State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/25/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Wayne Ford</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amend</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>444 Rt. 46</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Poli Kessler</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Wayne Ford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>444 Rt. 46</td>
</tr>
<tr>
<td>City (5)</td>
<td>Wayne</td>
</tr>
<tr>
<td>County (8)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>28 Edsall Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sussex, NJ 07481</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/26/18</td>
<td>05/29/18</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 250' or 25 ft</td>
</tr>
<tr>
<td>[X] ≥150' or 2500 ft</td>
</tr>
<tr>
<td>[X] Demolition</td>
</tr>
<tr>
<td>[ ] Renovation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>2nd floor Repair room</td>
<td>Yes</td>
<td>floor tiles</td>
<td>250 S.F.</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Wayne, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stan Stankovic</td>
<td>G. Manager</td>
<td>Stan Stankovic</td>
<td>05/25/18</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Cedar Grove Board of Education</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 24 / 18</td>
<td>Street Address: 529 Pompton Avenue</td>
<td>City, State, Zip Code: Cedar Grove, NJ 07008</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type**: DOL-10 Day
- **Facility (4)**: School (K-12)
- **School**: South End Elementary School
- **Street Address**: 116 Harper Terrace
- **City (5)**: Cedar Grove
- **County Name**: Essex
- **Name of Abatement Company**: Shade Environmental, LLC
- **Name of Abatement Contractor**: Michael P. Shepherd
- **Street Address**: 623 Cuyler Avenue
- **City, State, Zip Code**: Maple Shade, NJ 08052
- **Telephone No.**: 856-755-0089
- **License No.**: 00642
- **Name of OSHA Monitor**: EMPL Analytical, Inc.

**Occupancy Status**: Vacated During Entire Period of Abatement

**Scope of Work**: Dismantle

- **Asbestos Location of Containing Material (ACM)**: Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- **Amount (Specify SF or LF)**: 740 SF

- **Method of Abatement**: With Negative Pressure
- **Abatement Type**: Removal, Dismantling, Encapsulating

**Name of Registered Waste Hauler**: NDEP Waste Hauler ID No.: 189428

**Disposal Date**: 08/14/2018

**Compiled By**: Christina Lynch

**Title**: Vice President of Operations

**Date**: 8/8/18

*Do not use this form for asbestos license exempt activities.*
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 5:10)

Date of Notification (1)
08 / 23 / 18

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

Agency Notified
☐ EPA
☐ DOH
☐ DOLWD
☐ DCA

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

Street Address
745 Clifton Ave

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Al Marchione
Telephone/Number
973-470-2276

Name of Facility Where Abatement Is Taking Place (3)
Clifton School 8

Town/County
Clifton

County Code (7)
Passaic

Current Use (Prior if being demolished)
30,000

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

FACILITY INFORMATION

Square Feet
205 Rte. 46 West Suite 14

30,000

Number of Floors
Total

973-832-4244

License No.
01155

Name of Abatement Contractor (9)
Academy Construction Inc.

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

ASCM No.
0057

Street Address
PO Box 365

City, State, Zip Code
Oceanville, NJ 08231

Telephone No.
609-652-1833

Name of Abatement Contractor (9)
Academy Construction Inc.

Telephone No.
973-832-4244

License No.
01155

Street Address
205 Rte. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm
Eric Clarkson

Start Date (10)
08 / 28 / 18

Scheduled Completion Date (11)
09 / 04 / 18

Same as above

Name of OSHA Monitor

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

Time of Abatement:

☐ AM-PM-AM-PM

Scope of Work (Check all that apply)

☐ 23 sf or 23 sf
☐ 260 sf or 260 sf
☐ Demolition

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

IN Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No

(12)

Boiler Room

Boiler Room

Boiler Room

Boiler Room

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

Description
Boiler Rib Packing
Fire Brick
Fitting Insulation
Breaching Insulation

Amount (Specify SF or LF)
80 sf
86sf
41 ea
60sf

Boiler Room

Boiler Room

Boiler Room

Boiler Room

Name of Registered Waste Hauler
Academy Construction Inc.

Disposal Date
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

City, State

Completed By (Print or Type)
John Geleski
Title
PM

Signature

Date
08/23/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:29 and 8:16)  

**Name of Building Owner/Operator (a)**  
Clifton Public Schools  
746 Clifton Ave  
Clifton, NJ 07013  
Ali Marchione

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (a) | Clifton School B  
41 Oak St  
Clifton  
Passaic  
| County Code | 30  
| Current Use of Facility | |  

**Person Responsible for Monitoring by Building Owner (b)**  
| Address |  
| Eric Carlson  
PO Box 285  
Oceanville, NJ 08231  
| Telephone No. | 609-652-1333  
| License No. | 01158  

**Start Date (10) | 08/28/18**

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

- **Renovation**
- **Demolition**

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount</th>
<th>Asbestos Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>90 sf</td>
<td>Full Containment</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>60 sf</td>
<td>Non-Reliable Procedure</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>41 sq ft</td>
<td>Non-Reliable Procedure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Academy Construction Inc.  

**Completed By (Print or Type)**  
John Gallecki  
PM  

**Date**  
06/23/18

---

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

Name of Building Owner/Operator (2)
NJ Department of Human Services
City, State, Zip Code
Trenton, New Jersey 08625
Cell: 609-292-1856

Name of Facility Where Abatement is Taking Place (3)
Gelstone Hospital
City (5)
Morris Plains, New Jersey 07960
County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
The Whitman Companies
Street Address
7 Pleasant Hill Drive
City, State, Zip Code
Cranbury, New Jersey 08572
Project Manager for Monitoring Firm
Kevin Lovely

Start Date (10)
08/27/2018
Scheduled Completion Date (11)
09/07/2018

Name of Abatement Contractor (9)
Lilich Corporation
Street Address
606 McBride Ave
City, State, Zip Code
Woodland Park, New Jersey 07626

License No.
973-225-8400

License No.
01104

Name of OSHA Monitor
Irish Environmental Laboratories, LLC
Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07083

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Bay of the 4 Bay Garage</td>
<td>X</td>
<td>Pipe Insulation Incl. Elbows &amp; Joints</td>
<td>100</td>
<td>Fairless Landfill</td>
<td>09/07/2018</td>
</tr>
<tr>
<td>Southern Bay of the 4 Bay Garage</td>
<td>X</td>
<td>Ceiling Board</td>
<td>800</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

Disposal Date
09/07/2018

Completed by
Adriana Olejarova
Title
President

Signature
Date
08/24/2018

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

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

NJ Department of Human Services

**Check No.** 1146

**Date of Notification (1)**

07/20/2018

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

Greystone Hospital

**Street Address**

222 South Warren Street

City, State, Zip Code

Trenton, New Jersey 08625

**Name of Contact**

Pamela Tye-Harlan

**Telephone Number**

609-292-1856

---

**FACILITY INFORMATION**

**Agency Notified**

☐ EPA

☐ DEP

☐ DOL

☐ DOH

☐ DCA

**Type Notification**

☐ Initial

☐ Amended

☐ Emergency (including justification)

☐ Cancellation

**City (5)**

Morris Plains, New Jersey 07950

**County (6)**

Morris

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

Garage

**Street Address (9)**

7 Pleasant Hill Drive

City, State, Zip Code

Cranbury, New Jersey 08512

**Project Manager for Monitoring Firm**

Kevin Lovely

**Telephone No.**

732-390-5858

**License No.**

01104

**Name of Abatement Contractor (9)**

Lilich Corporation

**Square Feet**

800

**# of Floors**

1

**Bldg. Age**

50+

**Start Date (10)**

07/23/2018

**Scheduled Completion Date (11)**

07/28/2018

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

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other – Describe: ________

---

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

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

**TO BE ABATED**

**in Facility**

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

**TO BE ABATED**

**in Building**

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

**TO BE ABATED**

**in Area**

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

**TO BE ABATED**

**in Other**

---

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

Yes ☐

No ☐

N/A ☒

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

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

**Amount (Specify SF of LF)**

**Abatement Type**

**Removal**

**Repair**

**Encapsulate**

**Enclosure**

---

**Southern Bay of the 4 Bay Garage**

X Pipe Insulation Incl. Elbows & Joints

100 LF ☒

Southern Bay of the 4 Bay Garage

X Ceiling Board

800 SF ☒

---

**Name of Registered Waste Hauler**

Lilich Corporation

**NJDEP Waste Hauler ID No.**

18724

**Cubic Yards of Waste**

10

**Name of Registered Landfill**

Fairless Landfill

**Disposal Date**

07/28/2018

**City, State**

Woodland Park, New Jersey

**Date Completed**

07/20/2018

---

* 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 8:60 and 12:120)

Date of Notification (1)
08-23-18

Name of Building Owner/Operator (2)
Riverside Community Church

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

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

Street Address
50 Union Ave.

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Andy Jelliffe

Telephone Number
(973) 661-1400

FACILITY INFORMATION

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

Street Address
50 Union Ave.

City (5)
Nutley

County (6)
Essex

County Code (7)
(STATE USE ONLY) ________

Current Use (Prior if being demolished)

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

ASCM No. ASCM No.

Name of Abatement Contractor (9)
Delta Contracting LLC.

Street Address
120 North Warren St.

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Dominic Dercole

Telephone No.
(609) 462-3218

Start Date (10)
08-28-18

Telephone No.
(609) 462-3218

Scheduled Completion Date (11)
09-03-18

License No.

Name of OSHA Monitor
Delta Contracting LLC

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorse

Basement
x
Boiler Insulation
200 SF

Basement
x
Pipe Insulation
4 LF

Basement
x
Boiler Components
30 LF

Name of Registered Waste Hauler
Delta Contracting LLC

NDEP Waste Hauler ID No.
356240

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
09-04-18

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
08-23-18

ASB-41 (R-06-08)

* 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 24, 2018

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

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

**City (5)**
Morristown

**County (6)**
Morris

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

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

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

**Street Address**
20-21 Wagawar Road, Bldg 35E

**City, State, Zip Code**
Fairlawn, NJ

**Name of GSHA Monitor**
EMSL, Inc.

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, NJ 08854

**Scheduled Start Date (10)**
September 17, 2018

**Scheduled Completion Date (11)**
September 23, 2018

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

**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.)**

**1st Floor**
- VAT & Mastic Vermiculite Insulation
- 150 sf
- 600 sf

**Name of Registered Landfill**
Meadowfield Landfill

**Disposal Date**
September 23, 2018

**City, State, Zip Code**
Route 2, Box 168
Bridgeport, WVA 304-642-2784

---

GAC # 2018-655
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Following NJAC 8:60 and 12:120)

**Date of Notification (1):** 08/24/2018

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

**Name of Building Owner/Operator:** Westfield Area YMCA

**Street Address:** 220 Clark Street

**City, State, Zip Code:** Westfield, New Jersey 07090

**Name of Contact:** Clark Legermann

**Facility Information**

- **Type of Facility (4):** School
- **Square Feet:** 15,000
- **Bldg. Age:** 50+

**Name of Monitored Firm Hired by Building Owner:** A2CM No.

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:** 300 Grand Avenue

**City, State, Zip Code:** Englewood, New Jersey 07631

**Telephone No:** 201-688-6705

**License No.:** 01104

**Type of Abatement:** Removal

**Status of Occupancy:** Facility closed/evacuated during entire period of abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** BLDG 1

**Description of Asbestos-Containing Material (ACM):** Elbow Fitting Insulation

**Name of Registered Waste Hauler:** Lilich Corporation

**Name of Registered Landfill:** Fairless Landfill

**Completed by:** Adriana Olazarova

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 8:116)

**Academy Construction Inc.**

**973-832-4036**

**Name of Building Owner/Operator:**

PDI Inc.

**Address:**

400 Chestnut Ridge Rd., Woodcliff Lake, NJ 07677

**Date of Notification:**

08 / 24 / 18

**Type of Notification:**

- Initial
- Amended
- Emergency (including jurisdiction)
- Cancellation

**Name of Building Owner/Operator:**

PDI Inc.

**Telephone Number:**

045-792-5000

**Name of Contractor:**

William Cavazzini

**Facility Information:**

- **Location of Asbestos-Containing Material (ACM) TO BE HANDED IN Facility:**
  - Yes
  - No
  - N/A

- **Description of Asbestos-Containing Material (ACM):**
  - Amount (Specify ST or LF): 1,800 sf
  - Material: Mastic

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

- **Schedule Completion Date:**
  - 08 / 04 / 18

- **Occupancy Status During Abatement:**
  - Full Containment w/1 Negative Pressure
  - Mini-Enclosure
  - PPE: Gloves, Respirator
  - Non-Permeable (2) of Non-Permeable Piping

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

- **Name of Registered Waste Hauler:**
  - Academy Construction Inc.

- **Disposal Date:**
  - 08/22/18

- **To be Disposed of at:**
  - Landfill

- **Contractor:**
  - John Gealek

**Do not use this form for asbestos license or permit activity.**

*JAM 13*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 6:38 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08 / 22 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PDI Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>400 Chestnut Ridge Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodcliff Lake, NJ 07677</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>William Cavazzini</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>845-792-5086</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>PDI Corporate Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>400 Chestnut Ridge Rd.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Woodcliff Lake</td>
</tr>
<tr>
<td>County Code (7)/STATE USE ONLY</td>
<td>Bergen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Environmental Consulting Group LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 8466</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Haledon, NJ 07538</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Fernando Villa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>973-418-4036</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>08 / 22 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Academy Construction Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>205 Rt. 46 West Suite 14</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

| Telephone No. | 973-832-4244 |
| License No. | 01155 |

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Same as above</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occancy Status During Abatement (Check only one):</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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</table>

<table>
<thead>
<tr>
<th>Time of Abatement: AM/PM/AM</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or 33 sf</td>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ 190 sf or 260 sf</td>
<td>□ Mint-Enclosure</td>
</tr>
<tr>
<td>□ Demolition</td>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Upper Level Northwest Corner</th>
<th>Mastic</th>
<th>1,800sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Level Corridor</td>
<td>Mastic</td>
<td>25sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Academy Construction Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>034422</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Fairless Landfill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>John Geleski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PM</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>08/22/18</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1)**
08-10-18

**Agency Notified**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Name of Building Owner/Operator (2)**
DRC Development Corp

**Street Address**
1213 Anderson Ave.

**City, State, Zip Code**
Fort Lee, NJ 07650

**Name of Contact**
Mun Cha Kin

**Telephone Number**
(201) 224-7900

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Palisades Park

**County (6)**
Bergen

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Delfa Contracting LLC

**Street Address**
522 7th St.

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**
201 216-9603

**License No.**
01206

**Start Date (10)**
08-13-18

**Scheduled Completion Date (11)**
08-18-18

**Name of OSHA Monitor**
Delfa Contracting LLC

**Street Address**
522 7th St.

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

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

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

<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 LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Wall Plaster</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Delfa Contracting LLC

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
30

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

**City, State**
Tullytown, PA

**Disposal Date**
08-17-18

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
08-10-18

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 8/20/18
Name of Building Owner/Operator (2): SAVE-A-LOT

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

Type Notification:
- Initial Notification
- Amendment Notification
- Emergency Notification
- Cancellation

Street Address: 1303 NORTH BROAD STREET
City, State, Zip Code: HILLSDALE, NJ 07205

Name of Contact: MR. CARLO FRASSETTI
Telephone Number: 908-925-5855

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): COMMERCIAL
Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Street Address: 1303 NORTH BROAD STREET

City, State: HILLSDALE, NJ
County (6): UNION
County Code (7): NA

Square Feet: NA
# of Floors: 1
Bldg. Age: NA

Current Use (Prior to being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8):
ENVIRONMENTAL CONSULTING GROUP, LLC

ASCM No.: NA

Name of Abatement Contractor (9):
JLs Group, Inc.

Street Address: 71 ARCH STREET
City, State, Zip Code: PATerson, NJ 07522

Project Manager for Monitoring Firm: FERNANDO
Telephone No.: 973-418-4036

License No.: 01368

Start Date (10): 8/23/18
Scheduled Completion Date (11): 9/30/18

Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.

Occupancy Status During Abatement (Check only one):
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

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

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

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

Abatement Type
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Waste Hauler:
ROVIC TRANSPORT
NJDEP Waste Hauler ID No.: 20785
Cubic Yards of Waste: 40
Name of Registered Landfill:
GRAND CENTRAL

City, State: WAYNE, NJ
Disposal Date: 9/30/18

City, State: PENARGUIL, PA

Completed By: EVA CUPIT
Title: MANAGER
Signature: [Signature]
Date: 8/20/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
8/25/18

Name of Building Owner/Operator (2)
Claremont Construction Group Inc

Street Address
49 Route 202

City, State, Zip Code
Fair Hills, NJ 07931

Name of Contact

Telephone Number

AGENCIES NOTIFIED

EPA
DEP
DOL
DOH
DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Abandoned Residential Property Scheduled for Demo

Street Address
142 Kinderkamack Rd

City (5)
Park Ridge

County (6)
Bergen

Name of Abatement Contractor (8)
Harmony Contracting Inc

ASCM No.

Square Foot
2000

Current Use (Prior if being demolished)
Residential House

# of Floors
2

Bldg. Age
50+

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

Start Date (10)
9/3/18

Scheduled Completion Date (11)
9/30/18

Name of OSHA Monitor
Harmony Contracting Inc

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

Other - Describe: Abandoned Scheduled for Demo

Scope of Work (Check All That Apply)

- 833 of or ≥3 if
- ≥150 sf or ≥2500 sf
- Renovation
- Demolition

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

In Facility

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

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

Amount (Specify SF or LF)

Abatement Type

Exterior
Transite Siding
2,640 SF

Roof
Aphalt Roofing Materials
1,880 SF

Basement
Pipe Insulation
107 LF

Basement
9x9 VAT
300 SF

Amount

Name of Registered Waste Hauler

Harmony Contracting Inc

Cubic Yards of Waste

TBD

Name of Registered Landfill
GROWS Landfill

City, State
Garfield, NJ

Completed by
E. Citovic

Title
Secretary

Signature

Print Name

Data
9/25/18

Additional ACM Materials
on next page →

* Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:52 and 12:120)

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

Name of Building Owner/Operator (2)  
Street Address  
City, State, Zip Code  
Name of Contact  
Telephone Number

FACILITY INFORMATION  
Name of Facility Where Abatement Is Taking Place (3)  
Street Address  
City (5)  
County Code (6) (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.)

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

Name of Monitoring Firm Hired by Building Owner (8)  
n/a  
Name of Abatement Contractor (9)  
Harmony Contracting Inc  
ASCM No.  
n/a  
Street Address  
360 Palisade Ave  
City, State, Zip Code  
Garfield, NJ 07026  
Telephone No.  
973-460-5025  
License No.  
01255

Project Manager for Monitoring Firm  
n/a  

Start Date (10)  
Scheduled Completion Date (11)  

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

Scope of Work (Check All That Apply)  
- 23 sf or 23 ft  
- 160 sf or 160 ft  
- 93 sf or 93 ft  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebox  
- Non-Exempted (*) and Non-Frisable

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (13)  
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  

Yes  
No  
N/A  
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF)  
Abatement Type

Location  
- 1st Floor  
- 1st Floor Landing to Basement  
- 2nd Floor Bed Room Closet  

Floor Tile  
9x9 VAT  
9x9 VAT  
792 SF  
9 SF  
8 SF  

Amount  

Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (13)  
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  

Yes  
No  
N/A  

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

Location  
- 1st Floor  
- 1st Floor Landing to Basement  
- 2nd Floor Bed Room Closet  

Floor Tile  
9x9 VAT  
9x9 VAT  
792 SF  
9 SF  
8 SF  

Amount  

Name of Registered Waste Hauler  
Harmony Contracting Inc  
NJ/DEP Waste Hauler ID No. 033085  

Name of Registered Landfill  
GROWS Landfill  
Cubic Yards of Waste TBD  
Disposal Date TBD  
City, State, Zip Code  
Garfield, NJ 07026  
Morristown, PA

Completed by  
E. Cirovic  
Title  
Secretary  
Signature  
Date

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

**Date of Notification (1)**  
8/24/2018  

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

**Street Address**  
Montclair, NJ, 07042  

**Name of Contact**  
Mark Hatten  

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

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

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

**Telephone Number**  
973/744-5800  

<table>
<thead>
<tr>
<th><strong>Facility Information</strong></th>
<th><strong>Building/Owner Information</strong></th>
<th><strong>Monitoring Firm Information</strong></th>
<th><strong>Abatement Contractor Information</strong></th>
<th><strong>OSHA Monitor Information</strong></th>
<th><strong>Project Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td>Mark Hatten</td>
<td></td>
<td>AZTECH MANAGEMENT, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>Montclair, NJ, 07042</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Montclair, NJ, 07042</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>[X] Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Mark Hatten</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>973/744-5800</td>
<td></td>
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<tr>
<td><strong>Legal Description</strong></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Occupancy Status During Abatement</strong></td>
<td>9-2-18 to 9-4-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM)</strong></th>
<th><strong>Location Normally Used by Maintenance/Custodial Staff (12)</strong></th>
<th><strong>Description of Asbestos-Containing Material (ACM)</strong></th>
<th><strong>Amount (Specify SF or LF)</strong></th>
<th><strong>Abatement Type</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X Pipe insulation</td>
<td>19 LF</td>
<td>X</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Disposal Date</strong></th>
<th><strong>City, State</strong></th>
<th><strong>Name of Registered Landfill</strong></th>
<th><strong>Hauler ID No.</strong></th>
<th><strong>Cubic Yards of Waste</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9-5-18</td>
<td>Bronx, NY, 10474</td>
<td>Tri-State</td>
<td>17040</td>
<td>1.5</td>
<td></td>
</tr>
</tbody>
</table>

**Completed By** (Print or Type)  
Constantine Vivian  
**Title**  
President  
**Signature**  
Capture  
**Date**  
8/24/2018
Date of Notification (1) 10/20/2018

Name of Building Owner/Operator (2) 262-266 New York Avenue, LLC

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

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

Street Address 615 Jersey Avenue

City, State, Zip Code Jersey City, NJ 07302

Name of Contact Mike Ferraro

FACILITY INFORMATION

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

Street Address 262-266 New York Avenue

City (5) Jersey City, NJ 07307

County Code (7) (STATE USE ONLY) 6525

Current Use (Prior if being demolished) 75+

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Green Environmental Services, LLC

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

Project Manager for Monitoring Firm  
Street Address 235 Virginia Avenue

City, State, Zip Code Jersey City, NJ 07304

Telephone No. 201-333-8855

License No. 01174

Start Date (10) 8-21-2018

Scheduled Completion Date (11) 8-24-2018

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 of ≤3 If
- ≥100 of ≥200 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

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

Name of Registered Waste Hauler Green Environmental Services

Cubic Yards of Waste 6

Disposal Date 8-24-2018

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

City, State Morrisville, PA

Completed by Liliana Serrano Title Office Manager

Signature  

Date 8-20-2018

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>08 / 24 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Triple C Development</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, OSHA, DCA (NJAC 632-2)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amendment</td>
</tr>
<tr>
<td>Sweet Address</td>
<td>200 Armory Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Centro, AL 35950</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jay Machalek</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>866.755.0099</td>
</tr>
<tr>
<td>Facility Name Where Abatement is Taking Place</td>
<td>Red Eagle Tavern</td>
</tr>
<tr>
<td>Street Address</td>
<td>1503 West Chapel Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>County</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code</td>
<td>200</td>
</tr>
<tr>
<td>Class</td>
<td>Commercial</td>
</tr>
<tr>
<td>Class (Prior to being demolished)</td>
<td>Commercial</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jason Dua</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>257.784.4863</td>
</tr>
<tr>
<td>General Contractor</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Name of GSHA Manager</td>
<td>EMIL Analytical, Inc.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>866.755.0099</td>
</tr>
<tr>
<td>License No.</td>
<td>008442</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Open</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>Exterior</td>
</tr>
<tr>
<td>Description of ACM (Include Location and Nature of ACM)</td>
<td>400 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler Id No. 159228</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Freehold, NJ 07728</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Christine Lynch</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Date</td>
<td>8/21/2018</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>9-21-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 7TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY N.J. 08081</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>KIRANIC</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address | |
| City | OCEAN CITY |
| County | N/A |
| Name of Monitoring Firm Hired by Building Owner | N/A |
| Name of Abatement Contractor | KLEINCO INC |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE NJ 08052 |
| Telephone No. | 856-779-0472 |
| License No | 01-371 |
| Name of OSHA Monitor | N/A |
| Start Date | 9-20-18 |
| Scheduled Completion Date | 9-30-18 |
| Occupancy Status During Abatement | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work | Siding |
| Location of Asbestos-Containing Material (ACM) | TRANSITE |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes |
| Description of Asbestos Containing Material (ACM) | | |
| Amount (Specify SF or LF) | 1500 SF |
| Abatement Type | Complete |
| Name of Registered Waste Hauler | KLEINCO INC |
| NUDEP Waste Hauler Register ID No. | 17404 |
| City, State | MAPLE SHADE NJ 08052 |
| Disposal Date | |
| Name of Registered Landfill | CM CMAJ |
| City, State | WOODBURY NJ |

*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: 08-24-18

Name of Building Owner/Operator: Tom Welsh Builder
Street Address: 661 Pomona Ave
City, State, Zip Code: Haddonfield, N.J. 08033
Name of Contact: Tom
Telephone Number:

Name of Facility Where Abatement is Taking Place: Residence

Type of Facility: Vacant

County: Cape May
County Code: 116

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

Name of Abatement Contractor: Klemco Inc
Street Address: 369 S Spruce Ave
City, State, Zip Code: Maple Shade, N.J. 08052
Telephone No.: 856-779-0472
License No.: 01371

Start Date: 9-12-18
Scheduled Completion Date: 9-20-18

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

- Siding

- Transite

Name of Registered Waste Hauler: Klemco Inc
NDEP Waste Hauler I.D. No.: 17904
Cubic Yards of Waste: 3
Name of Registered Landfill: C.M.C.M.U.A
City, State: Maple Shade, N.J.
Disposal Date: WOBBINE

Completed By: Michael Klemm
Title: Sup.
Signature: 
Date: 8-24-18

FACILITY INFORMATION

- Name: Sea Isle City
- Current Use: Vacant
- Number of Floors: 1
- Bldg Age: 50+
- Square Feet: 1000
- Type of Facility: Vacant
- Type of Abatement: Vacant

Scope of Work: Demolition

- 25 sf or 25 ft
- 2160 sf or 260 ft

Endorsements:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

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

- Siding
- Transite

Amount (Specify SF or LF):

- 2750 SF

Abatement Type:
- Removal
- Repair
- Encapsulation

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tr>
<td>8-21-18</td>
<td>EARTHTECH CONTRACTING</td>
<td>EPA</td>
<td>Initial</td>
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<td>DEF</td>
<td>Amended</td>
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<td></td>
<td></td>
<td>DOL</td>
<td>Amendment#</td>
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<td></td>
<td></td>
<td>DOH</td>
<td>Emergency (including justication)</td>
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<td>DCA</td>
<td>Cancellation</td>
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**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (if applicable)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>KLEINCO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>9-9-18</td>
<td>9-19-18</td>
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</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 If</td>
</tr>
<tr>
<td>2160 sf or 2600 Ft</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>TRANSITE</td>
<td>4000 SF</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Disposal No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEINCO INC</td>
<td>D948</td>
<td>5</td>
<td>C.M.C.M.A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE</td>
<td></td>
<td>WOODBINE</td>
</tr>
</tbody>
</table>

**Completed By**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Cebra</td>
<td>SUP.</td>
<td>Michael Cebra</td>
<td>8-24-18</td>
</tr>
</tbody>
</table>
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>8-24-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 77th St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY N.J. 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>ERIC NICHOLSON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>BLACKED OUT</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ventnor City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Atlantic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Klemco Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. Spruce Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>01371</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Vacant</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 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>
<td></td>
</tr>
<tr>
<td>Mem-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)</th>
<th>SIDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE 2750</td>
</tr>
<tr>
<td>Amount (Specify ST or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mem-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | Klemco Inc. |
| Name of Registered Landfill | ACUA |
| Cubic Yards of Waste | 5 YDS |
| Disposal Date | |
| City, State | MAPLE SHADE N.J. 08052 |

| Completed By | Michael Klemco |
| Title | Sup. |
| Signature | |

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>8-24-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Tom WELSH</td>
</tr>
<tr>
<td>Street Address</td>
<td>661 POMONA AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HADDONFIELD N.J 08033</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address |  |
| City | AVAISON |
| County Code | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner | ASCO No |
| Name of Abatement Contractor | KLEEMCO INC |
| Street Address | 369 S SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE N.J 08052 |
| Telephone No | 856-779-0472 |
| License No | 157.M.1 |
| Name of OSHA Monitor | N/A |

**Start Date** 9-4-18  
**Scheduled Completion Date** 9-12-18  
**Occupancy Status During Abatement** Vacant

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

| Siding | TRANSITE | 1250SF |

**Name of Registered Waste Hauler** KLEEMCO INC  
**City, State** MAPLE SHADE N.J |

**Completed By** Michael Kleim  
**Title** Sup.  
**Signature** [Signature]  
**Date** 8-24-18

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

Date of Notification (1): 8-24-18

Name of Building Owner/Operator (2): HACIENDA E. LUCERO

Street Address: 700 HAVEN AVE

City, State, Zip Code: OCEAN CITY, N.J. 08226

Name of Contact: SAWC

FACILITY INFORMATION

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

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

City: OCEAN CITY

County Code (?/STATE USE ONLY): CLARKE MAY

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

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRIKE AVE

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

Authorized Person: N/A

License No: 01374

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

Scope of Work (Check all that apply): Renovation

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

Location of Hazardous Waste (HW) TO BE ABATED IN Facility: SIDING

Location of Asbestos-Containing Material (ACM) OTHER THAN ABATED IN Facility: SIDING

Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes

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

Amount (Specify SF or LF): 2500 SF

Abatement Type: Removal

Name of Registered Waste Hauler: KLEMCO INC.

City, State: MAPLE SHADE, N.J.

Cubic Yards of Hazardous Waste: 3

Disposal Date: 8-24-18

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

City, State: WOODBINE

Completed By: MICHAEL KLEMM

Signature: Michael Kleem

Date: 8-24-18

* 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: 8-24-18

Name of Building Owner/Operator: HARBAUGH DEVELOPERS

Street Address: 318 GLASSBORO RD
City, State, Zip Code: WOODBURY HEIGHTS N.J 08097

Name of Contact: SAME
Telephone Number:

Name of Facility Where Abatement is Taking Place: RESIDENCE

Type of Facility: RESIDENCE

Square Feet: 1500
# of Floors: 2
Built Age: 50+
Current Use (Prior to or Existing Use): VACANT

Name of Abatement Contractor: KLEMCO INC
Street Address: 369 S. SPRUCE AVE
City, State, Zip Code: MAPLE SHADE N.J 08052
Telephone No.: 856-779-0472
License No.: 01371

Name of OSHA Monitor: N/A

Start Date: 9-8-18
Scheduled Completion Date: 9-18-18

Occuancy Status During Abatement: N/A

Facility Closed/Vacated During Entire Period of Abatement: N/A
Abatement Performed Outside of Normal Facility Hours: N/A

Scope of Work: N/A

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

Location of Asbestos-Containing Material (ACM) Normally Used Safety by Maintenance/Custodial Staff: N/A

Is Location Normally Used Safety by Maintenance/Custodial Staff?: NO

Description of Asbestos Containing Material (ACM): TRANSITE

Amount: 2750SF

Abatement Type: N/A

Name of Registered Waste Hauler: KLEMCO INC
City, State: MAPLE SHADE N.J

Signature: Michael Klem
Date: 8-24-18

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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</th>
<th>8-24-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>BUD'S GRADING &amp; EXCAVATING</td>
</tr>
<tr>
<td>Address</td>
<td>109 FULLING MILL RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>VILLAS, N.J. 08251</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | RESIDENCE |
| Street Address | [Redacted] |
| City | VILLAS |
| County | CAMP | MAPLE SHADE |
| Usage Code | USE ONLY |
| Square Feet | 1500 |
| # of Floors | 2 |
| Age | 50 YRS |
| Current Use | VACANT |

| Name of Monitoring Firm Hired by Building Owner | N/A |
| Street Address | [Redacted] |
| City, State, Zip Code | [Redacted] |
| Project Manager for Monitoring Firm | [Redacted] |
| Telephone No. | [Redacted] |

| Start Date | 9-8-18 |
| Scheduled Completion Date | 9-18-18 |

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

| Scope of Work | [Redacted] |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | SIDING, TRANSITE |
| Location Normally Used Solely by Maintenance/ Custodial Staff? | Yes, No, N/A |

| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | TRANSITE |
| Amount (Specify SF or LF) | 1250 SF |

| Name of Registered Waste Hauler | KLEMCIO INC |
| NJDEP Waste Hauler ID No. | 079024 |
| City, State | MAPLE SHADE, N.J. |

| Completed By | MICHAEL YANNA |
| Title | PRES |
| Signature | [Redacted] |
| Date | 8-24-18 |

*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: 8-7-18

Name of Building Owner/Operator: PINELANDS CONSTRUCTION

Agencies Notified:
- DOH

Type Notification:
- Initial

Address:
- 300 77TH ST.

City, State, Zip Code:
- SEA ISLE CITY, N.J., 08243

Name of Contact:
- V. RAWLIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
- RESIDENCE

Street Address:
- [Redacted]

City:
- OCEAN CITY

County:
- CLAPED WAT

Type of Facility:
- School (K-12)

Square Feet:
- 1500

# of Floors:
- 1

Bid Age:
- 50+

License No.:
- 01371

License Name:
- KLMCO INC

Name of Abatement Contractor:
- WAPLE SHAPE N.J. 08052

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

ASCM No.:
- [Redacted]

Project Manager for Monitoring Firm:
- [Redacted]

Telephone No.:
- 856-779-0472

Scheduled Completion Date:
- 9-18-18

End Date:
- 9-8-18

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

Scope of Work:
- Renovation

Description of Asbestos-Containing Material (ACM): TRANSITE 1250 SF

Amount (Specify SF or LF):
- 1250 SF

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

Location of Registered Waste Hauler:
- KLMCO INC.

Committed By:
- MICHAEL KLMCO

Signature:
- [Redacted]

Date:
- 8-7-18

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

State of New Jersey

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 27 / 2018</td>
<td>Chevron</td>
</tr>
</tbody>
</table>

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

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

Street Address
1877 Absecon Boulevard

City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact
Ed Edwards

Telephone Number
315-254-8520

FACILITY INFORMATION

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

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

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

Name of Abatement Contractor (5)
Abscope Environmental, Inc.

Name of Monitoring Firm Hired by Building Owner (6)
Arcadis

ASCM No.
141

Street Address
10 Friends Lane

City, State, Zip Code
Newtown, PA 18940

Newtown, PA 18940

Telephone No.
267-685-1711

City, State, Zip Code
White Marsh, MD 21162

Street Address
10521A Industrial Park Rd

License No.
01194

Start Date (10)
9 / 10 / 2018

Scheduled Completion Date (11)
9 / 21 / 2018

Name of OSHA Monitor

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

Scope of Work (Check all that apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] 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 insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Full Containment
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

Location

South corner of former building slab
- [ ] Yes
- [ ] No
- [ ] N/A

12"x12" VAT and Mastic
550SF

Center of former building slab
- [ ] Yes
- [ ] No
- [ ] N/A

9"x9" VAT and Mastic
100SF

Center and west of former bldg slab
- [ ] Yes
- [ ] No
- [ ] N/A

9"x9" Black VAT and Mastic
100SF

West side of former building slab
- [ ] Yes
- [ ] No
- [ ] N/A

Brown Vapor Barrier Material
250SF

Name of Registered Waste Hauler
Clean Harbors

Cubic Yards of Waste

Name of Registered Landfill
Clean Harbors Lone Mountain, LLC

Po Box 9149

City, State

Disposal Date

City, State
40355 S County Road 236 Waynoka, OK 73860

Completed By (Print or Type)
Jason Haller

Title
VP Mid Atl

Signature

Date
8/27/2018

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