**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:59 and 12:120)

### Name of Building Owner/Operator
- **Levin Management**

### Street Address
- 364 Rte. 206

### City, State, Zip Code
- **Bridgewater, NJ 08807**

### Name of Contact
- **Kaye**

### Telephone Number
- **(908) 804-5719**

### Name of Facility Where Abatement is Taking Place
- **Levin Management Property**

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

### Square Feet
- **15000**

### # of Floors
- **3**

### Current Use
- **Store Front**

### Scope of Work
- **Removal & Demolition**
- **Full Containment with Negative Pressure**
- **Mist-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted (*) and Non-Friable Procedure**

<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) (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>Upper Stories</td>
<td>No</td>
<td>Glaucl, Glar +L</td>
<td>3,000 $15</td>
<td>X</td>
</tr>
<tr>
<td>Downstairs</td>
<td>Yes</td>
<td>Glar +L</td>
<td>3,000 $27</td>
<td>X</td>
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</table>

### Name of Registered Waste Hauler
- **Ace Insulator Co., Inc.**

### NJDEP Waste Hauler ID No.
- **17056**

### Cubic Yards of Waste
- **40**

### Name of Registered Landfill
- **Clarks Landfill**

### City, State
- **Bridgewater, NJ 08807**

### Disposal Date
- **9/24/118**

### Printed by
- **Bowers, Jerry**

### Title
- **Secretary Treasurer**

### Signature
- **Jerry Bowers**

### Date
- **8/27/18**

---

*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)
8/27/2018

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

Name of Building Owner/Operator (2)
THE PENNINGTON SCHOOL

STREET ADDRESS
112 WEST DELAWARE AVENUE

City, State, Zip Code
PENNINGTON, NJ 08534

Name of Contact
DAVID D'ANDREA

Telephone Number
609-890-7110

Name of Facility Where Abatement is Taking Place (3)
THE PENNINGTON SCHOOL/KITCHEN

Street Address
112 MWEST DELAWARE AVENUE

City (5)
PENNINGTON, NJ 08534

County
MERcer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
CREAM RIDGE ENVIRONMENTAL INC.

Name of Abatement Contractor (9)

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
Hamilton, NJ 08691

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
8/28/2018

Scheduled Completion Date (11)
8/28/2018

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours 5 pm-12 am

License No.

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 280 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) & 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)
400 S.F.

Abatement Type
X

Name of Registered Waste Hauler
J. Vinch

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS

City, State
TRENTON, NJ

Diposal Date
8/29/2018

City, State
MORRISVILLE, PA.

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature
Date
27-Mar
8/27/2018

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 27 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G / Job # 1808-5365 Check #10469</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>☒ EPA</td>
<td>Initial</td>
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<td>☒ DOLWD</td>
<td>Amended</td>
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<tr>
<td>☒ DHSS</td>
<td>Amendment #1</td>
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<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<tr>
<td>☐ Cancellation</td>
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<tr>
<td>Street Address</td>
<td>4000 Hadley Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ray D'Anjou</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-778-6894</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | PSE&G- Bordentown Annex Building |
| Street Address | 410 Route 130 |
| City (5) | Bordentown, NJ |
| County (6) | Burlington |
| County Code (7)(STATE USE ONLY) | |
| Current Use (Prior if being demolished) | Annex Building |
| Name of Monitoring Firm Hired by Building Owner (8) | Bureau Veritas |
| ASCM No. | |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | Raritan Plaza I, 4th Floor- 110 Fieldcrest Avenue |
| City, State, Zip Code | Edison, NJ 08837 |
| Project Manager for Monitoring Firm | J-B Chadwick |
| Telephone No. | 732-489-2813 |
| Start Date (10) | 8 / 29 / 19 |
| Scheduled Completion Date (11) | 8 / 31 / 18 |
| Occupation 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 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | 30 Maple Ave. PO Box 25 |
| City, State, Zip Code | Lumberton, NJ 08048 |
| License No. | 00529 |
| Scope of Work (Check all that apply) | |
| ☐ ≥3 sf or ≥3 ft | ☒ Renovation |
| ☐ ≥180 sq ft or ≥260 sq ft | ☐ 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) | |
| Exterior | Perimeter Roof Flashing |
| Yes | No | N/A |
| ☐ | ☐ | ☒ |
| Amount (Specify SF or LF) | 225 SF |
| Abatement Type | ☐ ☐ ☐ |
| ☐ ☐ ☐ ☐ |
| ☐ ☐ ☐ ☐ |
| ☐ ☐ ☐ ☐ |
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. 18750 |
| Waste Management | Cubic Yards of Waste 40 |
| City, State | Name of Registered Landfill |
| Camden, NJ | G.R.O.W.S. Landfill |
| Completed By (Print or Type) | Disposal Date 8/31/18 |
| Gwendolyn Trumbetti | City, State |
| Operations Coordinator | Tullytown, PA |
| Signature | Date 8/27/18 |

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

Date of Notification (1) 8 / 27 / 18

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

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

Name of Building Owner/Operator (2) PSE&G / Job # 1808-5355 Check #10469

Street Address 4000 Hadley Road

City, State, Zip Code South Plainfield, NJ

Name of Contact Ray D'Anjou Telephone Number 856-778-6894

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Bordentown Annex Building

Street Address 410 Route 130

City (5) Bordentown, NJ

County (5) Burlington

County Code (7)(STATE USE ONLY) 08

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

Square Feet

# of Floors

Bldg. Age

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

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address Raritan Plaza I, 4th Floor-110 Fieldcrest Avenue

City, State, Zip Code Edison, NJ 08837

Project Manager for Monitoring Firm J-B Chadwick Telephone No. 732-489-2813

License No. 00529

Start Date (10) 8 / 29 / 19

Scheduled Completion Date (11) 8 / 31 / 18

Name of OSHA Monitor EMSL Analytical

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 ≥ 23 if
- ≥ 100 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)

Exterior

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

Endcaps

Abatement Type

Name of Registered Waste Hauler

Gwendolyn Trumbetti Operations Coordinator

Waste Management

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

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

Disposal Date 8/31/18

City, State Tullytown, PA

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

Date of Notification (1)
8 / 27 / 18

Name of Building Owner/Operator (2)
Juvenile Justice Commission / Job #1807-5350 Check #10433

Street Address
1001 Spruce Street

City, State, Zip Code
Trenton, NJ 08625-0107

Name of Contact
John Davis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JJC- Johnstone Campus- Valentine Hall

Street Address
99 West Burlington Street

City (5)
Bordentown

County (6)
Burlington

County Code (7)(STATE USE ONLY)

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Rollie Jones

Telephone No.
609-392-4200

Telephone No.
609-265-2107

Start Date (10)
9 / 11 / 18

Scheduled Completion Date (11)
9 / 14 / 18

Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply)

□ ≥ 3 sf or ≥ 3 if

□ ≥ 150 sf or ≥ 260 if

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebox Procedure

□ Non-Exempted (?) and Non-Frisable Procedure

□ Yes

□ No

□ N/A

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endoscope

Basement Mechanical Room

Duct Vibration Cloth

664 SF

Mechanical Room

Valves & associated gaskets

4 total

Exterior Chiller

Gaskets assoc. with fiberfgass pipe

6 total

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
9/14/18

City, State
Tullytown, PA

Completed By (Print or Type)
Jennifer Piraine

Title
Operations Coordinator

Signature

Date
8/27/18

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

**Date of Notification (1)**  
8 / 27 / 18  

**Name of Building Owner/Operator (2)**  
Garden Spries Urban Renewal, LP Job #1808-5369 Check #10491  

**Street Address**  
885 2nd Avenue 31st Floor  

**City, State, Zip Code**  
New York, NY 10017  

**Name of Contact**  
Adam Slavitt  
**Telephone Number**  
917-952-1929  

**FACILITY INFORMATION**  

**Name of Facility Where Abatement is Taking Place (3)**  
Garden Spries Apartments-Building 175  

**Street Address**  
175 1st Street  

**City (5)**  
Newark, NJ  

**County (6)**  
Essex  

**County Code (7) [STATE USE ONLY]**  
  
**Type of Facility (4)**  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (i.e., private and commercial buildings, homes, etc.)  

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Services  
**ASCM No.**  

**Name of Abatement Contractor (9)**  
AbateTech, Inc.  

**Street Address**  
PO Box 365  

**City, State, Zip Code**  
Berlin, NJ 08009  

**Project Manager for Monitoring Firm**  
Jim Proctor  
**Telephone No.**  
609-704-8850  

**Name of OSHA Monitor**  
EMSL Analytical  
**Street Address**  
30 Maple Ave. PO Box 25  

**City, State, Zip Code**  
Lumberton, NJ 08048  

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

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

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

<table>
<thead>
<tr>
<th>Location of 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>Throughout</td>
<td>Yes ✗</td>
<td>Floor tile</td>
<td>103 SF</td>
<td>✗</td>
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<tr>
<td>Throughout</td>
<td>☐</td>
<td>Mastic</td>
<td>95 SF</td>
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<tr>
<td>Throughout</td>
<td>☐</td>
<td>Pipe Insulation-repair</td>
<td>30 LF</td>
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<td>Throughout</td>
<td>☐</td>
<td>Debris Clean up</td>
<td>70 SF</td>
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<td>Name of Registered Waste Hauler</td>
<td>AbateTech, Inc.</td>
<td>NJDIP Waste Hauler ID No. 18750</td>
<td>Cubic Yards of Waste 40</td>
<td>Name of Registered Landfill</td>
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<td>City, State</td>
<td>Lumberton, NJ</td>
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<td>G.R.O.W.S. Landfill</td>
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<tr>
<td>Disposal Date</td>
<td>9/28/18</td>
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<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Completed By (Print or Type)**  
Gwendolyn Trumbetti  
**Title**  
Operations Coordinator  
**Signature**  

**Date**  
8/27/18  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 27 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Garden Spires Urban Renewal, LP / Job #1808-5369 Check #10492</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>885 2nd Avenue 31st Floor</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10017</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Adam Slavitt</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>917-952-1929</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Garden Spires Apartments-Building 195 |
| Type of Facility (4) | |
| School (K-12) | |
| Subchapter 8 (Other than K-12) | |
| Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address | 195 1st Street |
| City (5) | Newark, NJ |
| County (6) | Essex |
| County Code (7) | |
| Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | Health & Safety Services |
| ASCM No. | |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | PO Box 365 |
| City, State, Zip Code | Berlin, NJ 08009 |
| Project Manager for Monitoring Firm | Jim Proctor |
| Telephone No. | 609-704-8850 |
| License No. | 00529 |
| Name of OSHA Monitor | EMSL Analytical |
| Start Date (10) | 9 / 10 / 18 |
| Scheduled Completion Date (11) | 9 / 28 / 18 |
| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 if | Demolition |
| ≥160 sf or ≥260 if | Renovation |
| ≥200 sf or ≥360 if | Non-Exempted (*) and Non-Friable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | |
| IN Facility | |
| Time of Abatement: AM- PM- AM (12) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes No |
| | N/A |
| Throughout | Floor tile |
| | Mastic |
| | Pipe Insulation-repair |
| | Debris Clean up |
| | Cubic Yards of Waste |
| | 40 |
| | Name of Registered Landfill |
| | G.R.O.W.S. Landfill |
| | Disposal Date |
| | 9/28/18 |
| | City, State |
| | Lumberton, NJ Tullytown, PA |
| Completed By (Print or Type) | Gwendolynd Trumpetti |
| Title | Operations Coordinator |
| Signature | | Date |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

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<tr>
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<tbody>
<tr>
<td>8 / 24 / 18</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>PSE&amp;G / Job # 1808-5357 Courtesy</td>
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<table>
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<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>EPA</td>
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<tr>
<td>DHSS</td>
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<td>DCA (NJAC 5:23-8)</td>
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<tr>
<th>Type Notification</th>
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<tr>
<td>Initial</td>
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<td>Amended</td>
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<tr>
<td>Amendment #2</td>
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<tr>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000 Hadley Road</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Plainfield, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grady Troughill</td>
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<thead>
<tr>
<th>Telephone Number</th>
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<td>732-674-1525</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>PSE&amp;G- Essex Switching Station</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>155 Raymond Blvd.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>City (5)</th>
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<tbody>
<tr>
<td>Newark, NJ 07105</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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</thead>
<tbody>
<tr>
<td>Essex</td>
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<table>
<thead>
<tr>
<th>County Code (7)(STATE USE ONLY)</th>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switching Station</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Maple Ave. PO Box 25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-265-2107</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

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

- □ >= 3 s.f or >= 3 If
- □ >= 160 sf or >= 280 If
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Friable Procedure

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

<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>

**Exterior**

- □ Yes
- □ No
- □ N/A

- Abandoned Transite on ground

- **2400**

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Environmental Transport Group, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No. 000692061</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conestoga Landfill</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/31/18</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/24/18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 8 / 24 / 18

Name of Building Owner/Operator (2)
PSE&G / Job # 1808-5357

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

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

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Grady Toughill

Telephone Number
732-674-1525

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Essex Switching Station

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)
Switching Station

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ >3 sf or >3 ft
☒ >160 sf or >260 ft

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount
(Specify SF or LF)

Abatement Type

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

Abandoned Transite on ground

2400

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

Name of Registered Waste Hauler
Environmental Transport Group, INC.

Cubic Yards of Waste
40

Name of Registered Landfill
Conestoga Landfill

City, State
Morgantown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 8/24/18

ASB-41
MAY 11

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

Date of Notification (1) 8/17/18

Name of Building Owner/Operator (2)
Rahway Valley Sewerage Authority
Job #1808-5363 - Check #10468

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

Street Address
1050 East Hazelwood Avenue
City, State, Zip Code
Rahway, NJ 07065

Name of Contact
John Buonocore

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rahway Valley Sewerage Authority

Street Address
1050 East Hazelwood Avenue
City (5)
Rahway, NJ 07065

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

Name of Monitoring Firm Hired by Building Owner (8)
Briggs & Associates
ASC M No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
3 Crosswicks Street
City, State, Zip Code
Bordentown, NJ 08505

License No.
00529

Name of Project Manager for Monitoring Firm
Mike hoodak

Telephone No.
609-298-5520

Telephone No.
609-265-2107

Start Date (10)
8/21/18

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 - Describe Time of Abatement: AM-_____ PM-_____ AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☐ ≤160 sf or ≤260 sf

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, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endoskeleton

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of
Waste
40

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

Disposal Date
9/7/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

Date 8/17/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Notes</th>
<th>ACM Assessment</th>
<th>Material Description</th>
<th>Quantity</th>
<th>Type of</th>
<th>HA #</th>
<th>HSA #</th>
<th>Room Description</th>
<th>Bid #</th>
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**TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT**
<table>
<thead>
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<th>ACM Assessment</th>
<th>Notes</th>
<th>Material Description</th>
<th>Quantity</th>
<th>Type of ACM</th>
<th>Material</th>
<th>Notes</th>
<th>Room Description</th>
<th>Room</th>
<th>Bid #</th>
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<tbody>
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<td>02</td>
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<td>02</td>
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<td>02</td>
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<td>18004</td>
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<td>02</td>
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<td>18004</td>
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<td>02</td>
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</table>

Property Name: Harvey Valley Sewer Authority - Greens and Storage Building

Item/Room: ACMs # FV04270A

Name of Inspector: Michiel Hoodley
<table>
<thead>
<tr>
<th>Notes</th>
<th>ACM Category</th>
<th>ACM Type</th>
<th>Material</th>
<th>Quantity</th>
<th>Description</th>
<th>Room #</th>
<th>HSA #</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

**Table Key**

- **Listed Materials:**
  - Asbestos Roofing Shingles
  - Asbestos Insulation
  - Asbestos Ceiling

- **Rooms:**
  - Office
  - Bathroom
  - Bedroom
  - Movie Room

**Property Name:**

- Property Name: Valley Valley Sewer Authority - Health and Storage Building
- Address: 1234, 5678 Street, City, State, Zip

**Issues:**

- Asbestos is present in the following locations:
  - Roofing Shingles: 1st Floor, 2nd Floor
  - Insulation: 1st Floor, 2nd Floor
  - Ceiling: 1st Floor, 2nd Floor

**Assessment:**

- The assessment is completed by [Name of Inspector] on [Date].
- The report is dated [Date].
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Ortho Clinical Diagnostics**

**Name of Building Owner/Operator:**

**Name of Contact:** Rodica Niculescu

**Telephone Number:** 908-218-8530

---

**Name of Facility Where Abatement is Taking Place:** Ortho Clinical Diagnostics

**Street Address:**

1001 US-202

**City:** Raritan, NJ 08869

**County:** Somerset

**County Code:**

**Currently Use (Prior if being demolished):**

Pharmaceutical

---

**Name of Abatement Contractor:** Advanced Specialty Contractors, LLC

2400 Main Street Extension, Suite 10

Sayreville, NJ 08872

**Telephone No.:** 732-525-0100

**License No.:** 00750

**Name of OSHA Monitor:** Show Desktop, Inc.

**Street Address:**

64 Broad St

**City:** Matawan, NJ 07747

---

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

**Project Manager for Monitoring Firm:** NA

**Telephone No.:**

---

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

- [ ] Renovation
- [ ] Demolition

---

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

---

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

- Thermal insulation on Steam and
  - Insulation on Chilled Water Pipe
  - Insulation on steam

---

**Number of Current Employees:**

---

**Number of Full-Time Equivalent Employees:**

---

**Name of Registered Waste Hauler:**

Freehold Cartage Inc

**NJDEP Waste Hauler ID No.:** 15939

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:**

G.R.O.W.S.

---

**Completed by:**

Michael Migliore

**Title:** Sr Account Manager

**Signature:**

---

**Date:** 8/27/18

---

**Added:** 2 fittings and 280 ft.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/24/18

Name of Building Owner / Operator (2)
Wells Fargo Bank

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Wells Fargo

Street Address
100 Park Ave 14th Floor
New York, New York 10017

City Address
City, State & Zip Code
New York, New York 10017

Name of Contact
Joseph Rappa

Telephone Number
212-703-3989

FACILITY INFORMATION

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

Street Address
120 North Warren Street
Trenton, NJ 08601

City, State & Zip Code
Trenton, NJ 08601

Project Manager for Monitoring Firm
Rollie Jones

Telephone Number
609-392-4200

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

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Describe: Saturday 2:00 PM - Sunday 10:00 PM
- Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Throughout
Ceiling Tile 2,956 SF

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste 20 Cu yds

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 8/24/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/24/18

Name of Building Owner / Operator (2)
Macy's Inc.

Agencies Notified Type Notification
☐ EPA ☑ Initial
☒ DEP ☑ Amended
☒ DOL ☑ Emergency
☒ DOH ☑ Cancellation

Name of Building Owner / Operator (2)
Macy's Inc.

Street Address
7 West Seventh Street
City, State & Zip Code
Cincinnati, OH 45202

Name of Contact
Tia Wenrich
Telephone Number
513-579-7241

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Macy's Store

Street Address
South Orange Ave & Walnut Ave.

City (5) County (6) County Code (7)
Livingston Essex

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
Retail

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

ASCM No.

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

Street Address
24 Commerce Street, Suite 300
City, State & Zip Code
Newark, NJ 07102

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Scheduled Start Date (10) 9/6/18
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 Hours –
Describe: 10:00PM to 7:00AM
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 if
☒ ≥100 sf ≥200 if

Renovation Demolition

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

Location
First Floor Valve Room

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

Debris

Amount (Specify SF or LF)
10 SF

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

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
Service Transport Inc.

NUDEP Waste Hauler ID No. 20990
Cubic Yards of Waste 1 cu yd
Name of Registered Landfill Minerva Landfill

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni
Title Project Manager
Signature Gino Pizzigoni /sn
Date 8/24/18
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):**
08/27/2018

**Name of Building Owner/Operator (2):**
Jackie Bischoff

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

**Type Notification:**
- Initial

**Street Address:**

**City, State, Zip Code:**

**Name of Contact:**
Ms. Jackie Bischoff

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Residence Street Address:**

**City (5):**
Rivervale

**County (6):**
Bergen

**County Code (7):**

**Square Feet:**
2,000

**# of Floors:**
2

**Bldg. Age:**
90

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

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
DIA General Construction, Inc.

**Street Address:**
1360 Clifton Avenue, PMB Suite 218

**City, State, Zip Code:**
Clifton, NJ 07012

**Telephone No.:**
973-389-0089

**License No.:**
00693

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Name of OSHA Monitor:**
DIA General Construction, Inc.

**Street Address:**
1360 Clifton Avenue, PMB Suite 218

**City, State, Zip Code:**
Clifton, NJ 07012

**Start Date (10):**
09/04/2018

**Scheduled Completion Date (11):**
09/07/2018

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Closet</td>
<td>X</td>
<td>X</td>
<td>9&quot; X 9&quot; Floor Tiles</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**Service Transport Group:**

**NJ DEP Waste Hauler ID No.:**
20990

**Cubic Yards of Waste:**
2 CY

**Disposal Date:**
09/07/2018

**Name of Registered Landfill:**
Minerva Landfill

**City, State:**
Waynesburg, OH 44688

**Completed by:**
Krutarth Jagad

**Title:**
Project Manager

**Signature:**

**Date:**
08/27/2018

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