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>8/20/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Entenmanns Bakery Inc.</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>1468 Blackwood Clementon Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clementon NJ 08021</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Pat</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-381-0563</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | Entenmanns Bakery Inc. |
| Street Address | 1468 Blackwood Clementon Rd. |
| City (5) | Clementon NJ 08021 |
| County (6) | Camden |
| Square Feet | 1000+ |
| # of Floors | 1 |
| Bidg. Age | 35+ |

| 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) | 8/30/18 |
| Scheduled Completion Date (11) | 9/7/18 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Abatement Performed Outside of Normal Facility Hours | |
| Other – Describe: | |

Scope of Work (Check All That Apply)

| 23 sf or ≤3 fl |
| ≥160 sf or ≥260 fl |
| 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

| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A |
| Center Area of Store | x |
| Floor Tile & Mastic | |

| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. 22459 |
| Name of Registered Landfill | G.R.O.W.S. |
| City, State | Elm NJ |
| Disposal Date | 9/7/18 |
| City, State | Morrisville PA 19067 |

Completed by
Anthony T Perna
Title | President
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 8:59 and 12:120)

Date of Notification (1)
8/20/18

Name of Building Owner/Operator (2)
Keith Linda Private Home

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

Street Address

City, State, Zip Code
North Beach Haven NJ 08008

Name of Contact
Vanessa

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
North Beach Haven NJ 08008

County Code (7)
Ocean

County (State USE ONLY) N/A

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

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)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Project Manager for Monitoring Firm

Name of OSHA Monitor
Same

Telephone No.

Start Date (10)
8/30/18

Scheduled Completion Date (11)
9/7/18

Occupy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

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

Full Containment with Negative Pressure

Min-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?

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

Enclose

Exterior Siding

1800 SF

Name of Registered Waste Hauler
United Roll Off

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
9/7/18

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

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)**
8/20/18

**Name of Building Owner/Operator (2)**
Gary Jandersit Private Home

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code**
Manahawkin NJ 08050

**Name of Contact**
Gary

**Telephone Number**

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>house</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9)**
Pernaco Inc

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>West Berlin NJ 08091</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-753-9800</td>
<td>00727</td>
</tr>
</tbody>
</table>

**Start Date (10)**
8/30/18

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

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

- Facility Closed/Vacated During Entire Period of Abatement
- **Other – Describe:**

**Scopes 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**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>x</td>
<td></td>
<td></td>
<td>Exterior Siding 1000 SF</td>
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</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

**City, State**
Elm NJ

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/7/18</td>
<td>Morrisville PA 1960</td>
</tr>
</tbody>
</table>

**Completed by**
Anthony T Perna

**Title**
President

**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 5:16)

Date of Notification (1)
08 / 21 / 18

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

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

Name of Building Owner/Operator (2)
Eli Bosnick
STREET ADDRESS

Address

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Eli Bosnick

FACILITY INFORMATION

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

City (5)
Belleville, NJ 07109

County (6)
Essex

County Code (7) (STATE USE ONLY)

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

Gr Tech LLC

Name of Abatement Contractor (9)

Name of OSHA Monitor (10)
Envirovision Consultants, Inc

Occupancy Status 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

Start Date (10)
09 / 01 / 18

Scheduled Completion Date (11)
09 / 03 / 18

Project Manager for Monitoring Firm

Telephone No.

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

Square Feet # of Floors Bidg. Age

Project Manager for Monitoring Firm Telephone No.

License No.
973-638-1777 01127

Scope of Work (Check all that apply)
☐ Renovation
☒ Demolition

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

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

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

Amount (Specify SIF or LF)
100 LF

Abatement Type
☐ 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

A □ □ □ □ □
B □ □ □ □ □
C □ □ □ □ □
D □ □ □ □ □
E □ □ □ □ □

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

Yes ☒ No ☐ N/A ☐

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
0033785

TBD

T.R.R.F. Inc

Name of Registered Landfill

City, State
Wayne, NJ 07470

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type)
N Jevtic

Title
Owner

Signature

Date
08/21/18

* 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)  
Anas Younes  

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

Street Address  
[Redacted]  
City, State, Zip Code  
Clayton, NJ 08312  

Name of Contact  
Anas Younes  
Telephone Number  

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

Street Address  
PO Box 341  
City, State, Zip Code  
Chesterfield, NJ 08515  

County Code (7) (STATE USE ONLY)  
Gloucester  

Current Use (Prior if being demolished)  
Residence  

Name of Abatement Contractor (9)  
Shade Environmental, LLC  
Telephone No.  
609-298-4070  
License No.  
00842  

Name of OSHA Monitor  
EMSL Analytical, Inc.  
Street Address  
200 Route 130 North  
City, State, Zip Code  
Cinnaminson, NJ 08077  

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

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

Yes ☑ No ☐ N/A  
Basement ☐ ☐ ☐  
Duct Paper ☐ ☐ ☐  

Description of Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Full Containment with Negative Pressure ☐ ☐ ☐ ☐  
Mini-Enclosure ☐ ☐ ☐ ☐  
Glovebag Procedure ☐ ☐ ☐ ☐  
Non-Exempted (*) and Non-Friable Procedure ☐ ☐ ☐ ☐  

Amount (Specify SF or LF)  
150 SF ☐ ☐ ☐ ☐  

Abatement Type  
Removal ☐ ☐ ☐ ☐  
Encapsulation ☐ ☐ ☐ ☐  

Registration No.  
Freehold Cartage  
NJDEP Waste Hauler ID No.  
15939  
Cubic Yards of Waste  
1  
Name of Registered Landfill  
Fairless Landfill  
Disposal Date  
09/04/2018  
City, State  
Morrisville, PA  

Completed By (Print or Type)  
Christina Lynch  
Title  
Vice President of Operations  
Signature  
 Date  
8/20/18  

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

Date of Notification (1)  
8/21/2018

Name of Building Owner/Operator (2)  
Karen Bigos

Agency Notified  
[X] DEP

Street Address  
Millburn, NJ, 07041

City, State, Zip Code  
Millburn, NJ, 07041

Name of Contact  
Karen Bigos

Type of Facility (4)  
[X] School (K-12)

Telephone Number  
(973) 744-8800

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

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ, 07042

Name of OSHA Monitor  
N/A

County Code (7) (STATE USE ONLY)  
Essex

License Number  
00371

Name of Monitoring Firm hired by Building Owner (8)  
ASCN No.  
AZTECH MANAGEMENT, INC.

Street Address  
N/A

Telephone Number  
(973) 744-8800

Scheduled Start Date (10)  
8 31 18

City, State, Zip Code  
Millburn, NJ, 07041

Month Day Year  
9 2 18

Occupancy Status During Abatement (Check only one)  
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
Location Normally Used Solely By Maintenance/Custodial Staff (12)

Yes  
[X] Pipe Insulation  
80 LF

[X] Demolition

No  
N/A

Location Normally Used Solely By Maintenance/Custodial Staff (12)

[X] Renovation

Yes

Location Normally Used Solely By Maintenance/Custodial Staff (13)

[X] Non-Friable Procedure

City, State  
Montclair, NJ, 07042

Name of Registered Landfill  
Tri-State

Disposal Date  
9/4/18

City, State  
Bronx, NY, 10474

Completed By (Print or Type)  
Constantine Vivian

Title  
President

Signature  

Date  
8/21/2018
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
8/16/2018

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

**Street Address**  
Rumson, NJ 07760

**Name of Contact**  
Charles Wasserott V

**Telephone Number**

**FACILITY INFORMATION**

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

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

**City (5)**  
Rumson, NJ 07760

**County Code (6)**  
Monmouth

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

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

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

**ASCM No.**

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

**Street Address**  
PO Box 322

**City, State, Zip Code**  
Allentown, NJ 08501

**License No.**  
00493

**Telephone No.**  
609 259-9688

**Project Manager for Monitoring Firm**  
Bill Weisgarber

**Telephone No.**  
(609) 298-4070

**Start Date (10)**  
8/17/2018

**Scheduled Completion Date (11)**  
8/20/2018

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

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

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

☐ 23 sf or less  
☐ 2100 sf or more  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl space</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td>65 sf</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</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65 sf</td>
</tr>
</tbody>
</table>

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

<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>

**Name of Registered Waste Hauler**

Stevens Environmental Services

**City, State**  
Allentown, NJ 08501

**Disposal Date**  
8/20/18

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Morrisville, PA

**Completed by**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**

**Date**  
8/16/18

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

ASB-41 (R-06-08)
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:720)

### Date of Notification (1)
8/16/2018

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

### Street Address

### City, State, Zip Code
Rumson, NJ 07760

### Name of Contact
Charles Wasserott V

### Company Name
Stevens Environmental Services, Inc.

### Name of Registered Waste Hauler
Stevens Environmental Services

### Waste Hauler ID No.
18292

### County Code (7)
Monmouth

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

### Street Address
PO Box 341

### City, State, Zip Code
Chesterfield, NJ 08515

### Project Manager for Monitoring Firm
Bill Webber

### Telephone No.
(609) 296-4670

### License No.
009403

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

### Current Condition of Building (Prior to Demolition)

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

### Crawl space

### Description of Asbestos Containing Material (ACM) (Describe Type)
Pipe Insulation

### Amount (Specify SF or LF)
650 ft

### Final Disposal Date
8/20/2018

### Disposal Site

### Date of Registered Landfill
8/16/2018

### Completion Date

### Attendee

---

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) 08/13/2018

Name of Building Owner/Operator (2) Board of Education
Check No: 1171

Agencies Notified Type Notification
☑ EPA Initial
☑ DEP Amended
☑ DOL Amendment # 1
☑ DOH Emergency (including justification)
☑ DCA Cancellation

Street Address
191 Second Street

City, State, Zip Code
Hackensack, New Jersey 07601

Name of Contact
Robert Blanchard

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

Square Feet
15,000

# of Floors
2

Bldg. Age
50+

Facility Information

Current Use (Prior if being demolished)
Middle School

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

City (5)
Hackensack, New Jersey 07601

County (6)
Bergen

County Code (7)
(SATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
The Whitman Companies

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Drive

City, State, Zip Code
Cranbury, New Jersey 08572

Telephone No.
732-350-6588

License No.
973-225-9400
01104

Start Date (10)
07/23/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Scheduled Completion Date (11)
08/20/2018

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

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

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 ft
☑ ≥160 sf or ≥260 ft
☑ Renovation
☑ Demolition

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

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

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

Amount (Specify SF of LF)

Abatement Type
Removal
Repair
Enclose
Endure

Boiler Room (Special Services)

X Boiler Insulation, Gaskets, Fire Bricks & Mortar 800 SF X

Boiler Room

X Breech Insulation 100 SF X

Boiler Room

X Pipe Insulation Inc. Fiberglass & Elbow & Joints 200 LF X

Large Boiler Room

X Boiler 1, 2, End Cap Insulation 800 SF X

Large Boiler Room

X Breech Insulation 1000 SF X

Large Boiler Room

X Tank Insulation 1000 SF X

Large Boiler Room

X Pipe Insulation Including Elbows & Joints 500 LF X

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste
30

Name of Registered Landfill
Fairless Landfill

Disposal Date
08/20/2018

City, State, Zip Code
Morrisville, PA

Completed by
Adriana O'Leary
Title President

Signature
Date 08/13/2018

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

Date of Notification (1) 09/20/2018

Name of Building Owner/Operator (2) Hackensack Board of Education
Check No. 1171

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment # 2
☐ DOH Emergency (including justification)
☐ DCA Cancellation

Street Address
191 Second Street

City, State, Zip Code
Hackensack, New Jersey 07601

Name of Contact Robert Blanchard
Telephone Number 201-546-0363

FACILITY INFORMATION

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

Street Address
380 Union Street

City (5)
Hackensack, New Jersey 07601

County (6)
Bergen

County Code (7) (STATE USE ONLY) ___

Name of Monitoring Firm Hired by Building Owner (8)
The Whitman Companies

ASCM No. ___

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

Square Feet
16,000

# of Floors
2

Bidg. Age
50+

Current Use (Prior if being demolished)
Middle School

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Drive

City, State, Zip Code
Cranbury, New Jersey 08572

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

License No.
01004

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date (10)
07/20/2018

Scheduled Completion Date (11)
08/29/2018

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

Scope of Work (Check All That Apply)
☐ ≥ 23 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room (Special Services)</td>
<td>X</td>
<td>Boiler Insulation, Gaskets, Fire Bricks &amp; Mortar</td>
<td>800 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Breach Insulation</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation Inc Fiberglass &amp; Elbow &amp; Joints</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Large Boiler Room</td>
<td>X</td>
<td>Boiler 1, 2, End Cap Insulation</td>
<td>800 SF</td>
<td></td>
</tr>
<tr>
<td>Large Boiler Room</td>
<td>X</td>
<td>Breach Insulation</td>
<td>1000 SF</td>
<td></td>
</tr>
<tr>
<td>Large Boiler Room</td>
<td>X</td>
<td>Tank insulation</td>
<td>1000 SF</td>
<td></td>
</tr>
<tr>
<td>Large Boiler Room</td>
<td>X</td>
<td>Pipe Insulation including Elbows &amp; Joints</td>
<td>500 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

NJ/DEP Waste Hauler ID No. 18724

Cubic Yards of Waste
30

Name of Registered Landfill
Farrless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
08/29/2018

Completed by
Adriana Olejarova

Title President

Signature

Date 08/20/2018

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

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

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

Name of Building Owner / Operator (2)
Paolino Arnone
Street Address

City, State & Zip Code
Trenton, NJ 08611

Name of Contact
Paolino Arnone
Telephone Number

FACILITY INFORMATION

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

City (5)
Trenton

County (6)
Mercer

County Code (7)

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet
2,500

# of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road

City, State & Zip Code
Monroe Township, NJ 08831

Name of OSHA Monitor
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road

City, State & Zip Code
Monroe Township, NJ 08831

Project Manager for Monitoring Firm
Tom Geiger

Telephone Number
732-290-2217

License Number
00714

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

Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement

Other - Describe:

Scope of Work (Check all that apply)

Demolition
X Renovation

Full Containment with Negative Pressure

Mini-Enclosure

X Glovebag Procedure

Other: Non-friable

Located of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

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

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Basement
N/A

TSI Pipe
80 LF

Removal

Name of Registered Waste Hauler
Freehold Carting

NJDEP Waste Hauler ID #
18693

Cu. Yds. of Waste
8

Name of Registered Landfill
TRRF

City, State
Tullytown, Pa

Disposal Date
9/5/18

Completed By (Print or Type)
Dominick Tringali

Title
Pres.

Signature
Dominick Tringali

Date
8/20/18

ASB-41 JUN 95 G4667
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>6/12/18</td>
<td>Delph</td>
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</table>

**AGENCIES NOTIFIED**

- EPA
- DEP
- DDL
- DOH
- DCN

**TYPE NOTIFICATION**

- Initial
- Amended
- Amendment #
- Emergency
- Including Justification
- Cancellation

**Street Address**

- Do Box 69

**City, State, Zip Code**

- Sewell NJ 08080

**Name of Contact**

- Larry

**Telephone Number**

- 609-585-8712

**FACILITY INFORMATION**

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

- # Watson today projects

**Street Address**

- Hill Blackwok prk

**City**

- Washington Township

**County Code**

- STATE 03E0W21

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

- Name of Abatement Contractor

- ASCM No.

- Joe Abatement Demolition LLC

**Street Address**

- 1212 Burlingh Ave

**City, State, Zip Code**

- NJ 08080

**Name of OSHA Monitor**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tbody>
<tr>
<td>6/13/18</td>
<td>9/20/18</td>
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</table>

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

- Renovation
- Demolition

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

- In Facility

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td></td>
<td>24</td>
<td>6</td>
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**Description of Asbestos-Containing Material (ACM)**

- Insulation
- Surfaceing
- VAT
- Other Miscellaneity

<table>
<thead>
<tr>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>900 SF</td>
<td>Removal</td>
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</table>

**Name of Registered Waste Hauler**

- ANY WFC LLC

**NIDEP Waste Header ID No.**

- 20547

**Cubic Yards of Waste**

- 900 CF

**Name of Registered Landfill**

- HW OF PA

**Disposal Date**

- 8/2/18

**Signature**

- Vice President

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>8/31/14</td>
<td>!A! !4! !h! !y! !h! !n!</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>[ ] EPA</td>
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<td>[ ] DEP</td>
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<tr>
<td>[ ] DOL</td>
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<tr>
<td>[ ] DOH</td>
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<tr>
<td>[ ] DCA</td>
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<table>
<thead>
<tr>
<th>Type Notification</th>
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<tbody>
<tr>
<td>[ ] Initial</td>
</tr>
<tr>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[ ] Emergency (including justification)</td>
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<tr>
<td>[ ] Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>PO Box 69</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>9201 NJ 88013</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(609) 954-9892</td>
</tr>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>905 4th Ave</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>[ ] School (K-12)</td>
</tr>
<tr>
<td>[ ] Subscheper &amp; (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># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faust, Inc. Abatement Services, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>(609) 954-9892</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>9/30/18</td>
<td>3/30/19</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>[ ] Facility Closed/Secured During Entire Period of Abatement</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>[ ] Other - Describe:</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>[ ] 21 sf or 23 Lf</td>
</tr>
<tr>
<td>[ ] 2160 sf or 2360 Lf</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>[ ] Glove Box Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Permeable Procedure</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd level</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] N/A</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellanea)</th>
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</thead>
<tbody>
<tr>
<td>asbestos-associated</td>
</tr>
<tr>
<td>yellow glue on wall</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>18 SF</td>
</tr>
<tr>
<td>25 SF</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Removal</td>
</tr>
<tr>
<td>[ ] Repair</td>
</tr>
<tr>
<td>[ ] Employment</td>
</tr>
<tr>
<td>[ ] Detachment</td>
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Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>NIDEP Waste Hauler ID No. (13)</th>
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<tbody>
<tr>
<td>26947</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>[ ]</td>
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<table>
<thead>
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<th>Disposal Date</th>
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<td>TBD</td>
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<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>9201 NJ 88013</td>
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<table>
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<tr>
<th>Completed by</th>
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<tbody>
<tr>
<td>[ ]</td>
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<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>06/12/2018</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JJ Operating Inc.</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>112 W. 34th Street</td>
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<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10120</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jack Jemal</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Old Rite Aid Store/ Market Halsey Building</td>
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<tr>
<td>Street Address</td>
<td>165 Halsey Street</td>
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<tr>
<td>City (5)</td>
<td>Newark</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>RK Occupational &amp; Environmental, Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00090</td>
</tr>
<tr>
<td>Name of Abatement Contractor (6)</td>
<td>Bakco Construction &amp; Restoration, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>265A Route 46 Suite 3D</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jon Gilbert</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-434-6316</td>
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<tr>
<td>Start Date (10)</td>
<td>06/25/2018</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/25/2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tr>
<tr>
<td>Other – Describes: Mon-Fri: 3:00pm-11:30pm</td>
<td></td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>- ≥3 sf or ≥3 if</td>
<td></td>
</tr>
<tr>
<td>- ≥160 sf or ≥280 if</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Old Rite Aid/Market St. Side</td>
<td>X</td>
</tr>
<tr>
<td>Basement B-3 near tank Room</td>
<td>X</td>
</tr>
<tr>
<td>Basement B-3 Near freight Elevator</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Bakco Constr. &amp; Rest. Inc/ Newark Carting</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20869/4509</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ 07512</td>
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<tr>
<td>Completed by</td>
<td>Damir Valjevac</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>06/12/2018</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 8:30 and 12:120)

**Date of Notification (1)**
08/20/2018

**Name of Building Owner/Operator (2)**
JJ Operating Inc.

**Agencies Notified**
- EPA
- DEP
- DOL
- DOH
- DOA

**Type Notification**
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

**Street Address**
112 W. 34th Street

**City, State, Zip Code**
New York, NY 10120

**Name of Contact**
Jack Jernish

**Telephone Number**
212-265-5570

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Old Rite Aid store/Market Halsey Building

**Street Address**
165 Halsey Street

**City (5)**
Newark

**County (6)**
Essex

**Square Feet**
150000

**# of Floors**
12

**Bldg. Age**
50+

**Current Use (Prior to being demolished)**
Office Building

**Name of Monitoring Firm Hired by Building Owner (8)**
RK Occupational & Environmental, Inc.

**ACSM No.**
00090

**Name of Abatement Contractor (9)**
Bako Construction & Restoration, Inc.

**Street Address**
265 A Route 46 Suite 3D

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

**License No.**
0666

**Name of OSHA Monitor**
Bako Construction & Restoration, Inc.

**Street Address**
265 A Route 46 Suite 3D

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

**Start Date (10)**
08/25/2018

**Scheduled Completion Date (11)**
10/31/2018

**Occuancy Status During Abatement (Check Only One)**
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Mon-Fri 3pm-11:30am

**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**
- ☑ Yes
- ☑ No
- ☑ N/A

**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)**
- Ceiling Plaster
- Pipe Insulation and Elbows

**Amount (Specify SF or LF)**
- 17,000SF
- 1500 LF

**Location of Registered Waste Hauler**
Bako Constr. & Rest., Inc/Newark Carting

**Hauler ID No.**
20889/4509

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**Disposal Date**
TBD

**City, State**
Totowa, NJ

**Name of Registered Waste Hauler**
Bako Constr. & Rest., Inc/Newark Carting

**City, State**
Totowa, NJ

**Completed by**
Dmitri Valjevac

**Title**
Project Manager

**Signature**

**Date**
08/20/2018

*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)
7 / 30 / 18

Name of Building Owner/Operator (2)
Verizon Communications

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1-8/20/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
51 Old Ledgewood Road

City, State, Zip Code
Flanders, NJ 07836

Name of Contact
Mark Jenkins

Telephone Number
215-365-5870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Ntceng C.O.

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

Square Feet
+10,000

Current Use (Prior if being demolished)
Verizon

# of Floors
1

Bidg. Age
+.50

County (6)
Morris

County Code (7)/STATE USE ONLY

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

ASCM No.

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

Street Address
8436 Enterprise Ave

City, State, Zip Code
Philadelphia, PA 19153

Telephone No.
215-365-5870

License No.
00509

Start Date (10)
8 / 13 / 18

SCHEDULED COMPLETION DATE (11)
HOLD

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☒ 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 Maintanantin/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

Ice #7 Fios Room

☒ ☐ ☑ VAT/Mastic

350 SF

Fios Maintenance Room #6

☒ ☐ ☑ VAT/Mastic

300 SF

SSADC Room #5

☒ ☐ ☑ VAT/Mastic

250 SF

CFO Office #2

☒ ☐ ☑ VAT/Mastic

300 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date
TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date
8-20-18

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

Date of Notification (1)

Agency Notified
☑ EPA
☑ DOLOE
☐ DOH
☐ DCA
(NJAC 5:23-5)

Type Notification
☐ Initial
☐ Amended
Amendment #1-8/20/18
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
51 Old Ledgewood Road
Flanders, NJ 07836

Name of Contact
Mark Jenkins
Telephone Number
215-365-5870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Netcong C.O.

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

Square Feet
+10,000

# of Floors
1

Bldg. Age
+50

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

ASCM No.

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

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins
Telephone No.
215-365-5870

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Start Date (10)
8 / 13 / 18

Scheduled Completion Date (11)
ON HOLD

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

Scope of Work (Check all that apply)
☐ ≥3,000 sf or ≥1,000 sf
☐ ≥1,000 sf or ≥200 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 ☒

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 ☒

Room #1
☐ ☐ ☒ VAT/Mastic 150 SF

Construction PPM Room #13
☐ ☐ ☒ VAT/Mastic 200 SF

Hallway
☐ ☐ ☒ VAT/Mastic 320 SF

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

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date
TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillian DeCaro
Title
Estimator
Signature
Dillian DeCaro

Date
8-26-18

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

Date of Notification (1)
7 / 30 / 18

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
51 Old Ledgewood Road

City, State, Zip Code
Flanders, NJ 07836

Name of Contact
Mark Jenkins
Telephone Number
215-365-5670

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Netcong C.O.

Type of Facility (4)
□ School (K-12)
□ Subchapter 6 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
+10,000

# of Floors
1

Bidg. Age
+50

County Code (7/STATE USE ONLY)
Current Use (Prior if being demolished)
Morris
Verizon

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

ASCM No.

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

Street Address
8436 Enterprise Ave

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins
Telephone No.
215-365-5670

Start Date (10)
8 / 13 / 16
Scheduled Completion Date (11)
8 / 31 / 18

Occuaptancy 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:000-PM:000

Scope of Work (Check all that apply)
□ 23 sf or greater
□ 260 sf or greater
☒ Renovation
□ Demolition
☒ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (1) and Non-Friable Procedure

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

Ice #7 Fios Room

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

Yes
No
N/A

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

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Completed By (Print or Type)
Dillon DeCaro
Title
Estimator
Signature
Dillon DeCaro
Date
7-30-18

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

### Date of Notification (1)
7 / 30 / 18

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

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

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

### Street Address
51 Old Ledgewood Road

### City, State, Zip Code
Flanders, NJ 07836

### Name of Contact
Mark Jenkins

### Telephone Number
215-365-5870

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Verizon Netcong C.O.

#### Street Address
51 Old Ledgewood Road

#### City (5)
Flanders, NJ 07836

#### County (6)
Morris

#### County Code (% STATE USE ONLY)

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

#### Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental Management, Inc.

#### ASCM No.

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

#### Street Address
1123 BEAVER STREET

#### City, State, Zip Code
BRISTOL, PA 19007

#### Telephone No.
215-365-5870

#### License No.
00595

#### Start Date (10)
8 / 13 / 18

#### Scheduled Completion Date (11)
8 / 31 / 18

#### Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

#### Street Address
1123 BEAVER STREET

#### City, State, Zip Code
BRISTOL, PA 19007

#### Description of Asbestos-Containing Material (ACM) (12)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

#### Amount (Specify SF or LF)

#### Abatement Type

#### Retention

#### Encapsulate

#### Enclosure

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

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

#### Room #1
- [ ] VAT/Mastic
- [ ] 150 SF
- [ ] Yes
- [ ] No
- [ ] N/A

#### Construction PPM Room #13
- [ ] VAT/Mastic
- [ ] 200 SF
- [ ] Yes
- [ ] No
- [ ] N/A

#### Hallway
- [ ] VAT/Mastic
- [ ] 320 SF
- [ ] Yes
- [ ] No
- [ ] N/A

#### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

#### NJ/DE Waste Hauler ID No.
20990

#### Cubic Yards of Waste

#### Name of Registered Landfill
MINERVA LANDFILL

#### City, State
WAYNESBURG, OH

#### Disposal Date
TBD

#### Signature
Dilan DeCaro

#### Date
7-30-18

---

* 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) 08/17/2018

Name of Building Owner/Operator (2) [Redacted]

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

Residence
City, State, Zip Code Nutley, NJ 07110

Name of Contact Joseph Wishneia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence
City (5) Nutley
County (6) Essex

Street Address [Redacted]

Square Feet 1,308
Bldg. Age 76

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.)

# of Floors 2

Project Manager for Monitoring Firm Sarah Calandra

Telephone No. 201-349-2666

Name of Abatement Contractor (9) Brinks Tank Services

Street Address 1256 Liberty Avenue

City, State, Zip Code Hillside, NJ 07205

Telephone No. 844-462-7465

License No. 01316

Name of OSHA Monitor A. Seine Lighthouse Solutions

Street Address PO Box 354

City, State, Zip Code South Orange, NJ 07079

Scope of Work (Check All That Apply)
- 2 or more Levels
- 2 or more Stories
- 2 or more stories
- Renovation Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

In Facility (13)

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

Yes No N/A

Basement

Floor tile

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

Amount (Specify SF or LF) 696 SF

Abatement Type Removal

Endorse

Endorse

Name of Registered Waste Hauler Newark Carting

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Name of Registered Landfill Waste Management Landfill

Disposal Date

City, State Penn Argyle, PA

Completed by Alison Lamers

Title Office Manager

Signature

Date 08/17/2018

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

Date of Notification (1) 08/20/2018

Name of Building Owner/Operator (2)

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address

City, State, Zip Code
Maplewood, N.J. 07040

Name of Contact
Jodi Rubenstein

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Maplewood

County (6)
Essex

County Code (7)

Square Feet 1,662
# of Floors 3
Bldg. Age 25

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, N.J. 07205

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No. 201-349-2666

Telephone No.
844-462-7465

License No. 01316

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Start Date (10) 08/31/2018

Scheduled Completion Date (11) 09/19/2018

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 ft or ≥3 if
- ≥160 ft 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)

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 wrap 37 LF

Amount (Specify SF or LF)

Abatement Type

Removal Repair

Name of Registered Waste Hauler
Newark Carting

NJ DEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

Disposal Date

City, State
Penn Argyle, PA

Completed by Allison Lamers
Title Office Manager

Signature Date 08/20/2018

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

Date of Notification (1):
August 21, 2018

Name of Building Owner/Operator (2):
R.C. Diocese of Paterson

Street Address:
777 Valley Road
City, State, Zip Code:
Clifton, NJ 07013

Name of Contact:
Rebeca Ruiz-Ulloa
Telephone Number:
973.777.8818

FACILITY INFORMATION

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

Street Address:
186 Butler Street

City (5):
County (6):
Passaic

County Code (7):
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8):
EnviroVision Consultants inc.

ASCM No.:
00079

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

Street Address:
20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code:
Fairlaw, NJ 07410

Project Manager for Monitoring Firm:
Fred Larson
Telephone Number:
973-636-9145

Telephone Number:
973-492-0477
License Number:
00840

Name of OSHA Monitor:
EMSL inc.

Street Address:
1065 Stelton Road
City, State, Zip Code:
Piscataway, NJ 08854

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

Source of Work (Check all that apply):
[ ] ≥ 3 sf or ≥ 3 If
[ ] ≤ 100 sf or ≥ 260

Location of Asbestos-Containing Material (ACM) in Facility (13):
[ ] No
[ ] NA

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

Classroom # 6,7,8, & 9
[ ] Plaster Ceiling

Amount (Specify SF or LF):
2,800 sf

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561 NY DEP #

Hauler #2: Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

Completed by (Print or Type):
Marin Grauer
Title:
SENIOR PROJECT MANAGER

Signature:
Marin Grauer
Date:
August 21, 2018

GAC # 2017-656
<table>
<thead>
<tr>
<th>State of New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTIFICATION OF ASBESTOS ABATEMENT</td>
</tr>
<tr>
<td>(Pursuant to NJAC 8:60 and 12:120)</td>
</tr>
</tbody>
</table>

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

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

**Residence**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial Amendment</td>
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<tr>
<td>X DEP</td>
<td>Amended Amendment#</td>
</tr>
<tr>
<td>X DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>X DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

**City, State, Zip Code**
Dumont NJ 07628

**Name of Contact**
Christina Lamboy

**Telephone Number**

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**City (5)**
Dumont

**Square Feet**
1,200

**# of Floors**
2

**Bldg. Age**
118

**County Code (7)**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Brinks Tank Services

**Street Address**
1256 Liberty Avenue

**City, State, Zip Code**
Hillside, NJ 07205

**Telephone No.**
201-349-2666

**License No.**
01316

**Name of OSHA Monitor**
A. Seine Lighthouse Solutions

**Project Manager for Monitoring Firm**
Sarah Calandra

**Start Date (10)**
09/28/2018

**Scheduled Completion Date (11)**
09/18/2018

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>□ Other – Describe:</td>
<td></td>
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</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ ≥3000 sf or ≥3000 ft</td>
<td></td>
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<tr>
<td>□ ≥1000 sf or ≥2200 ft</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
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<td>□ Mini-Enclosure</td>
<td></td>
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<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>YES</td>
</tr>
</tbody>
</table>

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

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

**Abatement Type**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ Removal</td>
<td></td>
</tr>
<tr>
<td>□ Repair</td>
<td></td>
</tr>
<tr>
<td>□ Encapsulate</td>
<td></td>
</tr>
<tr>
<td>□ Endorse</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**Cubic Yards of Waste**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 04509</td>
<td></td>
</tr>
</tbody>
</table>

**Waste Management Landfill**

**Disposal Date**
City, State
Penn Argyle, PA

**Completed by**
Allison Lambers

**Title**
Office Manager

**Signature**

**Date**
08/14/2018

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

Date of Notification (1)
08/17/18

Name of Building Owner/Operator (2)
Bill McGowan

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

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

Street Address

City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Bill McGowan

FACILITY INFORMATION

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Competent Supervisor
Name of Abatement Contractor (9)
Academy Construction Inc

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

City, State, Zip Code

License No.

Name of OSHA Monitor

Start Date (10)
08/26/18

Scheduled Completion Date (11)
08/31/18

Name of Registered Landfill
GROWS Landfill

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

Scope of Work (Check All That Apply)
- ≥30 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)

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
Encapsulation
Endoscope

Name of Registered Waste Hauler
Academy Construction Inc

Waste Hauler ID No.
0034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa NJ

Disposal Date
TBD

City, State
Tullytown PA

Completed by
John Geleski

Title
Supervisor

Signature

Date
08/17/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 8 / 22 / 2018

Name of Building Owner/Operator (2) Chevron

Street Address 1877 Absecon Boulevard
City, State, Zip Code Atlantic City, NJ 08401
Name of Contact N/A
Telephone Number N/A

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chevron Site 211699

Street Address 1877 Absecon Boulevard
City (5) Atlantic City, NJ 08401
County (6) Atlantic County
Name of Monitoring/Firm Hired by Building Owner (8) Arcadis
ASCM No. 141
Name of Abatement Contractor (9) Abscope Environmental, Inc.

Project Manager for Monitoring Firm David Hilinski
Telephone No. 267-685-1711

Start Date (10) 8 / 10 / 2018
Scheduled Completion Date (11) 8 / 21 / 2018

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

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

Remove
Encapsulate
Endothelial

Name of Registered Waste Hauler Clean Harbors
NJDEP Waste Hauler ID No. 6700 Dellia Road Egg Harbor Township, NJ 08234
Name of Registered Landfill Atlantic City Utilities Authorities

Completed By (Print or Type) Jason Haller
Title VP Mid Atl
Signature 8/23/2018

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 22 / 2018</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)
Chevron

Street Address
1877 Absecon Boulevard

City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chevron Site 211699

Street Address
1877 Absecon Boulevard

City (5)
Atlantic City, NJ 08401

County (6)
Atlantic County

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

Current Use (Prior if being demolished)
Industrial Facility-former bldg slab

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

Square Feet N/A

# of Floors 0

Bldg. Age N/A

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

ASCM No. 141

Name of Abatement Contractor (9)
Abscope Environmental, Inc.

Street Address
10521A Industrial Park Rd

City, State, Zip Code
White Marsh, MD 21162

Project Manager for Monitoring Firm
David Hilinski

Telephone No. 267-685-1711

License No. 01194

Telephone No. 410-796-7200

Start Date (10) 3 / 10 / 2018

Scheduled Completion Date (11) 3 / 21 / 2018

Name of OSHA Monitor

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

Scope of Work (Check all that apply)
- 25 sf or 25sf
- 160 sf or 260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>south corner of former building slab</td>
<td>Yes</td>
<td>12&quot;x12&quot; VAT and Mastic</td>
<td>550SF</td>
<td>1</td>
</tr>
<tr>
<td>center of former building slab</td>
<td>No</td>
<td>9&quot;x9&quot; VAT and Mastic</td>
<td>100SF</td>
<td>1</td>
</tr>
<tr>
<td>Center and west of former bldg slab</td>
<td>No</td>
<td>9&quot;x9&quot; Black VAT and Mastic</td>
<td>100SF</td>
<td>1</td>
</tr>
<tr>
<td>West side of former bldg slab</td>
<td>No</td>
<td>Brown Vapor Barrier Material</td>
<td>250SF</td>
<td>1</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Clean Harbors

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Atlantic City Utilities Authorities

City, State
6700 Dallastown Rd, Egg Harbor Township, NJ 08234

Completed By (Print or Type)
Jason Haller

Title VP Mid Atl

Signature

Date 8/23/2018

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

Date of Notification (1)
08/21/2018

Name of Building Owner/Operator (2)
Jason Fragomeni

Agencies Notified
X EPA
X DEP
X DOL
X DOH
X DCA

Type Notification
X Initial

Name of Contact
Jhon

Street Address

City, State, Zip Code
Boonton, NJ, 07005

FACILITY INFORMATION

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

Type of Facility (4)

Street Address

City (5)
Boonton

Square Feet
N/A

County Code (7)
Morris

Current Use (Prior if being demolished)
PRIVATE HOUSE

County (6)
Morris

Bldg. Age
N/A

Name of Monitoring Firm Hired by Building Owner (6)
N/A

ASCM No.

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

License No.
01274

City, State, Zip Code
PATerson, NJ, 07524

Telephone No.
973-333-5144

Name of OSHA Monitor
EHW ABATEMENT LLC

Start Date (10)
08/30/2018

Scheduled Completion Date (11)
08/31/2018

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

x ≥ 100 sf or ≥ 2600 lf
x Renovation
x Demolition

Location of Asbestos-Containing Material (ACM)

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)
60 if

Abatement Type

Location
Basement

Xx

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

Location
Basement

x

Amount (Specify SF or LF)

Name of Registered Waste Hauler
EHW ABATEMENT LLC

NJ DEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
TBD

Name of Registered Landfill
Tri State Transfer

City, State
Paterson, NJ

Disposal Date
TBD

City, State
Bronx, NY

Completed by
Victor Espiritu

Title
Project Manager

Signature

Date
08/21/2018

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

Date of Notification (1)
8/23/18

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Type of Notification

Name of Building Owner/Operator (2)
Ortho Clinical Diagnostics

Street Address
1001 US-202

City, State, Zip Code
Raritan, NJ 08869

Name of Contact
Rodica Niculescu

Telephone Number
908-218-8630

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ortho Clinical Diagnostics

Street Address
1001 US-202

City (5)
Raritan, NJ 08869

Square Feet
87000

County (6)
Somerset

County Code (7)
(Sate Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
Advanced Specialty Contractors, LLC

Street Address
2400 Main Street Extension, Suite 10

City, State, Zip Code
Sayreville, NJ 08872

Telephone No.
732-525-0100

Bldg. Age
75 yrs

License No.
00750

Current Use (Prior if being demolished)
Pharmaceutical

Name of OSHA Monitor
Environmental Tactics, Inc

Project Manager for Monitoring Firm
NA

Telephone No.

Start Date (10)
8/15/18

Scheduled Completion Date (11)
8/27/18

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥60 sq ft or ≥260 sf

☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible 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?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe on top of roof of Bldg A</td>
<td>X</td>
<td>Thermal insulation on Steam and</td>
<td>15 LF</td>
<td></td>
</tr>
<tr>
<td>Pipe on top of roof of Bldg A</td>
<td>X</td>
<td>Thermal insulation on Steam and</td>
<td>50 sf</td>
<td></td>
</tr>
<tr>
<td>Pipe on top of roof of Bldg A</td>
<td>X</td>
<td>Insulation on Chilled Water Pipe</td>
<td>100 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage Inc

Freehold NJ

Hauler ID No.
15939

Cubic Yards of Waste
2

Disposal Date
8/27/18

City, State
Morristown, PA

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

Completed by
Michael Migliore

Title
Sr Account Manager

Signature
Michael Migliore

Date
8/23/18

One day extension
# State of New Jersey - Notification of Asbestos Abatement

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

## GAC Project # 060-18

### Date of Notification (1)
August 17, 2018

### Agencies Notified
- [ ] EPA
- [ ] DCA
- [X] DOL
- [ ] DEP- No Longer REQUIRED
- [ ] DOH

### Notification Type
- [ ] Initial Notification
- [ ] Amended Notification # 4 – DCA approved New Start & Completion Dates
- [ ] Emergency (including justification)
- [ ] Cancelled

### Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

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

### City, State, Zip Code
PISCATAWAY, NJ 08854

### Phone Number
948-445-2550

### Name of Facility Where Abatement is Taking Place (3)
RWJMS RESEARCH TOWER, BLDG# 3688

### Street Address
REHS PISCATAWAY CAMPUS

### City (5)
PISCATAWAY

### County (6)
MIDDLESEX

### County Code (7)
ASCM No. 00098

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

### Street Address
511 MAIN STREET

### City State, Zip Code
BUTLER, NJ 07405

### Telephone Number
609-386-8800

### License Number
973-492-0477

### Name of OSHA Monitor
ENVIROVISION, INC.

### Street Address
20-21 WARGARWA ROAD, BLDG# 3SE

### City State, Zip Code
FAIRLAWN, NJ 07410

### Schedule Start Date (10)
08/20/2018

### Schedule Completion Date (11)
09/03/2018

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Abandoned During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours – 7am - 3pm

### Description: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)

### Other- Describe:

### Scope of Work (Check all that apply)
- [X] > 3 sf or >3 if
- [ ] ≥ 160 sf or ≥ 260 if
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove bag Procedure / Wrap & Cut
- [ ] Non-Exempted (*) and Non-Fireable Procedure

### Location of Asbestos-Containing Material (ACM) in Facility (13)
- [ ] Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - [ ] YES
  - [ ] NO
  - [ ] NA

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

### Amount (Specify SF or LF)

### Abatement Type
- [X] Remove, Repair, Encase Endose

### Name of Reg. Waste Hauler

### See Hauler Below #1 & 2

### Cubic Yards of Waste
10 CY

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

### Disposal Date
09/03/2018

### City State
Hauler #1 Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NUDEP # 12561

### Hauler #2 Newark Carling, Inc., Newark, NJ 07409
NUDEP # 12569

### Completed by (Print or Type)
RAYMOND C. PEDALINO

### Title
SENIOR PROJECT MANAGER

### Signature
Raymond C. Pedalino

### Date
August 17, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:67-7 and 12:130-7)

GAC Project #000-10
Date of Notification: June 22, 2010

Agency Notified:
- EPA
- DCA
- DOH
- DEP - No Longer REQUIRED
- DOH

Notification Type:
- Initial Notification
- Amended Notification #3 - Postponed until DCA approval
- New Start & Completion Dates To Be Determined
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator:
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
MICHAEL F. SMITH, EMERGENCY RESPONSE OFFICER

Telephone Number:
908-222-6500

FACILITY INFORMATION

Name of Facility Where Statement is Taking Place:
REHS RESEARCH TOWER, BLDG 3600

Street Address:
REHS PISCATAWAY CAMPUS

City (5):
PISCATAWAY

County (6):
MIDDLESEX

County Code (7):
ASCM No. 000088

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

So. Fac.: MA # of Floors: 8 Bldg. Age: 60+ years

Current Use (prior if being demolished):
ACADEMIC

Name of Contractor:
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
511 MAIN STREET

City, State, Zip Code:
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm:
BRIAN R. KEARNEY

TelephoneNumber:
609-388-6000

Scheduled Start Date (10):
TBD

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - 7am-3pm
- Described: Schedule: 3PM - 5AM (24 MRS. & WEEKENDS AS NEEDED)
- Facility Occupied During Abatement
- 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
- Glove bag procedure/Wrap & Cut
- Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13):
Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF):
Abatement Type
Remove, Repair, Clean Ends

Name of Registered Landfill:
C.R.O.W.S. North Landfill

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

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NUDEP Waste Hauler ID # 12851

Hauler #2: Newark Carting, Inc., Newark, NJ 07105
NUDEP # 12816

Cubic Yards of Waste:
10 CY

Disposal Date:
TBD

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

Signature:

Date:
June 22, 2010

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (1)</th>
<th>Name of Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIMS RESEARCH TOWER, BLDG 3356</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
</tbody>
</table>

**Address Information**

- **Street Address**: RIMS RESEARCH TOWER, BLDG 3356
- **City**: PISCATAWAY
- **State**: NJ
- **Zip Code**: 08854

**Contact Information**

- **Name**: RUTGERS, THE STATE UNIVERSITY OF NJ
- **Address**: ENVIRONMENTAL HEALTH & SAFETY DEPT. (REMS)
  74 STREET (O06), BLDG 4110, LIVINGSTON CAMPUS
- **City**: PISCATAWAY
  State: NJ
  Zip Code: 08854

**Type of Facility (4)**

- **School (K-12)**
- **Submittal Only**
- **Other** (i.e., private/commercial buildings, homes, etc.)

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

**Notes**

- **Name of Contractor**: GREENWOOD ABATEMENT CONSULTANTS, INC.
- **Address**: 371 MAIN STREET
  CITY: BURLINGTON
  STATE: NJ
  ZIP CODE: 08810
- **Telephone Number**: 973-892-0477
  License Number: 00540
- **Name of OSHA Monitor**: ENVIROVISION, INC.
  **Address**: 20-21 WARGAROW ROAD, BLDG 35E
  CITY: BURLINGTON
  STATE: NJ
  ZIP CODE: 08854

**Occupancy Status During Abatement**

- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Faculty Hours**
- **Abatement & Occupied During Abatement**
- **Other Describes:**

**Dates**

- **Scheduled Start Date**: 09/01/13
- **Scheduled Completion Date**: 09/01/13

**Abatement Type**

- **Asbestos-Containing Material (ACM)**
  - **Location Normally Used Solely by Maint./Custom Staff**: YES
  - **Cubic Yards of Waste**: 10 CY

**Disposal Date**: 09/20/13
**Closure Date**: 09/28/13

**Abatement Report**

- **Name of Registered Landfill**: G.R.O.W.S., North Lebanon
  **Address**: 1330 US 19, Route # 19, North Lebanon, PA 17563

**Signatures**

- **Name**: Raymond C. Koch, Ph.D.
  **Title**: FACULTY MEMBER
  **Date**: 09/28/2013

Copies To: Rutgers, REMS, Add: Mike Smith
ATC, Add: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

**Date of Notification (1)**
August 17, 2018

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DCA</td>
<td>Amended Notification # 1-TYPO Location Name</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DEF- No Longer REQUIRED</td>
<td>Canceled</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)</td>
</tr>
<tr>
<td>74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PISCATAWAY, NJ 08854</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOUGLASS DISABILITIES CENTER, BLDG# 8370</td>
</tr>
</tbody>
</table>

**Street Address**
DOUGLASS CAMPUS

**City (5)**
NEW BRUNSWICK

**County (6)**
MIDDLESEX

**County Code (7)**
State Use Only

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00098</td>
</tr>
</tbody>
</table>

**Street Address**
3 TERRI LANE

**City, State, Zip Code**
BURLINGTON, NJ 08016

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIAN R. KEARNEY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/17/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Data (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/20/18</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 - Describ:</td>
</tr>
<tr>
<td>Other - Describe: Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</td>
</tr>
</tbody>
</table>

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

- ☒ ≥ 3 sf or >3 if
- ☒ ≥ 160 sf or ≥ 260 sf
- ☒ Renovation Demolition
- ☒ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glove bag Procedure / Wrap & Cut
- ☒ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Room 110</th>
<th>VAT</th>
<th>300 SF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Req. Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Hauler Below #1 &amp; 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Below</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 CY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. North Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/20/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 New Ford Mill Rd, Morrisville, Pa 19067</td>
</tr>
<tr>
<td>215-736-1700</td>
</tr>
</tbody>
</table>

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1)
August 7, 2018

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Agencies Notified
☐ EPA
☐ DCA
☒ DOL
☐ DEP- No Longer REQUIRED
☐ DOH

Notification Type
☒ Initial Notification
☐ Amended Notification #
☐ Emergency (including justifi cation)
☐ Cancelled

Name of Facility Where Abatement is Taking Place (3)
DOUGLASS DISABILITIES CENTER, BLDG# 8370

Street Address
DOUGLASS CAMPUS

City (5)
NEW BRUNSWICK

County (6)
MIDDLESEX

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.)

Sg. Feet: N/A
# of Floors: 2
Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNEY

Telephone Number
609-386-8800

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD, BLDG# 35E

City, State, Zip Code
FAIRLAWN, NJ 07410

Scope of Work (Check all that apply)
☐ > 3 sf or < 3 sf
☒ > 160 sf or > 250 sf

☒ Renovation Demolition

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES ☐
NO ☒

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

Amount (Specify SF or LF)

Abatement Type

Room 4-124 Suite
☒ VAT
300 SF ☒

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
10 CY

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

Disposal Date
08/20/2018

City, State
100 New Ford Mill Rd. Morrisville, Pa
19067

215-736-1700

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

Raymond C. Pedalino
SENIOR PROJECT MANAGER

Signature

Date
August 7, 2018

HAULER #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
HAULER #2: Newark Carling, Inc., Newark, NJ 07109
NJ DEP # 4509
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1)  
August 20, 2018

Name of Building Owner/Operator (2)  
RUTGERS, THE STATE UNIVERSITY OF NJ

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

City, State, Zip Code  
PISCATAWAY, NJ 08854

Name of Contractor  
MICHAEL F. SMITH, ENV. HEALTH & SAFETY

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

Sq. Feet: N/A  
# of Floors: N/A  
Bldg. Age: 80+ years

Name of Facility Where Abatement is Taking Place (3)  
LOUIS BROWN ATHLETIC CENTER, BLDG# 4156

Street Address  
LIVINGSTON CAMPUS

City (5)  
PISCATAWAY  
County (6)  
MIDDLESEX

County Code (7) (State Use Only)  
ASCM No.  
00098

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

Street Address  
3 TERRI LANE

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN R. KEARNEY  
Telephone Number  
609-386-8800

Scheduled Start Date (10)  
08/20/18

Occupancy Status During Abatement (Check only one)  
□ Facility Closed/Vacated During Entire Period of Abatement  
□ Abatement Performed Outside of Normal Facility Hours - Describe:  
□ Other- Describe: Schedule: 3PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

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) in Facility (13)  
Is Location Normally Used Solely by Maint./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)  
400 LF

Abatement Type  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glove bag Procedure / Wrap & Cut  
□ Non-Exempted (*) and Non-Friable Procedure

Conduit Duct Bank (Exterior Trench)  
□ Transite

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

See Below

Cubic Yards of Waste  
200 CY

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

Disposal Date  
09/10/2018

City, State  
100 New Ford Mill Rd, Morrisville, Pa 19067  
215-736-1700

Copies To: Rutgers, REHS, Attn: Mike Smith  
and  
ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) August 1, 2018

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
City, State, Zip Code PISCATAWAY, NJ 08854

Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY
Telephone Number 848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LOUIS BROWN ATHLETIC CENTER, BLDG# 4156

Street Address LIVINGSTON CAMPUS

City (5) PISCATAWAY County (6) MIDDLESEX County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8) ATC
ASCM No. 00098

Street Address 3 TERRI LANE
City, State, Zip Code BURLINGTON, NJ 08016
Project Manager for Monitoring Firm BRIAN R. KEARNEY
Telephone Number 609-386-8800
Scheduled Start Date (10) 08/10/18 Scheduled Completion Date (11) 09/10/18

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours -
Describe: Schedule: 3PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell)
Amount (Specify SF or LF)
Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glove bag Procedure / Wrap & Cut
Non-Exempted (*) and Non-Friable Procedure
Remove, Repair, Encap, Endose

Conduit Duct Bank (Exterior Trench) Transite

Name of Reg. Waste Hauler NJDEP Waste Hauler ID #
See Hauler Below #1 & 2 See Below
Cubic Yards of Waste: 200 CY
Name of Registered Landfill G.R.O.W.S. North Landfill

Disposal Date 09/10/2018
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-730-1700

Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT MANAGER
Signature Raymond C. Pedalino Date August 1, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1)
August 17, 2018

Agencies Notified
☐ EPA
☐ DCA
☐ DOH
☐ DEP-No Longer REQUIRED
☐ DOH

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

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

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

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV. HEALTH & SAFETY

Facility Information

Name of Facility Where Abatement is Taking Place (3)
CORWIN LODGE, BLDG# 8340

Street Address
DOUGLASS CAMPUS

City (5)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)
(State Use Only)

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

ASCM No.
00098

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

Sq. Feet: N/A
# of Floors: 1
Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
511 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Project Manager for Monitoring Firm
BRIAN R. KEARNEY

Telephone Number
609-386-8800

Scheduled Start Date (10)
08/27/18

Scheduled Completion Date (11)
8/30/18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours -
Describe:
☐ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS &
WEEKENDS AS NEEDED)

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
☐ Glove bag Procedure / Wrap & Cut
☐ Non-Exempted (*) and Non-Frisable Procedure

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

Is Location Normally Used
Solely by Maint./Custodial
Staff? (12)
YES NO NA

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

Amount
(Specify SF or LF)

Abatement Type
Remove Repair Encap. Endose

Room 005, 006
□

TSI
<9 LF

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
5 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carting, Inc., Newark, NJ 04509
NJ DEP # 4509

Disp. Date
08/30/2018

City, State
100 New Ford Mill
Rd. Morrisville, Pa
19067
215-736-1700

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

Signature
Raymond C. Pedalino
Date
August 17, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
09/17/2018

Name of Building Owner/Operator (2)  
The Summit Church

Agencies Notified  

Type Notification  
[ ] Initial  [ ] Amended  [ ] Amendment #  [ ] Emergency (Including Justification)  [ ] Cancellation

Street Address  
720 Summit Avenue

City, State, Zip Code  
Hackensack, NJ 07601

Name of Contact  
Pastor Bill Von Husen

Telephone Number  
201-906-4377

FACILITY INFORMATION

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

Street Address  
720 Summit Avenue

City (5)  
Hackensack

County (6)  
Bergen

Current Use (Prior if being demolished)  
Church

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.  
973-345-8685

License No.  
01311

Start Date (10)  
08/28/2018

Scheduled Completion Date (11)  
08/29/2018

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)  
[ ] ≥30 sf or ≥30 lf  
[ ] ≥160 sf or ≥260 lf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Encapsulate  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Basement</td>
</tr>
</tbody>
</table>

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

NJDEP Waste Hauler ID No.  
20998

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Disposition Date  
TBD

City, State  
Morrising, PA

Completed by  
Oliver Hegedus

Title  
Project Manager

Signature  

Date  
08/17/2018

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

Date of Notification (1) 08/20/18  Check # 3238  Name of Building Owner/Operator (2) METS Charter School

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

Street Address 211 Sherman Ave

City, State, Zip Code Jersey City, NJ, 07307

Name of Contact Rev. George Joseph  Telephone Number 201-798-7900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) METS Charter School

Square Feet 20,000+

# of Floors 3

Bldg. Age 50+

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

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

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EA Services

Street Address N/A

City, State, Zip Code N/A

Project Manager for Monitoring Firm N/A

Start Date (10) 08/21/18  Scheduled Completion Date (11) 08/23/18

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

Other – Describe: 11am

Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 If  □ Renovation

≥100 sf or ≥250 If  □ 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)

Room 308  ACM Floor Tile

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, VAP, or other miscellaneous)

Amount (Specify SF or LF) 3 SF

Abatement Type Removal

End Stage

Name of Registered Waste Hauler Tri-State Transfer Associates

Tri-State Transfer Associates NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste TBD

Name of Registered Landfill Minerva Enterprise

City, State Bronx, NY

Disposal Date TBD

City, State Waynesburg, OH

Completed by Gina Betances Title Office Manager Signature Date 08/20/18

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

Date of Notification (1) 08/20/18
Check # 3239

Name of Building Owner/Operator (2)
Saint Paul of the Cross

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

Street Address
156 Hancock Ave
City, State, Zip Code
Jersey City, NJ, 07307

Name of Contact
Rev. George Joseph
Telephone Number
201-798-7900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Saint Paul of the Cross

Street Address
156 Hancock Ave

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Church

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

Name of Abatement Contractor (9)
EA Services

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Start Date (10)
08/21/18
Scheduled Completion Date (11)
08/23/18

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 12am

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lt
☒ ≥160 sf or ≥280 lt
☐ 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)

Location of Asbestos-Containing Material (ACM)

Basement

ACM Pipe Insulation
9 LF

Abatement Type
Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Tri-State Transfer Associates

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Gina Betances
Title
Office Manager
Signature

Date
08/20/18

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