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

Date of Notification: 8/20/18
Name of Building Owner/Operator: Victaulic REH, LLC

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

Type of Notification: Initial
Amendment #1

Street Address: 4901 Kesslerville Road
City, State, Zip Code: Easton, PA 18044-0031
Name of Contact: Kraig Hume
Telephone Number: 610-559-3300

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place: Victaulic REH, LLC - Building #2
Street Address: 119 Edison Road
City (5): Stewartsville
County (6): Warren
County Code (7): [STATE USE ONLY]

Square Feet: 20,800
# of Floors: 1
Bldg. Age: 112

Name of Monitoring Firm Hired by Building Owner: EMI
ASCM No.: [Blank]
Name of Abatement Contractor: Neuber Environmental Services, Inc.
Street Address: 1100 Groser Road, Suite C
City, State, Zip Code: Gilbertsville, PA 19525

Project Manager for Monitoring Firm: Ray Giordano
Telephone No.: 610-277-0405

Start Date: 8/6/18
Scheduled Completion Date: 10/1/18

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, Manufacturing

Name of OSHA Monitor: Neuber Environmental Services, Inc
Street Address: 1100 Groser Road, Suite C
City, State, Zip Code: Gilbertsville, PA 19525

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

Scope of Work (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: [Yes/No/N/A]

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)
Abatement Type
Removal
Repair
Encapsulate

SEE ATTACHED

North Slanted Portion of Roof
Roofing Material (Additional) 1,550

Name of Registered Waste Hauler: Clean Harbors Environmental Services, NJDEP Waste Hauler ID No. 18656
Cubic Yards of Waste: 40
Name of Registered Landfill: Waste Connections
City, State: Norwell, MA
Disposal Date: 8/8/18
City, State: Bethlehem, PA
Completed By (Print or Type): Timothy Walter
Title: Project Manager
Signature: [Signature]
Date: 8-20-18

*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)  8-17-18

Name of Building Owner/Operator (2)  EARTHTECH  
CONTRACT 260618

Agencies Notified  
- EPA
- DEP
- DOH
- DOA

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

Name of Abatement Contractor (9)  KLEMCO INC

Street Address  155 RT 50
City, State, Zip Code  GREENFIELD N.J 08628

Name of Contact  BRUCE
Telephone Number

FACILITY INFORMATION

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

Street Address
City (5)  OCEAN CITY
County (8)  CAPE MAY

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

Name of Abatement Contractor (9)  KLEMCO INC
Street Address  369 S SPEUCE AVE
City, State, Zip Code  MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm
Telephone No.  856-779-0402
License No.  1371

Start Date (10)  9-3-18
Scheduled Completion Date (11)  9-16-18

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)  
- Renovation
- Demolition

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

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

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

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

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

- TRANSITE

Amount (Specify SF or LF)

Abatement Type

- Full Containment with Negative Pressure
- Enclosure
- Repair
- Removal
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

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

Cubic Yards of Waste

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.M.C. IM. N.J.</td>
</tr>
</tbody>
</table>

Disposal Date

City, State

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

Completed By

<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Klema</td>
</tr>
</tbody>
</table>

Signature

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Klema</td>
</tr>
</tbody>
</table>

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>8-17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JERRY'S EXCAVATING</td>
</tr>
<tr>
<td>Street Address</td>
<td>274 INDIAN TRAIL RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAPE MAY COURT HOUSE, NJ 08204-2018</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>SAME</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>CAPE MAY COURT HOUSE</td>
</tr>
<tr>
<td>City (5)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County (6)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEINCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, NJ 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0422</td>
</tr>
<tr>
<td>License No.</td>
<td>137.T</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Start Date (10) | 8-17-18**

**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] ≥35 sf or ≥35 ft²
- [ ] ≤35 sf or ≤35 ft²
- [x] ≥160 sf or ≥160 ft²
- [ ] ≤160 sf or ≤160 ft²
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Max-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

| SANDING X | TRANSITE 22500SF |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name</th>
<th>KLEINCO INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>MAPLE SHADE, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C., M.D.A</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Competed By</td>
<td>MICHAEL KRAMER</td>
</tr>
<tr>
<td>Title</td>
<td>SUPERVISOR</td>
</tr>
</tbody>
</table>

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

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>cascading...</td>
</tr>
<tr>
<td>City (5)</td>
<td>Laurel Springs</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>Residential Building or Business Location</td>
<td>Residential Building or Business Location</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Management &amp; Enviro. Consulting Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chesterfield, NJ 08515</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>609-279-4070</td>
</tr>
</tbody>
</table>

| Start Date (10)                                       | 08 / 30 / 18 |
| Scheduled Completion Date (11)                        | 09 / 04 / 18 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/ Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM-PM PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>≥150 sf or ≥260 If</td>
<td>Full Containment with Negative Pressure</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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Ceiling Material</td>
<td>220 SF</td>
</tr>
<tr>
<td>Panels</td>
<td>50 SF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
<th>NJDEP Waste Hauler ID No. 15939</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Disposal Date 09/04/2018</td>
</tr>
<tr>
<td>Freehold, NJ</td>
<td>City, State Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type) Christina Lynch</th>
<th>Title Vice President of Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date 8/17/18</td>
</tr>
</tbody>
</table>

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

State of New Jersey

Check # 3142

Date of Notification (1):
08 / 20 / 18

Name of Building Owner/Operator (2):
Janice Dericks

Street Address:

City, State, Zip Code:

Name of Contact:
Janice Dericks

FACILITY INFORMATION

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

City (5):
Bloomfield, NJ 07003

County (6):
Essex

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

ASCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777

License No.:
01127

Start Date (10):
08 / 28 / 18

Scheduled Completion Date (11):
08 / 29 / 18

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagarow 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: PM: AM

Scope of Work (Check all that apply):

> 300 sf or > 3 hl

> 160 sf or > 260 hl

Rearrangement

Demolition

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

Location of Asbestos-Containing Material (ACM) IN Facility (15):
Basement

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

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

Amount (Specify SIF or LF):
50 SF

Abatement Type:

Removal

Repair

Encapsulation

Dehaling

Location of Registered Waste Hauler (23):

Name of Registered Landfill:

TBD

T.R.R.F. Inc

Tullytown, PA

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature:

Date: 08/20/18

Cubic Yards of Waste:
TBD

* 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 21, 2018

**Name of Building Owner/Operator (2)**
STELTON KASTLE, LLC

**Street Address**
157 UNION AVE

**City, State, Zip Code**
BRIDGEWATER, NJ 08807

**Name of Contact**
MIKE PATEL

**Telephone Number**
908-420-4483

### FACILITY INFORMATION

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

**Type of Facility (4)**

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

**Square Feet**
5000 SF

**# of Floors**
2

**Bldg. Age**
50+

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

### PROJECT INFORMATION

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

**ASCN No.**

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

**Street Address**
17 Thompson Street

**City, State, Zip Code**
WEST LONG BRANCH, NJ 07764

**Telephone No.**
732.222.8372

**License No.**
00040

**Start Date (10)**
SEP 1, 2018

**Scheduled Completion Date (11)**
SEP 4, 2018

**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)**

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

### ABATEMENT SOURCES

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td></td>
<td></td>
<td>VAT</td>
<td>5000 SF</td>
<td></td>
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</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finishing Touch Asbestos Abatement Corp., I</td>
<td>120588</td>
<td>20</td>
<td>FAIRLESS LANDFILL</td>
</tr>
</tbody>
</table>

**City, State**
WEST LONG BRANCH, NJ

**Disposal Date**
9/5/18

**City, State**
MORRISVILLE, PA

**Completed by**
JOSEPH P. MILLER

**Title**
PRESIDENT

**Signature**

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:129)

**Date of Notification (1)**  

**Agency Notified**  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initial</th>
<th>Amended</th>
<th>Emergency (Including Certification)</th>
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<tbody>
<tr>
<td>EPA</td>
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<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
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<tr>
<td>DCA</td>
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</table>

**Name of Building Owner/Operator (2)**  
Nitty Casades, Inc.

**Street Address**  
141 Southside Ave.

**City, State, Zip Code**  
Bridgewater, N.J. 08807

**Telephone Number**  
908-944-2481

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

**Type of Facility (4)**  

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (other than K-12)</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (5)**  
A.MAC Contracting, Inc.

**Street Address**  
185 Midland Ave

**City, State, Zip Code**  
Midland Park, N.J. 07432

**Project Manager for Monitoring Firm**  

**Telephone No.**  
201-262-5841

**License No.**  
00156

**Name of OSMS Monitor**  
Omega Environmental Services Inc

**Street Address**  
200 Huylor St

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

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

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glueless Procedure
- [ ] Non-Exempt (**) and Non-Fireable Procedure

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No</th>
<th>Area</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

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

- [ ] Thermal Systems Insulation, surfacing, VAT, or other miscellaneous

**Amount (Pounds or Square Foot)**

- [ ] Pounds
- [ ] Square Foot

**Abatement Type**

<table>
<thead>
<tr>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler**

Newark Carting Inc.

**H:SEP Waste Handler ID No.**  
04508

**Disposal Date**  

**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**City, State, Zip Code**  
Pittsburgh, PA 15212

**Completed by**

Joseph Vocature  
**Signature**

**Date**  
8/18

---

**NOTICE:** DO NOT USE THIS FORM FOR ASBESTOS NOTIFICATION OR ABATEMENT ACTIVITIES.
Date of Notification (1)  
08/15/18

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

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

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

Street Address  
4300 Pacific Avenue

City, State, Zip Code  
Wildwood, NJ 08260

Name of Contact  
Pat Quinlan

Telephone Number  
609-3741197

Name of Facility Where Abatement is Taking Place (3)  
Wildwood School District

Street Address  
4300 Pacific Avenue

City (5)  
Wildwood

County (6)  
Cape May

County Code (7)  
(STATE USE ONLY)  

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

ASCM No.  

Name of Abatement Contractor (9)  
Frymar Construction Inc.

Street Address  
P.O Box 11645

City, State, Zip Code  
Philadelphia, PA 19116

Project Manager for Monitoring Firm  
Jason

Telephone No.  
267-784-4693

Start Date (10)  
8/17/18

Scheduled Completion Date (11)  
8/17/18

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)  
- Minimum of 3 sf or 3 ft
- 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

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

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

Amount (Specify SF or LF)  
840 SF

Abatement Type  
- Removal
- Repair
- Encapsulate
- Endoseal

Class room 1st floor  
9x9 floor tile

Name of Registered Waste Hauler  
Frymar Construction Inc.

NJDEP Waste Hauler ID No.  
003368

Cubic Yards of Waste  
1

Disposal Date  
8/17/18

City, State  
Philadelphia, PA

Name of Registered Landfill  
Western-Berks CC

Completed by  
E. Dua

Title  
V.P

Signature  

Date  
08/17/18

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

**Date of Notification (1)**
- 08 / 20 / 18

**Name of Building Owner/Operator (2)**
- Muhlenberg Urban Renewal, LLC

**Street Address**
- 2 Broad Street, Suite 400

**City, State, Zip Code**
- Bloomfield, NJ 07003

**Name of Contact**
- Warren Sprake

**Telephone Number**
- 908-670-5711

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>Commercial</td>
<td>□ School (K-12)</td>
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<td>□ Subchapter 8 (Other than K-12)</td>
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<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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**Street Address**
- 1200 Randolph Road - Building 8

**City (5)**
- Plainfield

**County (6)**
- Union

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

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

**ASCM No.**
- 

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

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

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

**Telephone No.**
- 973-928-4888

**License No.**
- 1188

**Project Manager for Monitoring Firm**
- Rick Eustaquio

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

**Start Date (10)**
- 08 / 20 / 18

**Scheduled Completion Date (11)**
- 02 / 26 / 19

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

**Street Address**
- 27 Outwater Lane

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

**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

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<tr>
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<tr>
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<td>As Needed</td>
<td>Minerva Enterprises/GROWS North Landfill/ Fairless Landfill</td>
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<tr>
<th>Disposal Date</th>
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<tr>
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**Completed By (Print or Type)**
- Allen Monchtik

**Title**
- Project Manager

**Signature**
- Allen Monchtik

**Date**
- 8/20/18

*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)**
- 08 / 20 / 18

**Name of Building Owner/Operator (2)**
- Muhlenberg Urban Renewal, LLC

**Agencies Notified**
- ☑ EPA
- ☑ DOLWD
- ☑ DOH
- ☑ DCA (NJAC 6:23-6)

**Type Notification**
- ☑ Initial
- ☑ Amended
- ☑ Amendment #:____
- ☑ Emergency (Including justification)
- ☑ Cancellation

**Street Address**
- 2 Broad Street, Suite 400

**City, State, Zip Code**
- Bloomfield, NJ 07003

**Name of Contact**
- Warren Sprake

**Telephone Number**
- 908-670-5711

**FACILITY INFORMATION**

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

**Street Address**
- 1200 Randolph Road - Building 9

**City (5)**
- Plainfield

**County (6)**
- Union

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

**ASCM No.**
- ______

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

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

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

**License No.**
- 1188

**Project Manager for Monitoring Firm**
- Rick Eustaquio

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

**Telephone No.**
- 973-828-4888

**Start Date (10)**
- __/__/____

**Scheduled Completion Date (11)**
- 02/28/19

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

**Street Address**
- 27 Outwater Lane

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

**Scope of Work (Check all that apply)**
- ☑ ≥ 23 sf or ≥ 3 If
- ☑ ≥ 160 sf or ≥ 260 If
- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Frisable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)**

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<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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**Name of Registered Waste Hauler**
- ATC/ Century Waste, LLC

**NJDEP Waste Hauler ID No**
- SW-24310/32797

**Cubic Yards of Waste As Needed**
- Disposable Date
- TBD

**Name of Registered Landfill**
- Minevue Enterprises/GROWS North Landfill/Fairless Landfill

**City, State**
- Waynesburg, OH/ Morrisville, PA

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

**Title**
- Project Manager

**Signature**
- Allen Monchik

**Date**
- 8/20/18

*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 / 20 / 18

Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA
- NJDAC 5:23-B

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

Street Address 2 Broad Street, Suite 400
City, State, Zip Code Bloomfield, NJ 07003
Name of Contact Warren Sprake
Telephone Number 908-670-5711

FACILITY INFORMATION

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

Street Address 1200 Randolph Road- Building 11
City (5)
Plainfield
County (6)
Union

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Address
P.O. Box 1224
City, State, Zip Code Garfield, NJ 07026
Union, NJ

Project Manager for Monitoring Firm Rick Eustaquio
Telephone No. 973-494-3762
License No. 1188

Scheduled Completion Date (11) 02 / 28 / 19

Name of CSHA Monitor
ALL PRO MANAGEMENT LLC

Project Manager for Abatement

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)
- 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)

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<th>Abatement Type</th>
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<td>Remodel</td>
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<td>Repair</td>
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<td>Encapsulate</td>
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<td>Endoscope</td>
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Name of Registered Waste Hauler
ATC/ Century Waste, LLC

NJDEP Waste Hauler ID No. SW-24310/32797

Cubic Yards of Waste As Needed

Name of Registered Landfill
Minerva Enterprises/GROWS North Landfill/
Fairless Landfill

City, State
Shirley, NY/ Elizabeth, NJ

Disposal Date TBD
City, State
Waynesburg, OH/ Morrisville, PA

Completed By (Print or Type) Allen Monchik
Title Project Manager
Signature Allen Monchik
Date 8/20/18

* 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)

**Name of Building Owner/Operator (2)**
Muhlenberg Urban Renewal, LLC

**Street Address**
2 Broad Street, Suite 400

**City, State, Zip Code**
Bloomfield, NJ 07003

**Name of Contact**
Warren Sprake

**Telephone Number**
908-670-5711

**FACILITY INFORMATION**

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<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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<td>1200 Randolph Road- Building 12</td>
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<td>Plainfield</td>
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<tr>
<td>Union</td>
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</tr>
<tr>
<td>Bio Terra Solutions</td>
<td>□ Full Containment with Negative Pressure</td>
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</tbody>
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**Project Manager for Monitoring Firm**
Rick Eustaquito

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

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

**Street Address**
27 Outwater Lane

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

**License No.**
1188

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

**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 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)**

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**Amount (Specify SF or LF)**

**Abatement Type**

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<th>Removal</th>
<th>Repair</th>
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**Name of Registered Waste Hauler**
ATC/ Century Waste, LLC

**Cubic Yards of Waste As Needed**

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

**City, State**
Waynesburg, OH/ Morrisville, PA

**Disposal Date**
TBD

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

**Title**
Project Manager

**Signature**
Allen Monchik

**Date**
8/20/18

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

Date of Notification (1) 08 / 20 / 18

Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 6:23-8)

Type Notification
- Initial
- Amended
- Amendment Number
- Emergency (Including Justification)
- Cancellation

Street Address
2 Broad Street, Suite 400
City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Warren Sprake
Telephone Number 908-670-5711

Name of Facility Where Abatement is Taking Place (3)
Commercial
1200 Randolph Road- Building 13
City (5)
Plainfield
County (6)
Union

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions
ASCN No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

License No.
973-928-4888
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

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

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

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

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TBD

TBD

TBD

Name of Registered Waste Hauler
ATC/ Century Waste, LLC

NJ DEP Waste Hauler ID No. SW-24310/32797

Cubic Yards of Waste

As Needed

Name of Registered Landfill
Minerva Enterprises/GROWS North Landfill/ Fairless Landfill

City, State
Waynesburg, OH/ Morrisville, PA

Disposal Date
TBD

Completed By (Print or Type)
Allen Monchik
Project Manager

Signature
Allen Monchik
Date 8/20/18

* 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)

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<td>DOH</td>
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<td>Warren Sprake</td>
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<tr>
<td>Telephone Number</td>
<td>908-670-5711</td>
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<td>NJDEP Waste Hauler ID No</td>
<td>SW-24310/32797</td>
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<td>City, State</td>
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<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
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<td>Waynesburg, OH</td>
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<td>Disposal Date</td>
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<td>Completed By (Print or Type)</td>
<td>Allen Monchik</td>
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<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Allen Monchik</td>
</tr>
<tr>
<td>Date</td>
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:16)  

**Date of Notification (1)**  
08 / 20 / 18  

**Name of Building Owner/Operator (2)**  
Muhlenberg Urban Renewal, LLC  

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<td>☑ Emergency (Including Justification)</td>
<td>Amendment #</td>
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**Street Address**  
2 Broad Street, Suite 400  
Bloomfield, NJ 07003  

**City, State, Zip Code**  
Bloomfield, NJ 07003  

**Name of Contractor**  
Warren Sprake  

**Telephone Number**  
908-670-6711  

**FACILITY INFORMATION**  

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**City (5)**  
Plainfield  

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

<table>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
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**County (6)**  
Union  

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

**ASCM No.**  

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

**Street Address**  
P.O. Box 1224  
Garfield, NJ 07026  

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

**Telephone No.**  
973-494-3762  
1188  

**License No.**  
973-828-4888  

**Projected No.**  

**Telephone No.**  

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

**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)**  
- ☑ 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)**  

<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>
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**Name of Registered Waste Hauler**  
ATC/ Century Waste, LLC  
NJDEP Waste Hauler ID No. SW-24310/32787  

**Cubic Yards of Waste As Needed**  

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

**City, State**  
Waynesburg, OH/ Morrisville, PA  

**Disposal Date**  
TBD  

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

**Title**  
Project Manager  

**Signature**  
Allen Monchik  

**Date**  
8/20/18  

*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)  
8 / 20 / 18

Name of Building Owner/Operator (2)  
Muhlenberg Urban Renewal, LLC

Agencies Notified  
☑ EPA  ☑ DOH  ☑ DOLWD
☑ DCA (NJAC 5:23-6)
☐ Amended  ☐ Emergency (including Justification)  ☐ Cancellation

Street Address  
2 Broad Street, Suite 400

City, State, Zip Code  
Bloomfield, NJ 07003

Name of Contact  
Warren Sprake  
Telephone Number  
908-670-5711

Name of Facility Where Abatement is Taking Place (3)  
Commercial  
1200 Randolph Road- Building 16

City (5)  
Plainfield

County (6)  
Union

County Code (7) (STATE USE ONLY)  

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

ASCM No.  

Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC

Street Address  
P.O. Box 1224

City, State, Zip Code  
Garfield, NJ 07026

Project Manager for Monitoring Firm  
Rick Eustaequito  
Telephone No.  
973-494-3762

Telephone No.  
973-928-4888

License No.  
1188

Start Date (10)  
08 / 20 / 18

Scheduled Completion Date (11)  
02 / 28 / 19

Name of OSHA Monitor  
ALL PRO MANAGEMENT LLC

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
☐ ≥180 sf or ≥260 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

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  ☐ Endoscope

TBD

Name of Registered Waste Hauler  
ATC/ Century Waste, LLC  
NJ/DEP Waste Hauler ID No.  
SW-24310/32797

Cubic Yards of Waste As Needed

Name of Registered Landfill Minerva Enterprises/ GROWS North Landfill/ Fairless Landfill

City, State  
Shirley, NY/ Elizabeth, NJ

Disposal Date  
TBD

City, State  
Waynesburg, OH/ Morrisville, PA

Completed By (Print or Type)  
Allen Monchik  
Title  
Project Manager  
Signature  
Allen Monchik  
Date  
8/20/18

* 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 / 20 / 18

Name of Building Owner/Operator (2)
Muhlenberg Urban Renewal, LLC

Street Address
2 Broad Street, Suite 400

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Warren Sprake

Telephone Number
908-670-5711

FACILITY INFORMATION

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

Street Address
1200 Randolph Road - Building 17

City (5)
Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Telephone No.
973-494-3762

Telephone No.
973-828-4888

License No.
1188

Start Date (10) 02 / 26 / 19

Scheduled Completion Date (11) 02 / 28 / 19

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Time of Abatement: AM/PM/AM

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

☐ Renovation
☒ Demolition

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

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

TBD

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

Endorse

Name of Registered Waste Hauler
ATC Century Waste, LLC

NJDEP Waste Hauler ID No.
SW-24310/32797

Cubic Yards of Waste As Needed

Name of Registered Landfill
Minerve Enterprises/ GROWS North Landfill/ Fairless Landfill

City, State
Waynesburg, OH/ Morrisville, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
8/20/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 20 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Muhlenberg Urban Renewal, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Broad Street, Suite 400</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
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<tr>
<td>Name of Contact</td>
<td>Warren Sprake</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-670-5711</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | Commercial |
| Street Address | 1200 Randolph Road- Building 4 |
| City (6) | Plainfield |
| County (6) | Union |
| Name of Monitoring Firm Hired by Building Owner (6) | Bio Terra Solutions |
| Name of Abatement Contractor (9) | ALL PRO MANAGEMENT LLC |
| Street Address | 27 Outwater Lane |
| City, State, Zip Code | Garfield, NJ 07026 |
| Project Manager for Monitoring Firm | Rick Eustaquio |
| Telephone No. | 973-454-3762 |
| Start Date (10) | 02 / 28 / 19 |
| Scheduled Completion Date (11) | 02 / 28 / 19 |
| Occupancy Status During Abatement (Check only one) | ☒设施 Closed/Vacated During Entire Period of Abatement |
| ☐ Other (Check if applying). Describe: |
| Time of Abatement: AM-PM/PM-AM |
| Scope of Work (Check all that apply) | ☒ Demolition |
| ☐ Abatement Performed Outside of Normal Facility Hours - Describe: |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Amount (Specify SF or LF) | TBD |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | TBD |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | ☒ Yes |
| Name of Registered Waste Hauler | ATC/ Century Waste, LLC |
| NJ DEP Waste Hauler ID No. | SW-24310/32797 |
| Cubic Yards of Waste As Needed | TBD |
| Name of Registered Landfill | Minerva Enterprises/GROWS North Landfill/ Fairless Landfill |
| City, State | Waynesburg, OH/ Morrisville, PA |

**ASB-41 JAN 13**

*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
08 / 20 / 18

### Name of Building Owner/Operator
Muhlenberg Urban Renewal, LLC

### Street Address
2 Broad Street, Suite 400

### City, State, Zip Code
Bloomfield, NJ 07003

### Name of Contact
Warren Sprake

### Telephone Number
908-670-5711

---

### FACILITY INFORMATION

#### Name of Facility Where Abatement Is Taking Place
Commercial

#### Street Address
1200 Randolph Road- Building 5

#### City
Plainfield

#### County
Union

#### County Code (STATE USE ONLY)

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

#### Name of Monitoring Firm Hired by Building Owner
Bio Terra Solutions

#### ASCM No.

#### Name of Abatement Contractor
ALL PRO MANAGEMENT LLC

#### Street Address
27 Outwater Lane

#### City, State, Zip Code
Garfield, NJ 07026

#### Telephone No.
973-484-3762

#### License No.

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

#### Street Address
27 Outwater Lane

#### City, State, Zip Code
Garfield, NJ 07026

#### Start Date
02 / 20 / 19

#### Scheduled Completion Date
02 / 28 / 19

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

#### Scope of Work
- 3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friabile Procedure

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

#### TO BE ABATED
- IN Facility

#### 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)

#### Abatement Type
- Removal
- Encapsulate
- Enclosure

---

### Name of Registered Waste Hauler
ATC/ Century Waste, LLC

#### NJ/DEP Waste Hauler ID No.
SW-24310/32797

#### Cubic Yards of Waste
As Needed

#### Name of Registered Landfill
Minesite Enterprises/ GROWS North Landfill/ Fairless Landfill

#### City, State
Waynesburg, OH/ Morrisville, PA

#### Disposal Date
TBD

#### Completed By (Print or Type)
Allen Monchik

#### Title
Project Manager

#### Signature
Allen Monchik

#### Date
8/20/18

---

*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 / 20 / 18

Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-3)

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

Street Address
2 Broad Street, Suite 400

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Warren Sprake

Telephone Number
908-670-5711

FACILITY INFORMATION

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

Street Address
1200 Randolph Road- Building 19

City (5)
Plainfield

County (9)
Union

County Code (7)(STATE USE ONLY)

Name of Abatement Contractor (8)
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

Bidg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Garfield, NJ 07026

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

Telephone No.
973-528-4888

License No.
1188

Start Date (10)
02 / 26 / 19

Scheduled Completion Date (11)
02 / 26 / 19

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Time of Abatement: AM-PM-AM-PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ 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 (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
☐ Enclosure

TBD

TBD

TBD

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises/ GROWS North Landfill/ Fairless Landfill

Name of Registered Waste Hauler
ATC/ Century Waste, LLC

Hauler ID No.
NJDEP Waste SW-24310/32797

Disposal Date
TBD

City, State
Waynesburg, OH/ Morrisville, PA

City, State
Shirley, NY/ Elizabeth, NJ

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
8/20/18

* 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 / 20 / 18

Name of Building Owner/Operator (2)
Muhlenberg Urban Renewal, LLC

Address
2 Broad Street, Suite 400
Bloomfield, NJ 07003

Name of Contact
Warren Sprake
Telephone Number
908-670-5711

FACILITY INFORMATION

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

Street Address
1200 Randolph Road - Building 23

City (5)
Plainfield

County (6)
Union

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

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]

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
Garfield, NJ 07026

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
Garfield, NJ 07026

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

Time of Abatement: AM/PM/AM/PM

Start Date (10)
Scheduled Completion Date (11)
02 / 19

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

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

(13)

□ Yes
□ No
□ N/A

TBD

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

Name of Registered Waste Hauler
ATC/ Century Waste, LLC

NJ/DEP Waste Hauler ID No.
SW-24310/32797

Cubic Yards of Waste As Needed
Name of Registered Landfill
Minerva Enterprises/ GROWS North Landfill/ Fairless Landfill

City, State
Waynesburg, OH/ Morrisville, PA

Disposal Date
TBD

City, State
Shirley, NY/ Elizabeth, NJ

Completed By (Print or Type)
Allen Monchick
Title
Project Manager
Signature
Allen Monchick
Date
8/20/18

* 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)**
8 / 22 / 18

**Name of Building Owner/Operator (2)**
New Jersey Department of Military & Veterans Affairs

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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<td>☑ EPA</td>
<td>Initial</td>
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<td>☑ DOLWD</td>
<td>Amended</td>
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<td>☑ DOH</td>
<td>Emergency (including justification)</td>
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<td>☑ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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**Street Address**
101 Eggerts Crossing Road

**City, State, Zip Code**
Lawrenceville, NJ 08648

**Name of Contact**
William McBride

**Telephone Number**
609 530-7139

**FACILITY INFORMATION**

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<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tr>
<td>WOODBURY ARMORY</td>
<td>□ School (K-12)</td>
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<td>□ Subchapter 8 (Other than K-12)</td>
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<td>□ Other (i.e., private and commercial buildings, homes, etc.)</td>
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**Square Feet** 66000

**# of Floors** 2

**Bldg. Age** 65

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<th>Current Use (Prior to if being demolished)</th>
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<td>GLOUCESTER</td>
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**Name of Monitoring Firm Hired by Building Owner (8)**
TTI Environmental, Inc

**ASCN No.**

**Name of Abatement Contractor (9)**
DELTA/BJDS, INC

**Street Address**
1345 INDUSTRIAL BLVD.

**City, State, Zip Code**
SOUTHAMPTON PA 18966

**Telephone No.**
215 322-2900

**License No.**
00783

**Start Date (10)**
9 / 6 / 18

**Scheduled Completion Date (11)**
10 / 31 / 18

**Name of OSHA Monitor**
N/A

**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: 7AM-4PM/____PM-____AM

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

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

<table>
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<th>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>
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<tr>
<td>BOILER RM</td>
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<td>BOILER LAGGING: 250 SF</td>
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<td>BOILER RM</td>
<td>☑</td>
<td>PIPE INSULATION: 15 LF</td>
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<tr>
<td>BOILER RM</td>
<td>☑</td>
<td>JOINTS A/W PIPE INSULATION: 4 LF</td>
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</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
WAYNESBURG, OHIO

**Disposal Date**

**Completed By (Print or Type)**
CHRISTINE DEL VISCIO

**Title**
ASST. ADMINISTRATOR

**Signature**

**Date**

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>RANDY KONCELIK</td>
<td>973-452-8376</td>
</tr>
</tbody>
</table>

<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>161 EAST RAILROAD AVE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSE</td>
<td>PASSAIC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># Of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,000</td>
<td>2</td>
<td>50 +</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>655 WEST SHORE TRAIL</td>
<td>973-726-5649</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Project Mgr. For Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPARTA, NJ 07871</td>
<td>WILLIAM KIEBIL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only 1)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>NORTHER CONTRACTING GROUP, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>&gt;3sf or &gt;3lf</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini - Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
</tr>
<tr>
<td>Location</td>
</tr>
<tr>
<td>Normaly Used</td>
</tr>
<tr>
<td>Solely by Maintenance/ Custodial Staff (12)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL TRANSPORT GROUP INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAIRLESS LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLANDERS, NJ 07836</td>
<td>MORRISVILLE, PA 19067</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Stiles</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>08/22/18</td>
</tr>
<tr>
<td>Location of Asbestos Containing Material (ACM)</td>
<td>Abatement Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED in Facility (13)</td>
<td>R E M O V A L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Solely by Maintenance/Custodial Staff (12)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Description of Asbestos - Containing Material (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>SHEET METAL MASTIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28,000 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLASHING / MASTIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>240 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROOF &amp; FLASHING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,000 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GALBESTOS SIDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>400 SF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Received Aug 23 2018**

ASBESTOS CONTROL & LICENSING
Date of Notification (1): 8/21/2018

Name of Building Owner/Operator (2): DBI Projects

Street Address: 1261 Broadway

City, State, Zip Code: New York, NY 10001

Name of Contact: Chris Tomlan & Brian Bennington

Telephone Number: 215-533-1200

Name of Facility Where Abatement is Taking Place (3): Former Henry Bonsall Elementary School

Street Address: 1575 Mt. Ephraim Ave

City (5): Camden, NJ

County (6): Camden

County Code (7): (STATE USE ONLY)

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

Square Feet: 100,000

# of Floors: 4

Bldg. Age: 75+

Current Use (Prior if being demolished): School

Name of Abatement Contractor (9): Associated Specialty Contracting

Street Address: 98 Lacrue Ave, Suite 110

City, State, Zip Code: Glen Mills, PA 19342

Project Manager for Monitoring Firm: Kevin T. Lovely

Telephone No. 732-390-5858

Telephone No. 610-364-9622

License No. 01103

Name of OSHA Monitor: Criterion Labs

Street Address: 3370 Progress Drive

City, State, Zip Code: Bensalem, PA 19020

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):
- 33 sf or 33 if
- ≥160 sf or ≥260 if
- Renovation
- 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>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>x</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>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Boiler Insulation</td>
<td>2,000 Sf</td>
<td>x</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>Pipe Insulation</td>
<td>300 Lf</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>Breach Insulation</td>
<td>1,500 Sf</td>
<td></td>
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</table>

Name of Registered Waste Hauler: Mercer Group International

NJDEP Waste Hauler ID No.: 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637

Disposal Date: As Required

Name of Registered Landfill: Tullytown Resources Recovery Landfill

City, State: Tullytown, PA

Completed by: Jack Tomasura

Title: Sr. Estimator

Signature: [Signature]

Date: 8/21/2018

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

Date of Notification (1)  
08 / 21 / 18

Name of Building Owner/Operator (2)  
Camden Redevelopment Agency

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

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

Street Address  
520 Market St, City Hall- Suite 1300

City, State, Zip Code  
Camden, NJ 08101-5120

Name of Contact  
James Harveson

Telephone Number  
856-757-7600

FACILITY INFORMATION

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

Street Address  
1667 Davis Street

City (5)  
Camden

County (6)  
Camden

County Code (7)  
(SATE USE ONLY)

Current Use (Prior if being demolished)

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

ASCM No.  

Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC

Street Address  
56 East Bridge Street

City, State, Zip Code  
Morrisville, PA 19067

Project Manager for Monitoring Firm  
James Frisbee

Telephone No.  
267-991-9212

Start Date (10)  
07 / 23 / 18

Scheduled Completion Date (11)  
09 / 30 / 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-PM-AM

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

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

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  

Endorse  
Repair  
Repair  
Endorse  

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
02363

Cubic Yards of Waste  
As Needed

Name of Registered Landfill  
IESI Bethlehem Landfill

City, State  
Bethlehem, PA / Pen Argyl, PA

Disposal Date  
TBD

Completed By (Print or Type)  
Allen Monchik

Title  
Project Manager

Signature  
Allen Monchik

Date  
8/21/18

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 14 / 18</td>
<td>NJTA / Job #1710-2243 Chk. #5110</td>
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</table>

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

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

**Street Address**
- 1 Turnpike Plaza

**City, State, Zip Code**
- Woodbridge, NJ 07095

**Name of Contact**
- Robert Womelsdorf

**Telephone Number**
- 732-442-8600

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - NJTA MUB - E - Hightstown

- **Street Address**
  - Milepost 67 S - NJ Turnpike

- **City (5)**
  - East Windsor/Hightstown

- **County (6)**
  - Mercer

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

- **Square Feet**
  - 20,000

- **# of Floors**
  - 1

- **Bldg. Age**
  - unknown

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

- **ASCM No.**

- **Name of Abatement Contractor (9)**
  - Asbestos and Mold Services, Corp.

- **Street Address**
  - 3859 Sylon Boulevard

- **City, State, Zip Code**
  - Hainesport, NJ 08036

- **Project Manager for Monitoring Firm**
  - Dave or Steve Flanagan

- **Telephone No.**
  - 856-848-0800

- **Telephone No.**
  - 609-702-0400

- **License No.**
  - 00862

- **Name of OSHA Monitor**
  - ESML Analytical, Inc.

- **Street Address**
  - 200 U.S. Route 130 North

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

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

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

**Scope of Work (Check all that apply)**
- [ ] ≥ 23 sf or ≥ 3 ft
- [ ] ≥ 160 sq ft or ≥ 260 sq ft
- [ ] 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

**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)**
- 150 SF

**Abatement Type**

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

**Name of Registered Waste Hauler**

- NJDEP Waste Hauler ID No. 17273

- Cubic Yards of Waste
  - 5

- Name of Registered Landfill
  - Grand Central

- City, State
  - Lafayette, NJ

- Disposal Date
  - 9/17/18

- City, State
  - Penn Argyle, PA

**Completed By (Print or Type)**

- Joann Mullarkey

**Title**
- Office Coordinator

**Signature**

**Date**
- 8/21/2018

---

*Do not use this form for asbestos licensing exempted activities.*
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification
7 / 26 / 18

### Name of Building Owner/Operator
Mr. Robert Cerenzo

### Job #
1806-2311

### Chk #
NA

### Agencies Notified
- [x] EPA
- [x] DOH/WDO
- [x] DRS
- [x] DCA (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Amendment #4
- [ ] Emergency (including justification)
- [ ] Cancellation

### Street Address
[Redacted]

### City, State, Zip Code
Hamilton, NJ 08690

### Name of Contact
Robert

### Telephone Number
[Redacted]

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
Residential

#### Street Address
617 Stokes Rd., Suite 4-318

#### City, State, Zip Code
Medford, NJ 08055

#### Name of Monitoring Firm Hired by Building Owner
Finog Environmental

#### ASCM No.
[Redacted]

#### Name of Abatement Contractor
Asbestos and Mold Services, Corp.

#### Street Address
3859 Sylon Boulevard

#### City, State, Zip Code
Hainesport, NJ 08006

#### Telephone No.
609-702-0400

#### License No.
00862

#### Name of OSHA Monitor
EMSL Analytical, Inc.

#### Street Address
200 U.S. Route 130 North

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

### Current Use (Prior to being demolished)
Residential

### Square Feet
1500

### # of Floors
1

### Bldg Age
78

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

### 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

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

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

### 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]

### Basinment

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</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Waste Management

### NJDEP Waste Hauler ID No.
17273

### Cubic Yards of Waste
6

### Name of Registered Landfill
Grand Central

### City, State
Lafayette, NJ

### Disposal Date
8/24/2018

### City, State
Penn Argyle, PA

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

### Title
Office Coordinator

### Signature
[Redacted]

### Date
8-17-18

---

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

Date of Notification (1)
6 / 27 / 18
Name of Building Owner/Operator (2)
Rutgers University
Job #1805-2318
Chk. #NA

Agencies Notified
☐ EPA
☐ DOH
☐ DHSS
☐ DCA
☐ NJAC (5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
33 Knightsbridge Road
City, State, Zip Code
Piscataway, NJ 08854
Name of Contact
Joan Stanton, PE
Telephone Number
848-446-2419

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building #3716 & 3717 (ONE BUILDING)

Agencies Notified

Street Address
581 Taylor Road
City (5)
Piscataway
County (6)
Middlesex
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

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)
Vacant

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Square Feet
1875
# of Floors
1
Bldg. Age
50

City, State, Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Mike Panepresso
Telephone No.
215-244-1300

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

City, State, Zip Code
Hainesport, NJ 08036

Start Date (10)
7 / 13 / 18
Scheduled Completion Date (11)
9 / 7 / 18

Name of Registered Waste Hauler
Champion

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

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☐ >160 sf or >280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Examined (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

Exterior 3716
☐ ☐ ☒ Transite Siding

Exterior 3717
☐ ☒ ☒ Transite Siding

Name of Registered Landfill
Grand Central

City, State
Hainesport, NJ

Disposal Date
9/7/18

Complied By (Print or Type)
Kimberly Trumbetti
Title
Office Coordinator

Signature

Date 8-17-18

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

Date of Notification (1) 8 / 3 / 18
Name of Building Owner/Operator (2) Crosswick Forge, LLC / Job #1808-2330 Chk. #NA

Acuties Notified
- EPA
- DOLWD
- DHSS
- DCA
(NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #3
- Emergency (including justification)
- Cancellation

Street Address
1624 Jacksonville Road
City, State, Zip Code
Burlington, NJ 08016

Name of Contact
Mr. Victor J. DiAnna, Managing Member
Telephone Number 609-239-8000

FACILITY INFORMATION

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

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

Square Feet 11431.6
# of Floors 2
Bldg. Age 107

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

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

ASCN. No.

Project Manager for Monitoring Firm
Rebecca Rubintz
Telephone No. (888) 715-2211

Start Date (10) 8 / 6 / 18
Scheduled Completion Date (11) 8 / 24 / 18

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- 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) 100 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Name of Registered Waste Hauler
NDEP Waste Hauler ID No. 17273

Waste Management

Disposal Date 8/24/18

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Completed By (Print or Type)
Kimberly A. Trumbetti
Title Office Coordinator

Date 8/17/18

ASB-41
MAY 11

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

Date of Notification: 10/18/12 | Name of Building Owner/Operator: Jeffrey M. Brown Associates, LLC  
Agencies Notified: 
- EPA - Initial  
- DOL - Amendment  
- DOH - Cancellation  
- DCA - 

Street Address: 2337 Filmont Avenue  
City, State, Zip Code: Huntington Valley, PA 19006  
Name of Contact: Chuck O'Connell  
Telephone Number: 215-938-5000  

FACILITY INFORMATION  
Name of facility where abatement is taking place: Ocean County Mall, Sears Building & Auto Center  
Street Address: 1201 Hooper Avenue  
City: Toms River  
County: Ocean  
County Code: (State use only) 

Type of Facility: 
- Other (Private/Commercial Bldgs.Homes, etc.) 

Square Feet: 

# of Floors: 

Bldg. Age: 

Current Use: 

Vacant building: 

Name of Abatement Contractor: B & G Restoration, Inc.  
Street Address: 105 Ryerson Road  
City, State, Zip Code: Lincoln Park, NJ 07035  
Telephone Number: (973) 696-6689  
License Number: 00378  

Name of OSHA Monitor: 

Bldg. Manager: 

Address of Bldg. Manager: 

Scope of Work:  
- Demolition  
- Renovation  
- Full Containment w/ negative pressure  
- Glovebag procedure  
- Mini-enclosure  
- Non-friable procedure  

Amount (Specify SF or LF): 
- Demolition  
- Renovation  
- Full Containment w/ negative pressure  
- Glovebag procedure  
- Mini-enclosure  
- Non-friable procedure  

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Description</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing Material</td>
<td>Exterior</td>
<td>roofing material</td>
<td>110,000 sf</td>
<td></td>
</tr>
<tr>
<td>White Floor Tile &amp; Mastic</td>
<td>throughout building</td>
<td>white floor tile &amp; mastic</td>
<td>55,000 sf</td>
<td></td>
</tr>
<tr>
<td>Transite Exhaust Pipe</td>
<td>auto center</td>
<td>transite exhaust pipe</td>
<td>80 lf</td>
<td></td>
</tr>
<tr>
<td>Fittings with End Cap Mastic on Insulation</td>
<td>Penthouse</td>
<td>fittings with end cap mastic on insulation</td>
<td>80 fittings</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler: B & G Restoration, Inc.  
NJ DEP Hauler ID#: 19563  
Cubic Yards of Waste: 250 cy  
Name of Registered Landfill: Tullytown Resource & Recovery Center  
City, State: Tullytown, PA  
Disposal Date: 09/04/18 - 12/31/18  
Completed by: Gordana Luna  
Title: Secretary/Treasurer  
Signature:  
Date: 08/20/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/20/2016
Name of Building Owner/Operator (2) South Orange / Maplewood School District

Agencies Notified
☐ EPA  ☑ DEP  ☐ DOL  ☐ DOH  ☐ DCA
Type Notification
☐ Initial  ☑ Amended  ☐ Amendment #  ☑ Emergency (including justification)  ☐ Cancellation
Street Address 525 Academy Street
City, State, Zip Code Maplewood, NJ 07040
Name of Contact Ronald Erazo
Telephone Number 973-762-6600

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Columbia High School
Street Address 17 Parker Ave
City (5) Maplewood, NJ 07040
County (6) Essex
County Code (7) (STATE USE ONLY) 041

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

Square Feet 60,000+
# of Floors 3
Bldg. Age 60+

Name of Abatement Contractor (9) Hazmat Diagnostic LLC

Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc
ASCM No. 404

Name of OSHA Monitor Hazmat Diagnostic LLC

Start Date (10) 09/01/2018
Scheduled Completion Date (11) 09/03/2018

Project Manager for Monitoring Firm Eric Clarkson

Telephone No. 609-652-1833

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

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

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

In Facility (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)
ACM Plaster

Amount (Specify SF or LF) 60 SF

Abatement Type
Removal
Repair
Encapsulation
Endorsement

Name of Registered Waste Hauler Hazmat Diagnostic LLC
NJDEP Waste Hauler ID No. 0035440

Cubic Yards of Waste TBD

Name of Registered Landfill G.R.O.W.S. North / Fairless Landfill
City, State Morrisville, PA

Disposal Date TBD
Completed by Tatiana Rotaru
Title Administrative Assistant
Signature
Date 08/20/2018

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