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

Date of Notification (1) 8 / 13 /18

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY-28-414

City, State, Zip Code RAHWAY, NEW JERSEY 07085

Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257

FACILITY INFORMATION

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

Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N

City (5) RAHWAY

County (6) UNION

County Code (7) 104

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
ENVIROMENTAL HEALTH INVESTIGATIONS, INC. 104

Street Address 655 WEST SHORE TRAIL

City, State, Zip Code SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH
Telephone Number 973-729-5649

Expected State Date (10) 7 / 16 /18

Sched. Completion Date (11) 11 / 15 /18

Month Day Year Month Day Year

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Demolition
X Renovation
X Destruction
X Demolition over 1800 SF or 260 LF

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

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

1ST FLOOR CORRIDOR X ACM MASTIC complete 5,720 SF X

1ST FLOOR CORRIDOR X PIPE FITTINGS complete 489 LF X

1ST FLOOR CORRIDOR X DUCT INSULATION complete 400 SF X

1ST FLOOR CORRIDOR X PIPE SADDLES complete 6 LF X

1ST FLOOR CORRIDOR X DUCT SEAM MASTIC complete 12 SF

1ST FLOOR CORRIDOR X PIPE INSULATION complete 250 LF

1ST FLOOR CORRIDOR X FIRE DOORS (40) 800 SF

ADDITION TO SCOPE:

1ST FLOOR X FLOOR MASTIC complete 55 SF X

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
825 HIGHWAY 23

City, State FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No. 15939

Disposal Date 11/29/17-11/16/18

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State MONTGOMERY, PA 17752

Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS

Signature Date 8/13/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7 / 12 /18

Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
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<tr>
<td>DEP</td>
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<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</tbody>
</table>

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code RAHWAY, NEW JERSEY 07085
Name of Contact PATRICIA JOHNSON
Telephone Number 732-594-2257

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

Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NEW JERSEY 07871

Name of Monitoring Firm Hired by Building Owner (8)
ENVIROMETAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Type of Facility (4)
COMMERCIAL

Square Feet 40,000
# of Floors 1
Bldg. Age 65

Expected State Date (10) 7 / 16 /18
Sched. Completion Date (11) 11 / 15 /18

Occupy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
FRIDAY 6PM-1AM SATURDAY 7AM - 3:30 PM

Scope of Work (Check all that apply)
X Demolition
X >3SF OR < 260 LF
X >180 SF OR 260 LF

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

In Facility (13)

<table>
<thead>
<tr>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>ACM MASTIC</td>
<td>complete</td>
</tr>
<tr>
<td>X</td>
<td>PIPE FITTINGS</td>
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<td>complete</td>
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<tr>
<td>X</td>
<td>PIPE SADDLES</td>
<td>complete</td>
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<tr>
<td>X</td>
<td>DUCT SEAM MASTIC</td>
<td>complete</td>
</tr>
<tr>
<td>X</td>
<td>PIPE INSULATION</td>
<td>complete</td>
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<tr>
<td>X</td>
<td>FIRE DOORS (40)</td>
<td></td>
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<tr>
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</table>

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC
825 HIGHWAY 33
Cubic Yards of Waste 130
Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE ROUTE 15

City, State FREEHOLD, NEW JERSEY
Disposal Date 11/29/17-11/15/18
City, State MONTGOMERY, PA 17752

Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature

Date 7-12-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 6 / 27 /18

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

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

Type Notification
- Initial Notification
- Amended Notification #7
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code
RAHWAY, NEW JERSEY 07065
Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2287

FACILITY INFORMATION

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

Street Address
128 EAST LINCOLN AVENUE - BUILDING 8B
City (5) RAHWAY
County (6) UNION
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
AsCM No. 104

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

Square Feet
40,000
# of Floors
1
Bldg. Age
65

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUOMUN, NEW YORK 10901

Expected State Date (10) 6 / 22 /18
Sched. Completion Date (11) 11 / 15 /18

Name of OSHA Monitor
AMERISCI LABORATORIES INC
License Number
11468

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIEH
973-729-6649

Name of GSA Monitor

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: SATURDAY 7AM - 3:30PM

Number of Bldgs

Scope of Work (Check all that apply)
- Demolition
- Demolition/Repair
- Full Containment with Negative Pressure
- Mini Enclo.
- Glovebag Procedure
- Non-Friable Procedure

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

Yes No N/A
1ST FLOOR CORRIDOR
- ACM MASTIC
- PIPE FITTINGS
- DUCT INSULATION
- PIPE SADDLES
- DUCT SEAM MASTIC
- PIPE INSULATION
- FIRE DOORS (40)
- FLOOR MASTIC

Addition to Scope:
1ST FLOOR
- X FLOOR MASTIC

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
Name of Registered Landfill
NYDEP Waste Hauler ID No. 15939
LYCOMING COUNTY RESOURCE MANAGEMENT SE

Disposal Date
11/29/17-11/15/18
447 ALEXANDER DRIVE ROUTE 15
City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
3/27/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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</table>

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

MERCK SHARP & DOHME CORP.

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07085

**Name of Contact**
PATRICIA JOHNSON

**Telephone Number**
732-594-2267

**Facility Information**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE - BUILDING 80N

**City, State, Zip Code**
RAHWAY, UNION, NEW JERSEY 07085

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, CSH

**Telephone Number**
973-729-5649

**Expected State Date (10)**
6 / 22 / 18

**Sched. Completion Date (11)**
11 / 15 / 18

**Scope of Work (Check all that apply)**
- Demolition
- >3SF OR LF
- X 160 SF OR 260 LF
- X Renovation
- X Full Containment with Negative Pressure
- X Mini Enclo.
- X Glovebag Procedure
- X Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X  ACM MASTIC</td>
<td>complete</td>
<td>5,720 SF</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE FITTINGS</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>X DUCT INSULATION</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE SADDLES</td>
<td>complete</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X DUCT SEAM MASTIC</td>
<td>complete</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X FIRE DOORS (40)</td>
<td>800 SF</td>
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<tr>
<td>ADDITION TO SCOPE</td>
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<tr>
<td>1ST FLOOR</td>
<td>X FLOOR MASTIC</td>
<td>55 SF</td>
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**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.
325 HIGHWAY 33
FREEHOLD, NEW JERSEY

**Cubic Yards of Waste**
130

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SITE
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

**Disposal Date**
11/29/17-11/15/18

**City, State**
FREEHOLD, NEW JERSEY

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
6/15/18
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90-7 and 12:120-7)

---

**Date of Notification (1)**

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**Agencies Notified**

- [X] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [X] DCA

**Type Notification**

- [X] Initial Notification
- [ ] Amended Notification #5
- [ ] Cancellation
- [X] On Hold
- [X] EMERGENCY NOTIFICATION

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

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

PATRICIA JOHNSON

**Telephone Number**

732-594-2257

---

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 80N

**City (5)**

RAHWAY

**County (6)**

UNION

**County Code (7)**

STATE USE ONLY

ASCM No.

104

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIIH

973-729-5649

**Expected State Date (10)**

1 / 11 / 15 / 18

**Sched. Completion Date (11)**

11 / 15 / 18

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

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

- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini Enclo
- [ ] Glovebag Procedure
- [ ] Non-Frisable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Main/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td>ACM MASTIC</td>
<td>complete</td>
<td>5,720 SF</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td>DUCT INSULATION</td>
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<td>X</td>
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<tr>
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<tr>
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<td>X</td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**Cubic Yards of Waste**

120

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15

**City, State**

MONTGOMERY, PA 17752

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

**Date**

3/29/18
Date of Notification (1) 3 / 26 /18

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.

Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code RAHWAY, NEW JERSEY 07065
Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257

FACILITY INFORMATION

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

Type of Facility (4)  
校

Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N
City (5) RAHWAY
County (6) UNION
County Code (7) (STATE USE ONLY) ASCM No. 104

Square Feet 40,000
# of Floors 1
Bldg. Age 65

Type of Building Abatement COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NEW JERSEY 07871
Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CSH
Telephone Number 973-729-5649

Telephone Number 845-395-7500
License Number 1104

License Number 1104

Name of OSHA Monitor AMERICAN LABORATORIES INC #11480

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

Expected State Date (10) 1 / 5 /18
Sched. Completion Date (11) 11 / 15 /18

Occupancy Status During Abatement (Check only one)  
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)  
X Demolition
X >3SF OR LF
X >160 SF OR 200 LF

Full Containment with Negative Pressure
Mini Enclo...
Glovebag Procedure
Non-Friable Procedure

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

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

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Abatement Type

1ST FLOOR CORRIDOR X ACM MASTIC 5,720 SF X
1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF X
1ST FLOOR CORRIDOR X DUCT INSULATION 400 LF X
1ST FLOOR CORRIDOR X PIPE SADDLES 6 LF X
1ST FLOOR CORRIDOR X DUCT SEAM MASTIC 12 SF X
1ST FLOOR CORRIDOR X PIPE INSULATION 250 LF X
1ST FLOOR CORRIDOR X FIRE DOORS (40) 800 SF X

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
Waste Hauler ID No. NJDEP Waste Hauler ID No. 15939
Disposal Date 11/29/17-11/15/18
City, State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE 447 ALEXANDER DRIVE/ROUTE 15

City, State MONTGOMERY, PA 17752

Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS
Signature Date 3-26-18
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJA 8:50-7 and 12:12-7)

#### Date of Notification (1)
- **3 / 5 /18**

#### Name of Building Owner/Operator (2)
**MERCK SHARP & DOHME CORP.**

#### Street Address
- 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
- RAHWAY, NEW JERSEY 07065

#### Name of Contact
**PATRICIA JOHNSON**
- Telephone Number: 732-594-2257

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

#### Type Notification
- [x] Amended Notification #3

#### Name of Facility Where Abatement is Taking Place (3)
**MERCK SHARP & DOHME CORPORATION**

#### Street Address
**126 EAST LINCOLN AVENUE - BUILDING 80N**

#### City (5)
RAHWAY

#### County (6)
UNION

#### County Code (7)

#### FACILITY INFORMATION
- **Type of Facility (4)**
- [x] Subchapter 8 (Other than K-12)
- [x] Other (ie. private & commcl. bldgs., homes, etc.)

#### Square Feet
40,000

#### # of Floors
1

#### Bldg. Age
65

#### Current Use (Prior if being demolished)
COMMERCIAL

#### Name of Monitoring Firm Hired by Building Owner (8)
**ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.**

#### ASCM No.
104

#### Name of Abatement Contractor (9)
**PAR ENVIRONMENTAL CORPORATION**

#### Street Address
313 SPOOK ROCK ROAD

#### City, State, Zip Code
SPARTA, NEW JERSEY 07871

#### Telephone Number
645-398-7500

#### License Number
1101

#### Name of OSHA Monitor
**AMERISCI LABORATORIES INC**

#### Street Address
117 EAST 30TH STREET

#### City, State, Zip Code
NEW YORK, NEW YORK 10016

#### Project Manager for Monitoring Firm
**WILLIAM S. KERBEL, C/IH**
- Telephone Number: 973-729-5649

#### Expected State Date (10)
- **1 / 5 /18**

#### Sched. Completion Date (11)
- **11 / 15 /18**

#### Month

#### Day

#### Year

#### Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describes: MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

#### Scope of Work (Check all that apply)
- [x] Demolition
- [x] Renovation
- [x] <3SF OR LF
- [x] >199 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Material (ACM)</th>
<th>Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>ACM MASTIC</td>
<td>Yes</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE FITTINGS</td>
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<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
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<tr>
<td>DUCT INSULATION</td>
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<td>DUCT INSULATION</td>
<td>400 SF</td>
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<tr>
<td>PIPE SADDLES</td>
<td>X</td>
<td>PIPE SADDLES</td>
<td>8 LF</td>
<td>X</td>
</tr>
<tr>
<td>DUCT SEAM MASTIC</td>
<td>X</td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
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<tr>
<td>FIRE DOORS (40)</td>
<td>N/A</td>
<td>FIRE DOORS (40)</td>
<td>800 SF</td>
<td>X</td>
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</table>

#### Location of Asbestos-containing Material (ACM) to be Abated in Facility (13)

#### Name of Registered Waste Hauler
**FREEHOLD CARTAGE, INC.**
- NJDEP Waste Hauler ID No.: 15939
- Cubic Yards of Waste: 120
- Name of Registered Landfill: LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
- 447 ALEXANDER DRIVE/ROUTE 15
- City, State: MONTGOMERY, PA 17752

#### City, State
FREEHOLD, NEW JERSEY

#### Disposal Date
11/29/17-11/15/18

#### Completed by (Print or Type)
**BENJAMIN SANCHEZ**
- Title: DIRECTOR OF OPERATIONS
- Signature: [Signature]
- Date: 3/5/18
State of New Jersey
NOTIFICATION OF ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Agendas Notified

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORP.</td>
</tr>
</tbody>
</table>

Street Address

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
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<tbody>
<tr>
<td>PATRICIA JOHNSON</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

128 E. LINCOLN AVENUE - BUILDING 80N

City (5) County (6) County Code (7) (STATE USE ONLY)

RAHWAY UNION 104

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Type of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Name of OSHA Monitor

AMERICISI LABORATORIES INC #11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

License Number

1101

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY - FRIDAY 5PM-1AM
  SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Full Containment with Negative Pressure
- Mini Enclo.
- Glovebag Procedure
- Non-Friable Procedure

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

1ST FLOOR CORRIDOR

Is Location normally used solely by Maint/Custodial Staff (12)?

Yes No N/A

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

ACM MASTIC

5,720 SF

Abatement Type

REMOVAL

X

ENCAPSULATION

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

Completion Number

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

Disposal Date

447 ALEXANDER DRIVE/ROUTE 15

City, State

LYONSDALE, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

11 / 28 /17

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-2257

Agencies Notified

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification
☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☑ On Hold #1
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City, State, Zip Code
RAHWAY, UNION, NEW JERSEY 07065

Name of Monitor M. Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIIH
Telephone Number
973-729-5649

Expected State Date (10)
11 / 29 /17

Sched. Completion Date (11)
11 / 15 /18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☑ Other - Describe: MONDAY -FRIDAY 5PM-1AM
☐ SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
☐ Demolition
☐ Full Containment with Negative Pressure
☑ Renovation
☐ Mini Enclo ,
☐ Glovebag Procedure
☐ Non-Friable Procedure

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

1ST FLOOR CORRIDOR

Is Location normally used solely by Maint/Custodial Staff (12)
Yes

Description of Asbestos-Containing Material (ACM)

1ST FLOOR CORRIDOR

☐ (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

☐ Amount (Specify SF or LF)

☐ Abatement Type

☐ REMOVAL
☐ REPAIR
☐ ENCAPSULATION

☐ NAME OF REGISTERED WASTE HAULER
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

Disposal Date
11/28/17-11/15/18

Title
DIRECTOR OF OPERATIONS

Signature

Date
11/28/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11 / 15 / 2017

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

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2001, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON
TelephoneNumber
732-394-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)
RAHWAY

County (6)
UNION

County Code (7)
STATE USE ONLY

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

Square Feet
40,000

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFEERN, NEW YORK 10901

License Number
1101

Telephone Number
845-369-7500

Name of OSHA Monitor
AMERISCI LABORATORIES INC

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

License Number
#11490

Telephone Number

License Number

Name of OSHA Monitor

Scope of Work (Check all that apply)

Demolition

>3SF OR LF

>160 SF OR< 260 LF


Other - Describe:
MONDAY-FRIDAY 5PM-1AM
SATURDAY 7AM-3:30 PM

Location of Asbestos-containing Material (ACM)

TO BE ABATED
in Facility (13)

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

825 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Disposal Date
11/28/17-11/15/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SITE

447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

Location of Asbestos-containing Material (ACM)

Location normally used solely by Maint/Custodial Staff (12)

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

1ST FLOOR CORRIDOR

X

X

X

X

X

ACM MASTIC

PIPE FITTINGS

DUCT INSULATION

PIPE SADDLES

DUCT SEAM MASTIC

PIPE INSULATION

Fire Doors (40)

Amount (Specify SF or LF)
5,720 SF

489 LF

400 SF

6 LF

12 SF

250 LF

800 SF

Abatement Type
X

X

X

X

X

X

REMOVAL

REPAIR

ENCAPSULATION

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

Date of Notification (1)  
08 / 14 / 18

Name of Building Owner/Operator (2)  
Zarrilli Homes

Agencies Notified  
☒ EPA  
☒ DOLWD  
☐ DOH  
☐ DCA (NJAC 5:23-6)

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

Street Address  
186 Mantoloking Road  
City, State, Zip Code  
Brick, NJ 08723

Name of Contact  
Patrick Bottazzi  
Telephone Number  
732-232-2358

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (8)  
Edward Beach

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

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, NJ 08755

Telephone No.  
732-349-9932

License No.  
00624

Project Manager for Monitoring Firm  
Nicholas Fernicola

Telephone No.  
732-349-9932

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

Start Date (10)  
08 / 28 / 18

Scheduled Completion Date (11)  
08 / 30 / 16

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 ff  
☒ ≥160 sf or ≥256 ff  
☐ 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., surfacing, VAT, or other miscellaneous)  
asbestos siding  
1130 sf  
asbestos pipe insulation  
125 lf

Amount (Specify SF or LF)  

 Abatement Type  
Removal  
Repair  
Encapsulate  
Endurase

End of Form  

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDPS 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  
08/30/18

City, State  
Tullytown, Pennsylvania

Completed By (Print or Type)  
Nicholas Fernicola  
Title  
Project Manager  
Signature  

Date  
8/14/18

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

Date of Notification (1) 8/15/18
Name of Building Owner/Operator (2) Pine Ridge at Crestwood

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

Street Address 2 Fox St
City, State, Zip Code Whiting NJ 08759
Name of Contact Rochelle Sletvold
Telephone Number 732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address

City (5) Whiting
County (6) Ocean
County Code (7) (STATE USE ONLY) 

Current Use (Price if being demolished) mobile home

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

License No.

Name of OSHA Monitor
AAA LEAD PROFESSIONALS
Street Address

City, State, Zip Code

Start Date (10) 8/20/18
Scheduled Completion Date (11) 9/7/18

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

Scope of Work (Check All That Apply)
☐ ≤3 sf or ≤3 ft
☐ ≥100 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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
Encapulate
Endorse

EXTERIOR

Roofing/ Flashing 500SF x

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 10

Name of Registered Landfill IESI

Disposal Date 9/7/18
City, State
NEWARK, NJ

BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title OWNER

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 12:120)

Date of Notification (1)
9/15/18

Name of Building Owner/Operator (2)
Pine Ridge at Crestwood

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address
2 Fox St

City, State, Zip Code
Whiting NJ 08759

Name of Contact
Rochelle Stietvold

Telephone Number
732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Whiting

County (6)
Ocean

County Code (7)

Square Feet

# of Floors

Eldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Type of Facility (4)

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

Current Use (Prior if being demolished)
mobile home

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.
732-668-0078

License No.
1200

Start Date (10)
8/26/18

Scheduled Completion Date (11)
9/7/18

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

EXTERIOR

Roof Flashing
100 LF

Name of Registered Waste Hauler
NEWARK CARTING

NUDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

Disposal Date
9/7/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature
Date

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

Date of Notification (1)
8/15/18

Name of Building Owner/Operator (2)
DH Contracting

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

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

Street Address

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
David Hertzka
Telephone Number
347-983-9444

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
Hillsborough

City (5)
Somerset

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

Current Use (Prior if being demolished)
home

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

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.

License No.
1200

Start Date (10)
8/26/18

Scheduled Completion Date (11)
9/7/18

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

Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
X - ≥160 sf or ≥260 if

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

In Facility

TO BE ABATED

Yes
No
N/A

INTERIOR

EXTERIOR

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
NEWARK CARTING

NUDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
15

Name of Registered Landfill
IESI

Disposal Date
9/7/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

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 12:120)

**Date of Notification (1)**
8/15/18

**Name of Building Owner/Operator (2)**
Pine Ridge at Crestwood

**Agency Notified**

<p>| | |</p>
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**Type of Notification**

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<td>Amended</td>
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<td>Amendment #</td>
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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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</table>

**Street Address**
2 Fox St

**City, State, Zip Code**
Whiting NJ 08759

**Name of Contact**
Rochelle Sletvold

**Telephone Number**
732-350-9000

### FACILITY INFORMATION

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

**Street Address**

**City (5)**
Whiting

**County (6)**

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<td>Ocean</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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**Name of Monitoring Firm Hired by Building Owner (8)**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Telephone No.**

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<tr>
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<td>License No.</td>
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<td></td>
<td>732-869-9078</td>
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<td></td>
<td>1200</td>
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</table>

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

### Abatement Information

**Start Date (10)**
8/26/18

**Scheduled Completion Date (11)**
9/7/18

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

<p>| | |</p>
<table>
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<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>☑</td>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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**Scope of Work (Check All That Apply)**

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<td>☑</td>
<td>≥3 sf or ≥35</td>
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<td>☑</td>
<td>≥180 sf or ≥200</td>
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<td>Renovation</td>
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<tr>
<td>☑</td>
<td>Demolition</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

**In Facility**

(13)

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

(12)

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

**Amount (Specify SF or LF)**

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<tr>
<td></td>
<td>Enclosure</td>
</tr>
</tbody>
</table>

### EXTERIOR

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Roofing/Flashing</td>
</tr>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
IESI

**City, State**
BETHLEHEM PA

**Disposal Date**
9/7/18

**Name of Registered Waste Hauler**
NEWARK CARTING

**Waste Hauler ID No.**
04509

**Completed by**
JOSEPH PERLSTEIN
**Title**
OWNER

**Signature**

---

*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)

Name of Building Owner/Operator (2):
Barbara Gullette

Name of Abatement Contractor (9):
ABS Environmental Services, LLC

Date of Notification (1):
8/14/18

Type of Facility (4):

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

□ Home

Facility Information

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

City (5):
Linden

County (6):
Union

Street Address:
[Redacted]

Street Address:
PO Box 483, E Gate Drive

City, State, Zip Code:
Glenwood, NJ 07418

Telephone No.:
973-583-8500

License No.:
703

Name of OSHA Monitor:

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

Scope of Work (Check All That Apply):

□ ≥30 sf or ≥30 if
□ ≥150 sf or ≥250 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Minim-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Fireable Procedure

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

□ In Facility
□ N/A

Amount (Specify SF or LF):
323 SF

Abatement Type:

□ Removal
□ Repair
□ Encapsulation
□ Endorse

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

□ In Facility
□ N/A

Name of Registered Landfill:
Chrin Brothers Sanitary Landfill

City, State:
Bridgewater, NJ

Disposal Date:
TBD

Completed by:
A. Scott Higgins

Title:
President

Signature:

Date:
8/14/18

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

**Date of Notification (1)**
8/14/18

**Name of Building Owner/Operator (2)**
Lee & Young Construction

**Agencies Notified (3)**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [X] DOH
- [ ] DCA

**Type Notification (4)**
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address (5)**
460 Bergen Blvd #202

**City, State, Zip Code (6)**
Palisades Park NJ 07650

**Name of Contact (7)**
Sujin Lee

**Telephone Number (8)**
917 900 2262

**FACILITY INFORMATION (9)**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>home</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet (10)**
2000

**# of Floors (11)**
2

**Bldg. Age (12)**
68

**Current Use (Prior if being demolished) (13)**

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

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address (10)**
PO Box 483, 4 E Gate Drive

**City, State, Zip Code (11)**
Glenwood, NJ 07418

**Start Date (12)**
8/23/18

**Scheduled Completion Date (13)**
8/31/18

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

**Scope of Work (Check All That Apply):**
- [X] Renovation
- [ ] 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 (14):**
- [X] In Facility (15)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (15)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (16)</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) (17)</th>
<th>Abatement Type (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td>No</td>
<td>siding</td>
<td>1,200 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler (19):**
Tony's Cleanup & Hauling

**NJDEP Waste Hauler ID No. (20):**
17787

**Cubic Yards of Waste (21):**
TBD

**Name of Registered Landfill (22):**
Chrin Brothers Sanitary Landfill

**Disposal Date (23):**
TBD

**City, State (24):**
Bridgewater NJ

**City, State (25):**
Easton, PA

**Completed by (26):**
A. Scott Higgins

**Title (27):**
President

**Signature (28):**

**Date (29):**
8/14/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20)

**Name of Building Owner/Operator:**

Nicole Haun Private Home

**Street Address:**

[Redacted]

**City, State, Zip Code:**

Willingboro NJ 08046

**Name of Contact:**

John 609-685-7094

**Type of Facility:**

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

**Number of Floors:**

2

**Bidg. Age:**

35+

**County Code:**

Burlington

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

N/A

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

N/A

**ASCM No:**

N/A

**Name of Abatement Contractor:**

Pernaco Inc.

**Street Address:**

PO Box 329

**City, State, Zip Code:**

West Berlin NJ 08091

**Telephone No.:**

856-753-9800

**License No.:**

00727

**Start Date:**

8/14/18

**Scheduled Completion Date:**

8/17/18

**Name of OSHA Monitor:**

Same

**Street Address:**

[Redacted]

**City, State, Zip Code:**

[Redacted]

**Scope of Work:**

- [ ] ≥3 sf or ≥1 if
- [ ] ≥160 sf or ≥280 sf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flexible Procedure

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

- [X] living Rm, Foyer, Dining Rm

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

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

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

Floor tile Only

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

586 SF

**Abatement Type:**

[ ] Removal  [ ] Repair  [ ] Encapsulate  [ ] Endorse

**Name of Registered Waste Hauler:**

United Roll Off

**NJDEP Waste Hauler ID No.:**

22459

**Cubic Yards of Waste:**

4

**Name of Registered Landfill:**

G.R.O.W.S.

**City, State:**

Morrisville PA 19067

**Disposal Date:**

8/17/18

**City, State:**

[Redacted]

**Completed by:**

Anthony T Perna

**Title:**

President

**Signature:**

[Redacted]

**Date:**

8/17/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/13/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Union County Vocational-Technical School</td>
</tr>
<tr>
<td>Check#</td>
<td>1221</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1776 Raritan Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Scotch Plains, New Jersey 07042</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Janet Behmann, Business Administrator</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-869-8288</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Union County Vocational-Technical School |
| Square Feet | 20,000 |
| # of Floors | 2 |
| Bldg. Age | 50+ |
| City (5) | Scotch Plains, New Jersey 07042 |
| County (6) | Union |
| County Code (7) | (STATE USE ONLY) |
| Type of Facility (4) | |
| ☐ School (K-12) | |
| ☐ Subchapter 8 (Other than K-12) | |
| ☐ Other (i.e. private & commercial buildings, homes, etc.) | |

#### OCCUPANCY STATUS DURING ABATEMENT

Facility Closed/Vacated During Entire Period of Abatement = ☐
Abatement Performed Outside of Normal Facility Hours 7am-3pm = ☐
Other - Describe: |

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

- ☐ ≥ 3 sf or ≥ 3 if
- ☐ ≥ 160 sf or ≥ 280 sf
- ☐ Renovation
- ☐ Demolition
- ☐ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glove Bag Procedure / Limited Containment & Tent
- ☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Transite Panels</td>
<td>155 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilich Corporation</td>
<td>18724</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Fairless Landfill</td>
<td></td>
</tr>
</tbody>
</table>

#### Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adriana Olejarova</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
8/14/18

Name of Building Owner/Operator (2)
New Jersey Community Capital (Community Asset Preservation)

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

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

Street Address
108 Church St, 3rd Floor

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Christopher Giametta

Telephone Number
973.841.2674 ext 334

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Hillsdale

County Code (7)
Union

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

ASCM No.

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
8/24/18

Scheduled Completion Date (11)
8/30/18

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

Scope of Work (Check All That Apply)
☒ 200 sf or 200 sq ft
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

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)
150LF

Name of Registered Landfill
IESI

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Disposal Date
8/30/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

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 12:120)

Date of Notification (1)
08/14/2018

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

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

Street Address
155 Broad Street

City, State, Zip Code
Bloomfield, New Jersey 07003

Name of Contact
Bert Petrik

Telephone Number
973-680-8501 x2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Demarest Elementary School

Street Address
465 Broughton Avenue

City (5)
Bloomfield, New Jersey 07003

County (6)
Essex

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

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
3 Crosswicks Street

City, State, Zip Code
Bordentown, New Jersey 08505

Project Manager for Monitoring Firm
Michael Hoobak

Telephone No
609-298-5520

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
08/27/2018

Scheduled Completion Date (11)
08/31/2018

Occupy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 7am-3:30pm Unoccupied

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lb
☐ ≥150 sf or ≥260 lb

☐ Renovation
☐ Demolition

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 of LF)

Abatement Type

Location Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Completed by
Adriana Olejarova

Title
President

Signature
Date 08/14/2018

① Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification (1)**  
08/14/2018

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

**Agency Notified**  
- ( ) EPA  
- (X) NJDEP  
- (X) NJ DOL  
- (X) DOH  
- ( ) DCA

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

**Name of Contact**  
Said Mohammed

**FACILITY INFORMATION**

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

**Street Address**  
[Redacted]

**City (5) County (6) County Code (7)**  
Jersey City HUDSON

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

**ASCM No. (9)**  
N/A

**Name of Contractor (9)**  
Industrial Safety & Environmental Solutions, Inc.

**Street Address**  
3300 Hudson Avenue

**City, State, Zip Code**  
Union City, NJ 07087

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

**Entire Building: Sq. Feet ~ 2800 # of Floors 2 Bldg. Age 80**

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

**Project Manager for Monitoring Firm (10)**  
N/A

**Telephone Number (12)**  
(201)325-0055

**License Number**  
01124

**Occupancy Status During Abatement (Check only one):**  
- ( ) Facility Closed/Vacated During Entire Period of Abatement  
- (X) Other - Describe: Work in unoccupied area

**Scheduled Start Date (10)**  
08/15/2018  
**Scheduled Completion Date (11)**  
08/20/2018

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

**Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)**  
- ( ) Basement/crawl space  
- ( ) Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
- ( ) YES  
- ( ) NO  
- ( ) N/A

**Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous).**  
TSI on pipes

**Amount (Specify SF or LF):**  
~ 160 L FT

**Abatement Type**  
X
<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>10</td>
<td>Grand Central Sanitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1963 Pen Argyll Road</td>
</tr>
<tr>
<td>City State</td>
<td>DISP. DATE</td>
<td>Date</td>
<td>CITY STATE</td>
</tr>
<tr>
<td>369 Raymond Blvd, Newark, NJ 07105</td>
<td>08/14/2018</td>
<td></td>
<td>Pen Argyll, PA 18072</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Title</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>David Camacho</td>
<td>Project Supervisor</td>
<td></td>
<td>08/14/2018</td>
</tr>
</tbody>
</table>

RECEIVED
AUG 17 2018
ASBESTOS CONTROL & LICENSING
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 8-13-18

Name of Building Owner/Operator (2): KLEEMCO INC.

Street Address: 700 HAVEN AVE
City, State, Zip Code: OCEAN CITY, NJ 08226

Name of Contact: SAVAGE
Telephone Number: (STATE USE ONLY)

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

Square Feet: 1000
# of Floors: 1
Age: 50+

Current Use (Prior if being demolished): VACANT

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

County Code (7) (STATE USE ONLY):
CAPE MAY

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

ASCM No: Name of Abatement Contractor (9):
KLEEMCO INC.

Street Address: 369 S. SPRING AVE
City, State, Zip Code: MAPLE SHADE NJ 08052

Telephone No: 856-779-0422
License No: 01371

Name of OSHA Monitor: N/A

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

Scope of Work (Check all that apply):
- ≥ 23 sf or ≥ 33 ft
- ≥ 160 sf or ≥ 260 ft

Renovation
Demolition

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN FACILITY</td>
</tr>
<tr>
<td>SIDING</td>
</tr>
<tr>
<td>TRANSITE</td>
</tr>
</tbody>
</table>

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

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

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

- ≥ 5000 SF

Amount (Specify SF or LF): 3500 SF

Abatement Type:

- Removal
- Fireproofing
- Encapsulation
- Enclosure

Name of Registered Waste Hauler:

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
</tr>
</tbody>
</table>

City, State:

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE, NJ</td>
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</tbody>
</table>

Cubic Yards of Waste: 3

Name of Registered Landfill:

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>C. M. C. M. U. A.</td>
</tr>
</tbody>
</table>

Disposal Date:

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

Date: 8-13-18

Signature:

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

**Note:**
- All fields marked with an asterisk (*) are mandatory.
- All fields marked with an X are required to be completed.

**Completion Date:**

Michael Klem
Date: 8-13-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
8-13-18

Name of Building Owner/Operator (2):
ERIC LAM

Street Address:

City, State, Zip Code:
OCEAN CITY

Name of Contact:
ERIC

FACILITY INFORMATION

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

Subchapter 8 (Other than K-12)

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

Current Use (Prior if being demolished):
VACANT

Square Feet:
1500

# of Floors:
2

Age:
50

County Code (7) (STATE USE ONLY):
CLAPEW MAY

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

Name of Abatement Contractor (9):
KLEINCO INC

Street Address:
30 s. spruce ave

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

Telephone No:
856-779-0472

License No:
61371

Name of OSHA Monitor:
N/A

Project Manager for Monitoring Firm:

TelephoneNumber:

Start Date (10):
9-4-18

Scheduled Completion Date (11):
9-10-18

Occupy Status During Abatement (Check only one):
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check all that apply):
35 to 23 ft

350 sf or greater

200 sf or greater

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

Name of Registered Waste Handler:
KLEINCO INC

N.J. DEP Waste Handler's D No.:
17907

Cubic Yards of Waste:
6250 sf x

Name of Registered Landfill:
C. M. CUMIA

City, State:
MAPLE SHADE N.J.

Disposal Date:

Completed By:
Mitra Kucma

Title:
PRES

Signature:
Mitra Kucma

Date:
8-13-18

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>8-13-18</td>
<td>JOHNATHON HAMM EXCAVATING</td>
<td>□ EIA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ DEP</td>
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<td></td>
<td>□ DOH</td>
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<td>□ DCA</td>
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### FACILITY INFORMATION

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<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
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<tr>
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<th>Street Address</th>
<th>County Code</th>
<th>License No.</th>
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<tr>
<td>P.O. BOX 1994</td>
<td>CAPE MAY</td>
<td>01371</td>
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<thead>
<tr>
<th>City</th>
<th>State Code</th>
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<tr>
<td>STONE HARBOR</td>
<td>CAPE MAY</td>
<td>609-750-3810</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>KLEEMCO INC</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>369 S. SPRUCE AVE</td>
<td>MAPLE SHADE, N.J 08052</td>
</tr>
</tbody>
</table>

### Start Date | Scheduled Completion Date
--- | ---
8-28-18 | 9-6-18

### Scope of Work

- [ ] 23 sf or 23 ft
- [x] 2160 sf or 2260 ft
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normality</th>
<th>Used Solely by Maintenance/Custodial Staff</th>
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<tr>
<td>Siding</td>
<td>X</td>
<td>N/A</td>
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### Amount

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<tr>
<th>Description of ACM (thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<td>TRANSITE 3000 SF X</td>
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### Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NDEP Waste Hauler No.</th>
</tr>
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<tbody>
<tr>
<td>KLEEMCO INC</td>
<td>0194</td>
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</table>

### Disposal Date

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
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<tbody>
<tr>
<td>WOODBRIDGE</td>
<td>8-13-18</td>
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</tbody>
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*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
5 / 7 / 18

## Name of Building Owner/Operator
The College of New Jersey

## Street Address
2000 Pennington Rd.

## City, State, Zip Code
Ewing, NJ 08628

## Name of Contact
Amanda Radosti

## Telephone Number
609-771-2881

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCNJ-Green Hall</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Suite 218</th>
<th>Attic</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Floor Tile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Roofing debris and batt insulation</td>
</tr>
</tbody>
</table>

## Description of Asbestos Containing Material (ACM)
- Type: Floor Tile
- Quantity: 400 SF
- Type: Roofing debris and batt insulation
- Quantity: 22,600 SF

## Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

## NJDEP Waste Hauler ID No.
18706

## Cubic Yards of Waste
18706

## Name of Registered Landfill
FAIRLESS LANDFILL

## City, State
BRISTOL, PA 19007

## Disposal Date
FAIRLESS HILLS, PA 19047

## Completed By
Brian Scafiro

## Title
Estimator

## Signature

*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)  5 / 7 / 18
Name of Building Owner/Operator (2)
The College of New Jersey

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-5)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #2-6/29/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti
Telephone Number
609-771-2881

FACILITY INFORMATION

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

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

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)
AET, Inc

ASCM No.

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

Street Address
28 Pennell Road

City, State, Zip Code
Media, PA 19063

Project Manager for Monitoring Firm
Roy Moscicant

Telephone No.
610-891-0114

License No.
215-786-6040

00509

Start Date (10)  5 / 21 / 18
Scheduled Completion Date (11)
06/30/18

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☐ ≥ 2 ft or ≥ 2 if
☐ Renovation
☐ Demolition
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM - PM7:00PM - 7:00AM

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Attic

Roofing debris and batt insulation
22,600 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18760

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature
Brian Scafiro
Date
6/29/18

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

Date of Notification (1) 5/7/18
Name of Building Owner/Operator (2)
The College of New Jersey

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 6:23-8)
Type Notification
- Initial
- Amended
Amendment #1-6/5/18
- Emergency (including justification)
- Cancellation

Street Address
2000 Pennington Rd.
City, State, Zip Code
Ewing, NJ 08628
Name of Contact
Amanda Radosti
Telephone Number
609-771-2881

FACILITY INFORMATION

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

Street Address
2000 Pennington Road
City (5)
Ewing
County (6)
Mercer
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
Telephone No.
610-881-0114
License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 5/21/18
Scheduled Completion Date (11) 6/29/18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/7:00AM-7:00AM

Scope of Work (Check all that apply)
- ≤3 sf or ≥3 sf
- ≤60 sf or ≥160 sf
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Attic
Roofing debris and batt insulation 22,600 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.
NJDEN Waste Hauler ID No. 18706
Cubic Yards of Waste
Name of Registered Landfill
FAIRLESS LANDFILL
City, State
BRISTOL, PA 19007
Disposal Date

Completed By (Print or Type)
Title
Brian Scabio
Signature
Date 6-5-18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 5 / 7 / 18

Agencies Notified
☑ EPA 9135
☑ DOLE 4098
☑ DHSS 9104
☑ DCA (NJAC 5:23-8)

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

Name of Building Owner/Operator (2)
The College of New Jersey

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radostich

Telephone Number
609-771-2881

FACILITY INFORMATION

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

Street Address
2000 Pennington Road

City (5)
Ewing

County (6)
Mercer

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Start Date (10) 5 / 21 / 18

Scheduled Completion Date (11) 6 / 29 / 18

Occuany 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____ PM7:00PM - 7:00AM

Scope of Work (Check all that apply)
☐ 25 sf or<25 sf
☐ 25 sf or<260 sf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mink-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedures

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

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

Location
Room 204
Attic

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 ☒ Endosulf ☒

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
16708

Cubic Yards of Waste
1800 SF

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
5-7-18

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90-7 and 12:120-7)

Date of Notification (1)
8 / 13 / 18

Name of Building Owner/Operator (2)
VERIZON

Street Address
1 VERIZON WAY

City, State, Zip Code
BASKING RIDGE, NEW JERSEY 07920

Name of Contact
CONNOR BURD
Telephone Number
732-336-1205

FACILITY INFORMATION

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

Street Address
1196 EAST GRAND STREET

City (5)
ELIZABETH

County (6)
UNION

County Code (7) (STATE USE ONLY)

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

ASCM No.
17

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

Subchapter 8 (Other than K-12)

X Other (ie, private & commcl. bldgs., homes, etc.)

Square Feet
93,730

# of Floors
5

Bidg. Age
97

Current Use (Prior if being demolished)
COMMUNICATIONS

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
513 SPOOK ROCK ROAD

City, State, Zip Code
SUFCERN, NEW YORK 10901

Telephone Number
645-369-7500

License Number
1101

Name of OSHA Monitor
UEST ENVIRONMENTAL

Expected State Date (10)
# / 4 / 18

Sched. Completion Date (11)
8 / 13 / 18

Occupancy Status During Abatement (Check only one)

X Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30 PM
MONDAY - 2ND SHIFT 5 PM-1 AM

Scope of Work (Check all that apply)

Demolition

X Renovation

>3SF OR LF

x >160 SF OR 260 LF

Location of Asbestos-containing Material (ACM)

TO BE ABATED

in Facility (13)

Yes
X
No

Is Location usually maintained

X

CAULK

COMPLETE

30 SF

x

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

ENCAPSUL

ENCLOSUR

X

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY

Name of Registered Waste Hauler
NEWARK CARTING

Waste Hauler ID No.
369 RAYMOND BLVD.
913

City, State
NEWARK, NEW JERSEY

Disposal Date
5/24/18-12/30/18

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
8/13/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:125-7)

Date of Notification (1)

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Agencies Notified

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Type Notification

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<th>Amended Notification #5</th>
<th>Cancellation</th>
<th>On Hold</th>
<th>EMERGENCY NOTIFICATION</th>
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Name of Building Owner/Operator (2)

<table>
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<tr>
<th>VERIZON</th>
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Street Address

<table>
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<tr>
<th>1 VERIZON WAY</th>
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City, State, Zip Code

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<tr>
<th>BASKING RIDGE, NEW JERSEY 07920</th>
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Name of Contact

<table>
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<tr>
<th>CONNOR BURD</th>
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Telephone Number

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<tr>
<th>732-336-1205</th>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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<tr>
<th>VERIZON</th>
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Street Address

<table>
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<th>1166 EAST GRAND STREET</th>
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City (5)

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<th>ELIZABETH</th>
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County (6)

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County Code (7) (STATE USE ONLY)

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<th>ASCM No. 17</th>
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Name of Monitoring Firm Hired by Building Owner (8)

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<th>ESIS</th>
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Name of Abatement Contractor (9)

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<tr>
<th>PAR ENVIRONMENTAL CORPORATION</th>
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Type of Facility (4)

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<tr>
<th>School (K-12)</th>
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<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
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<tr>
<td>Other (ie. private &amp; commercl. bldgs., homes, etc.)</td>
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Square Feet

<table>
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# of Floors

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<th>5</th>
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Bldg. Age

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Current Use (Prior if being demolished)

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Name of OSHA Monitor

<table>
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<tr>
<th>QUEST ENVIRONMENTAL</th>
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</thead>
</table>

Street Address

<table>
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<tr>
<th>313 SPOOK ROCK ROAD</th>
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City, State, Zip Code

<table>
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<tr>
<th>SUFFERN, NEW YORK 10901</th>
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Telephone Number

<table>
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<tr>
<th>845-369-7500</th>
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License Number

<table>
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<tr>
<th>1101</th>
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Expected State Date (10)

<table>
<thead>
<tr>
<th>#/Month / Day / Year</th>
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<tbody>
<tr>
<td>4/18</td>
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Sched. Completion Date (11)

<table>
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<th>#/Month / Day / Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/30/18</td>
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Occupancy Status During Abatement (Check only one)

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<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
</tr>
<tr>
<td>Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM MONDAY - 2ND SHIFT 5PM-1AM</td>
</tr>
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Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclos</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
</tr>
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X Renovation

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility (13)</td>
</tr>
</tbody>
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Yes No N/A

<table>
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<td>150 SF</td>
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Description of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

Amount (Specify SF or LF)

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<tr>
<th>30 SF</th>
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<tr>
<td>X</td>
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<tr>
<td>9 SF</td>
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<td>X</td>
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<tr>
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<tr>
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Abatement Type

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ENCLOSURE

Name of Registered Waste Hauler

<table>
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<tr>
<th>NEWARK CARTING</th>
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Hauler ID No.

<table>
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<tr>
<th>913</th>
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Cubic Yards of Waste

<table>
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<tr>
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</thead>
</table>

Name of Registered Landfill

<table>
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<tr>
<th>GRAND CENTRAL SANITARY</th>
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</table>

City, State

<table>
<thead>
<tr>
<th>NEWARK, NEW JERSEY</th>
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</thead>
</table>

Disposal Date

<table>
<thead>
<tr>
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</thead>
</table>

City, State

<table>
<thead>
<tr>
<th>PLAINFIELD TOWNSHIP, PA</th>
</tr>
</thead>
</table>

Completed by (Print or Type)

<table>
<thead>
<tr>
<th>BENJAMIN SANCHEZ</th>
</tr>
</thead>
</table>

Title

<table>
<thead>
<tr>
<th>DIRECTOR OF OPERATIONS</th>
</tr>
</thead>
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Signature

<table>
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</tr>
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Date

<table>
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Note: This document appears to contain information about an asbestos abatement notification, including details about the location, the parties involved, the type of facility, and the scope and nature of the abatement work.
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to N.J.A.C. 8:63-7 and 12:120-7)

**Date of Notification (1)**
7 / 24 / 18

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

**Street Address**
1 VERIZON WAY

**City, State, Zip Code**
BASKING RIDGE, NEW JERSEY 07920

**Name of Contact**
CONNOR BURRO

**Telephone Number**
732-336-1205

---

**FACILITY INFORMATION**

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

**Street Address**
1195 EAST GRAND STREET

**City (5)**
ELIZABETH

**County (6)**
UNION

**County Code (7)**
01

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

**Square Feet**
93,730

**# of Floors**
5

**Bldg. Age**
97

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

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

**ASCM No.**
17

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
10 EXCHANGE PLACE

**City, State, Zip Code**
JERSEY CITY, NEW JERSEY 07302

**Telephone Number**
845-339-7500

**License Number**
1101

**Name of OSHA Monitor**
QUEST ENVIRONMENTAL

**Street Address**
1376 ROUTE 9

**City, State, Zip Code**
WAPPINGERS FALLS, NEW YORK 12590

---

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

**Scope of Work (Check all that apply)**
- Demolition
- >350 SF or LF
- Other (Describe): Renovation

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH ELEVATION</td>
<td>X CAULK</td>
<td>COMPLETE</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>EAST ELEVATION</td>
<td>X CAULK</td>
<td>COMPLETE</td>
<td>9 SF</td>
<td>X</td>
</tr>
<tr>
<td>SOUTH ELEVATION</td>
<td>X CAULK</td>
<td>COMPLETE</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>WEST ELEVATION</td>
<td>X CAULK</td>
<td>COMPLETE</td>
<td>10 SF</td>
<td>X</td>
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<tr>
<td>POWER BLDG. RISING WALL</td>
<td>X ACM PAINT</td>
<td>COMPLETE</td>
<td>150 SF</td>
<td>X</td>
</tr>
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</table>

**Name of Registered Waste Hauler**
399 RAYMOND BLVD.

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
GRAND CENTRAL SANITARY

**City, State**
PLAINFIELD TOWNSHIP, PA

**Completion Date**
5/24/18-12/30/18

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
5/24/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

| 7 | 16 | /18 |

Agencies Notified

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<th>EPA</th>
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Type of Notification

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<th>Cancellation</th>
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Name of Building Owner/Operator (2)

VERIZON

Street Address

1 VERIZON WAY

City, State, Zip Code

BASKING RIDGE, NEW JERSEY 07920

Name of Contact

CONNOR BURD

Telephone Number

732-336-1205

Name of Facility Where Abatement is Taking Place (3)

VERIZON

Street Address

1196 EAST GRAND STREET

City, State, Zip Code

ELIZABETH

JERSEY CITY, NEW JERSEY 07302

Name of Monitoring Firm Hired by Building Owner (8)

ESIS

ASCM No.

17

Type of Facility (4)

[ ] School (K-12)
[ ] Subchapter B (Other than K-12)
[ ] Other (i.e., private & comm. bldgs., homes, etc.)

Square Foot

95,730

# of Floors

5

Bldg. Age

97

Current Use (Prior to being demolished)

COMMUNICATIONS

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

945-366-7500

License Number

1101

Name of OSHA Monitor

QUEST ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[ ] MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

[ ] Demolition
[ ] Renovation
[ ] >3SF OR LF
[ ] >160 SF OR 260 LF

Location of Asbestos-containing Material (ACM)

TO BE ABATED

in Facility (13)

<table>
<thead>
<tr>
<th>NORTH ELEVATION</th>
<th>EAST ELEVATION</th>
<th>SOUTH ELEVATION</th>
<th>WEST ELEVATION</th>
<th>POWER BLDG. RISING WALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>CAULK</td>
<td>CAULK</td>
<td>CAULK</td>
<td>ACM PAINT</td>
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<tr>
<td>Yes</td>
<td>COMPLETE</td>
<td>COMPLETE</td>
<td>COMPLETE</td>
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<tr>
<td>30 SF</td>
<td></td>
<td></td>
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Description of Asbestos-containing Material (ACM)

(i.e., Thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
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<tr>
<th>Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

Abatement Type

[ ] REMOVAL [ ] REPAIR [ ] ENCAPSULATION

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

439 RAYMOND BLVD.

Cubic Yards of Waste

30

Name of Registered Landfill

GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

5/24/18-12/30/18

Completed by (Print or Type)

Benjamin Sanchez

Title

DIRECTOR OF OPERATIONS

Signature

Date

-16-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5 / 30 / 18

Name of Building Owner/Operator (2) VERIZON

Street Address 1 VERIZON WAY

City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920

Name of Contact CONNOR BURD

Telephone Number 732-336-1205

---

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) VERIZON

Street Address 1196 EAST GRAND STREET

City (5) ELIZABETH

County (6) UNION

County Code (7) (STATE USE ONLY) 93730

Square Feet 93,730

# of Floors 5

Bldg. Age 97

---

Type of Facility (4)

School (K-12) X

Subchapter 8 (Other than K-12) X

Other (e. private & comm. bldgs., homes. etc.)

---

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD

City, State, Zip Code SUFFERN, NEW YORK 10901

Telephone Number 845-369-7500

License Number 1101

---

Expected State Date (10) 6 / 18

Sched, Completion Date (11) 12 / 30 / 18

---

Name of OSHA Monitor QUEST ENVIRONMENTAL

Occupy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:

☐ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

---

Scope of Work (Check all that apply)

☐ Demolition X Renovation

☐ >3SF OR LF

☐ >160 SF OR 280 LF

---

Full Containment with Negative Pressure

Mini-Enclo,

Glovebag Procedure

Non-Friable Procedure (EXTERIOR)

---

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

<table>
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<tr>
<td>POWER BLDG. RISING WALL</td>
<td>X ACM PAINT</td>
<td></td>
<td>150 SF</td>
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Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No. 913

Cubic Yards of Waste 30

Name of Registered Landfill
GRAND CENTRAL SANITARY

---

City, State, Zip Code
NEWARK, NEW JERSEY 07107

Disposal Date 5/24/18-12/30/18

City, State, Zip Code
PLAINFIELD TOWNSHIP, PA 75018

Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature

---

5/17/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1): 5 / 23 / 18

Name of Building Owner/Operator (2): VERIZON

Street Address: 1 VERIZON WAY

City: BASKING RIDGE, NEW JERSEY 07920

Name of Contact: CONNOR BURD

Telephone Number: 732-336-1205

FACILITY INFORMATION

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

VERIZON

Street Address: 1196 EAST GRAND STREET

City (5): ELIZABETH

County (6): UNION

County Code (7): (STATE USE ONLY)

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

ESIS

ACSM No.: 17

Type of Facility (4):

School (K-12) X

Subchapter 8 (Other than K-12)

Other (ie., private & commer. bldgs., homes, etc.)

Square Feet: 93,730

# of Floors: 5

Bldg. Age: 97

Current Use (Prior if being demolished):

COMMUNICATIONS

Name of Abatement Contractor (9):

PAR ENVIRONMENTAL CORPORATION

Street Address: 315 SPOOK ROCK ROAD

City: SUFFERN, NEW YORK 10901

Telephone Number: 845-369-7500

License Number: 1101

Name of OSHA Monitor:

QUEST ENVIRONMENTAL

Street Address: 1376 ROUTE 9

City: WAPPINGERS FALLS, NEW YORK 12590

Expected State Date (10): 5 / 24 / 18

Sched. Completion Date (11): 5 / 30 / 18

Month: Day: Year

Month: Day: Year

Occupancy Status During Abatement (Check only one):

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM

Scope of Work (Check all that apply):

[ ] Demolition

[ ] Renovation

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclo

[ ] Glovebag Procedure

[ ] Non-Friable Procedure (EXTERIOR)

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

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<th>Description of Asbestos-Containing Material (ACM)</th>
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<tr>
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<tr>
<td>POWER BLDG. RISING WALL</td>
<td>ACM PAINT</td>
<td>150 SF</td>
<td>X</td>
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</table>

Location of Registered Waste Hauler:

NJ DEP WASTE HAULER ID No.: 913

Cubic Yards of Waste: 30

Name of Registered Landfill:

GRAND CENTRAL SANITARY

City, State: NEWARK, NEW JERSEY

Disposal Date: 5/24/18-12/30/18

Completed by (Print or Type):

BENJAMIN SANCHEZ

Title: DIRECTOR OF OPERATIONS

Signature: [Signature]

Date: 5/31/18
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50-7 and 12:120-7)

**Date of Notification (1):** 5/14/18

**Type of Notification:**
- [ ] EPA
- [x] DOL
- [ ] DCA
- [ ] EOS
- [ ] DOD
- [ ] DOH
- [ ] OSHA
- [x] Emergency Notification

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

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

**Street Address:** 1 VERIZON WAY

**City, State, Zip Code:** BASKING RIDGE, NEW JERSEY 07920

**Name of Contact:** CONNOR BURD

**Telephone Number:** 732-336-1205

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

**Street Address:** 1166 EAST GRAND STREET

**City, State, Zip Code:** ELIZABETH, UNION, NEW JERSEY 07022

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No. 17

**Name of Abatement Contractor (9):** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 1166 EAST GRAND STREET

**City, State, Zip Code:** ELIZABETH, UNION, NEW JERSEY 07022

**Project Manager for Monitoring Firm:** BRIAN KINGSBURY

**Telephone Number:** 201-388-0620

**Telephone Number:** 845-389-7500

**License Number:** 1101

**Name of OSHA Monitor:** QUEST ENVIRONMENTAL

**Street Address:** 1166 EAST GRAND STREET

**City, State, Zip Code:** ELIZABETH, UNION, NEW JERSEY 07022

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM
- [ ] Other - Describe:

**Scope of Work (Check all that apply):**
- [x] Demolition
- [ ] Renovation
- [ ] >3SF OR LF
- [x] >150 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<td>X ACM PAINT</td>
<td>150 SF</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:**

**Newark Carting:** 369 RAYMOND BLVD.

**Hauler ID No:** 913

**Cubic Yards of Waste:** 30

**Name of Registered Landfill:** GRAND CENTRAL SANITARY

**City, State:** NEWARK, NEW JERSEY

**Disposal Date:** 5/24/18

**City, State:** PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type):** BENJAMIN SANCHEZ

**Title:** DIRECTOR OF OPERATIONS

**Signature:** [Signature]

**Date:** 5/14/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 8/14/18

Name of Building Owner/Operator (2) Winzinger Inc.

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

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

Street Address 1704 Mame Highway
City, State, Zip Code Hainesport NJ 08036

Name of Contact Pat Telephone Number 609-381-0563

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant House (Gloucester County Improvement Authority)

Vacant House

City (5) Paulsboro NJ 08066

County (6) Gloucester

County Code (7) (STATE USE ONLY) __________

Square Feet 1000 +

Current Use (Prior if being demolished)

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

Bldg. Age 50+

National Use (Prior if being demolished)

House

Start Date (10) 8/24/19

Scheduled Completion Date (11) 9/2/18

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

Scope of Work (Check All That Apply)
- [X] >= 3 sf or >= 3 T
- [X] >= 160 sf or >= 260 sf
- [ ] Renovation
- [X] Demolition

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

In Facility (13)

Exterior Siding

In Location Normally Used Solely by Maintenance/Custodial Staff?

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

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

Amount (Specify SF or LF)

Removal

Repair

Encapsulate

Elecropol

Apartment Type

Full Containment with Negative Pressure

Glovetag Procedure

Non-Exempted (*) and Non-Fireproof Procedure

Exterior Siding 1500 SF

Name of Registered Waste Hauler:

United Roll Off

NJ/DEP Waste Hauler ID No. 22459

Cubic Yards of Waste 4

Disposal Date 9/3/18

Name of Registered Landfill

G.R.O.W.S.

City, State

Morriville PA 1960

City, State

Elm NJ

Completed by

Anthony T Perna

Title President

Signature __________________________________________ Date 8/14/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
8/14/18

Name of Building Owner/Operator (2)
Winzinger Inc.

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

Street Address
1704 Main Highway

City, State, Zip Code
Hainesport NJ 08036

Name of Contact
Pat

Telephone Number
609-381-0563

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant House (Gloucester County Improvement Authority)

City (5)
Paulsboro NJ 08066

County Code (7)
Gloucester

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

Name of Abatement Contractor (9)
Pernaco Inc

Project Manager for Monitoring Firm

Start Date (10)
8/24/18

Scheduled Completion Date (11)
9/2/18

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

Scope of Work (Check All That Apply)
☐ 23 sf or < 32 sf
☐ 320 sf or > 250 sf
☐ Restoration
☐ 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)

Yes No N/A

basement x duck insulation 10 LF x
basement x Transite 10 SF x

Name of Registered Waste Hauler
United Roll Off

City, State
Elm NJ

Disposal Date
9/3/18

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

Completed by
Anthony T Perna

Title
President

Signature
Date
8/14/18

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-14-18</td>
<td>EARTHTECH CONTRACTING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>155 RT 50</td>
<td>GREENFIELD N.J. 08230</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUCE</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>OCEAN CITY</td>
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<table>
<thead>
<tr>
<th>County Code</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPE MAY</td>
<td>KLEMCO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MAPLE SHADE N.J. 08052</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>856-729-0472</td>
<td>01371</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>9-7-18</td>
<td>9-15-18</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
</tr>
<tr>
<td>(13)</td>
</tr>
<tr>
<td>SANDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Paper</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorsement</td>
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Name of Registered Waste Hauler: KLEMCO INC

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>C.M. C.I.M.U.A.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEMA</td>
<td>SUP.</td>
<td>WOODBINE</td>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>13904</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C.M. C.I.M.U.A.</td>
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### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

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<tr>
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<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>8-14-18</td>
<td>EARTHTECH CONTRACTING</td>
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<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
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<td>□ DEP</td>
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<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
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<td>□ DCA</td>
<td>□ Cancellation</td>
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<td>155 RT 50</td>
<td>GREENFIELD NJ 08230</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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<tr>
<td>2000</td>
<td>2</td>
<td>50+</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
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<tbody>
<tr>
<td>CAPE MAY</td>
<td>KLEMCO INC</td>
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</tbody>
</table>

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

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

- [□] 250 sf or 250 ft
- [□] 2500 sf or 2500 ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Siding</td>
<td>TRANSITE</td>
<td>1500 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>KLEMCO INC</td>
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</table>

<table>
<thead>
<tr>
<th>NDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>D0984</td>
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<td>C.M.C.I.M.N.A.</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>WOODBINE</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohan Koun</td>
<td></td>
<td>8-14-18</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification**: 8-14-18

**Name of Building Owner/Operator**: EARTHTECH CONTRACTING

**Street Address**: 155 BT 5D

**City, State, Zip Code**: GREENFIELD NJ 08230

**Name of Contact**: BRUCE

**Telephone Number**: 

**FACILITY INFORMATION**

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

**Street Address**: [Redacted]

**City**: OCEAN CITY

**County**: CAPE MAY

**County Code**: [STATE USE ONLY]

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

**Name of Abatement Contractor**: KLEMCO INC

**Street Address**: 369 S SPRUCE AVE

**City, State, Zip Code**: MAPLE SHADE NJ 08052

**Telephone No.**: 856-779-0472

**License No.**: 01371

**Name of OSHA Monitor**: N/A

**Start Date**: 9-6-18

**Scheduled Completion Date**: 9-15-18

**Occupancy Status During Abatement**: Check only one

☑ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: 

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

☑ ≥3 sf or ≥3 ft

☐ ≥160 sf or ≥260 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☑ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

**Location Normally Used Solely by Maintenance/Custodial Staff**: N/A

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

**Amount (Specify SF or LF)**: 1500 SF

**Abatement Type**: Removal

**Endorsement**: 

**Name of Registered Waste Hauler**: KLEMCO INC

**NUDEP Waste Hauler ID No**: 15904

**Cubic Yards of Waste**: 

**Name of Registered Landfill**: C.M.C.M.U.A

**City, State**: MAPLE SHADE NJ

**Disposal Date**: 

**City, State**: 

**Completed By**: Michael Koma

**Title**: SUPE.

**Signature**: [Signature]

**Date**: 8-14-18

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1)  
8/16/18

Name of Building Owner/Operator (2)  
Victoria Towers

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

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

Street Address  
608 Washington Street

City, State, Zip Code  
Cape May, NJ

Name of Contact  
Mr. Ed Dever

Telephone Number  
908-688-8891

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Victoria Towers

Street Address  
608 Washington Street

City (5)  
Cape May

County (6)  
Cape May

Square Feet  
120,000

# of Floors  
6

Bldg. Age  
50+

Current Use (Prior if being demolished)  
Residential

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

ASCM No.  
ecservices, LLC

Name of Abatement Contractor (9)  
ecservices, LLC

Street Address  
303 B National Road

City, State, Zip Code  
Exton, PA 19341

Telephone No.  
484-872-8884

License No.  
01161

Name of OSHA Monitor  
EMSL

Street Address  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ

Scope of Work (Check All That Apply)  

□ ≥3 sf or ≥3 if  
□ ≥160 sf or ≥280 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  

Location of Registered Waste Hauler  

NJ/DEP Waste Hauler ID No.  

Cubic Yards of Waste  

Name of Registered Landfill  
Cape May County Landfill

City, State  
Trenton, NJ

Completion Date (11)  
8/31/18

Disposal Date  
TBD

City, State  
Woodbine, NJ

Completed by  
Jack Bally

Title  
Sr. Project Manager

Signature  

Date  
8/16/18

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) To Be Abated In Facility</th>
<th>Is location normally used solely by Maintenance/Custodial Staff? Yes No N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Hallway near A605</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>3 SF</td>
<td>Removal X</td>
</tr>
<tr>
<td>Hallway near B610</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>2 SF</td>
<td>Repair X</td>
</tr>
<tr>
<td>Hallway near 6th floor Tenant storage</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>2 SF</td>
<td>Encap X</td>
</tr>
<tr>
<td>Hallway near Elevator P1, 6th Fl</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>6 SF</td>
<td>Enclosure X</td>
</tr>
<tr>
<td>Hallway near A518</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>4 SF</td>
<td></td>
</tr>
<tr>
<td>Hallway near A503</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>3 SF</td>
<td></td>
</tr>
<tr>
<td>Hallway near B505</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>1 SF</td>
<td></td>
</tr>
<tr>
<td>Hallway near B519</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>1 SF</td>
<td></td>
</tr>
<tr>
<td>Hallway near B521</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>2 SF</td>
<td></td>
</tr>
<tr>
<td>Hallway near Center Elevator 4th Fl</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>2 SF</td>
<td></td>
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<tr>
<td>Hallway near B405</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>5 SF</td>
<td></td>
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<tr>
<td>Hallway near A417</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>5 SF</td>
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<tr>
<td>Hallway near A416</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>2 SF</td>
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<tr>
<td>Hallway near A317-320</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>5 SF</td>
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<tr>
<td>Hallway near Center Elevator 2nd Fl</td>
<td>no</td>
<td>popcorn ceiling treatment</td>
<td>3 SF</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)  8 / 13 / 18

Name of Building Owner/Operator (2)
Verizon Communications

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

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

Street Address
90 West Milton Avenue

City, State, Zip Code
Rahway, NJ, 07065

Name of Contact
Brian Kingsbury

Telephone Number
201-356-5166

FACILITY INFORMATION

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

Street Address
90 West Milton Avenue

City (5)
Rahway

County (6)

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Tom Januszoski

Telephone No.
973.729.5649

License No.
00509

Start Date (10)
8 / 28 / 18

Scheduled Completion Date (11)
9 / 7 / 18

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ______AM-____PM/5:00PM-2:00AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 If
☐ >150 sf or >260 If
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Ritable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Endorse

Basement Mech. Equip. Room
☐ ☐ ☒ Glue Support Pins 5 SF

Basement Mech. Equip. Room
☐ ☐ ☒ Vibration Damper Cloth 10 SF

Basement Mech. Equip. Room
☐ ☐ ☒ Pipe Insulation 70 LF

Basement Mech. Equip. Room
☐ ☐ ☒ Fittings 20 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillian DeCaro

Title
Estimator

Signature
Dillian DeCaro (sp)

Date
8-13-18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 8 / 13 / 18

Name of Building Owner/Operator (2) Verizon Communications

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

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

Street Address 90 West Milton Avenue
City, State, Zip Code Rahway, NJ, 07065
Name of Contact Brian Kingsbury
Telephone Number 201-356-5166

FACILITY INFORMATION

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

Square Feet 40,730
# of Floors 3
Bldg. Age +/- 50

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

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

Union Environmental Health Investigations, Inc.
ASCM No. BRISTOL ENVIRONMENTAL, INC.

Project Manager for Monitoring Firm Tom Januszewski
Telephone No. 973.729.5649

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/5:00PM-2:00AM

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC

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-Encapsulate Procedure

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

<table>
<thead>
<tr>
<th>1st Floor South</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vibration Damper Cloth</td>
<td>5 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.

Name of Registered Landfill MINERVIA LANDFILL

Cubic Yards of Waste

Disposal Date TBD
City, State WAYNESBURG, OH

Completed By (Print or Type) Dillian DeCaro
Title Estimator
Signature Dillian DeCaro
Date 8-18-18

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8.60 and 12:120)

Date of Notification (1)
08/11/17

Name of Building Owner/Operator (2)
vince bazzie

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

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

Street Address

City, State, Zip Code
bloomfield, nj 07003

Name of Contact
vince bazzie

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
vince bazzie

Street Address

City (5)

County (6)
essex

County Code (7)
(State use only)

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

ASCM No.

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

Street Address
20 california ave.

City, State, Zip Code
paterson, nj 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/21/18

Sched. Completion Date (11)
08/31/18

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

Scope of Work (check all that apply)
☒ >2 sf or >3 if
☒ >160 sf or >260 if
☐ 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)
PIPE INSULATION

Amount (Specify SF or LF)
141 ft

Removal
Repair
Encapsulation
Enclosure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
paterson, nj 07503

Disposal Date
08/22/18

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
08/10/2018
**State of NJ**

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

---

**Date of Notification (1)**

- [ ] 07/18/18

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

tim haas

**Agencies Notified**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Amendment #:

**Emergency (including justification)**

**Street Address**

City, State, Zip Code

Newton, NJ 07860

**Name of Contact**

tim haas

**Telephone Number**

---

**FACILITY INFORMATION**

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

tim haas

**Street Address**

**City (5)**

newton

**County (6)**

sussex

**County Code (7)**

(State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

**ASCM No.**

**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)**

---

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**

20 California Ave.

**City, State, Zip Code**

Paterson, NJ 07503

**Telephone Number**

973-345-8020

**License Number**

01169

**Name of OSHA Monitor**

D & S Restoration, Inc.

**Street Address**

20 California Avenue

**City, State, Zip Code**

Paterson, NJ 07503

---

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

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

**Start Date (10)**

07/18/18

**Sched. Completion Date (11)**

08/17/18

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

- [x] >3 sf or >1 if
- [x] Renovation
- [ ] ≥160 sf or ≥260 if
- [ ] Demolition

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[ ]</td>
<td>PIPE INSULATION</td>
<td>62 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>[ ]</td>
<td>bare heating pipes</td>
<td>70 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler**

D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste: 2 yds.

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**City, State**

PATERNON, NJ 07503

**Disposal Date**

07/19/18

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Title**

PRESIDENT

**Signature**

**Date**

07/16/2018

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/18/18</td>
<td>tim haas</td>
</tr>
</tbody>
</table>

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

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

Street Address
Newton, NJ 07860

Name of Contact
tim haas

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
tim haas

City (5)
Newton

County (6)
sussex

County Code (7) (State use only)

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

ASCM No.

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

Square Feet

# of Floors

Bldg. Age

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
08/20/18

Scheduled Completion Date (11)
09/14/18

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

Scope of Work (check all that apply)
- >3 sf or >3 lf
- Renovation
- >160 sf or >260 lf
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>basement (basement)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>bathroom/kitchen/hallway/stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repairs</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>621 sq ft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bare heating pipes</td>
<td>700 sq ft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>plaster lath</td>
<td>450 sq ft</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler (D & S RESTORATION, INC.)

NjDEP Hauler ID# 13506
Cubic Yards of Waste 2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503
Disposal Date
08/22/18

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature
Date
08/13/18

*Do not use this form for asbestos removal projects in K-12 Schools.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
*(Pursuant to NJAC 8:60 and 5:16)*

**Date of Notification (1)**  
08 / 15 / 18  

**Name of Building Owner/Operator (2)**  
475 Williams LLC  

**Address**  
492-C Cedar Lane, Suite 310  
Teaneck, NJ 07666  

**Name of Contact**  
Emanuel Klein  
Telephone Number  
201-918-4846

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
Commercial  

**Street Address**  
475 William Street  

**City (5)**  
East Orange  

**County (6)**  
Essex  

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

**Name of Abatement Contractor (9)**  
ALL PRO MANAGEMENT LLC  

**ASCM No.**

**Street Address**  
P.O. Box 1224  

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

**Project Manager for Monitoring Firm**  
Rick Estaquio  

**Telephone No.**  
973-494-3762  

**License No.**  
1188  

**Name of OSHA Monitor**  
ALL PRO MANAGEMENT LLC  

**Start Date (10)**  
08 / 16 / 18  

**Scheduled Completion Date (11)**  
08 / 31 / 18  

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**Facility Closed/Vacated During Entire Period of Abatement**  
☒  

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:**

**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:**

**Location of Registered Waste Hauler:**

**Cubic Yards of Waste As Needed**

**Name of Registered Landfill**  
GROWS North Landfill / Fairless Landfill  

**Disposal Date**  
TBD  

**City, State**  
Morristown, PA

**Name of Registered Waste Hauler**  
Century Waste, LLC  

**Disposal Date**  
TBD  

**City, State**  
Morristown, PA  

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

**Project Manager**  
Allen Monchik  

**Signature**  
Allen Monchik  

**Date**  
8/15/18

---

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

Date of Notification (1)
08 / 01 / 18

Name of Building Owner/Operator (2)
475 Williams LLC

Agencies Notified
☑ EPA
☑ DOE
☑ DCA
☑ (NJAC 5:23-8)

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

Street Address
492-C Cedar Lane, Suite 310

City, State, Zip Code
Teaneck, NJ 07666

Name of Contact
Emanuel Klein

Telephone Number
201-916-4848

FACILITY INFORMATION

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

Street Address
475 William Street

City (5)
East Orange

County (6)
Essex

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (9)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (10)
ALL PRO MANAGEMENT LLC

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

Square Feet

# of Floors

Bldg. Age

County Code (7)(STATE USE ONLY)

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Telephone No.
973-494-3762

Telephone No.
973-926-4886

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Project Manager for Monitoring Firm
Rick Estacio

Start Date (10)
08 / 02 / 18

Scheduled Completion Date (11)
08 / 17 / 18

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorsement

Extroir
☑ Wet Demo

Approx 2,800 SF

Exterior

Disposal Date
TBD

Name of Registered Landfill
GROWS North Landfill / Fairless Landfill

Name of Registered Waste Hauler
Century Waste, LLC

Cubic Yards of Waste
As Needed

Name of Project Manager
Allen Monchik

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
8/1/18

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