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

Date of Notification (1)
08/18/2017

Name of Building Owner/Operator (2)
Township of Pittsgrove

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment # 01
☐ Emergency (including justification)
☐ Cancellation

Street Address
959 Centerton Road
City, State, Zip Code
Pittsgrove, NJ 08318

Name of Contact
Constance Garton

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Grain Mill, (Building 2)

Street Address
1237 Landis Avenue

City (5)
Pittsgrove

County (6)
Salem

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

ASCM No.

Name of Abatement Contractor (9)
Neuber Environmental Services, Inc.

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

Square Feet
~ 2,200

# of Floors
1

Bldg. Age
60+

Name of OSHA Monitor
Neuber Environmental Services, Inc.

Street Address
42 Ridge Road
City, State, Zip Code
Phoenixville, PA 19460

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
856-547-0505

License No.
00836

Telephone No.
610-933-4332

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

Scope of Work (Check All That Apply)

☐ 23 sf or 23 ft
☐ 2100 sf or 2200 ft

☐ Renovation
☐ Demolition

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

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

In Facility (13)

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

Name of Registered Waste Hauler
C&H Disposal Services, Inc.

City, State
Elmer, NJ

Name of Registered Landfill
Salem County Improvement Authority

City, State
Alloway, NJ

Completed by
Patrick Larney
Title
Project Manager

Signature

Date
08/18/2017

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

Date of Notification (1)
08/18/2017

Name of Building Owner/Operator (2)
Township of Pittsgrove

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

Type Notification
Initial
Amended
Amendment # 01
Emergency (including justification)
Cancellation

Street Address
989 Centerton Road
City, State, Zip Code
Pittsgrove, NJ 08318

Name of Contact
Constance Garton

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Grain Mill, (Silo's)

Street Address
1237 Landis Avenue

City (5)
Pittsgrove

County (8)
Salem

Square Feet
~ 1,000

# of Floors
1

Bldg. Age
60+

County Code (7)
STATE USE ONLY

Current Use (Prior if being demolished)
Former Grain Mill

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

ASCM No.

Name of Abatement Contractor (9)
Neuber Environmental Services, Inc.

Street Address
515 Grove Street Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Telephone No.
856 547-0505

Project Manager for Monitoring Firm
Alan Lloyd

Telephone No.
610 933-4332

License No.
00836

Start Date (10)
08/09/2017

Scheduled Completion Date (11)
08/31/2017

Name of OSHA Monitor
Neuber Environmental Services, Inc.

Street Address
42 Ridge Road

City, State, Zip Code
Phoenixville, PA 19460

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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
Endose

Name of Registered Waste Hauler
C&H Disposal Services, Inc.

NJ DEP Waste Hauler ID No.
07903

Cubic Yards of Waste
< 200

Name of Registered Landfill
Salem County Improvement Authority

City, State
Eimer, NJ

Disposal Date
08/09/2017

Completed by
Patrick Larney
Title
Project Manager

Signature
Date
08/18/2017

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

Date of Notification (1)
08/10/17

Name of Building Owner/Operator (2)
Rev. Monsignor James Kelly Residence for Priests

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

Street Address
247 Bloomfield Ave.

City, State, Zip Code
Caldwell, NJ 07006

Name of Contact
Nassar Shabo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rev. Monsignor James Kelly Residence for Priests

Street Address
247 Bloomfield Ave.

City (5)
Caldwell

County (6)
Essex

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

ASCM No.
00079

Name of Abatement Contractor (9)
Lesco Services Inc.

Street Address
156 Maple Ave.

City, State, Zip Code
Wallington, NJ 07057

Project Manager for Monitoring Firm
Frederick Larson

Telephone No.
973-636-9145

License No.
01107

Start Date (10)
08/23/17

Scheduled Completion Date (11)
09/04/17

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

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 If or ≥30 If</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥180 sq ft or ≥280 If</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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 ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>55lf.</td>
<td>Removal</td>
</tr>
<tr>
<td>boiler room</td>
<td>No</td>
<td>boiler breaching</td>
<td>115lf.</td>
<td>Repair</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>spray-on ceiling</td>
<td>400sf.</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>boiler room</td>
<td>Yes</td>
<td>flue pack</td>
<td>3sf.</td>
<td>Endure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc.

Disposal Date
09/05/17

City, State
Newark, NJ

Completed by
Leslaw Nalodka
Title
President

Signature

Date
08/10/17

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

Date of Notification (1):
08/11/17

Name of Building Owner/Operator (2):
Bristol Myers Squibb

Street Address:
1 Squibb Drive

City, State, Zip Code:
New Brunswick, NJ 08903

Name of Contact:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Bristol-Myers Squibb

Street Address:
1 Squibb Drive

City (5):
New Brunswick

County (6):
Middlesex

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

MSCM No.:
0045

Name of Abatement Contractor (9):
Advanced Specialty Contractor

Street Address:
67 Broad St

City, State, Zip Code:
Matawan, NJ 07747

Project Manager for Monitoring Firm:
Tom Gerber

Telephone Number:
732-280-2024

Sched. Start Date (10):
08/11/17

Sched. Completion Date (11):
11/11/17

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAP or other miscellaneous)</th>
<th>Amount (Specify SP or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-101</td>
<td>Window Glass &amp; Roof Flashing</td>
<td>2500 SF x 10 SP RX</td>
<td>MD/AT/REY</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Freehold Cattle

Hauler ID No.:
15939

Cubic Yards of Waste:
30

Name of Registered Landfill:
Grows Landfill

City, State:
Tullytown, PA

Disposal Date:
10-05-17

Completed By (Print or Type):
Kurt Nale

Title:
Branch Manager

Signature:
Kurt Nale

Date:
8-18-17

ASB-41
JUN 98

(C) 21A 101 Canceled

G45667
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
August 17, 2017

Name of Building Owner/Operator (2)
PA of NY & NJ, Newark Liberty International Airport

Street Address
Building 125

City, State, Zip Code
Newark, NJ 07114

Name of Contact
Ralph Campione

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Newark Liberty International Airport - WO No. 11

Street Address
Brewster Road, Parking Lot P7 - Building 2

City (5)
Newark

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner
PA of NY & NJ

ASCM No.
N/A

Name of Abatement Contractor (9)
B&N&K Restoration Co., Inc.

Street Address
241 Erie Street, Room 236

City, State, Zip Code
Jersey City, NJ 07310

Project Manager for Monitoring Firm
Ralph Campione

Telephone No.
973-624-6898

Start Date (10)
August 28, 2017

Scheduled Completion Date (11)
September 30, 2017

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

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

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

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

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

Amount (Specify SF or LF)
800 sq ft

Various Locations
VAT & Mastic

Name of Registered Waste Hauler
Jimmy Byrne

ID No.
19561

Cubic Yards of Waste
< 5

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
11 Vreeland Avenue, Totowa, NJ 07512

Disposal Date
08/29/2017 - 09/30/2017

City, State
Penn Argyle, PA

Completed by
G. Roger Woodman

Title
Project Manager

Signature

Date
8/17/2017

* 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
PA of NY & NJ, Newark Liberty International Airport

Street Address
Building 125
Newark, NJ 07114

Name of Contact
Ralph Campione

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Newark Liberty International Airport - WO No. 11

Street Address
Brewster Road, Parking Lot P7 - Building 1

City
Newark

County
Essex

Name of Monitoring Firm Hired by Building Owner
PA of NY & NJ

ASCM No.
N/A

Name of Abatement Contractor
B&N&K Restoration Co., Inc.

Street Address
223 Randolph Avenue
Clifton, NJ 07011

Telephone No.
973-478-4881

License No.
00120

Name of OSHA Monitor
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue
Lyndhurst, NJ 07071-1998

Start Date
August 28, 2017

Scheduled Completion Date
September 30, 2017

Occupancy Status During Abatement
Facility Closed/Vacated During Entire Period of Abatement

Renovation

Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

(13)

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

Description of Asbestos-Containing Material (ACM)
(I.e., thermal systems insulation, surfacing, V.A.T., or other miscellaneous)

Amount
Specify
SF or LF

Abatement Type
Endwalls
Endwalls

Exterior walls

Exterior walls

ACM containing paint

Window Glazing

1400 sq ft
254 sq ft

Name of Registered Waste Hauler
Jim Byrne

ID No.
19551

Cubic Yards of Waste
< 5

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Penn Argile, PA

Disposal Date
8/17/2017

Signature

Title
Project Manager

G. Roger Woodman

* 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)  
08-16-17

Name of Building Owner/Operator (2)  
Orange & Rockland Utilities

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

Type Notification  
☐ Initial  
☒ Amended  
☐ Amendment #3  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
1 Blue Hill Plaza

City, State, Zip Code  
Pearl River, NY 10965

Name of Contact  
Gerard Friedler

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
275 West Grand Avenue

City (5)  
Montvale

County (6)  
Bergen

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

ASCM No.  
29673

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.

Street Address  
200 Broad Street

City, State, Zip Code  
Carlstadt, NJ 07072

Project Manager for Monitoring Firm  
Barrington Smith

Telephone No.  
201-489-8700

Telephone No.  
201-939-6565

License No.  
00756

Name of OSHA Monitor  
EMSL Analytical, Inc.

Street Address  
307 West 38th Street

City, State, Zip Code  
New York, NY 10018

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

Scope of Work (Check All That Apply)  
☐ ≤ 3 sf or ≤ 3 if  
☒ ≥ 150 sf or ≥ 260 sf  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure

Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  
1,500LF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Endure

Start Date (10)  
07-20-17 (2) 08-21-17 (2) 09-30-17

Scheduled Completion Date (11)  
(2) 09-30-17

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

NJDEP Waste Hauler ID No.  
24310

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Minerva Enterprises

City, State  
Waynesburg, OH 44688

Disposal Date  
TBD

Completed by  
Kevin Moriarty

Title  
Project Manager

Signature  

Date  
08-16-17

* 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)  
8/17/2017

Name of Building Owner/Operator (2)  
Pat Conrad

Agencies Notified  
☑ EPA  
☑ DOL  
☑ DOH  
☐ DCA

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

Street Address  

City, State, Zip Code  
West New York, NJ 07903

Name of Contact  
Pat Conrad

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

FACILITY INFORMATION

Street Address  

City (5)  
West New York NJ 07903

County (6)  
Bergen

County Code (7)  
(State Use Only)

Current Use (Prior if being demolished)

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

Square Feet  

# of Floors  

Bldg. Age

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

Name of Abatement Contractor (9)  
MKD Property Maintenance LLC  
Street Address  
105 Van Riper Ave

City, State, Zip Code  
Clifton NJ 07011

Project Manager for Monitoring Firm  
Telephone No.  
Telephone No.  
201-899-9008  
License No.  
01336

Start Date (10)  
8/31/17

Scheduled Completion Date (11)  
9/17/17

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

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

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

Name of Registered Waste Hauler  
TBD

NJDEP Waste Hauler ID No.  
TBD

Cubic Yards of Waste  
3

Name of Registered Landfill  
110 Sand Company

City, State  
Melville, NY, NY 11747

Disposal Date  
TBD

Completed by  
Darko Raloski  
Title  
Project Manager  
Signature  
Date  
8/17/2017

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

State of New Jersey

Date of Notification (1)
08/17/2017

Agencies Notified

EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)

Address

City, State, Zip Code
Fairview, N.J. 07022

Name of Contact
Kate Silver

FACILITY INFORMATION

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

Street Address

City (5)
Fairview

County (6)
Bergen

County Code (7)

Current Use (Prior to being demolished)

Type of Facility (4)

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

Square Feet
984

# of Floors
1

Bidg. Age
95

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

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1266 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Telephone No.
201-349-2666

Telephone No.
844-462-7465

License No.
01316

Start Date (10)
08/31/2017

Scheduled Completion Date (11)
09/14/2017

Project Manager for Monitoring Firm
Sarah Calandra

Name of OSHA Monitor
A. Seina Lighthouse Solutions

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)
7 LF

Abatement Type

Removal
Repair
Encapsulate
Enclose

Location

Basement

X

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Disposal Date

City, State

Name of Registered Landfill

Waste Management Landfill

East Orange, NJ

City, State

Penn Argyle, PA

Completed by

Alison Lamers

Title
Office Manager

Signature

Date
08/17/2017

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

Date of Notification (1)
08/16/2017

Name of Building Owner/Operator (2)
Dennis Quinn

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

Type Notification
- Initial
- Amended
- Cancellation

Street Address

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
Dennis Quinn

FACILITY INFORMATION

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

Street Address

City (5)
South Orange

County (6)
Essex

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

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

ASCM No.

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

Street Address

11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ, 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-9685

License No.
01311

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address

11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ, 07512

Start Date (10)
08/30/2017

Scheduled Completion Date (11)
08/31/2017

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: occupied

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥180 sf or ≥260 if
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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)
Pipe Insulation

Amount (Specify SF or LF)
45 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Endure

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
08/16/2017

* 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:** Arlene Polakoff  
**Date of Notification:** 08/16/2017

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Date of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Arlene Polakoff</td>
<td>08/16/2017</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** [Redacted]  
**City, State, Zip Code:** Millburn, NJ 07041

<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place: House</td>
<td></td>
</tr>
<tr>
<td>Street Address: [Redacted]</td>
<td></td>
</tr>
<tr>
<td>City: Millburn</td>
<td></td>
</tr>
<tr>
<td>County: Essex</td>
<td></td>
</tr>
<tr>
<td>ASCM No: N/A</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor: D&amp;S Abatement, Inc.</td>
<td></td>
</tr>
<tr>
<td>Phone: 11 Rosengren Avenue</td>
<td></td>
</tr>
<tr>
<td>Phone No: 973-346-8885</td>
<td></td>
</tr>
<tr>
<td>License No: 01311</td>
<td></td>
</tr>
<tr>
<td>Start Date: 08/28/2017</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date: 09/29/2017</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement:</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement:</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours:</td>
<td></td>
</tr>
<tr>
<td>Other - Describe: occupied</td>
<td></td>
</tr>
<tr>
<td>Scope of Work:</td>
<td></td>
</tr>
<tr>
<td>Site: 3 ≤ sf or ≤3 If</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>ミニ-Endoscopy</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (* and Non-Friable Procedure)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?:</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED:</td>
<td></td>
</tr>
<tr>
<td>In Facility: Basement</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler: D&amp;S Abatement, Inc.</td>
<td></td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.: 20996</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste: TBD</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill: Waste Management of PA</td>
<td></td>
</tr>
<tr>
<td>City: Totowa</td>
<td></td>
</tr>
<tr>
<td>State: NJ</td>
<td></td>
</tr>
<tr>
<td>Disposal Date: TBD</td>
<td></td>
</tr>
<tr>
<td>City: Totowa</td>
<td></td>
</tr>
<tr>
<td>State: PA</td>
<td></td>
</tr>
<tr>
<td>Date Completed: 08/16/2017</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 12:120)

**Date of Notification (1)**
09/16/2017

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

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

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

**Street Address**

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

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

**City (5)**
South Orange

**County Code (7)**
Essex

**Square Feet**
N/A

**County Code (7)**

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**

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

**Street Address**
Street Address

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
973-345-8885

**License No.**
01311

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

**Street Address**
11 Rosengren Avenue

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

**Start Date (10)**
08/31/2017

**Scheduled Completion Date (11)**
09/01/2017

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

**Scope of Work (Check All That Apply)**
- [ ] 300 or more or 2500 if
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

**In Facility (13)**

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

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

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.**
20996

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
08/16/2017

*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 / 18 / 17

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

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

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

**Address**
West Orange, NJ 07052

**City, State, Zip Code**
West Orange, NJ 07052

**Telephone Number**
IL & 71

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Street Address</td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>West Orange, NJ 07052</td>
<td></td>
</tr>
</tbody>
</table>

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

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

**Street Address**

576 Valley Rd #283

**City, State, Zip Code**
Wayne, NJ 07470

**License No.**
973-638-1777

**Telephone No.**

**License No.**
01127

**Name of Abatement Contractor (9)**
Gr Tech LLC

**Name of OSHA Monitor**
Envirospection Consultants, Inc

**Street Address**

20-21 Wagstaff Road, Bldg. # 35E

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

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

**Scope of Work (Check all that apply):**
- >3 sf or >1 if
- > 160 sf or >260 if
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Sunroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify S/F or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct insulation</td>
<td>40 SF</td>
<td></td>
</tr>
<tr>
<td>VAT floor tiles</td>
<td>150 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Gr Tech LLC

**Cubic Yards of Waste**
TBD

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

**Disposal Date**
TBD

**Tullytown, PA**

**Completed By (Print or Type)**
N.Jevtic

**Title**
Owner

**Signature**

**Date**
08/18/17

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

**Date of Notification:** 8/18/17

**Name of Building Owner/Operator:** [Redacted] LLC

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

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

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

**Street Address:** [Redacted]

**City, State, Zip Code:** Englewood, NJ

**Square Feet:** 2000

**# of Floors:** 2

**Bid. Age:** 50+

**Type of Facility:** Residential House

**Name of Monitoring Firm Hired by Building Owner:** Harmony Contracting Inc

**Street Address:** 360 Palisade Ave

**City, State, Zip Code:** Garfield, NJ 07026

**Project Manager for Monitoring Firm:** [Redacted]

**Telephone No.:** 973460.6026

**License No.:** 01255

**Start Date:** 8/28/17

**Scheduled Completion Date:** 9/5/17

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

**Scope of Work:**
- [x] ≥3000 sf or ≥3000 sf
- [x] ≥1000 sf or ≥2600 sf
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>pipe Insulation</td>
<td>100 LF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmony Contracting Inc</td>
<td>033058</td>
<td>TBD</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

**City, State:**
- Garfield, NJ

**Disposal Date:** TBD

**City, State:**
- Morrisville, PA

**Completed by:**
- Tina Caporino

**Title:** Secretary

**Signature:** [Signature]

**Date:** 8/18/17

---

*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) 08/16/2017

Name of Building Owner/Operator (2) Township of Pittsgrove

Agencies Notified Type Notification EPA
DEP Amended
DOL Amendment # 1

DoH Emergency (including justification)
DCA Cancellation

Street Address 999 Centerton Road
City, State, Zip Code Pittsgrove, NJ 08318

Name of Contact Constance Garton

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 1)
Street Address 1237 Lands Avenue
City (5) Pittsgrove
County (6) Salem

County Code (7) (STATE USE ONLY) __________

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

Square Feet ~ 12,000
# of Floors 1-4
Bldg. Age 60+

Current Use (Prior to being demolished) Former Grain Mill

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

ASCM No.

Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address 42 Ridge Road
City, State, Zip Code Phoenixville, PA 19460

Licenses No. 00836

Telephone No. 610 933-4332

License No. 00836

Name of OSHA Monitor Neuber Environmental Services, Inc.
Street Address 42 Ridge Road
City, State, Zip Code Phoenixville, PA 19460

Start Date (10) 08/05/2017
Scheduled Completion Date (11) 08/31/2017

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)

x 200 sf or >=23 sf
x 600 sf or >=260 sf

Renovation
Demolition

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

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

In Facility (13)

Yes No N/A

See Attached Spreadsheet

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 C&H Disposal Services, Inc.

NJDEP Waste Hauler ID No. 07903

Cubic Yards of Waste ~60

Name of Registered Landfill Salem County Improvement Authority

City, State Fairless Hills, NJ

Disposal Date 08/09/2017
City, State Alloway, NJ

Completed by Patrick Larney Title Project Manager

Signature

Date 08/16/2017

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

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

**State of New Jersey**

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

Fanny Drimonis

**Date of Notification (1)**

08 / 19 / 17

**Agencies Notified**

☑ DOLWD
☑ DHSS
☐ DOA

(NJAC 5:23-8)

☐ EPA

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

**Type Notification**

Initial

**Street Address**

[Redacted]

**City, State, Zip Code**

West Orange, NJ 07052

**Name of Contact**

Fanny Drimonis

**Telephone Number**

AUG 22, 2017

**FACILITY INFORMATION**

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

Private House

**Street Address**

[Redacted]

**City**

West Orange, NJ 07052

**County**

Essex

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

[Redacted]

**Type of Facility (4)**

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

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

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

**Square Feet # of Floors**

[Redacted]

**Bldg. Age**

[Redacted]

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

[Redacted]

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

[Redacted]

**ASCM No.**

[Redacted]

**Name of Abatement Contractor (9)**

Gr Tech LLC

**Street Address**

576 Valley Rd #283

**City, State, Zip Code**

Wayne, NJ 07470

**Telephone No.**

973-638-1777

**License No.**

01127

**Name of OSHA Monitor**

Environvision Consultants, Inc

**Street Address**

20-21 Wagars Road, Bldg. #35E

**City, State, Zip Code**

Fair Lawn, NJ 07410

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

☒ Facility Closed/Vacated During Entier Period of Abatement

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

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

☒ 31 sf or more

☒ 150 sf or more

☒ 260 sf or more

☒ Renovation Demolition

☒ Clean up and decontamination with negative pressure

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☒ Tent with Negative Pressure

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

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

(13)

<table>
<thead>
<tr>
<th>Garage</th>
<th>Pipe insulation</th>
<th>50 LF</th>
</tr>
</thead>
</table>

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

(13)

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

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

[Redacted]

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

[Redacted]

**Amount (Specify SF or LF)**

[Redacted]

**Abatement Type**

[Redacted]

**Completed By (Print or Type)**

N. Jevtic

**Title**

Owner

**Date**

08/19/17

**Name of Registered Waste Hauler**

Gr Tech LLC

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

**Disposal Date**

TBD

**City, State**

Wayne, NJ 07470

**MAY 11**

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

Date of Notification (1)  
8/17/17

Agencies Notified  
- EPA  
- DPF  
- DOL  
- DOH  
- DCA

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

Name of Building Owner/Operator (2)  
Rod Foly

Street Address  
City, State, Zip Code  
Westwood NJ 07675

Name of Contact  
Rod

FACILITY INFORMATION

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

Street Address  

City (5)  
Westwood

County (6)  
Bergen

County Code (7)  
STATE USE ONLY

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

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

Street Address  
PO Box 463, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-764-2276

License No.  
703

Start Date (10)  
8/21/17

Scheduled Completion Date (11)  
9/30/17

Occupancy Status During Abatement (Check Only One)  

Other -- Describe: basement

Scope of Work (Check All That Apply)  

>3,000 sf or >3.0 if  
>180 sf or >250 sf  
Renovation  
Demolition

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

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

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

Amount (Specify SF or LF)  
120 LF

Abatement Type  

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

Name of Registered Waste Hauler  
Freehold Cartage

NJ DEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Western Berks Landfill

Disposal Date  
TBD

City, State  
Birdsboro

Completed by  
A. Scott Higgins

Title  
President

Signature  

Date  
8/17/17

* 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)
8/7/17

Name of Building Owner/Operator (2)
Rod Foly

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ IDOH
☐ DCA

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

Street Address

City, State, Zip Code
Westwood, NJ 07675

Name of Contact
Rod

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
2300

# of Floors
2

Bldg. Age
70

County Code (5) (STATE USE ONLY)

Current Use (Prior if being demolished)
single family home

City (5)
Westwood

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
8/17/17
Scheduled Completion Date (11)
9/17/17

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
☐ >3 sf or >3 if
☐ >150 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)
120 SF

Abatement Type
Removal ☑

Date
8/7/17

Name of Registered Waste Hauler

Freight Cartage
NJ/DEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro

Completed by
A. Scott Higgins
Title
President

* 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)
8/18/17

Name of Building Owner/Operator (2)
Jason Chen

Address Information
Street Address
PO Box 2018
City, State, Zip Code
Bayonne, NJ 07002

Name of Contact
Jason

Name of Facility Where Abatement is Taking Place (3)

FACILITY INFORMATION
Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet
2400

# of Floors
2

Bldg. Age
72

Current Use (Prior if being demolished)
vacant home

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

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Name of OSHA Monitor

Start Date (10)
9/8/17

Scheduled Completion Date (11)
9/30/17

Occurrence 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)

Age over 3 or over 16

Age over 160 or over 260

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Firable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED In Facility

Name of Registered Waste Hauler
Freehold Cartage
NJ DEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Birdsboro, NJ

Completed by
A. Scott Higgins
Title
President
Signature
8/18/17

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

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

**Date of Notification (1)**
8/18/17

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

**Street Address**

**City, State, Zip Code**
Lyndhurst, NJ 07071

**Name of Contact**
Rob

**FACILITY INFORMATION**

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

**Square Feet**
2,300

**# of Floors**
2

**Bldg. Age**
75

**Current Use (Prior if being demolished)**
Single family home

**County Code (7)**
Bergen

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

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

**Street Address**
PO Box 483, 4 E Gate Drive

**City, State, Zip Code**
Glenwood, NJ 07418

**Start Date (10)**
8/22/17

**Scheduled Completion Date (11)**
9/30/17

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ground floor entry closet</td>
<td>x</td>
<td>wall and ceiling plaster</td>
<td>60 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Western Berks Landfill

**Disposal Date**
TBD

**City, State**
Birdsboro

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
8/18/17

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

Date of Notification (1) August 18, 2017
April 13, 2017
Agency Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Notice

- Initial
- Amended
- Amendment #2
- Cancellation

Name of Building Owner / Operator (2)
Celsene Corporation

Street Address
86 Morris Avenue

City, State & Zip Code
Summit, NJ 07901

Name of Contact
Kelly Blackwell

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Celsene - Building C

Street Address
86 Morris Avenue

City (5)
Summit, NJ

County (9)
Union

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

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
464 Valley Brook Avenue, #3A

City, State & Zip Code
Lyndhurst, NJ 07071

Project Manager for Monitoring Firm
John Chiavello

Telephone Number
609-295-6916

Scheduled Start Date (10)
April 24, 2017

Scheduled Completion Date (11)
September 21, 2017

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- ≥3 sf or ≥ 50 lf
- ≥160 sf or ≥260 lf

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
</tr>
<tr>
<td>(13)</td>
</tr>
</tbody>
</table>

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

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

Description of Asbestos-Containing Material (ACM)

- Fireproofing
- Floor Tile and Mastic
- Window Caulk
- Rubber Floor
- Wall Joint Caulk
- Pipe Insulation
- Ceramic Tile Mortar

Cubic Yards of Waste
160

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
16939

Cubic Yards of Waste
160

Name of Registered Landfill
Fairless Hills

Disposal Date
September 22, 2017

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
August 18, 2017
April 13, 2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
July 18, 2017  
April 13, 2017

Name of Building Owner / Operator (2)  
Celgene Corporation

Agencies Notified

☐ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial  
☒ Amended  
Amendment # 1  
☐ Cancellation

Street Address  
86 Morris Avenue

City, State & Zip Code  
Summit, NJ 07901

Name of Contact  
Kelly Blackwell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Celgene – Building C

Street Address  
86 Morris Avenue

City (5)  
Summit, NJ

County (6)  
Union, NJ  
USE ONLY

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

ASCM No.  
Name of Abatement Contractor (6)  
Synatech, Inc.

Street Address  
464 Valley Brook Avenue, #3A

City, State & Zip Code  
Lyndhurst, NJ 07071

Project Manager for Monitoring Firm  
John Chiarello

Telephone Number  
201-438-4839

Telephone Number  
609-290-6816

License Number  
00817

Name of OSHA Monitor  
Synatech, Inc.

Scheduled Start Date (10)  
April 24, 2017

Scheduled Completion Date (11)  
August 21, 2017

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

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥ 50 ft   
☒ ≥160 sf or ≥260 ft

☒ Renovation  
☐ Demolition

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

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

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

Amount (Specify SF or LF)  
50 SF

Abatement Type  
Removal  
Repair

Endscope  
Encapsulate  
Name of Registered Waste Hauler (14)

Freehold Cartage  
NJDEP Waste Hauler ID No.  
16859

Cubic Yards of Waste  
160

Name of Registered Landfill  
Fairless Hills

City, State  
Morrisville, PA

Completed By  
Diane Aloia  
Executive Administrator

Signature  
Date  
July 18, 2017  
April 13, 2017

*Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
Check # 11637

Date of Notification (1)
April 13, 2017

Name of Building Owner / Operator (2)
Celgene Corporation

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

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Cancellation

Street Address
86 Morris Avenue

City, State & Zip Code
Summit, NJ 07901

Name of Contact
Kelly Blackwell

RECEIVED
AUG 22 2017
AS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Celgene – Building C

Street Address
86 Morris Avenue

City (4)
Summit, NJ

County (5)
Union

Name of Monitoring Firm Hired by Building Owner (6)
McCabe Environmental Services

Name of Abatement Contractor (8)
Synatech, Inc.

ASCM No.

Street Address
464 Valley Brook Avenue, #3A

City, State & Zip Code
Lyndhurst, NJ 07071

Project Manager for Monitoring Firm
John Chiavello

Telephone Number
201-438-4839

Telephone Number
609-236-6916

License Number
00817

Scheduled Start Date (10)
April 24, 2017

Scheduled Completion Date (11)
July 19, 2017

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥ 50 ft
☒ ≥160 sf or ≥260 ft
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted(*) and Non-Friable Procedure

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

IN Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Building C – Ceiling Deck
☒ Fireproofing
50 SF

Building C
☒ Floor Tile and Mastic
33,000 SF

Building C – Stairwells
☒ Window Caulk
9,600 SF

Building C – 1st Floor
☒ Wall Joint Caulk
15 LF

Building C – Above Ceiling
☒ Pipe Insulation
5 LF

Building C – Bathrooms
☒ Ceramic Tile Mortar
300 SF

Name of Registered Waste Handler
NJDEP Waste Hauler ID No.
16939

Cubic Yards of Waste
80

Name of Registered Landfill
Fairless Hills

City, State
Morrisville, PA

Freestad, NJ 07728

Disposal Date
July 20, 2017

Completed By
Diane Atola
Executive Administrator

Title
Signature

Date

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

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

**Date of Notification:** 8 / 18 / 17

**Name of Building Owner/Operator:** Metro Development of SJ, LLC

**Street Address:** 53 Covington Lane

**City, State, Zip Code:** Voorhees, NJ 08053

**Name of Contact:** Nick Aspras

## FACILITY INFORMATION

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

**Street Address:** 900-912 Haddonfield Road

**City:** Cherry Hill

**County:** Camden

**Square Feet:** 100,000

**# of Floors:** 1

**Bldg. Age:** 50

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

**Current Use (Prior if being demolished):** Vacant Commercial Space

**Name of Monitoring Firm Hired by Building Owner:** PARS Environmental, Inc.

**ASCM No.:**

**Name of Abatement Contractor:** Shade Environmental, LLC

**Street Address:** 623 Cutler Avenue

**City, State, Zip Code:** Maple Shade, NJ 08052

**License No.:** 00842

**Telephone No.:** 856-755-0099

**Project Manager for Monitoring Firm:** Firoz Jan

**Telephone No.:** 609-890-7277

**Start Date:** 07 / 05 / 17

**Scheduled Completion Date:** 09 / 01 / 17

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

**Street Address:** 200 Route 130 North

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

## OCCUPANCY STATUS DURING ABATEMENT

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement:** AM-PM-AM-PM-AM

## SCOPE OF WORK

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

## LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY

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

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

- **Meinke Exterior:** Roof Flashing - 600 SF
- **Rodli's Exterior:** Roofing and Flashing - 7,750 SF
- **Rodli's Exterior:** Window Caulking and Glazing - 50 LF

## NAME OF REGISTERED WASTE HAULER

**Jack Robinson Waste Disposal Service**

**Waste Hauler ID No.:** 17304

**Cubic Yards of Waste:** 90

**Name of Registered Landfill:** GROWS North Landfill

**Disposal Date:** 09/01/2017

**City, State:** Morrisville, PA

## COMPLETED BY

**ASR21**

**Title:** Vice President of Operations

**Signature:**

**Date:** 8/18/17
Date of Notification (1)  
8/17/2017

Name of Building Owner/Operator (2)  
Ellena Daviet

City, State, Zip Code  
East Orange, NJ, 07017

Type of Facility (4)  
AZTECH MANAGEMENT, INC.

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ 07042

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

Telephone Number  
(973) 744-8800

License Number  
00371

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste  
0.75

Name of Registered Landfill  
Minerva Enterprise INC

City, State  
Montclair, NJ 07042

Disposal Date  
08/21/17

City, State  
Waynesburg, Ohio 44688

Completed By (Print or Type)  
Constantine Vivian

Title  
President

Signature  
Constantine Vivian

Date  
8/17/2017
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>9-18-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>FATHETECH CONTRACTING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD, M.I. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address |  |
| City (5) | OCEAN CITY |
| County (6) | CAPE MAY |
| Square Feet | 2000 |
| # of Floors | 2 |
| Bldg. Age | 50 |
| County Code (7) (STATE USE ONLY) |  |
| Current Use (Prior to being demolished) | VACANT |

| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Street Address |  |
| City, State, Zip Code |  |

| Project Manager for Monitoring Firm |  |
| Telephone No. |  |

| Start Date (10) | 8-17-17 |
| Scheduled Completion Date (11) | 8-17-17 |

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

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

<table>
<thead>
<tr>
<th>To Be Abated</th>
<th>IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TWINITE 1250SF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | KLEMCO INC |
| NJ/DEP Waste Hauler ID No. | 127604 |
| Cubic Yards of Waste |  |
| Name of Registered Landfill | C.M.C.M.N.A |
| City, State | MAPLE SHADE, N.J |
| Disposal Date |  |
| City, State | WOODBINE |
| Completed By | Michael K Cuomo |
| Title | SUP |
| Signature |  |
| Date | 8-18-17 |

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

Date of Notification (1): 8-18-17

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

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

Name of Building Owner/Operator (2):
HALLIGAN & LOMBARDO

Street Address:
700 HAVEN AVE

City, State, Zip Code:
OCM N.J. 08226

Name of Contact:
SAUG

FACILITY INFORMATION

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

Street Address:

City:
OCM

County:
CAPE MAY

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

Name of Abatement Contractor (9):
KLEMCO INC.

Street Address:
364 S. SPRING AVE

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

Project Manager for Monitoring Firm:

Start Date (10): 9-7-17

Scheduled Completion Date (11): 9-17-17

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

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

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

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

Description of Asbestos-Containing Material (ACM):
- [ ] Thermal Systems Insulation
- [ ] Surfacings
- [ ] Other miscellaneous

Amount (Specify SF or LF):

Abatement Type:

Name of Registered Waste Hauler:
KLEMCO INC.

Waste Hauler ID No.:
17944

Cubic Yards of Waste:
3

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

City, State:
MAPLE SHADE N.J.

Disposal Date:

Completed By:
MICHAEL KLEMM
Title:
SUP.

Signature:

Date:
8-18-17

* 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**: 8-28-17

**Name of Building Owner/Operator**: HARBAUGH DEVELOPERS

**Street Address**: 318 GLASSBORO RD

**City, State, Zip Code**: WOODBURY HEIGHTS, N.J. 08097

**Name of Contact**: SAME

**Telephone Number**: N/A

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

**Type of Facility**: VACANT

**County**: CAPE MAY

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

**Name of Abatement Contractor**: KLEEMCO INC

**Street Address**: 369 S. SPRUCE AVE

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

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

**License No.**: 00444

**Occupancy Status During Abatement**: N/A

**Start Date**: 8-28-17

**Scheduled Completion Date**: 9-6-17

**Scope of Work**: N/A

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANDING</td>
<td>X</td>
<td>TRANSITE 2750 SF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**: N/A

**Abatement Type**: N/A

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

**Waste Hauler ID No.**: 15904

**Cubic Yards of Waste**: 5 YDS

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

**City, State**: MAPLE SHADE, N.J.

**Completed By**: MICHAEL KLEEM

**Title**: SUPER

**Signature**: N/A

**Date**: 8-18-17

*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) 8/18/17
Name of Building Owner/Operator (2) Abdul Hamdan

Agencies Notified Type Notification: Street Address
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

City, State, Zip Code Paterson, NJ
Name of Contact

FACILITY INFORMATION

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

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

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

Square Feet 2000
# of Floors 2
Bidg. Age 50+

Current Use (Prior if being demolished)
Residential House

Name of Monitoring Firm Hired by Building Owner (8)
Name of Abatement Contractor (9)
Harmony Contracting Inc
ASCM No. n/a
Street Address 360 Palisade Ave
City, State, Zip Code Garfield, NJ 07026

Project Manager for Monitoring Firm Telephone No.
n/a 973460.6026
License No. 01255

Start Date (10) 8/28/17
Scheduled Completion Date (11) 9/5/17

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

Name of OSHA Monitor Harmony Contracting Inc
Street Address 360 Palisade Ave
City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check All That Apply)
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ 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>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>VAT</td>
<td>100 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe Insulation debris</td>
<td>3 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Harmony Contracting
NJDEP Waste Hauler ID No. 033058
Cubic Yards of Waste TBD
Name of Registered Landfill GROWS LANDFILL
City, State Garfield, NJ
Disposal Date TBD
City, State Morrisville, PA

Completed by Tina Caporino Title Secretary 
Signature [Signature] Date 8/18/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 55:29 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Occupant (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/18/17</td>
<td>Mr. Azaria</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Azaria</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Bergen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenafly</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,800</td>
<td>Residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>450 South River Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ocean Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>280 Huyler Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>Minverva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>8/29/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>8/18/17</td>
</tr>
</tbody>
</table>

*This form for asbestos management exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 18 / 17

Name of Building Owner/Operator (2) 1500 Richmond Ave., LLC

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

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

Street Address 300 Ocean Ave.
City, State, Zip Code Point Pleasant, NJ 08742
Name of Contact Stephen Carrochi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former Wendy's
Street Address 1600 Richmond Ave.
City (5) Point Pleasant
County (8) Ocean

Name of Monitoring Firm Hired by Building Owner (8): EHS Environmental Inc.
ASCM No.
Name of Abatement Contractor (9): Plymouth Environmental Co., Inc.
Street Address 411 Southgate Court,
City, State, Zip Code Middletown, NJ 07748

Project Manager for Monitoring Firm Jack Carney
Telephone No. 856-224-0080

Start Date (10) 9 / 5 / 17
Scheduled Completion Date (11) 9 / 15 / 17

Square Feet 3,000
# of Floors 1
Bldg. Age 50

Current Use (Prior if being demolished): restaurant

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

Scope of Work (Check all that apply)
☑ 3 sf or 3 ft
☑ 160 sf or 280 ft
☑ Renovation
☑ Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
☐ Yes
☐ No
☐ N/A

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

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

Name of Registered Waste Hauler Newark Carting
NUDEP Waste Hauler ID No. 4509
Cubic Yards of Waste 15
Name of Registered Landfill Grows Landfill
City, State Newark, NJ
Disposal Date 9/15/17
City, State Morrisville, PA

Completed By (Print or Type)
James M Kelly
Vice President

Signature
Date 8/18/17

* Do not use this form for asbestos licensing exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL JOS# 16-1089

Date of Notification (1)
08/17/2017

Name of Building Owner/Operator (2)
William Patterson

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

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

Street Address
300 Pompton Road

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Karl Petitt

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William Patterson University

Street Address
300 Pompton Road

City (5)
Wayne, NJ 07470

Square Feet
91,500

County Code (7)
STATE USE ONLY

Current Use (Prior to being demolished)
University

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

Name of Abatement Contractor (9)
PAL Environmental Services

Street Address
1253 N Church Street

City, State, Zip Code
Moorестown, NJ 08057

Telephone No.
856-889-5182

License No.
718-349-0900

Start Date (10)
08/28/2017

Scheduled Completion Date (11)
10/20/2017

Name of OSHA Monitor
Martin McRea

Occupancy Status During Abatement (Check One Only)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Normal Hours 7:00am-3:30pm

Scope of Work (Check All That Apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (C) 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

Name of Registered Waste Hauler
ATC

City, State
Shirley, NY 11967

Cubic Yards of Waste
15 Yards

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Completed by
Ann A. Ali
Title
Compliance Admin

Signature

Date
08/17/2017

ASB-41 (R-05-08)

* 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) 08/15/2017

Name of Building Owner/Operator (2) Donna and James Hodgens

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

City, State, Zip Code
New City, NY 10958

Name of Contact Jim

FACILITY INFORMATION

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

Street Address [Redacted]
City Surf City
County (6) Ocean

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
N/A [Redacted]

Street Address 128 Bartlett Ave
City, State, Zip Code West Creek, NJ 08092

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 9/7/2017 Scheduled Completion Date (11) 9/13/2017

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 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

[Redacted]

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)

Abatement Type

Amount (Specify SF or LF)

Name of Registered Waste Hauler Timster Trucking Inc
City, State West Creek, NJ

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management
City, State Tullytown, PA

Disposal Date TBD

Compiled by Amanda Mears Title Safeway Owner

Signature [Redacted] Date 8/15/17
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

**State of New Jersey**

### Date of Notification (1)
- 08 / 17 / 17

### Name of Building Owner/Operator (2)
- NCN Properties, LLC

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

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

### Street Address
- 2033 Westfield Avenue

### City, State, Zip Code
- Scotch Plains, NJ 07076

### Name of Contact
- Nick Novello

### Telephone Number
- 732-349-9932

### FACILITY INFORMATION

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

#### Street Address
- 1889 Rte. 9, Unit 61

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

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

#### Telephone No.
- 732-349-9932

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

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

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

#### License No.
- 00624

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

#### Street Address
- 1056 Stelton

#### City, State, Zip Code
- Piscataway, New Jersey 08854

### Scope of Work (Check all that apply)
- X ≥300 sq ft or ≥300 sf
- X ≥160 sq ft or ≥260 sf
- X Renovation
- X Demolition
- X Full Containment with Negative Pressure
- X Mini-Enclosure
- X Glovebag Procedure
- X Non-Exempted (*) and Non-Failable Procedure

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

#### Location of Asbestos-Containing Material (ACM) (13)
- Yes

#### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- No

#### Description of Asbestos Containing Material (ACM)
- asbestos boiler insulation
- 100 lb

#### Amount (Specify SF or LF)
- 100 lb

#### Abatement Type
- X Removal
- X Repair
- X Encapsulation
- X Endorsement

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

### NJDEP Waste Hauler ID No.
- 20223

### Cubic Yards of Waste
- 3

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

### Disposal Date
- 08/31/17

### City, State
- Tullytown, Pennsylvania

### Completed By (Print or Type)
- Nicholas Femicola

### Title
- Project Manager

### Signature
- [Signature]

### Date
- 8/17/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/21/17</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Van Pelt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Middlesex</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>MECS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Bill Weisgarber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>9/11/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/15/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe: 8 am to 4 pm</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Thermal Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>165 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9/15/17</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Mahlon E. Stevens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8/21/17</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 8:80 and 5:16)

**Date of Notification (1)**: 8/21/17

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

**Street Address**: [Redacted]

**City, State, Zip Code**: Branchburg, NJ 08876

**Name of Contact**: Mrs. Karen Stuckey

### FACILITY INFORMATION

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

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

#### Square Feet: 1800
#### # of Floors: 2
#### Bldg. Age: 70 +/-

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

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

#### County Code (6): Somerset

#### County Code (7): [ ] (STATE USE ONLY)

#### Name of Abatement Contractor (8)
- Stevens Environmental Services, Inc.

#### Name of OSHA Monitor
- MECS

#### Name of OSHA Monitor (12)

#### Name of OSHA Monitor (11)

#### Name of OSHA Monitor (10)

#### Name of OSHA Monitor (9)

#### Name of OSHA Monitor (8)

#### Name of OSHA Monitor (7)

#### Name of OSHA Monitor (6)

#### Name of OSHA Monitor (5)

#### Name of OSHA Monitor (4)

#### Name of OSHA Monitor (3)

#### Name of OSHA Monitor (2)

#### Name of OSHA Monitor (1)

#### Name of OSHA Monitor

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

- [ ] 200 sf or > 200 sf
- [X] 160 sf or > 260 sf
- [X] 8 am to 4 pm
- [ ] 8 am to 5 pm

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</th>
<th>IS Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>[X]</td>
<td>18 sf</td>
<td>[X]</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>1 sf</td>
<td>[X]</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>50 sf</td>
<td>[X]</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
- Stevens Environmental Services, Inc.

#### NJ/DEP Waste Hauler ID No.
- 18292

#### Cubic Yards of Waste
- 1 cu

#### Name of Registered Landfill
- Fairless Landfill

**City: State**
- Allentown, NJ

**Disposal Date**: 9/11/17

**City**: Morrisville, PA

**Date**: 8/21/17

**Title**: Project Manager

**Signature**: Mahlon E. Stevens

*Do not use this form for asbestos licensure exemicted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 08/21/17

Name of Building Owner / Operator (2) TEXAS EASTERN GAS TRANSMISSION

Street Address 890 WINTER STREET

City, State, Zip Code WALTHAM, MA

Name of Contact ED RUCKEL

Agency Information

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency w/ justification</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SEWAREN GENERATING STATION

Street Address 751 CLIFF ROAD

City (5) SEWAREN County (6) MIDDLESEX County Code (7) N/A

Square Feet N/A # Of Floors N/A Building Age N/A

Type of Facility (4)

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

Current Use (Prior if being demolished) MANUFACTURING

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

SOR TESTING LABORATORIES, INC.

NORTHSTAR CONTRACTING GROUP, INC.

Street Address 98 SAND PARK RD

City, State, Zip Code CEDAR GROVE, NJ 07009

Project Mgr. For Monitoring Firm ORHUN SOR Telephone Number 973-239-6001

Street Address 32 Williams Parkway

City, State, Zip Code EAST HANOVER, NJ 07036

Telephone Number 973-934-6268 License Number 000680

Occupancy Status During Abatement (Check Only 1)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility
- [ ] Other - Describe: 7:00 am to 3:30 pm

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.

Location of Asbestos Containing Material (ACM)

- [ ] TO BE ABATED in Facility

- [ ] 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

- [ ] R - REMOVAL
- [ ] R - REPAIR
- [ ] E - ENCLOSURE

- [ ] E - ENCLOSURE

Scope of Work (Check All That Apply)

- [ ] 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

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

- [ ] Exterior Pipe
- [ ] TAR
- [ ] 50 SF

Name of Registered Waste Hauler Owner

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill Owner

City, State

Disposal Date

Completed by (Print or Type)

Title Project Manager

Signature

Date 09/21/17

ASB-41