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

Date of Notification (1):
7 / 31 / 19

Name of Building Owner/Operator (2):
Hamilton Township BOE / Job #1905-5492, Check #11415

Street Address:
90 Park Avenue

City, State, Zip Code:
Hamilton Township, NJ 08690

Name of Contact:
Building Administration

Telephone Number:
609-631-4100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Hamilton HS West

Street Address:
2720 South Clinton Avenue

City (5):
Trenton

County (6):
Mercer

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
NA

ASCM No.:

Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
30 Maple Ave, PO Box 25

City, State, Zip Code:
Lumberton, NJ 08048

Telephone No.:
609-266-2107

License No.:
00529

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):
School

Start Date (10):
6 / 24 / 19

Scheduled Completion Date (11):
8 / 30 / 19

Name of OSHA Monitor:
EMSL Analytical

Occupancy Status During Abatement (Check only one):

Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM

Scope of Work (Check all that apply):

≥ 3 sf or ≥ 3 ft
≥ 160 sq ft or ≥ 260 sq ft
Renovation
Demolition

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

First Floor

Yes

No

N/A

Single Fire Doors O&M

14 total

Double Fire Doors O&M

15 total

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

Amount (Specify SF or LF):

Abatement Type:

Location of Registered Waste Hauler:
AbateTech, Inc.

NJDEP Waste Hauler ID No.:
18750

Cubic Yards of Waste:
40

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

City, State:
Lumberton, NJ

Disposal Date:
8/30/19

City, State:
Tullytown, PA

Completed By (Print or Type):
Gwendolyn Trumbetti

Title:
Operations Coordinator

Signature:

ASBR-41
MAY 11

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 31 / 19</td>
<td>Hamilton Township BOE / Job #1905-6492</td>
</tr>
</tbody>
</table>

- **Agencies Notified**
  - [X] EPA
  - [X] DOLWD
  - [X] DHSS
  - [ ] DCA (NJAC 5:23-8)
  - [ ] Type Notification
    - [X] Initial
    - [ ] Amended
    - [ ] Amendment #2
    - [ ] Emergency (including justification)
    - [ ] Cancellation

- **Street Address**
  - 90 Park Avenue

- **City, State, Zip Code**
  - Hamilton Township, NJ 08690

- **Name of Contact**
  - Building Administration

- **Telephone Number**
  - 609-631-4100

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenwood ES</td>
<td>[X] School (K-12)</td>
</tr>
</tbody>
</table>

- **Square Feet**
  - [ ] # of Floors
  - [ ] Bldg. Age

- **County Code (7) (STATE USE ONLY)**
  - [ ] Current Use (Prior if being demolished)

### Name of Monitoring Firm Hired by Building Owner (8)
- NA

### Name of Abatement Contractor (9)
- AbateTech, Inc.

### Street Address for Abatement Contractor
- 30 Maple Ave. PO Box 25

### City, State, Zip Code for Abatement Contractor
- Lumberton, NJ 08048

### Project Manager for Monitoring Firm
- [ ] Telephone No.

### Start Date (10)
- 6 / 24 / 19

### Scheduled Completion Date (11)
- 8 / 30 / 19

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

### Time of Abatement: AM PM AM

### Scope of Work (Check all that apply)
- [X] ≥ 3 sf or ≥ 3 if
- [X] ≥160 sf or ≥ 250 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

### Amount (Specify SF or LF)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Abatement Type
- Repair
- Encapsulate
- Endure

### First Floor
- Single Fire Doors O&M
- 3 total
- [ ] 
- [ ] 
- [ ] 

### First Floor
- Double Fire Doors O&M
- 2 total
- [ ] 
- [ ] 
- [ ] 

### Name of Registered Waste Hauler
- AbateTech, Inc.

### NJDEP Waste Hauler ID No.
- 18750

### Cubic Yards of Waste
- 40

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

### City, State
- Lumberton, NJ

### Disposal Date
- 8/30/19

### City, State
- Tullytown, PA

### Completed By (Print or Type)
- Gwendolyn Trumbetti

### Title
- Operations Coordinator

### Signature

### Date
- 7-3-19

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

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

### Date of Notification (1)
- 7 / 31 / 19

### Name of Building Owner/Operator (2)
- Hamilton Township BOE / Job #1905-5432
- Check #11415

### Facilities Information
- **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**
- **Current Use**
  - Prior if being demolished
  - School

### Name of Facility Where Abatement is Taking Place (3)
- Sayen ES
- 3333 Nottingham Way
- Trenton
- Mercer
- County Code (7) (STATE USE ONLY)

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

### Name of Abatement Contractor (9)
- AbateTech, Inc.
- 30 Maple Ave. PO Box 25
- Lumberton, NJ 08048
- Telephone No.
- License No.
- 609-265-2107
- 00529

### Project Manager for Monitoring Firm
- Telephone No.
- Emsl Analytical

### Start Date (10)
- 6 / 24 / 19

### Scheduled Completion Date (11)
- 8 / 30 / 19

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

### Time of Abatement: __AM__/ __PM__/ __AM__

### Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 250 sf
- Renovation
- Demolition

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

### Amount (Specify SF or LF)
- Abatement Type
- Repair
- Enclose
- Endure

### Name of Registered Waste Hauler
- AbateTech, Inc.
- NJDEP Waste Hauler ID No.
- 18750
- Cubic Yards of Waste
- 40
- Name of Registered Landfill
- G.R.O.W.S. Landfill
- City, State
- Lumberton, NJ
- Disposal Date
- 8/30/19
- City, State
- Tullytown, PA

### Completed By (Print or Type)
- Gwendolyn Trumbetti
- *Operations Coordinator*

### Date
- 7-31-19

*Do not use this form for asbestos inspection exemuted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 11 / 19</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Hamilton Township BOE / Job #1905-5492</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td>90 Park Avenue</td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Hamilton Township, NJ 08690</td>
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<tr>
<td>DOLWD</td>
<td></td>
<td>Name of Contact</td>
<td>Building Administration</td>
</tr>
<tr>
<td>DHSS</td>
<td></td>
<td>Telephone No.</td>
<td>609-631-4100</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Reynolds MS</td>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>2145 Yardville-hamilton Square Road</td>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
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</tr>
<tr>
<td>City (5)</td>
<td></td>
<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<tr>
<td>Hamilton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td>Mercer</td>
<td></td>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>NA</td>
<td>Current Use (Prior to being demolished)</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6 / 24 / 19</td>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 30 / 19</td>
<td>License No.</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 if</td>
<td></td>
<td>☒ Renovation</td>
<td>☒ Full Containment with Negative Pressure</td>
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<tr>
<td>≥ 180 sf or ≥ 260 if</td>
<td></td>
<td>☒ Demolition</td>
<td>☒ Min-Enclosure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
<td>☒ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</td>
<td></td>
<td>☒ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>☒ Single Fire Doors O&amp;M</td>
</tr>
<tr>
<td>First Floor</td>
<td>☒</td>
<td>☒</td>
<td>9 total</td>
</tr>
<tr>
<td>First Floor</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>AbateTech, Inc.</td>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18750</td>
<td>G.R.O.W.S. Landfill</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/30/19</td>
<td>Tullytown, PA</td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwendolyn Trumbetti</td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Operations Coordinator</td>
<td></td>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>7-31-19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<tbody>
<tr>
<td>7 / 31 / 19</td>
<td>Hamilton Township BOE / Job #1905-5492 - Check #1117</td>
</tr>
</tbody>
</table>

**Agency Notified**
- [x] EPA
- [ ] DOH
- [x] DOLWD
- [x] DHSS
- [ ] DCA (NJAC 5:23-8)

**Type Notification**
- [ ] Initial
- [x] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
90 Park Avenue

**City, State, Zip Code**
Hamilton Township, NJ 08690

**Name of Contact**
Building Administration

**Telephone Number**
609-881-1100

**FACILITY INFORMATION**

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

**Street Address**
901 White Horse Hamilton Road

**City (5)**
Hamilton Township

**County (6)**
Mercer

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

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

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

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**Telephone No.**
609-265-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

**Start Date (10)**
6 / 24 / 19

**Scheduled Completion Date (11)**
8 / 30 / 19

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

**Occupancy Status During Abatement (Check all that apply)**
- [ ] Greater than 3 sf or greater
- [ ] Greater than 160 sf or greater
- [ ] Demolition
- [x] Renovation

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>ACM Location</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>First Floor</td>
<td>Single Fire Doors O&amp;M</td>
<td>Yes</td>
<td>[ ] Full Containment with Negative Pressure</td>
<td>10 total</td>
<td></td>
</tr>
<tr>
<td>First Floor</td>
<td>Double Fire Doors O&amp;M</td>
<td>No</td>
<td>[ ] Mini-Enclosure</td>
<td>11 total</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.

**Cubic Yards of Waste**
40

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

**Disposal Date**
8/30/19

**City, State**
Tullytown, PA

**Complied By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Date**
7/31/19

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 8/12/19

Name of Building Owner/Operator (2) Larry Braverman

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

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

Street Address
City, State, Zip Code
Westwood, NJ 07675

Name of Contact
Larry Braverman
Telephone Number

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

City (5)
Westwood

County (6)
Bergen

County Code (7) 

Name of Monitoring Firm Hired by Building Owner (8)

Project Manager

ASCM No.

Name of Abatement Contractor (9)
All Stages Abatement

Street Address
280 N. Midland Ave.

City, State, Zip Code
Saddle Brook, NJ 07663

Telephone No.
201-600-3184

License No.
01305

Name of OSHA Monitor

Start Date (10) 8/16/19

Scheduled Completion Date (11) 8/20/19

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 A.M. to 4 P.M.

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥100 sf or ≥220 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) VAT 287 SF

Abatement Type

Location of Registered Waste Hauler

All Stages Abatement

NJ/DEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
3 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol
Title
President

Signature

Date 8/12/19

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

Date of Notification (1): 8-12-19  
Name of Building Owner/Operator (2): KIPP COOPER NORCROSS ACADEMY

Agencies Notified:  
- [x] EPA  
- [x] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  
Type Notification:  
- [x] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

Street Address: 1600 ARCH STREET  
City, State, Zip Code: PHILADELPHIA, PA 19103  
Name of Contact: DAVID MILLMAN  
Telephone Number: 267-232-5745

Name of Facility Where Abatement is Taking Place (3):  
CHARLES SUMNER PUBLIC SCHOOL (VACANT)

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

Square Feet: 68000  
# of Floors: 2  
Bldg. Age: 93

Current Use (Prior if being demolished): SCHOOL

Name of Monitoring Firm Hired by Building Owner (8): TTI ENVIRONMENTAL  
ASCM No.: 00003  
Name of Abatement Contractor (9): PEPPER ENVIRONMENTAL SERVICES

Street Address: 1253 NORTH CHURCH STREET  
City, State, Zip Code: MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm: MICHAEL R. STOCKU  
Telephone No.: 856-840-8800

Start Date (10): 8-26-19  
Scheduled Completion Date (11): 10-31-19

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: 24 X 21 X 19  

Scope of Work (Check All That Apply):  
- [ ] 3 x 3 ft or 23 if
- [x] ≥ 180 sf or ≥ 260 if
- [x] Renovation
- [ ] Demolition

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

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):  

Amount (Specify SF or LF):  

Abatement Type:  
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP  
NJDEP Waste Hauler ID No.: Cubic Yards of Waste: Name of Registered Landfill

City, State:  
LANGHORNE, PA  
MINERVA

Disposal Date:  
City, State: LIBSON, OH

Completed by: JENNIFER NIVEN  
Title: DIR. OF OPERATIONS  
Signature:  
Date:  
07/13/19

***SEE ATTACHED SHEET***
**NOTIFICATION OF ASBESTOS ABATEMENT** *(Pursuant to NJAC 8:60 and 6:16)*

**State of New Jersey**

**Date of Notification**: 8 / 9 / 19

**Name of Building Owner/Operator**: Rancocas Valley Regional HS District

**Street Address**: 520 Jacksonville Road

**City, State, Zip Code**: Mount Holly, NJ 08060

**Name of Contact**: Mrs. Lisa Giovanelli

**Telephone Number**: 609-267-0850

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: Rancocas Valley Regional High School

**Street Address**: 520 Jacksonville Road

**City**: Mount Holly

**County**: Burlington

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

**ASCM No.**: BRISTOL ENVIRONMENTAL, INC.

**Name of Abatement Contractor**: BRISTOL ENVIRONMENTAL, INC.

**Street Address**: 1123 BEAVER STREET

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

**Telephone No.**: 215-788-8040

**License No.**: 00509

**Name of OSHA Monitor**: BRISTOL ENVIRONMENTAL, INC.

**Street Address**: 1123 BEAVER STREET

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

---

**Scope of Work**

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **Main Office**: Pipe Insulation
  - **Service Transport Group**:
    - **NJDEP Waste Hauler ID No.**: 1 Cu Yd
    - **Cubic Yards of Waste**: 1 Cu Yd
    - **Name of Registered Landfill**: Minerva Landfill
    - **Disposal Date**: 8/22/19
    - **City, State**: Waynesburg, OH

**Territory**

- **Location Normally Used Solely by Maintenance/Custodial Staff?**
  - **Yes**: No
  - **Renovation**: Yes
  - **Demolition**: Yes

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

- **I.E., thermal systems insulation, surfacing, VAT, or other miscellaneous**
- **Amount**: 20 LF

**Abatement Type**

- **Full Containment with Negative Pressure**: No
  - **Mini-Enclosure**: Yes
  - **Glovebag Procedure**: No
  - **Non-Exempted (*) and Non-Friable Procedure**: Yes

---

*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 / 31 / 19

Name of Building Owner/Operator (2)
NJ DOT / Job #1906-5500 Check #11527

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

Type Notification
☒ Initial
☐ Amended

Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
1035 Parkway Avenue

City, State, Zip Code
Trenton, NJ

Name of Contact
Darren Comegys
Telephone Number
609-203-5595

County Code (7) (STATE USE ONLY)

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
NJ DOT Building 18

Square Feet
11,750

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

# of Floors
2

Current Use (Prior if being demolished)
Storage

Bldg. Age
84

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

Time of Abatement: ______ AM - ______ PM - ______ PM - ______ AM

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental
ASCN No.
00112

Name of Abatement Contractor (9)
AbateTech, Inc.

Name of Abatement Site Inspector (10)
William Weisgarber
Telephone No.
609-656-3101

Name of OSHA Monitor
EMSL Analytical

License No.
00529

Start Date (10)
8 / 27 / 19

Scheduled Completion Date (11)
10 / 4 / 19

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)

LOCATION OF ASBESTOS-CONTAINING MATERIAL

Wall/Ceiling Vapor Barrier & Adhesive
1,742 SF

Field Testing Room/101
☐ Direct ☒ Indirect ☐

Floor Tile
35 SF

Field Testing Room/101
☐ Direct ☐ Indirect ☒

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
10/4/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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

Name of Building Owner/Operator (2):
NJ DOT / Job # 1905-5494

Street Address:
1035 Parkway Avenue
City, State, Zip Code:
Trenton, NJ 08625

Name of Contact:
Yana Kost
Telephone Number:
201-867-5070

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Route 47 Bridge over Route 295 Bridge

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:

Bridge:

County Code (7) (STATE USE ONLY):
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
NA

ASCM No.:
Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
30 Maple Ave, PO Box 25
City, State, Zip Code:
Lumberton, NJ 08048

Project Manager for Monitoring Firm:

Telephone No.:
609-265-2107
License No.:
00529

Name of OSHA Monitor:
EMSL Analytical

Start Date (10):
8/8/19
Scheduled Completion Date (11):
9/4/19

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

Scope of Work (Check all that apply):
□ ≥3 sf or ≥3 lf
□ ≥160 sf or ≥240 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):

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
□ Encapsulation
□ Repair
□ Disposal

Name of Registered Waste Hauler:
AbateTech, Inc.

Cubic Yards of Waste:
40
Name of Registered Landfill:
FAIRLESS Landfill

City, State:
Lumberton, NJ

Disposal Date:
9/4/19
City, State:
Morrisville, PA

Completed By (Print or Type):
Gwendolyn Trumbetti
Title:
Operations Coordinator
Signature:
Date:
8-9-19

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Shopping Center Associates, A New York General Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>55 Parsonage Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Edison, NJ 08837</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>James V Stocks</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>317-263-8191</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Menlo Park Mall, Macaroni Grill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Bldg. Owner (8)</strong></th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>105 Ryerson Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>(973) 666-6869</td>
</tr>
<tr>
<td><strong>License Number</strong></td>
<td>00378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>105 Ryerson Road</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X Demolition</td>
<td></td>
</tr>
<tr>
<td>X roll or turn &gt;30 ft or &gt;30 ft</td>
<td></td>
</tr>
<tr>
<td>X rolled asphalt old &amp; new</td>
<td>60 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>roof area</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler B &amp; G Restoration, Inc.</th>
<th>NJ DEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19566</td>
<td>3</td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Gordana Luna</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
<td>Secretary/Treasurer</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>08/12/2019</td>
</tr>
</tbody>
</table>
**State of NJ**

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

**Date of Notification (1)**
18/11/19

**Name of Building Owner/Operator (2)**
Mediterranean Towers West Owners, Inc.

**Street Address**
555 North Avenue

**City, State, Zip Code**
Fort Lee, NJ 07024

**Name of Contact**
Larry Stitham

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Mediterranean Towers (NON Sub 8)

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apt 16E 2 bathrooms</td>
<td>[x]</td>
<td>asbestos popcorn ceiling</td>
<td>40 sf &amp; 45 sf</td>
</tr>
<tr>
<td>Apt 19N master bedroom</td>
<td>[x]</td>
<td>asbestos popcorn ceiling</td>
<td>10 sf</td>
</tr>
<tr>
<td>Apt 21R master bedroom/closet</td>
<td>[x]</td>
<td>asbestos popcorn ceiling</td>
<td>45 sf</td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDEP Hauler ID**
19586

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
Grand Central Landfill

---

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

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
08/12/2019
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 5:10)

### Date of Notification
- **08/12/19**

### Name of Building Owner/Operator
- **Jacobs Demolition**

### Street Address
- **P O Box 9**

### City, State, Zip Code
- **Manasquan, NJ 08736**

### Name of Contact
- **Linda**

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- **Residence**

#### Street Address
- **Manasquan**

#### City
- **Monmouth**

#### County
- **Monmouth**

#### Current Use (Prior if being demolished)
- **Residence**

#### Square Feet
- **1750 sf**

#### # of Floors
- **1**

#### Bidg. Age
- **65**

### Type of Facility
- **School (K-12)**

### Street Address
- **1889 Route 9, Unit 61**

### City, State, Zip Code
- **Toms River, New Jersey 08755**

### Project Manager for Monitoring Firm
- **Telephone No.**
  - **732-345-9932**

### Start Date
- **09/05/19**

### Scheduled Completion Date
- **09/06/19**

### Name of OSHA Monitor
- **E.M.S.L. Analytical**

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**

### Scope of Work
- **Demolition**

### Location of Asbestos-Containing Material (ACM)
- **Exterior**
  - **asbestos siding**

### Description of Asbestos Containing Material (ACM)
- **1750 sf**

### Amount (Specify SF or LF)
- **T.R.R.F.**

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

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

### Disposal Date
- **09/09/19**

### Name of Registered Landfill
- **Tullytown, Pennsylvania**

### Completed By (Print or Type)
- **Nicholas Femia**

### Title
- **Project Manager**

### Signature
- **/\**

### Date
- **8/12/19**

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 08/12/19

Name of Building Owner/Operator (2): Ibrahim Hasan

Street Address: [redacted]

City, State, Zip Code: Newark, NJ 07102

Name of Contact: Ibrahim Hasan

Telephone Number: [redacted]

Name of Facility Where Abatement is Taking Place (3):
177 Central Ave Daycare

Street Address:
177 Central Ave

City (6):
Newark

County Code (7) (STATE USE ONLY): Essex

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No. 9

Name of Abatement Contractor (9):
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT

City, State, Zip Code:
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm:

Telephone No.:
732-668-9078

License No.:
1200

Start Date (10):
08/13/2019

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

Name of OSHA Monitor:
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT

City, State, Zip Code:
LAKEWOOD, NJ 08701

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERIOR</td>
<td>Yes</td>
<td>Boiler 50SF</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Piping Insulation 30LF</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NEWARK CARTING

City, State:
NEWARK, NJ

Disposal Date:
08/15/2019

Name of Registered Landfill:
IESI

City, State:
BETHLEHEM PA

Completed by:
JOSEPH PERLSTEIN

Title:
OWNER

Signature:

Date:
08/12/19

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

**Pursuant to NJAC 8:60 and 12:1201**

**Date of Notification:** 08/07/2019  
**Name of Building Owner/Operator:** Us Bank Master Trust  
**Street Address:** 2711 N Haskett Ave  
**City, State, Zip Code:** Dallas, TX 75204  
**Name of Contact:** Edward Loor  
**Telephone Number:** 908 361 9548

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:**  
  - **Residence:** Rahway, NJ 07065
  - **City:** Rahway, NJ 07065
  - **County:** Union
  - **County Code:**
  - **Current Use (Prior if being demolished):**

### Project Manager for Monitoring Firm

- **Street Address:** 72 Brookside Rd  
  - **City, State, Zip Code:** Randolph, NJ 07869

### Start and Completion Dates

- **Start Date:** 08/16/2019  
- **Completion Date:** 08/18/2019

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement:** No
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Other – Describe:**

### Scope of Work

- **Yes**  
- **No**  
- **N/A**

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

- **Location Normally Used Solely by Maintenance/Custodial Staff?** Yes
- **Address:**

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

- **Description:Accordion description of ACM.**

### Abatement Type

- **Amount (Specify SF or LF):** 20 LF
- **Abatement Type:** Full Containment with Negative Pressure Mini-Enclosure  
  - **Procedure:** Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

### Name of Registered Waste Hauler

- **Name:** Nick Restoration LLC  
- **ID No.:** 0033782  
- **Waste Disposal Type:** TBD

### Completed by

- **Title:** President  
- **Signature:**  
- **Date:** 08/07/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 8/12/19  
**Name of Building Owner/Operator:** J.R. Matac

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

**Street Address:**  
**City, State, Zip Code:** Paterson, NJ 07503

**Name of Facility Where Abatement is Taking Place:** J.R. Matac  
**Type of Facility:**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Foot:** 2500  
**# of Floors:** 2  
**Bldg. Age:** 1980

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

**Name of Monitoring Firm Hired by Building Owner:**  
**ASCM No.:**  
**Name of Abatement Contractor:** Best Removal Inc  
**Street Address:** 450 South River St  
**City, State, Zip Code:** Hackensack, N.J. 07601

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 201-329-7444  
**License No.:** 00388

**Start Date:** 8/22/19  
**Scheduled Completion Date:** 8/23/19

**Occupancy Status During Abatement:**  
- [ ] Vacated  
- [ ] Abatement Performed Outside Normal Facility Hours  
- [ ] Other - Describe: 8:00 AM - 5:00 PM

**Scope of Work:**  
- [ ] Demolition  
- [ ] Renovation  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebox Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) to be Abated:**  
- [ ] Basements  
- [ ] Thermal System Insulation  
- [ ] Z00 LF

**Name of Registered Waste Hauler:** Best Removal Inc  
**NJDEP Waste Hauler ID No.:** 17109  
**Cubic Yards of Waste:** 3/129

**Name of Registered Landfill:** Minerva Enterprises, LLC  
**City, State:** Waynesburg, Oh. 44688

**Completed by:** J. Maiorano  
**Title:** Estimator  
**Signature:** 
**Date:** 8/12/19

---

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

(Pursuant to NJAC 8:58A:7 and 27:12G-7)

**Date of Notification (1)**
8/12/2019

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

**State of New Jersey**

**Street Address**
[Redacted]

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

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

**Type of Facility (4)**
[X] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**

**% of Floors**

**Bldg. Age**

**Type of Abatement (5)**
[ ] Full Containment with Negative Pressure
[X] Glovebag Procedure
[ ] Non-Friable Procedure

**Name of Original Contractor (6)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

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

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor (10)**
N/A

**Street Address**

**City, State, Zip Code**

**Occupancy Status During Abatement (Check only one)**
[X] Facility Closed/Vacated During Entire Period of Abatement

**Ongoing Operations (Check all that apply)**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material Normally Used</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.5

**Name of Registered Landfill**
Tri - State

**Disposal Date**
8/26/19

**City, State**
Bronx, NY, 10474

**Completed By (Print or Type) (11)**
Constantine Vivian

**Title**
President

**Date**
8/12/2019
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)
**EMERGENCY SUB Chapter 8**

**Date of Notification (1)**

| Date | 01/18/2019 |

**Name of Building Owner/Operator (2)**
Florham Park School District

**Street Address**
67 Ridgedale Avenue

**City, State, Zip Code**
Florham Park, NJ 07932

**Name of Contact**
Philip Infantolino

**Telephone Number**
973-822-3880 x2010

---

### FACILITY INFORMATION

**Name of Facility where Abatement is Taking Place (3)**
Ridgedale Middle School (Sub chapter 8)

**Street Address**
71 Ridgedale Avenue

**City**
Florham Park, NJ 07932

**County**
Morris

**County Code**
(State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
EnviroVision Consultants, Inc.

**ASCN No.**
00079

**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

**Scheduled Start Date (10)**
08/09/2019

**Sched. Completion Date (11)**
08/12/2019

**Occupancy Status During Abatement**
Facility closed/vacated during entire period of abatement.

**Scope of Work (check all that apply)**
- [x] Demolition
- [x] Renovation
- [x] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non friable procedure
- [x] >180 sf or ≥280 sf

**Location of Asbestos-Containing Material to be Abated in Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Office</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Grand Central Landfill

**City, State**
Lincoln Park, NJ

**Disposal Date**
08/12/2019

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

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
08/08/2019
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

**EMERGENCY**

**Check #9481**

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Street Address**
2 Cedar Street
City, State, Zip Code
Newark, NJ 07106

**Name of Contact**
Paulinus Egu
973-733-7355

**FACILITY INFORMATION**

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

**Street Address**
205 Lafayette Street

**City**
Newark, NJ 07108

**County**
Essex

**County Code**

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

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

**Square Feet**

**# of Floors**

**Building Age**

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

**School NON Sub 8**

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

**Street Address**
105 Ryerson Road

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

**Telephone Number**
(973)696-8869

**License Number**
00378

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

**Street Address**
105 Ryerson Road

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

**Scope of Work (check all that apply)**
- Demolition
- Renovation
- Full Containment w/inhalation pressure
- Gloves and shoe procedure
- Mini-enclosure
- Non-friable procedure

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT / mastic</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**
130 sf

**Removal**

**Repair**

**Encapsulation**

**N/A**

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDEP Hauler ID#**
19663

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
Grand Central Landfill

**City, State**
Lincoln Park, NJ

**Disposal Date**
08/12/2019

**Name of Registered Landfill**
Grand Central Landfill

**City, State**
Lincoln Park, NJ

**Disposal Date**
08/12/2019

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

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
08/08/2019
# Notification of Asbestos Abatement

**State of NJ**

(Asbestos Control & Removal)  

**EMERGENCY**

### Date of Notification (1)

10/18/19

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

Newark Public Schools

### Street Address

2 Cedar Street

### City, State, Zip Code

Newark, NJ 07106

### Name of Contact

Paulinus Egu

### Telephone Number

973-733-7355

---

## FACILITY INFORMATION

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

Mount Vernon Elementary School (NON Sub 8)

### Street Address

142 Mount Vernon Place

### City (8)

Newark, NJ 07106

### County (6)

Essex

### County Code (7)

(Not applicable)

### Type of Facility (4)

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

### Square Feet

105 Ryerson Road

### # of Floors

Lincoln Park, NJ 07035

### Bldg. Age

105 Ryerson Road

### Current Use (Prior if being demolished)

- School NON Sub 8

---

### Name of Abatement Contractor (9)

B & G Restoration, Inc.

### Street Address

105 Ryerson Road

### City, State, Zip Code

Lincoln Park, NJ 07035

### Telephone Number

(973)686-6869

### License Number

00376

### Name of OSHA Monitor

B & G Restoration, Inc.

### Street Address

105 Ryerson Road

### City, State, Zip Code

Lincoln Park, NJ 07035

---

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

- Demolition
- Renovation
- 
- Full Containment with negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-triable procedure

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

- Location normally used solely by maintenance/custodial staff (12)

<table>
<thead>
<tr>
<th>Room #</th>
<th>VAT &amp; mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>1,200 SF</td>
</tr>
</tbody>
</table>

### Registerd Waste Hauler

B & G Restoration, Inc.  

### NJDEP Hauler ID#  

19563

### Cubic Yards of Waste

15

### Name of Registered Landfill

Grand Central Landfill

### City, State

Lincoln Park, NJ

### Disposal Date

08/14/2019

### Completed by (Print or Type)

Gordana Luna

### Title

Secretary/Treasurer

### Signature

Gordana Luna

### Date

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

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

Type of Notification:
- Initial
- Amended
- Amendment #1
- Emergency (Including Justification)
- Cancellation

Street Address:
1 Norman J. Field Way

City, State, Zip Code:
Tinton Falls NJ 07724

Name of Building Owner/Operator (2):
Monmouth Regional School District

Name of Contact:
Andrew Teeple

Telephone Number:
732-542-5815

Name of Facility Where Abatement is Taking Place (3):
Monmouth Regional High School

Street Address:
1 Norman J. Field Way

City (5):
Tinton Falls NJ 07724

County (6):
Monmouth

Name of Monitoring Firm Hired by Building Owner (8):
Ahera Consultants Inc

ASCM No.:

Name of Abatement Contractor (9):
Amax Contracting LLC

Street Address:
PO BOX 385

City, State, Zip Code:
Oceanville NJ 08231

Project Manager for Monitoring Firm:
Donna D'Errico

Telephone No.:
609-662-1833

Start Date (10):
08-12-2019

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: OCCUPIED BUILDING

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gymnasium Field</td>
<td>No</td>
</tr>
<tr>
<td>Room 309</td>
<td>No</td>
</tr>
</tbody>
</table>

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

- wood floor/homosote sub&mastic: 7800 SF
- VAT & Mastic: 520 SF

Amount (Specify SF or LF): 7800 SF

Abatement Type:
- Full Containment with Negative Pressure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:
Amax Contracting LLC

Cubic Yards of Waste:
56 CY

Name of Registered Landfill:
Fairless Hills

City, State:
Woodland Park NJ 07424

Disposal Date:
08-23-2019

Completed by:
Tome Maslurkov

Title:
Project Manager

Signature:

Date:
08-09-2019

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

**Date of Notification (1):** 08-07-19  
**Name of Building Owner/Operator (2):** Shell Oil Company

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td>111 State Street</td>
<td>(908) 276-2776</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address:**  
111 State Street  
City, State, Zip Code: Sewaren, NJ 07077

**FACILITY INFORMATION**

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

**Name of Monitoring Firm Hired by Building Owner (8):**  
Simpson & Brown, Inc.

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

**Name of Abatement Contractor (9):**  
Pinnacle Environmental Corp.

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof: Entire</td>
<td>x</td>
<td>Roofing/Flashing</td>
<td>250SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**

ATC, Inc. / JBT (50071)  
NJDEP Waste Hauler ID No: 24310

**Cubic Yards of Waste:**

TBD

**Disposal Date:**

TBD

**Name of Registered Landfill:**

Minerva Enterprises  
City, State: Waynesburg, OH 44688

**Completed by:**

Kevin Moriarty  
**Title:** Project Manager  
**Signature:**

Date: 08-07-19

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08-07-19</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>General Electric</td>
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<td>Agencies Notified</td>
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<td>Amendment #1</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>6001 Tonnelle Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Lyle Grant</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(315) 447-4555</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>6001 Tonnelle Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>North Bergen, NJ 07047</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
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<tr>
<td>County Code (7)</td>
<td>00120</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ATC Group Services, LLC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(212) 353-8280</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>08-19-19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08-30-19</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>x Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Roof: Shed Roof</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>x</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Roofing</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2,150SF</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>ATC, Inc. / JBT (50071)</td>
</tr>
<tr>
<td>City, State</td>
<td>Shirley, NY / Bronx, NY</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
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<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
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<tr>
<td>Completed by</td>
<td>John A. Tancredi</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>08-07-19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1): August 7, 2019

Name of Facility Where Abatement Is Taking Place (3):
LIPMAN HALL, BLDG# 6025

Street Address:
COOK CAMPUS

City: NEW BRUNSWICK
County: MIDDLESEX

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

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

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

Occupancy Status During Abatement (Check one only):
Facility Closed/ Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours -
Describe:
Other(s): Bldg. Occupied Work Area Vacated - Schedule: 5 PM
- 5 AM (24 HOURS & WEEKENDS AS NEEDED) 1ST Phase Subb
7/26 - 8/7, 2ND Phase Not Sub Non-Friable 8/9 - 8/12,
Subsequent Phases if Needed TDB

Scope of Work (Check all that apply):

- 3 sf or > 3 If
- 160 sf or > 280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 310, 312, 313</td>
<td>TSI</td>
<td>350 LF</td>
<td>X</td>
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<tr>
<td>Rooms 310, 312, 313</td>
<td>VAT</td>
<td>600 LF</td>
<td></td>
</tr>
<tr>
<td>*Added Rooms 330, 332</td>
<td>TSI</td>
<td>&lt;9 LF</td>
<td></td>
</tr>
<tr>
<td>*Added Rooms 330, 332</td>
<td>VAT</td>
<td>400 LF</td>
<td></td>
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</tbody>
</table>

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

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carting, Inc., Newark, NJ 07109
NJ DEP # 4509

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER

Disposal Date:
08/26/2019

City: North Plainfield
State: NJ

Copies To: Rutgers, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey - Notification of Asbestos Abatement**

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

**GAC Project # 060-19**

**Date of Notification:** July 12, 2019

<table>
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<td>X DCA</td>
<td>Amended Notification #</td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>X DEP. No Longer REQUIRED</td>
<td>Cancelled</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:**

RUTGERS, THE STATE UNIVERSITY OF N.J.

**Street Address:**

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

**City, State, Zip Code:**

PISCATAWAY, NJ 08854

**Telephone Number:**

848-445-2550

**Name of Contact:**

MICHAEL F. SMITH, ENV. HEALTH & SAFETY

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

LIPMAN HALL, BLDG# 6025

**Street Address:**

COOK CAMPUS

**City:**

NEW BRUNSWICK

**Country:**

MIDDLESEX

**County Code:**

(State Use Only) 00098

**Type of Facility:**

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

**Sq. Feet:** N/A

**# of Floors:** 4

**Bldg. Age:** 80+ years

**Current Use (prior if being demolished):** ACADEMIC

**Name of Contractor:**

GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:**

511 MAIN STREET

**City, State, Zip Code:**

BURLINGTON, NJ 08016

**Telephone Number:**

973-492-0477

**License Number:**

00840

**Name of OSHA Monitor:**

ENVIROVISION, INC.

**Street Address:**

20-21 WARGARAW ROAD, BLDG# 35E

**City, State, Zip Code:**

FAIRLAWN, NJ 07410

**Project Manager for Monitoring Firm:**

BRIAN R. KEARNEY

**Telephone Number:**

609-386-8800

**Scheduled Start Date:** 07/26/2019

**Scheduled Completion Date:** 08/26/19

**Occupancy Status During Abatement:**

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

☐ Other - Describe: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

**Type of Work (Check all that apply):**

☐ ≥ 3 sf or >3lf
☐ ≥ 160 sf or ≥ 280lf

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

<table>
<thead>
<tr>
<th>Rooms 310, 312, 313</th>
<th>TSI</th>
<th>VAT</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Rooms 310, 312, 313</th>
<th>TSI</th>
<th>VAT</th>
</tr>
</thead>
</table>

**Name of Asbestos Hauler:**

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2 Newark Carling, Inc., Newark, NJ 07102
NJ DEP # 4599

**Name of Registered Landfill:**

G.R.O.W.S. North Landfill

**Disposal Date:**

08/26/2019

**City, State:**

100 New Ford Rd, Morrisville, PA 19067

**Telephone:**

215-736-1700

**Copies To:**

Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

**Reports to:**

**Name:** Raymond C. Pedalino

**Title:** SENIOR PROJECT MANAGER

**Signature:**

Raymond C. Pedalino

**Date:** July 12, 2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:25-4.10 and 12:11-20)

Date of Notification (1)
08-06-19

Name of Building Owner/Operator (2)
Laurie Chalfin

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

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

Street Address:

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Laurie Chalfin

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Wayne

County (6)
Passaic

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Delta Contracting LLC.

Street Address
1119 East Grand St.

City, State, Zip Code
Elizabeth, NJ 07201

Project Manager for Monitoring Firm

Telephone No.
201-216-9603

License No.
01206

Start Date (10)
08-15-19

Scheduled Completion Date (11)
08-19-19

Name of OSHA Monitor
Delta Contracting LLC

Street Address
1119 East Grand St.

City, State, Zip Code
Elizabeth, NJ 07201

Scope of Work (Check All That Apply)

☐ ≥ 650 sq ft or ≥ 6 ft
☐ ≥180 sq ft or ≥260 sq ft
☐ Renovation
☐ Demolition

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

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

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

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

Amount (Specify SF or LF)
640 SF

Abatement Type

Location of Registered Waste Hauler
Delta Contracting LLC

NUDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Tullytown, PA

Disposal Date
08-19-19

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
08-06-19

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

Date of Notification (1)

8 / 8 / 19

Name of Building Owner/Operator (2)
Robert Wood Johnson Hospital / Job #1606-5591 Check #11528

Street Address
One Robert Wood Johnson Place

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Kristen Bell

Telephone Number
732-937-8704

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital

Street Address
One Robert Wood Johnson Place

City (5)
New Brunswick

County (6)
Middlesex

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

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

License No.
00529

City, State, Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If

- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

- TO BE ABATED

- IN Facility

(13)

2nd Floor Hallway Tower 2

2nd Floor Hallway Tower 2 Admin

2nd Floor Locker Room

2nd Floor Locker Room

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
9/10/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
8-8-19

Do not use this form for asbestos licence exempted activities.
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) JCP&L/FirstEnergy Company / Job #1907-55699 Check #

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
10 Legion Place - Building A
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Matt Turner
Telephone Number
215-221-9335

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCP&L
Street Address
1502 Route 138
City (5)
Wall
County (6)
Monmouth

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

Name of Abatement Contractor (9) AbateTech, Inc.

Name of OSHA Monitor
EMSL Analytical

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

Current Use (Prior to being demolished) Substation

Project Manager for Monitoring Firm
Street Address
30 Maple Ave, PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Start Date (10) 7 / 22 / 19
Scheduled Completion Date (11) 8 / 31 / 19

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

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

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

| Location Normally Used Solely by Maintenance Custodial Staff? | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Exterior Pole #JC32WLTS97</td>
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</table>

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 2

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

City, State
Lumberton, NJ Tullytown, PA

Disposal Date
8/31/19

Completed By (Print or Type) Gwen Trumbetti
Title Operations Coordinator

Signature

Date 7-29-19

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

Date of Notification (1)
7 / 31 / 19

Name of Building Owner/Operator (2)
Robert Wood Johnson Hospital / Job #1906-5501

Name of Monitoring Firm Hired by Building Owner (3)
Omega Environmental

Agency Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
- [ ] NJAC 5:23-8

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Contact
Kristen Bell

Telephone Number
732-937-8701

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital

Street Address
One Robert Wood Johnson Place

City (5)
New Brunswick

County (6)
Middlesex

Name of Abatement Contractor (9)
AbateTech, Inc.

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

Building Age

Current Use (Prior if being demolished)
Hospital

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huylar Street

City, State, Zip Code
South Hackensack, NJ 07606

License No.
00529

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

Name of OSHA Monitor
EMSL Analytical

Time of Abatement: AM-PM/5PM-AM

Start Date (10)
6 / 28 / 19

Scheduled Completion Date (11)
8 / 30 / 19

Project Manager for Monitoring Firm
Geisler Fajardo

Telephone No.
201-489-8700

Project Manager for Monitoring Firm
Geisler Fajardo

Telephone No.
201-489-8700

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
1-31-19

Scope of Work (Check all that apply)
- [ ] >33 sf or >33 if
- [ ] ≥160 sf or ≥268 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (1) and Non-Firable Procedure

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

Amount (Specify SF or LF)
100 SF

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

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

2nd Floor Hallway Tower 2

Floor tile & Mastic

Name of Registered Waste Hauler
AbateTech, Inc.

NJ/DEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

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

City, State
Lumberton, NJ

Disposal Date
8/30/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
1-31-19
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 31 / 19</td>
<td>Hamilton Township BOE / Job #1905-6492</td>
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<table>
<thead>
<tr>
<th>Agencies Notified (3)</th>
<th>Type Notification (4)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>□ Amended</td>
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<tr>
<td>DHSS</td>
<td>□ Emergency (including justification)</td>
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<td>□ OCA (NJAC 5:23-6)</td>
<td>□ Cancellation</td>
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<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
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<tbody>
<tr>
<td>Hamilton Educational Program</td>
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<tr>
<th>Street Address (6)</th>
<th>Square Feet (7)</th>
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<tbody>
<tr>
<td>310 Rowan Avenue</td>
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<thead>
<tr>
<th>City (8)</th>
<th># of Floors (9)</th>
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<tr>
<td>Trenton</td>
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<table>
<thead>
<tr>
<th>County Code (10)</th>
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<tbody>
<tr>
<td>Mercer</td>
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<table>
<thead>
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<th>Name of Monitoring Firm Hired by Building Owner (11)</th>
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<tbody>
<tr>
<td>NA</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (12)</th>
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<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (13)</th>
<th>Scheduled Completion Date (14)</th>
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<tr>
<td>6 / 24 / 19</td>
<td>8 / 30 / 19</td>
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<thead>
<tr>
<th>Scope of Work (15)</th>
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<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 ft</td>
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<tr>
<td>□ ≥ 160 sf or ≥ 260 ft</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (16)</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>-----</td>
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<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (17)</th>
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<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. (18)</th>
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<tbody>
<tr>
<td>18750</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste (19)</th>
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<tr>
<td>40</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill (20)</th>
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<tr>
<td>G.R.O.W.S. Landfill</td>
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<table>
<thead>
<tr>
<th>City, State (21)</th>
<th>Disposal Date (22)</th>
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<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>8/30/19</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
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</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
<td></td>
</tr>
<tr>
<td><em>Do not use this form for asbestos licensure exempted activities.</em></td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification:** 08/10/2019

**Name of Building Owner/Operator:** Micah Gottlieb

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

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

**Street Address:**

**City, State, Zip Code:** South Orange, NJ 07079

**Name of Contact:** Micah Gottlieb

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**

**City:** South Orange

**County:** Essex

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

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

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

**Name of Abatement Contractor:**
- D&S Abatement, Inc.

**Street Address:** 11 Rosengren Avenue

**City:** Totowa

**State:** NJ

**Zip Code:** 07512

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Telephone No.:** 9733458886

**License No.:** 01311

**Start Date:** 08/22/2019

**Scheduled Completion Date:** 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
- Other - Describe: Occupied

**Scope of Work (Check All That Apply):**
- > 3,000 sf or > 3,000 ft²
- > 100 sf or > 300 ft²
- Renovation
- Demolition

---

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) or Other Miscellaneous</th>
<th>Amount Specify SF or LF</th>
</tr>
</thead>
</table>
| Pipe Insulation | 25 LF

**Name of Registered Waste Hauler:**
- Atlantic Carting

**NJDEP Waste Hauler ID No.:** 28085

**Cubic Yards of Waste:**
- TBD

**Name of Registered Landfill:**
- Grand Central

**Disposal Date:**
- TBD

**City, State:** Pen Argyl, PA

**Completed by:** Oliver Hegedus

**Title:** Project Manager

**Signature:**

**Date:** 08/10/2019

---

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

(Pursuant to NJAC 8:60 and 12:520)

---

**Date of Notification:** 06/10/2019  
**Name of Building Owner/Operator:** Pearl Feder

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

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

**Street Address:**  
City, State, Zip Code: South Orange, NJ 07079

**Name of Contact:** Pearl Feder

---

### FACILITY INFORMATION

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

**City:** South Orange

**County:** Essex

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

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

**Street Address:**

**City, State, Zip Code:**  
City: State: Zip Code: 11 Rosengren Avenue

**Project Manager for Monitoring Firm:**

**Start Date (10):** 08/21/2019  
**Scheduled Completion Date (11):** 08/22/2019

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

**Scope of Work (Check All That Apply):**
- [X] ≥3 sf or ≥3 fl
- [ ] ≥160 sf or ≥260 fl
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
<td>26085</td>
<td>TBD</td>
<td>Grand Central</td>
</tr>
</tbody>
</table>

**Disposal Date:** TBD  
**City, State:** Pen Argyll, PA

**Completed by:** Oliver Hegedus  
**Title:** Project Manager

**Signature**  
**Date:** 08/10/2019

---

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 12, 2019</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Baltusrol Golf Club Fire Loss Project</td>
</tr>
<tr>
<td>Baltusrol Golf Club Fire Loss Project</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>201 Shunpike Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Springfield</td>
</tr>
<tr>
<td>County (6)</td>
<td>N.J. 07081</td>
</tr>
<tr>
<td>Name of Owner/Operator (3)</td>
<td>Baltusrol Golf Club</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Cooper</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 333-7026</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
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<tr>
<td>Square Feet</td>
<td>1,000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Building Age</td>
<td>1973</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>750 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(973) 333-7026</td>
</tr>
<tr>
<td>License No.</td>
<td>00781</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>750 Kings HWY N, STE 209</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08034</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>23 ft or 23 ft</td>
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<tr>
<td>8,000 ft or 8,200 ft</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABRATED</td>
<td>Club House 3rd floor</td>
</tr>
<tr>
<td>Location Normal Use Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>John Cooper</td>
</tr>
<tr>
<td>City, State</td>
<td>Cherry Hill, NJ</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>IESI Bethlehem landfill / Minerva Ent.</td>
</tr>
<tr>
<td>City, State</td>
<td>Bethlehem, PA / Waynesburg, OH</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

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

**Date of Notification (1)**
8/12/19

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

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] ARSOL
- [ ] CSH
- [ ] OSHA
- [ ] DCA

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

**Street Address**
932 Park Ave.

**City, State, Zip Code**
HIGHLAND PARK, N.J.

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

**Facility Information**

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

**Square Feet**
2200

**# of Floors**
2

**Built Age**
1945

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

**Name of Monitoring Firm Hired by Building Owner (5)**
MIDWEST

**ASCM No.**

**Name of Abatement Contractor (6)**
Best Removal Inc

**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**

**TelephoneNumber No.**

**Name of OSHA Monitor**
Omega Environmental

**Street Address**
280 Huyler St

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

**Start Date (10)**
8/12/19

**Scheduled Completion Date (11)**
8/27/19

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

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

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (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></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>Kitchen</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] N/A</td>
<td>[ ] Renovation</td>
</tr>
<tr>
<td></td>
<td>Linoleum</td>
<td>140 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
17109

**Cubic Yards of Waste**

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

**Disposal Date**
8/12/19

**City, State**
Waynesburg, Oh. 44688

**Completed by**
J. Maiorano

**Title**
Estimator

**Signature**

**Date**
8/12/19

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

Date of Notification (1) 08 / 12 / 19
Name of Building Owner/Operator (2) Fred Cassaday

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
Franklinville, NJ 08322

Name of Contact
Fred Cassaday

Telephone Number

FACILITY INFORMATION

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

County Code (7)(STATE USE ONLY)
Gloucester

Current Use (Prior if being demolished)
Residence

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

PO Box 341
Chesterfield, NJ 08515

Telephone No.
609-298-4070

Start Date (10) 08 / 27 / 19
Scheduled Completion Date (11) 08 / 29 / 19

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

Scope of Work (Check all that apply)
- ≥3,3 sf or ≥300 sf
- ≥160 sf or ≥260 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

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

Basement

Duct Paper 36 SF
Transite 2 SF

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

Disposal Date
08/29/2019

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

* Do not use this form for asbestos licensure exempted activities.
**Inv 13068**

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

**Date of Notification (1)**
10/3/11 12/1/11

**Name of Building Owner/Operator (2)**
Pascack Valley Regional High School District

**Street Address**
26 West Grand Avenue

**City, State, Zip Code**
Montvale, NJ 07645

**Name of Contact**
Robert Donahue

**Telephone Number**
201-358-7020

**RECEIVED**
AUG 15 2019

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Pascack Valley High School (Sub chapter 8)

**Street Address**
200 Piermont Avenue

**City (5)**
Hillsdale

**County (6)**
Bergen

**County Code (7)**
(State use only)

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

**Square Feet**
99999

**# of Floors**
2

**Bldg. Age**
50+

**Current Use (Prior if being demolished)**
school Sub 8

---

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

**Street Address**
105 Ryerson Road

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

**Telephone Number**
(973)696-6869

**License Number**
00378

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

**Street Address**
105 Ryerson Road

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

---

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

**ASCN No.**
-00057

---

**Scheduled 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: Described

**Other-Describe:** Occupied

---

**Scope of Work (check all that apply)**
- Demolition
- Renovation
- Full Containment/w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-frangible procedure

---

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

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>R Emov e</th>
<th>R Epair</th>
<th>E ncap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>VAT &amp; mastic</td>
<td>650 sf</td>
<td></td>
</tr>
</tbody>
</table>

---

**Music Room**

---

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
8

**Name of Registered Landfill**
Grand Central Landfill

**City, State**
Lincoln Park, NJ

**Disposal Date**
05/17/2019

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

**Title**
Secretary/Treasurer

**Signature**
Gordana Luna

**Date**
08/12/2019
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
SUB Chapter 8

Date of Notification (1)
10/17/19

Name of Building Owner/Operator (2)
Pascack Valley Regional High School District

Street Address
28 West Grand Avenue

City, State, Zip Code
Montvale, NJ 07645

Name of Contact
Robert Donahue

Telephone Number
201-358-7020

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Pascack Valley High School (Sub chapter 8)

Street Address
200 Piermont Avenue

City (5) County (6) County Code (7)
Hillsdale Bergen

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

ASCM No.
00057

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Phone Number
609-852-1833

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
08/12/2019

Sched. Completion Date (11)
08/17/2019

Occupancy Status During Abatement (Check only one)
☒ Occupied

Scope of Work (check all that apply)
☒ Renovation

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

Description of asbestos-containing material (ACM)
VAT & mastic

Amount (Specify SF or LF)
650 sf

Registered Waste Hauler
B & G Restoration, Inc.

Disposal Date
08/17/2019

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Completion Date
07/29/2019

Gordana Luna
Secretary/Treasurer
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)
**SUB Chapter 8**

**Date of Notification (1):** 10/17/2019

**Agency Notified:**
- [X] EPA
- [ ] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2):** Pascack Valley Regional High School District

**Street Address:**
- City: Montvale
- State: NJ
- Zip Code: 07645

**Name of Contact:** Robert Donahue

**Telephone Number:** 201-358-7020

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**
- **Pascack Valley High School (Sub chapter 8)**

**Street Address:** 200 Piernmont Avenue

**City (6):** Hillsdale

**County (6):** Bergen

**County Code (7):** 0057

---

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

**Street Address:**
- City: Lincoln Park
- State: NJ
- Zip Code: 07035

**Telephone Number:** (973)698-6869

**License Number:** 00378

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

**Street Address:**
- City: Lincoln Park
- State: NJ
- Zip Code: 07035

---

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

**Scheduled Start Date (10):** 08/01/2019

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

**Scope of Work (check all that apply):**
- [ ] Demolition
- [X] Renovation
- [ ] >2 sf or >2 if
  - [X] >160 sf or >260 if
- [ ] Full Containment winegative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-flammable procedure

---

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

**Description of asbestos-containing material (ACM):**
- VAT & mastic

**Amount (Specify SF or LF):** 650 sf

---

**Registered Waste Hauler:**
- NJDEP Hauler ID#: 19563

**Cubic Yards of Waste:**
- 8

**Name of Registered Landfill:**
- Grand Central Landfill

---

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

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 07/29/2019
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7) **Subchapter 8**

### Date of Notification (1)
10/18/2019

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

### Street Address
2 Cedar Street

### City, State, Zip Code
Newark, NJ 07106

### Name of Contact
Paulinus Egw

### Telephone Number
973-733-7355

### Name of facility where abatement is taking place (3)
Weequahic High School (Sub 8)

### Street Address
279 Chancellor Avenue

### City (5)
Newark, NJ 07112

### County (6)
Essex

### County Code (7)
0003

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

### Square Feet

### # of Floors

### Bldg. Age

### Current Use (Prior if being demolished)
High School

### Name of Monitoring Firm Hired by Bldg. Owner (8)
TTI Environmental

### ASCM No.
0003

### 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)696-5869

### License Number
00378

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

### Street Address
105 Ryerson Road

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

### Scheduled Start Date (10)
08/12/2019

### Sched. Completion Date (11)
08/19/2019

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

### Scope of Work (check all that apply)
- [x] Demolition
- [x] Renovation
- [ ] >2 sf or >3 if
  - [x] ≥160 sf or ≥260 if
- [ ] Full Containment w/ negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-filable procedure

### Location of asbestos-containing material to be abated in facility (13)
- Gymnasium
  - ceiling plaster
  - 150 SF
- Gymnasium
  - pipe insulation above ceiling
  - 30 LF
  - pipe insulation below ceiling
  - 50 LF
- Gymnasium
  - pipe (wrap & cut)
  - 30 ft

### Registered Waste Hauler
B & G Restoration, Inc.

### NJDEP Hauler ID#
19583

### Cubic Yards of Waste
5

### Name of Registered Landfill
Grand Central Landfill

### City, State
Lincoln Park, NJ

### Disposal Date
08/17/2019

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

### Title
Secretary/Treasurer

### Signature
Gordana Luna

### Date
08/19/2019
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7) Sub chapter 8

B & G proj. #: 2019-175

Date of Notification (1)
08/18/19

AGENCIES NOTIFIED
☐ EPA ☑ DOL ☐ DEP ☑ DOH ☐ DCA

Type Notification
☑ Initial ☐ Amendment ☐ Cancellation

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

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07106

Name of Contact
Paulinus Egu

Telephone Number
973-733-7355

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Weequahic High School (Sub 8)

Street Address
278 Chancellor Avenue

City (5) Newark, NJ 07112

County (6) Essex County

County Code (7) (State use only)

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

ASQM No. 0003

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of Abatement Contractor (8)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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

Scope of Work (check all that apply)
☐ Demolition ☑ Renovation ☐ Full Containment with negative pressure
☐ >3 sf or >3 if ☑ ≥160 sf or ≥260 if ☐ Glovebag procedure
☐ ≤160 sf or ≤50 sf ☐ Mini-enclosure ☐ Non-friable procedure

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)

Amount (Specialty SF or LF)

Removal Encaps Encl

Gymnasium

Ceiling plaster 150 SF

Pipe insulation above ceiling 30 LF

Pipe insulation below ceiling 50 if

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID 19563

Cubic Yards of Waste

4

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date 08/02/2019

RECEIVED
AUG 1 5 2019

ASBESTOS CONTROL & LICENSING
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 4/4/19

**Name of Building Owner / Operator:** Macy's Inc.

**Name of Contact:** Tia Wenrich

**Telephone Number:** (513) 579-7241

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Macy's Store

**Street Address:** 275 Parsonage Road

**City:** Edison

**County:** Middlesex

**County Code:**

**Type of Facility:** Retail

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

**ASCM No.:**

**Name of Abatement Contractor:** Bristol Environmental, Inc.

**Street Address:** 1123 Beaver Street

**City, State & Zip Code:** Bristol, PA 19007

**Telephone Number:** (215) 788-6040

**License Number:** 00509

**Name of OSHA Monitor:**

**Street Address:** 1123 Beaver Street

**City, State & Zip Code:** Bristol, PA 19007

**Scheduled Start Date:** 4/29/19

**Scheduled Completion Date:** 8/31/19

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

- [ ] 

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

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

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

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

- [ ] Mastic: 55,300 SF
- [ ] Floor Tile: 39,472 SF

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

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

**Service Transport Inc.:** 20990

**Cubic Yards of Waste:** 215 Cu Yd

**Disposal Date:** 7/15/19

**Name of Registered Landfill:** Minerva Landfill

**City, State:** Waynesburg, OH

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

**Gino Pizzigoni:** Title: Project Manager

**Signature:**

**Date:** 8/12/19

**GI 19068**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
4/14/19

**Name of Building Owner / Operator (2)**
Macy's Inc.

**Street Address**
7 West Seventh Street

**City, State & Zip Code**
Cincinnati, OH 45202

**Name of Contact**
Tia Wenrich

**Telephone Number**
(513) 578-7241

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Macy's Store

**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**

**Bidg. Age**

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

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

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

**License Number**
00508

**Name of ASCM No.**
Pennoni Associates, Inc.

**Telephone Number**
856-647-0505

**Street Address**
242 Commerce St, Suite 300

**Project Manager for Monitoring Firm**
Ralph Coppola

**City, State & Zip Code**
Haddon Heights, NJ 08035

**Telephone Number**

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

**Scheduled Start Date (10)**
4/29/19

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

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

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

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

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

**Amount (Specify SF or LF)**
55,300 SF

**Abatement Type**
- ☑ Removal
- □ Repair
- □ Encapsulation
- □ Enclosure

**Name of Registered Waste Hauler**
NJDIA Waste Hauler ID No. 20990

**Cubic Yards of Waste**
215 Cu Yd

**Name of Registered Landfill**
Minerva Landfill

**Disposal Date**
7/15/19

**City, State**
Waynesburg, OH

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
Project Manager

**Signature**

Gino Pizzigoni

**Date**
7/12/19

GI 19068
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 4/14/19

**Name of Building Owner / Operator (2):** Macy's Inc.

**Address:**
- **Street Address:** 7 West Seventh Street
- **City, State & Zip Code:** Cincinnati, OH 45202

**Name of Contact:** Tia Wenrich

**Telephone Number:** (513) 579-7241

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Macy's Store

**Street Address:** 275 Parsonage Road

**City:** Edison (5) **County:** Middlesex **County Code:** (7)

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**Name of Monitoring Firm Hired by Building Owner (8):** Pennoni Associates, Inc.

**Street Address:** 24 Commerce St, Suite 300

**City, State & Zip Code:** Haddon Heights, NJ 08035

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

**Street Address:** 1123 Beaver Street

**City, State & Zip Code:** Bristol, PA 19007

**Telephone Number:** (215) 788-6040 **License Number:** 00509

**Name of OSHA Monitor:** Bristol Environmental Inc.

**Street Address:** 1123 Beaver Street

**City, State & Zip Code:** Bristol, PA 19007

**Scheduled Start Date (10):** 4/29/19 **Scheduled Completion Date (11):** 7/15/19

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours —
  **Describe:** 10:00 PM to 7:00 AM
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply):**
- [ ] ≥3 sf or ≥3 lf
- [x] ≥160 sf ≥260 lf
- [x] 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):**

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

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

**Amount (Specify SF or LF):**
- Mastic: 55,300 SF
- Floor Tile: 39,472 SF

**Lower Level, Main Level & Upper Level:**

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

**Name of Registered Waste Hauler:**
- **Service Transport Inc.**
  - **Cubic Yards of Waste:** 215 Cu Yd
  - **Name of Registered Landfill:** Minerva Landfill
  - **Disposal Date:** 7/15/19
  - **City, State:** Waynesburg, OH

**Completed By (Print or Type):**
- **Gino Pizzigoni**
  - **Title:** Project Manager
  - **Signature:**

**Date:** 4/23/19

---

**GI 19068**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/4/19</th>
</tr>
</thead>
</table>

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

**Macy's Inc.**

**Street Address**

7 West Seventh Street
City, State & Zip Code
Cincinnati, OH 45202

**Name of Contact**

Tia Wenrich

**Telephone Number**

(613) 579-7241

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
</table>

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

**Macy's Store**

**Street Address**

275 Parsonage Road

**City (5)**

Edison

**County (6)**

Middlesex

**County Code (7)**

07913

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
</table>

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

**Square Feet**

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

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

**Retail**

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

00509

**Name of Abatement Contractor (9)**

**Bristol Environmental, Inc.**

**Street Address**

1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

**Telephone Number**

(215) 788-6040

**Name of OSHA Monitor**

Bristol Environmental Inc.

**Street Address**

1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
</table>

- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
</table>

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours –
  Describe: 10:00 PM to 7:00 AM
- Facility Occupied During Abatement

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
</table>

TO BE ABATED in Facility

(13)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
</table>

Yes
No
N/A

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

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

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Lower Level, Main Level &amp; Upper Level</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mastic</th>
</tr>
</thead>
</table>

55,300 SF

<table>
<thead>
<tr>
<th>Floor Tile</th>
</tr>
</thead>
</table>

39,472 SF

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
</table>

Service Transport Inc.

**City, State**

New Castle, Delaware

**Completed By (Print or Type)**

Name of Registered Landfill

Minerva Landfill

**City, State**

Waynesburg, OH

**Cubic Yards of Waste**

215 Cu Yd

**Disposal Date**

7/15/19

**Name of Registered Landfill**

**Signature**

Gino Pizzigoni

**Date**

4/4/19
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

### Name of Building Owner / Operator
- John DiGuardi

### Street Address
- [Redacted]

### City, State & Zip Code
- Brooklyn, NY 11204

### Name of Contact
- Seacoast Building - Joe Horner
- Telephone Number: 732-773-4424

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- [ ] Residence

#### Street Address
- [Redacted]

#### City / State / Zip Code
- [Redacted]

#### County / Ocean
- County Code (7) [USE ONLY]

#### Name of Monitoring Firm Hired by Building Owner
- ASCM No.

#### Name of Abatement Contractor
- Synatech, Inc.
- Street Address: 829 Radio Road
- City, State & Zip Code: Little Egg Harbor, NJ 08087

#### Project Manager for Monitoring Firm
- [Redacted]

#### Telephone Number
- 609-296-6916
- License Number: 00817

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

#### 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
- Yes / No / N/A

#### Is Location Normally Used Solely by Maintenance or 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)
- 1,100 SF

#### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation

#### Residence
- Siding
- [ ] X

#### Name of Registered Waste Hauler
- Synatech, Inc.
- NJDEP Waste Hauler ID No 27429
- Cubic Yards of Waste: 7
- Name of Registered Landfill: Fairless Hills

#### City, State
- Little Egg Harbor, NJ

#### Disposal Date
- September 23, 2019

#### Completed By
- Diane Aloia
- Title: Executive Administrator
- Signature: [Signature]
- Date: August 12, 2019

---

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

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agency 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>Jacobs Demolition</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P O Box 9</td>
<td>Manasquan, NJ 08736</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>732-528-3800</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Material</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Asbestos Siding</td>
<td>1000 sf</td>
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</table>

**Facility Where Abatement is Taking Place**

<table>
<thead>
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<th>Residence</th>
</tr>
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**Type of Facility**

<table>
<thead>
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**Occupancy Status During Abatement**

<table>
<thead>
<tr>
<th>Status</th>
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**Start Date**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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**Scope of Work**

<table>
<thead>
<tr>
<th>Work Scope</th>
</tr>
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**Location of Asbestos-Containing Material (ACM)**

<table>
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<tr>
<th>ACM Location</th>
<th>Material</th>
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**Name of OSHA Monitor**

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**Name of Registered Waste Hauler**

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**Disposal Date**

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<tr>
<th>Disposal Date</th>
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</table>

**Completed By**

<table>
<thead>
<tr>
<th>Completed By</th>
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</table>

**Title**

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<tr>
<th>Title</th>
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</thead>
</table>

**Signature**

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<th>Signature</th>
</tr>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
08 / 12 / 19

Name of Building Owner/Operator (2)
Brian Moran

Type of Building

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

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

Street Address

City, State, Zip Code
West Milford, NJ 07480

Name of Contact
Brian Moran

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Lavallette

County (6)
Ocean

County Code (7) (STATE USE ONLY)
08735

Square Feet
700 sf

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
Residence

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
09 / 09 / 19

Scheduled Completion Date (11)
09 / 10 / 19

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

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 PM AM

Scope of Work (Check all that apply)

- 3 sf or 3 if
- 160 sf or 250 sf

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

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

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

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

- Amount (Specify SF or LF)

- Abatement Type
  - Removal
  - Encapsulate
  - Endource

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

- exterior
  - asbestos siding 700 sf
  - asbestos floor tile 395 sf

- interior
  - asbestos siding
  - asbestos floor tile

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
4

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

City, State
Toms River, New Jersey

Disposal Date
09/10/19

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
8/12/19

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

(Pursuant to NJAC 8:60-4.13.1 and 5:16)

Date of Notification: 08/12/19

Name of Building Owner/Operator: Will Strazzella

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

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

Street Address:

City, State, Zip Code:
Manahawkin, NJ 08050

Name of Contact:
Will Strazzella

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
- Residence

Street Address:

City (5):
Seaside Park

County (6):
Ocean

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):
- Residence

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.:
732-349-9932

License No.:
00624

Start Date (10):
08/22/19

Scheduled Completion Date (11):
08/23/19

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

Time of Abatement: AM PM AM

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

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

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

exterior

asbestos siding 1400 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:
Toms River, New Jersey

Disposal Date:
08/23/19

City, State:
Tullytown, Pennsylvania

Completed By (Print or Type):
Nicholas Femicola

Title:
Project Manager

Signature:

Date:
8/21/19

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