**
P O Box 307

**City, State, Zip Code**
Farmingdale, NJ 07727

**Name of Contact**
Glen
**Telephone Number**
732-433-4425

### FACILITY INFORMATION

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

**Street Address**

**City (5)**
Lakewood

**County (6)**
Ocean

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

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

**Square Feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
65

**Current Use (Prior to being Demolished)**
"Residence"

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

**Scope of Work (Check all that apply)**
- >3 3 sf or >3 If
- ≥150 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

<table>
<thead>
<tr>
<th>Location of ACM</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>kitchen</td>
<td>Yes</td>
<td>asbestos floor tile</td>
<td>140</td>
<td>Removal</td>
</tr>
<tr>
<td>exterior-garage</td>
<td>No</td>
<td>asbestos siding</td>
<td>100 sf</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDPS Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**Disposal Date**
08/09/19

**City, State**
Toms River, New Jersey

**Completed By (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date**
5/5/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 08/08/19

Name of Building Owner/Operator: Tobilt Construction

Street Address: 172 South Street
City, State, Zip Code: New Providence, NJ 07974
Name of Contact: Carmen Torsiello
Telephone Number: 908-230-8095 cell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Residence

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

Square Feet: 2000
# of Floors: 2
Bldg. Age: 65

Name of Monitoring Firm Hired by Building Owner: Guardian Contracting, Inc.

ASCN No.: [Blank]

Name of Abatement Contractor: Guardian Contracting, Inc.

Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755
License No.: 00624

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

Start Date: 08/08/19
Scheduled Completion Date: 08/22/19

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

Time of Abatement:
AM - PM - PM - AM

Scope of Work:
☐ ≥ 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

1 & 2 floors
☐ ☒ ☐ ☐ asbestos floor tile 730 sf

Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff:

Yes ☐ No ☒ N/A ☐

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

Amount (Specify SF or LF): 730 sf

Abatement Type:
☒ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

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: 8/22/19

City, State:
Tullytown, Pennsylvania

Completed By (Print or Type):
Nicholas Fernicola

Title:
Project Manager

Signature:

Date:
8/28/19

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
08 / 08 / 19

Name of Building Owner/Operator (2)
Mark Steigelman

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

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

Street Address

City, State, Zip Code
Millstone, NJ 08850

Name of Contact
Mark Steigelman

FACILITY INFORMATION

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

Street Address

City (5)
Toms River

County (6)
Ocean

County Code (7) [STATE USE ONLY]

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone No.
732-349-9832

License No.
00624

Start Date (10)
09 / 12 / 19

Scheduled Completion Date (11)
09 / 13 / 19

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lF
- ≥150 sf or ≥260 lF
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility (12)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)
- Yes
- No
- N/A

exterior

asbestos siding

600 sf

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
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fornicola

Title
Project Manager

Signature

Disposal Date
09/13/19

Date
8/5/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
08/09/2019

Name of Building Owner/Operator (2):
RABITAN JOHNSON ASSOCIATES, LLC

Street Address:
69 1ST AVENUE

City, State, Zip Code:
RAMITAN, NJ 08869

Name of Contact:
TOM SPECIEN

Telephone Number:
732-539-2637

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

Street Address:
20 JOHNSON DRIVE

City (5):
RAMITAN

County (6):
SOMERSET

Name of Monitoring Firm Hired by Building Owner (8):
ECS NERL-ATLANTIC LLC

Name of Abatement Contractor (9):
VMC Company, Inc

County Code (7) (STATE USE ONLY):

Current Use (Prior to being demolished):
VACANT

Start Date (10):
08/26/2019

Scheduled Completion Date (11):
09/10/2019

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement
Facility Closed/Vacated During Part of Period
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:

Location Normally Used Solely by Maintenance/Custodian Staff:

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous):
ROOFING/FLASHING

Amount (Specify SF or LF):
5,000 SF

Name of Registered Waste Hauler:
Newark Carting, Inc

NJDEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:

Name of Registered Landfill:
IESI Landfill

Disposal Date:

City, State:
Bethlehem, PA

Completed by:
VOYLIK ROSZKOWSKI

Title:
President

Signature:

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): 8-9-19
Name of Building Owner/Operator (2): Borough of North Plainfield

Agencies Notified: DOH, DEP, DOL
Type Notification: Initial
Amendment #: 0

Street Address: 263 Somerset Street
City, State, Zip Code: North Plainfield, NJ 07060

Name of Contact: Haunted Klein
Telephone Number: 908-764-2400

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

City (5): North Plainfield
County (5): Union

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

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

Square Feet: 
# of Floors: 1
Bldg. Age: 70+

Current Use (Prior to demolition):
Garage

EPC Technologies Inc.
P.O. Box 337
New Egypt, NJ 08533

License No.: 00394

Name of Abatement Contractor (9):
EPC Technologies Inc.
P.O. Box 337
New Egypt, NJ 08533

Start Date (10): 8-19-19
Scheduled Completion Date (11): 8-31-19

Scope of Work (Check All That Apply):
- ≥30 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition

Name of Registered Waste Hauler:
EPC Technologies
N.J. Waste Hauler ID No.: 17000

Cubic Yards of Waste: 2

Name of Registered Landfill:
Waste Management of PA

City, State:
New Egypt, NJ

Completed by:
Steve Schenker
Title: President

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

**State of New Jersey**

(Pursuant to NJAC 8:56 and 12:20)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-9-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bob Cooke</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Haven, NJ 07704</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337, New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check One Only)</td>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8-19-19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8-31-19</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>☑ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Basement, 1st &amp; 2nd Floor Area</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation Wrap 50 LF, Floor Tiles 300 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>50 LF, 300 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-31-19</td>
</tr>
<tr>
<td>City, State</td>
<td>Manassas, PA</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 8-6-2019

Name of Building Owner/Operator (2) MaryAnn Schneider

Type of Facility (4)

A School (K-12)

Subchapter 8 (Other than K-12)

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

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

Street Address

City, State, Zip Code Ridgewood, NJ 07450

County Code (7) (STATE USE ONLY)

Bergen

City, State, Zip Code

Ridgewood, NJ 07450

County Code

Bergen

Current Use (Prior if being demolished)

Square Feet 2458

# of Floors 2

Bldg. Age 75+

Type of Abatement Contractor (9)

Green Environmental Services, LLC

Name of Abatement Contractor

Green Environmental Services, LLC

Street Address

235 Virginia Avenue

City, State, Zip Code

Jersey City, NJ 07304

Telephone No. 201-333-8855

License No. 01174

Name of OSHA Monitor

Green Environmental Services, LLC

Street Address

235 Virginia Avenue

City, State, Zip Code

Jersey City, NJ 07304

Project Manager for Monitoring Firm

Start Date (10) 8-7-2019

Scheduled Completion Date (11) 8-7-2019

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other — Describe:

Scope of Work (Check All That Apply)

Removal

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Vermiculite

Amount (Specify SF or LF) 68 SF

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

Name of Registered Waste Hauler

Green Environmental Services

NJDEP Waste Hauler ID No. 0034889

Cubic Yards of Waste 1

Name of Registered Landfill

Fairless Landfill

City, State

Jersey City, NJ

Disposal Date 8-7-2019

City, State

Morrisonville, PA

Completed by Liliana Serrano

Title Office Manager

Signature

Date 8-6-2019

* Do not use this form for asbestos licensees operated activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
8 / 7 /2019

Agencies Notified  Type Notification
EPA  X Initial Notification  
DEP  
DOL  
DOH  
DCA  

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.
Street Address  
126 E. LINCOLN AVENUE, P.O. BOX 2000, E268-414
City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON  
Telephone Number  
732-594-7746

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

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 33
City (5)  
RAHWAY  
County (6)  
UNION  
County Code (7)  
(SATE USE ONLY)  
ACSM No. 104

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

Current Use (Prior to being demolished)  
RESEARCH LABORATORY AND OFFICE FACILI

Square Feet  
98,320

# of Floors  
7

Bldg. Age  
71

Type of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD
City, State, Zip Code  
SUDDERT, NEW YORK 10901
Telephone Number  
845-369-7500
License Number  
1101

Name of OSHA Monitor  
AMERISCII LABORATORIES INC  
#11480

Street Address  
117 EAST 30TH STREET
City, State, Zip Code  
NEW YORK, NEW YORK 10016

Name of OSHA Monitor  
AMERISCII LABORATORIES INC  
#11480

Street Address  
117 EAST 30TH STREET
City, State, Zip Code  
NEW YORK, NEW YORK 10016

Name of OSHA Monitor  
AMERISCII LABORATORIES INC  
#11480

Occupancy Status During Abatement (Check only one)  
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:  
X Other - Describe: SATURDAY 7AM-5PM

Expected State Date (10)  
8 / 17 /19

Sched. Completion Date (11)  
12 / 31 /19

Month  
Day  
Year

Type of Work (Check all that apply)  

Demolition  
X Renovation

X >35F OR LF

X >160 SF OR 250 LF

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

3RD FL ROOM 319  
6TH FLOOR ROOM 615  
6TH FLOOR ROOM 617  
6TH FLOOR ROOM 621  
6TH FLOOR ROOM 629

Is Location normally used solely by Maint/Custodial Staff (12)  
Yes  
No  
N/A

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

FIREPROOFING DUST  
10 SF  
X

Amount (Specify SF or LF)  

Abatement Type

C H A S T  
REPAIR  
ENCAPSUL  
ENCLOSUR
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

INV #: 135001

Date of Notification (1)
[ ] 10 [ ] 11 [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17 [ ] 18 [ ] 19

Name of Building Owner/Operator (2)
Phil Pampinella

Street Address
[ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA

Type Notification
[ ] Initial [ ] Amended [ ] Emergency [ ] (Including justification) [ ] Cancellation

Amendment #:

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Phil Pampinella

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)
Clifton, NJ 07013

County (6)
Passaic

County Code (7)

Type of Facility (4)
[ ] School (K - 12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
2,100 SF

# of Floors
01

Bldg. Age
70

Current Use (Prior to being demolished)
Residential

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

ASCM No.

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Telephone Number
833-455-6629

License Number
02007

Name of OSHA Monitor
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Start Date (10)
08/23/19

Sched. Completion Date (11)
08/26/19

Occupy Status During Abatement (Check only one)
[ ] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

[ ] >3 sf or >3 l f

[ ] Renovation

[ ] Demolition

[ ] 160 sf or >260 l f

[ ] Full Containment w/negative pressure
[ ] Mini-enclosure
[ ] Glovebag procedure

[ ] Non-Exempted (') and Non-Friable procedure

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Repair

Encap

ENC

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

Garage

Paper Duct Insulation

100 SF

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID# 0038241

Cubic Yards of Waste
2 yrs

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

Name
TULLYTOWN, PA

City, State

Completed by (Print or Type)
Palmer Blvd

Title
Owner

Signature

Date

2023
**State of NJ**

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Project #: 19-163**

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Bob &amp; Don Chickering</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

Ridgewood, NJ 07450

**City, State, Zip Code**

Ridgewood, NJ 07450

**County Code (7)**
Bergen

**Name of Contact**

Bob & Don Chickering

**Telephone Number**

**FACILITY INFORMATION**

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

Residential

**Type of Facility (4)**

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

**Square Feet**

2,400 SF

**# of Floors**

02

**Bldg. Age**

50

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

Residential

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

N/A

**Name of Abatement Contractor (9)**

**Street Address**

309 W. End Ave

**City, State, Zip Code**

Hopatcong, NJ 07843

**Telephone Number**

833-455-6629

**License Number**

02007

**Name of OSHA Monitor**

KLOMAX, LLC

**Street Address**

309 W. End Ave

**City, State, Zip Code**

Hopatcong, NJ 07843

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

- >3 sf or >3 if
- >160 sf or >280 if
- Demolition
- Renovation

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours. Describe:
- Other Describe: NORMAL HOURS

**Start Date (10)**

08/20/19

**Sched. Completion Date (11)**

08/26/19

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

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

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

- Pipe Insulation: 740 LF
- Boiler Insulation: 65 SF

**Registered Waste Hauler**

KLOMAX, LLC

**NJDEP Hauler ID#**

0038241

**Cubic Yards of Waste**

6 yds

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

Hopatcong, NJ 07843

**Disposal Date**

TBD

**Completed by (Print or Type)**

Paige Boylan

**Title**

Owner

**Signature**

TBD
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)  

Date of Notification (1)  
7 / 22 / 19

Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction

Street Address  
200 Elm Dr

City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortego

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University- University Store

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

Square Feet  

# of Floors  

Bldg. Age  

County Code (7) (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (6)  
TTI Environmental Inc

ASCM No.  

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

Telephone No.  
609-386-8800

City, State, Zip Code  
BRISTOL, PA 19007

License No.  
00509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

Telephone No.  
215-788-6040

City, State, Zip Code  
BRISTOL, PA 19007

License No.  

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706

Cubic Yards of Waste  

Name of Registered Landfill  
FAIRLESS LANDFILL

City, State  
BRISTOL, PA 19007

Disposal Date  

Date of Statement of Compliance  

Scope of Work (Check all that apply)  
☐ ≥ 300 sf or ≥ 300 ft
☐ ≥ 150 sf or ≥ 150 ft
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Encapsulate  
Repair  
Containment  
Enclosure

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

Basement  
☐ ☒ ☐
Basement  
☒ ☐ ☐
Basement  
☒ ☒ ☐

Pipe Fitting Insulation  
28 LF

Floor tile and mastic  
220 SF

Pipe  
500 LF

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706

Cubic Yards of Waste  

Name of Registered Landfill  
FAIRLESS LANDFILL

City, State  
BRISTOL, PA 19007

Disposal Date  

Date of Statement of Compliance  

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