State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:69-7 and 12:120-7)

Date of Notification (1) 08/24/18

Name of Building Owner/Operator (2)
NJ-Dep-of Environmental Protection-Natural & Historic Resources-Office of Resource Development

Street Address
501 EAST STATE STREET, 4TH FLOOR

City, State, Zip Code
TRENTON, NJ 08626-0420

Name of Contact
MR. AL PAYNE
Telephone Number
609-351-1991

Name of Facility Where Abatement Is Taking Place (3)
BRENDAN T. BYRNE STATE FOREST - LUCKY 13 CABIN

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

Square Feet
1,000+

Occupancy Status During Abatement (Check only one)
\[ \text{Facility Closed/Vacated During Entire Period of Abatement} \]
\[ \text{Abatement Performed Outside of Normal Facility} \]

Scope of Work (Check all that apply)
\[ \text{Demolition} \]
\[ \text{Renovation} \]
\[ \text{Full Containment With Negative Pressure} \]
\[ \text{Mini-Enclosure} \]
\[ \text{Glovebag Procedure} \]
\[ \text{Non Exempted (*) and Non-Friable Procedure} \]

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

Location

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

<table>
<thead>
<tr>
<th>REM</th>
<th>REC</th>
<th>NCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPE</td>
<td>EAL</td>
<td>ASS</td>
</tr>
<tr>
<td>VAIL</td>
<td>URE</td>
<td></td>
</tr>
</tbody>
</table>

| ROOF |
| X | Black Tar Paper - Flashing | 1,860 LF |

| EXTERIOR SIDING-REAR GABLE |
| X | Black / Grey Tar Paper Siding | 220 LF |

| EXTERIOR SIDING |
| X | Black Sealant | 2 LF |

| 1st FLOOR |
| X | Linoleum | 700 SF |
| X | Drywall & Joint Compound | 1,220 LF |
| X | Window Glazing | 96 LF |

| Name of Registered Waste Hauler |
| NJDEP Waste Hauler ID No. 17819 |
| Cubic Yards of Waste 60 |
| Name of Registered Landfill |
| Grand Central Landfill |

City, State
Wayne, NJ

Completed by (Print or Type) Jerry Bijelonic
Title Project Manager
Signature
Date 08/24/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
08/24/18

Name of Building Owner/Operator (2)
NJDEP - Natural & Historic Resources - Office of Resource Development

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

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

Street Address
275 Freehold - Englishtown Road
City, State, Zip Code
Englishtown, NJ 07726

Name of Contact
Mr. Al Payne
Telephone Number:
(732) 462-5868

Name of Facility Where Abatement is Taking Place (3)
Clinton Wildlife Management Area - Residential

Street Address
50 Rupells Road
City (5)
Union Township
County Code (7)
County (6)
Hunterdon

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

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
344 West State Street
City, State, Zip Code
Trenton, NJ 08618

Project Manager for Monitoring Firm
William Welsgerber
Telephone No.
(609) 656-8101

Telephone No.
(973) 628-9200
License No.
00408

Start Date (10)
09/17/18
Scheduled Completion Date (11)
09/24/18

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

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

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

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consul., Inc

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central Landfill

City, State
Wayne, New Jersey

Disposal Date

Completed by
Jerry Bijelonic
Title
Project Manager
Signature

Date
08/24/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:69 and 12:120)

Date of Notification (1)
8/27/18

Agency(ies) Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

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

Name of Building Owner/Operator (2)
Allrisk (Bridgeton Housing)

Street Address
501 Kennedy Blvd.

City, State, Zip Code
Somerdale NJ 08083

Name of Contact
Lou

Telephone Number
856-546-0016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bridgeton Housing Authority

Street Address
47 Nancy

City (5)
Manahawkin NJ 08050

County (6)
Cumberland

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

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

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior to being demolished)
House

Name of Abatement Contractor (8)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
8/28/18

Scheduled Completion Date (11)
8/31/18

Name of OSHA Monitor
Same

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)
☐ ≥300 sf or ≥300 sf
☐ ≥1,000 sf or ≥2,000 sf
☐ Renovation
☒ Demolition

Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebox Procedure
☒ Non-Exempt (*) 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

Unit 9 H
x

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

Amount (Specify SF or LF)
530 SF

Abatement Type

Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Eld NJ

Disposal Date
8/31/18

City, State
Morrisville PA 19067

Completed by
Anthony T Perna
Title
President

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 12:120)

Date of Notification (1) 08/27/2018

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

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

Name of Building Owner/Operator (2)
Woolwich Residential, LLC

Street Address
120 W Germantown Pike, Suite 120

City, State, Zip Code
Plymouth Meeting, PA 19462

Name of Contact
John Flore, Jr.

Telephone Number
610-277-8899

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Farm at intersection of Kings Hwy and Asbury Station Rd

Street Address
Intersection of Kings Hwy and Asbury Station Rd

City (5)
Woolwich, NJ

County (6)
Gloucester

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Indoor Environment Concepts

ASCM No.

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

Street Address
150 Glenwood Drive

City, State, Zip Code
Washington Crossing, PA 18977

Project Manager for Monitoring Firm
Mike Menz

Telephone No.
(609) 502-2213

Start Date (10)
09/10/2018

Scheduled Completion Date (11)
09/29/2018

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

Scope of Work (Check All That Apply)
- [ ] 23 sf or more
- [x] 160 sf or more
- [x] Demolition
- [x] Renovation

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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Sw2117

Disposal Date
TBD

City, State
Waynesburg, OH

City, State
New Castle, DE

Completed by
Elizabeth Gosak

Title
President

Signature

Date 08/27/2018

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

Date of Notification (1) 08/27/2018

Name of Building Owner/Operator (2)
Woolwich Residential, LLC

Agencies Notified
- EPA
- DOL
- DOH
- DEP

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

Street Address
120 W Germantown Pike, Suite 120

City, State, Zip Code
Plymouth Meeting, PA 19462

Name of Contact
John Fiore, Jr.

Telephone Number
610-277-8899

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Farm at intersection of Kings Hwy and Asbury Station Rd

Street Address
Intersection of Kings Hwy and Asbury Station Rd

City (5)
Woolwich, NJ

County (6)
Gloucester

County Code (7)

Current Use (Prior if being demolished)
Vacant

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Indoor Environment Concepts

ASCM No.

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

Street Address
286 Sunset Road

City, State, Zip Code
Barrington, NJ 08007-1439

Telephone No.
(609) 502-2213

Telephone No.
267-240-8365

License No.
01225

Project Manager for Monitoring Firm
Mike Menz

Start Date (10)
09/10/2018

Scheduled Completion Date (11)
09/29/2018

Name of OSHA Monitor
Same

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 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH

Complanted by
Elizabeth Gosek
Title
President
Signature
Date
08/27/2018

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Encapsulation</th>
<th>Repair</th>
<th>Removal</th>
<th>Other Information (Specify)</th>
<th>Yes/No/N/A</th>
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<tr>
<td>Type 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2</td>
<td></td>
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<td>Type 6</td>
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Note: The table is incomplete and requires further information to be filled out.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 27 / 18</td>
<td>Tim Entwistle</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [X] DOLWD
- [X] DHSS
- [ ] DOCA (NJAC 5:23-8)
- [ ] EPA
- [ ] Emergency (including justification)
- [ ] Amended
- [ ] Amendment #
- [ ] Initial
- [ ] Cancellation

**Street Address**
- [ ] City, State, Zip Code
- Ridgewood, NJ 07450

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
<td>Bergen</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 07 / 18</td>
<td>973-638-1777</td>
<td>01127</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 08 / 18</td>
<td>Envirospection Consultants, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Facility Closed/Vacated During Entire Period of Abatement</td>
<td>20-21 Wagarow Road, Bldg. #35E</td>
</tr>
<tr>
<td>[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ≥ 3 sf or 3 sft if</td>
<td>Removal</td>
</tr>
<tr>
<td>[ ] ≥ 160 sf or ≥260 if</td>
<td>Repair</td>
</tr>
<tr>
<td>[ ] Renovation</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>[ ] Demolition</td>
<td></td>
</tr>
<tr>
<td>[ ] Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>[ ] Tent with Negative Pressure</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)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility</td>
<td>(12)</td>
</tr>
<tr>
<td>(13)</td>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NIA</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Basement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipe insulation</th>
<th>30 LF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>T.R.R.F. Inc</td>
</tr>
<tr>
<td></td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.Jevtic</td>
<td>Owner</td>
<td>Jude Wenard</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 08 / 23 / 18

Name of Building Owner/Operator (2)
County of Union

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
Administration Building-Elizabethtown Plaza
City, State, Zip Code
Elizabeth, NJ 07207

Name of Contact
Owens Agent - Ryan Jones, C.M.
Telephone Number
609-276-7382

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Union County Courthouse

Street Address
2 Broad Street
City (5)
Elizabeth
County (6)
Union
County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
T and M Associates
ASCM No.
00145
Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Street Address
1455 Broad St., Suite 250
City, State, Zip Code
Bloomfield, NJ 07003

Project Manager for Monitoring Firm
Kevin Burns
Telephone No.
908-347-4396

Start Date (10)
06 / 08 / 18
Scheduled Completion Date (11)
07 / 22 / 19

Occancy 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-2:30PM I I PM-AM

Scope of Work (Check all that apply)
☐ >3,000 sf or ≥ 33 If
☐ ≥160 sf or ≤ 280 If
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
Abatement Type
Removal  Repair  Encapsulate  Enclosure

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.
NJDEP Waste Hauler ID No.
419

Cubic Yards of Waste
150
Name of Registered Landfill
G.R.O.W.S., North W/M of PA

City, State
Paterson, NJ

Disposal Date
Various 2018
City, State
Morrisville, PA

Completed By (Print or Type)
James Unger
Title
Sr. Estimator/Project Mgr.
Signature

ASB-41
MAY 11

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

Date of Notification (1)  07 / 10 / 18

Name of Building Owner/Operator (2)
County of Union

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

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

Street Address
Administration Building-Elizabethtown Plaza
City, State, Zip Code
Elizabeth, NJ 07207

Name of Contact
Owners Agent - Ryan Jones, C.M.
Telephone Number
809-276-7382

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Union County Courthouse

County Code (4)
County (6)
Union

City (5)
Elizabeth

Square Feet
5,000

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

No. of Floors
5

Street Address
2 Broad Street
City, State, Zip Code
Elizabeth, NJ 07207

Bldg. Age
80 + yrs.

Name of Abatement Contractor (9)
East Coast Haz Mat Removal, Inc.

Office Building

ASCM No.
00145

Name of OSHA Monitor
Same as above

Street Address
1456 Broad St., Suite 250
City, State, Zip Code
Bloomfield, NJ 07003

Telephone No.
908-347-4396

License No.
00507

Name of Monitoring Firm Hired by Building Owner (8)
T and M Associates

Start Date (10)
07 / 23 / 18

End Date (11)
07 / 22 / 19

License No.

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

Project Manager for Monitoring Firm
Kevin Burns

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

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endoscope

Wall/ceiling plaster
9,700 SF

Throughout 1st, 2nd, 3rd & 4th Floors

Name of Registered Waste Hauler
East Coast Haz Mat Removal, Inc.

NJDEP Waste Hauler ID No.
419

Cubic Yards of Waste
150

Name of Registered Landfill
G.R.O.W.S., North W/ M of PA

City, State
Paterson, NJ

Disposal Date
Various 2018

Completed By (Print or Type)
James Unger

Title
Sr. Estimator/Project Mgr.

Date
7-17-18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/24/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
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<tr>
<td>□ DOL</td>
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<tr>
<td>□ DEP</td>
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<tr>
<td>□ DOH</td>
<td></td>
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<tr>
<td>Notification Type</td>
<td></td>
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<tr>
<td>□ Initial Notification</td>
<td></td>
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<tr>
<td>□ Amended #</td>
<td></td>
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<tr>
<td>□ Emergency notification (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancelled</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Sussex Wattage Board of Education</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>10 Loomis Avenue</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Sussex NJ 07461</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Francis Pietrowski</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>892-290-7105</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) |
| Sussex Wangle School |

| Street Address           | 10 Loomis Avenue |
| City, State, Zip Code    | Sussex NJ 07461  |

| Name of Monitoring Firm Hired by Bldg. Owner (8) |
| Health & Safety Services, Inc. |

| Project Manager for Monitoring Firm |
| Jim Proctor |

| Telephone Number          | 609-836-2432 |

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>08/25/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>08/28/18</td>
</tr>
</tbody>
</table>

| 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: Saturday, Sunday, Monday 7AM-3;30 PM |

| Source of Work (Check all that apply) |
| ☑ ≥ 3 sf or ≥ 3 If |
| ☑ ≥ 160 sf or ≥ 260 If |

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

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

| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) |
| Remove concrete and Pipe insulation |

| Amount (Specify SF or LF) |
| 55 LF |

| Abatement Type |
| Remove Repair Encap Enclose |

| Name of Registered Landfill |
| T.R.R.F. |

| Name of Reg. Waste Hauler |
| BL Contracting Inc |

| NJDEP Waste Hauler ID # |
| 0036784 |

| Cubic Yards of Waste |
| 4 |

| Disposal Date |
| 08/28/2018 |
| City, State |
| Tullytown, PA |

| Completed by (Print or Type) |
| Ned Vasillic |

| Title |
| Project Manager |

| Signature |
| Ned Vasillic |

| Date |
| 08/24/2018 |
### Notification of Asbestos Abatement

**State of New Jersey**

**Date of Notification**: 8/12/18

**Type of Notification**
- [ ] Initial
- [ ] Emergency (Including Justification)
- [ ] Amendments

**Agency Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DJA

**Name of Building Owner/Operator**
- [ ] EASTEND CHAGRIS

**Street Address**
- 700 Woodruff Av

**City, State, Zip Code**
- New Jersey, 07481

**Name of Contact**
- Jolene Platt

**Facility Information**

- **Type of Facility**
  - [ ] School (K-12)
  - [ ] School (Other Than K-12)
  - [ ] Other (i.e., private & commercial buildings, homes, etc.)

- **Square Footage**
  - [ ] 175
  - [ ] 0

- **Site Address**
  - 150 Middle Ave

- **City, State, Zip Code**
  - Allen Dale, NJ 07006

**Project Manager for Monitoring Firm**
- [ ] Yes

**Telephone**
- [ ] 201-282-5841

**City, State, Zip Code**
- Midland Park, NJ 07432

**License No.**
- 00156

**Name of Contractor**
- AMAC Contracting Inc.

**Name of Asbestos Contractor**
- [ ] AMAC Contracting Inc.

**Name of Monitoring Firm**
- Oש Mỹ Environmental Services Inc.

**Street Address**
- 260 Huiler St

**City, State, Zip Code**
- Hackensack, NJ 07606

**Start Date**
- 8/12/18

**Scheduled Completion Date**
- 8/30/18

**Occupancy Status During Abatement**
- [ ] Yes

**Facility Closed/Vacated During Entire Period of Abatement**
- [ ] Yes

**Source of Work**
- [ ] Renovation

**Location of Asbestos-Containing Material (ACM) To Be Abated**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>Siding</td>
<td>$16,000</td>
<td>Asbestos</td>
</tr>
<tr>
<td>Extérieur</td>
<td>Plaque</td>
<td>$3,000</td>
<td>Non-Exempt</td>
</tr>
</tbody>
</table>

**Name of Magendanz Waste Handler**
- Newark Carting Inc.

**City, State**
- Newark, NJ 07105

**Completed By**
- Joseph Vocaturo

**Date**
- 8/12/18

**Comments**
- *Don't use this fill in it.* Asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
08/23/18

Name of Building Owner/Operator (2)
Mr. Rudy Coleman

Agencies Notified
- EPA
- DOH
- DCA

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

Street Address

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Mr. Rudy Coleman

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Square Feet
2,000 +

# of Floors
2 +

Bldg. Age
50 +

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No.
00408

Start Date (10)
09/10/18

Scheduled Completion Date (11)
09/17/18

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

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

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

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

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

Amount (Specify SF or LF)
- 35 LF
- 6 LF

Abatement Type
- Removal
- Encapsulate
- Endurance

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consul., Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central Landfill

Disposal Date
City, State
Wayne, New Jersey

Pen Argyl, Pennsylvania

Completed by
Jerry Bijelonic

Title
Project Manager

Signature

Date
08/23/18

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

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

Date of Notification (1)
8/24/2018

Name of Building Owner/Operator (2)
Jan Sudnick

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

Type Notification
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address

City, State, Zip Code
Linden, NJ, 07036

Name of Contact
Jan Sudnick

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jan Sudnick

Street Address

City (5)
Linden

County (6)
Essex

County Code (7)

Type of Facility (4)
[X] 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)

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

ASCM No.

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
9 12 18

Month Day Year

Sched. Completion Date (11)
9 14 18

Month Day Year

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

[X] Abatement Performed Outside of Normal Facility Hours - Describe:<OffHours Descriptive>

[ ] Other - Describe:<Other Occupancy Descript>

Scope of Work (Check all that apply)

[X] 250 sf or > 260 sf

[X] Renovation

[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes No N/A

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

Is

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Basement

[X] Pipe insulation

60 LF

X

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

HUD Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
Tri-State

City, State
Montclair, NJ 07042

Disposal Date
9/15/18

City, State
Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
8/24/2018
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

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

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

**Type Notification**
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency Notification
- [ ] Cancellation

**Street Address**

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

**Name of Contact**
Diedra Grahm

**Telephone Number**

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

**City**
Montclair

**County**
Essex

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

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

**Street Address**
86 Christopher St.

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

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Project Manager for Monitoring Firm**
N/A

**Telephone Number**
N/A

**Scheduled Start Date (10)**
9 5 18

**Sobed. Completion Date (11)**
9 7 18

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

**Scope of Work (Check all that apply)**
- [X] 23 sf or 23 LF
- [X] 160 sf or 250 LF
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Permeable 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>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACH) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
Pipe insulation 80 LF

**Abatement Type**
Asbestos Removal

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

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.5

**Name of Registered Landfill**
Tri - State

**Disposal Date**
9/8/18

**City, State**
Montclair, NJ 07042

**City, State**
Bronx, NY, 10474

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
8/24/2018
# Notification of Asbestos Abatement

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

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

**Street Address**

**City, State, Zip Code**
Upper Montclair, NJ, 07043

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Upper Montclair

**County (6)**
Essex

**County Code (7)**

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

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

**Telephone Number**
(973) 744-8800

**License Number**
00371

**ASCH No.**

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

**N/A**

**Project Manager for Monitoring Firm**

**Telephone Number**
N/A

**Scheduled Start Date**
9 / 10 / 18

**Scheduled Completion Date**
9 / 12 / 18

**Occupancy Status During Abatement**
[X] Abatement Performed Outside of Normal Facility Hours
[X] Other - Describe: Other Occupancy Details

**Scope of Work**

**[X]** Abatement of >3 sf or >3 LF

**[X]** Renovation

**[X]** Demolition

**Location of Asbestos-Containing Material (ACM) To Be Abated In Facility**

**Yes**

**[X]** Basement

**Pipe insulation**

**100 LF**

**Pipe insulation**

**[X]** X

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

**NJDEP Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.0

**Name of Registered Landfill**
Tri - State

**City, State**
Montclair, NJ 07042

**Disposal Date**
9/13/18

**City, State**
Bronx, NY, 10474

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**
[Signature]

**Date**
8/24/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
8/24/2018

Name of Building Owner/Operator (2)
TOWNSHIP OF ROXBURY

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

Type Notification

Street Address
1715 ROUTE 46

City, State, Zip Code
LEDGEWOOD, NJ 07852

Name of Contact
RICK BLOOD

Telephone Number
973-448-2059

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER FIRE CO. No. 2

Street Address
580 MAIN STREET

City (5)
ROXBURY

County (6)
MORRIS

County Code (7)

(State Use Only)

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

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Telephone No.
973-956-8700

License No.
00494

Name of OSHA Monitor
SAME AS (9) ABOVE

Start Date (10)
9/4/2018

Scheduled Completion Date (11)
9/14/2018

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

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

ROOF #1

BLACK BASE FLASHING

100 LF

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJ/DEP Waste Hauler ID No.
18743

Cubic Yards of Waste
3

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

City, State
TOTOWA, NJ

Disposal Date
9/14/2018

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
8/24/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 8/24/19

Name of Building Owner/Operator (2): M. Eugene Koret

Name of Contact: M. Koret

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): M. Koret

Street Address: Ridgefield, N.J. 07480

City (5): Ridgefield

County (6): Bergen

County Code (7) (STATE USE ONLY):

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

Square Feet: 1800

# of Floors: 2

Bidg. Age: 1935

Current Use (Prior to being demolished): Residence

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

Name of Abatement Contractor (9): Best Removal Inc.

Street Address: 450 South River Street

City, State, Zip Code: Hackensack, NJ 07601

Project Manager for Monitoring Firm:

Telephone No.:

Start Date (10): 9/10/18

Scheduled Completion Date (11): 9/11/18

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

Other - Describe: 8:00 AM TO 5:00 PM

Scope of Work (Check All That Apply):
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 1600 ft

Remodeling
- Demolition

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

In Facility (13):

Yes

No

N/A

Description of Asbestos-Containing Material (ACM):
- Type (Specify SF or LF)

Abatement Type:

Removal

Entrapment

Enclosure

Name of Registered Waste Hauler:

Best Removal Inc.

NJDEP Waste Hauler ID No.: 17109

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill:

Minerva Enterprises, LLC

City, State:

Hackensack, NJ 07601

Completed by:

J. Maiorano

Title:

Estimator

Signature:

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 8:66 and 12:139)

Date of Notification (1) 8/24/18

Name of Building Owner/Operator (2) HR DWIGHT SPEARS

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

Street Address
City, State, Zip Code South Orange, NJ 07086

Name of Facility Where Abatement is Taking Place (3) HR SPEARS

FACILITY INFORMATION

Square Feet 2500
# of Floors 2
Bldg Age 1935

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

Name of Abatement Contractor (9) Best Removal Inc.

Street Address 450 South River Street

City, State, Zip Code Hackensack, NJ 07601

Telephone No. 201-329-7444

License No. 00388

Name of OSHA Monitor Omega Environmental

Street Address 280 Huyler Street

City, State, Zip Code South Hackensack, NJ 07606

Project Manager for Monitoring Firm

Start Date (10) 8/1/18
Scheduled Completion Date (11) 9/5/18

Occupancy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: 8:00 AM - 8:00 PM

Scope of Work (Check All That Apply)
□ 23 sf or >23 sf
□ ≥160 sf or >260 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Asbestos Procedure

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

In Facility (13)

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclose

Name of Registered Waste Hauler

Best Removal Inc

City, State Hackensack, NJ 07601

Name of Registered Landfi

Minerva Enterprises, LLC

City, State Waynesburg, OH 44688

Completed by J. Maiorano

Title Estimator

Signature 8/24/18

* 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)**
August 24, 2018

**Agency Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2)**
DSM Nutritional Products, LLC

**Street Address**
45 Waterview Blvd
Parsippany, NJ 07054

**Name of Contact**

**Project Manager**
973-641-1736

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

**Street Address**
205 Mack's Island Dr
Belvidere

**City (5)**

**County (6)**
Warren

**County Code (7)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Health Investigations, Inc.

**ASCN No.**
00104

**Name of Abatement Contractor (9)**
The MACK Group, LLC

**Street Address**
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

**License No.**
00781

**Name of OSHA Monitor**
The MACK Group, LLC

**Street Address**
1500 Kings HWY N, STE 209
Cherry Hill, NJ 08034

**Project Manager for Monitoring Firm**

**Telephone No.**
973-729-5649

**Telephne No.**
(973) 759 - 5000

**Scheduled Completion Date (11)**
9/10/19

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

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

**Scope of Work (Check Off All That Apply)**
- [ ] ≥3,000 sf or ≥33 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (§) and Non-Flammable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V&amp;T, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg 214</td>
<td>[ ] Yes</td>
<td>elevator doors 2</td>
<td>[ ] Repair</td>
<td>[ ] Removal</td>
</tr>
<tr>
<td>-</td>
<td>[ ] No</td>
<td>misc pipe gaskets TBD</td>
<td>[ ] Encapsulate</td>
<td>[ ] Endorse</td>
</tr>
<tr>
<td>-</td>
<td>[ ] N/A</td>
<td>fire doors 2</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>[ ] Exterior Pipe Rack fittings 10</td>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting / Spartan Environmental

**City, State**
Newark, NJ / Donora, PA

**Hauler ID No.**
22323

**Cubic Yards of Waste**
0.1

**Disposal Date**
9/10/19

**Name of Registered Landfill**
Cumberland Co. / BFI / GROWS / TRRF

**City, State**
Newburg / Imperial / Morrisville, PA

**Completed by**
Michael Cooper
**Title**
President

**Signature**

**Date**
8/24/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg 214 - exterior</td>
<td>Yes</td>
<td>transite panels</td>
<td>22 s/f</td>
<td>Remove</td>
</tr>
<tr>
<td>&quot;.&quot;</td>
<td>No</td>
<td>tar on duct insulation</td>
<td>110 s/f</td>
<td></td>
</tr>
<tr>
<td>&quot;.&quot;</td>
<td></td>
<td>tar on hatches, exhaust fans &amp; alcohol condensers</td>
<td>315 s/f</td>
<td></td>
</tr>
<tr>
<td>&quot;.&quot;</td>
<td></td>
<td>roof flashing / pitch pockets</td>
<td>1,742 s/f</td>
<td></td>
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<tr>
<td>Bldg 210</td>
<td>Yes</td>
<td>asbestos pipe insulation from 8&quot; pipe</td>
<td>25 lf</td>
<td></td>
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<tr>
<td>&quot;.&quot;</td>
<td>No</td>
<td>12&quot; fitting</td>
<td>2 lf</td>
<td>Remove</td>
</tr>
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</table>

Received: AUG 30, 2011

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

Date of Notification (1): June 13, 2017

Name of Building Owner/Operator (2): DSM Nutritional Products, LLC

Street Address: 45 Waterview Blvd

City, State, Zip Code: Parsippany, NJ 07054

Name of Contact: 

Telephone Number: 973-641-1738

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):
Building 214

Street Address: 205 Mack's Island Dr

City (5):
Belvidere

County (6):
Warren

County Code (7):
00104

current Use (Prior if being demolished): Building

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: 

WEST SHORE TRAIL

City, State, Zip Code: Sparta NJ 07871

Name of Monitoring Firm Hired by Building Owner (8): Environmental Health Investigations, Inc.

AsCM No.: 00104

Name of Abatement Contractor (9): The MACK Group, LLC.

Street Address: 655 West Shore Trail

City, State, Zip Code: Sparta NJ 07871

Telephone No.: (973) 729-5649

Name of OSHA Monitor: The MACK Group, LLC.

License No.: 00781

Project Manager for Monitoring Firm:

Telephone No.: (973) 729-5649

Project Manager: 

Start Date (10): 6/27/17

Scheduled Completion Date (11): 6/27/18

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

Scope of Work (Check All That Apply):
- 3 sf or <3 sf
- 160 sf or ≤ 260 sf

- Renovation
- Demolition

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

In Facility (13):

Work areas 1-5

- "-"
- "-"
- Fire doors

Name of Registered Waste Hauler:

Newark Carting / Spartan Environmental

Hauler ID No.: 22253

Cubic Yards of Waste: 318

Name of Registered Landfill:

Cumberland Co./BFI / GROWS / TRRF

City, State: Newburg, Imperial / Morrisville, PA

Disposal Date: 6/27/18

Completed by:

Michael Cooper

Title: President

Signature: 

Date: 6/13/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor 6/7</td>
<td>Yes</td>
<td>pipe</td>
<td>15 LF</td>
<td></td>
</tr>
<tr>
<td>Exterior Pipe Rack</td>
<td>No</td>
<td>fittings</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>exterior</td>
<td>N/A</td>
<td>transite panels</td>
<td>3615 s/f</td>
<td></td>
</tr>
<tr>
<td>- -</td>
<td>-</td>
<td>tar on duct insulation</td>
<td>2400 s/f</td>
<td></td>
</tr>
<tr>
<td>- -</td>
<td>-</td>
<td>tar on hatches, exhaust fans &amp; exhaust conditioners</td>
<td>315 s/f</td>
<td></td>
</tr>
<tr>
<td>elevator doors</td>
<td>X</td>
<td>roof flashing / pitch pockets</td>
<td>1872 s/f</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>X</td>
<td>elevator doors</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>X</td>
<td>misc pipe gaskets</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
8-22-2018

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

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Cancellation

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

**Street Address**  
782 W. Lancaster Avenue

**City, State & Zip Code**  
Bryn Mawr, PA 19010

**Name of Contact**  
Mike Convery

**Telephone Number**  
610-453-0027

**FACILITY INFORMATION**

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

**Street Address**  
96 US Route 9

**City (5)**  
Bayville, NJ 08721

**County (6)**  
Ocean

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Service, Inc

**ASCM No.**

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

**Square Feet**

**# of Floors**

**Bldg. Age (8)**

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

**Day Care**

**Name of Abatement Contractor (9)**  
Resource Management Group, LLC

**Street Address**  
2115 Hamilton Ave, Suite 202

**City, State & Zip Code**  
Trenton, NJ 08619

**Telephone Number**  
609-914-4279

**License Number**  
01185

**Name of OSHA Monitor**  
J&S Environmental Laboratories, Inc

**Street Address**  
2333 Route 22 West

**City, State & Zip Code**  
Union, NJ 07083

**Project Manager for Monitoring Firm**  
Mr. James Proctor

**Telephone Number**  
856-462-1311

**Scheduled Start Date (10)**  
8-24-2018

**Scheduled Completion Date (11)**  
8-28-2018

**Occupancy Status During Abatement (Check only one)**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Normal Hours
  - 8:00am – 5:30pm
  - Describe:
- [ ] Facility Occupied During Abatement

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

- [ ] ≥ 3 sf or ≥ 3 lf
- [ ] ≥ 1 60 sf ≥ 250 lf
- [ ] 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)**

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<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Transite Pipe</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Resource Management Group, LLC

**NUDEP Waste Hauler ID No.**  
0035218

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Growa Landfill

**Disposal Date**  
TBD

**City, State**  
Trenton, NJ

**Completed By (Print or Type)**  
Mr. Brian J. Haney

**Title**  
President

**Signature**  

**Date**  
8-22-2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8-22-2018

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Aqua America

Street Address
752 W. Lancaster Avenue
City, State & Zip Code
Bryn Mawr, PA 19010
Name of Contact
Mike Convery
Telephone Number
610-453-0027

Name of Facility Where Abatement is Taking Place (3)
Aqua America
Street Address
96 US Route 9
City (5)
Bayville, NJ 08721
County (6) Ocean
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Service, Inc
Street Address
PO Box 365
City, State & Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Mr. James Proctor
Telephone Number
856-452-1311

Scheduled Start Date (10)
8-24-2018
Scheduled Completion Date (11)
8-28-2018

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Normal Hours
  8:00am – 5:30pm
  Describe:
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥150 sf or ≥260 lf
- 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)
140 LF

Abatement Type

Name of Registered Waste Hauler
Resource Management Group, LLC
NJDEP Waste Hauler ID No. 0035218

Cubic Yards of Waste TBD

Name of Registered Landfill
Grows Landfill
Disposal Date TBD
City, State
Morrisonville, PA

Completed By (Print or Type)
Mr. Brian J. Haney
Title
President
Signature
Date 8-22-2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)

7  /  11  /  18

Name of Building Owner/Operator (2)
Verizon Communications

Agencies Notified
☐ EPA
☒ DOLWD
☒ DOH
☐ DCA
(NJAC 5:23-6)

Type Notification
☒ Initial
☒ Amended
Amendment #1-7/23/18
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
71 Madison Ave

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Brian Kingsbury

Telephone Number
201 356 6166

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Bergen Central Office

Street Address
71 Madison Ave

City (5)
Jersey City

County (6)
Hudson

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-6040

License No.
00608

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 1907

Scope of Work (Check all that apply)
☒ ≥23 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify - SF or LF)

Abatement Type
Removal
Repair
Encapsulation

Elevator Cab Floor
☐ ☐ ☒ VAT & Mastic
40 SF

Elevator Shaft
☐ ☐ ☒ Pipe Insulation (Wrap & Cut)
140 LF

Elevator Machine Room
☐ ☒ ☒ Pipe Insulation
40 LF

Basement Hallway
☐ ☒ ☒ Pipe Insulation
38 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
3

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date
TBD

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date
7-23-18

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Verizon Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>71 Madison Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07304</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Kingsbury</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESIS</td>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Exchange Place, 13th Floor</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City</td>
<td></td>
</tr>
<tr>
<td>Phone No</td>
<td>201 356 5166</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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<tr>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
<td>☑</td>
<td>VAT &amp; Mastic</td>
<td>40 SF</td>
<td>☑ ☑ ☑ ☑</td>
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<tr>
<td>Elevator Shaft</td>
<td>☑</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>140 LF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td>☑</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
<td>☑ ☑ ☑ ☑</td>
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### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td></td>
<td>Dillon DeCaro</td>
<td>7/11/18</td>
</tr>
</tbody>
</table>

### Notes
- Do not use this form for asbestos licensure exempted activities.

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**ASB-41 JAN 13 2018 18063**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>7 / 11 / 18</td>
<td>Verizon Communications</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ DOLWD</td>
<td>Initial</td>
<td>Brian Kingsbury</td>
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<tr>
<td>☑ DOH</td>
<td>Amended Amendment #4-8/23/18</td>
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<tr>
<td>☐ Emergency (including justification)</td>
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<td></td>
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<tr>
<td>☐ Cancellation</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>71 Madison Ave</td>
<td>Jersey City, NJ 07034</td>
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</table>

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<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>71 Madison Ave</td>
</tr>
<tr>
<td>Jersey City</td>
</tr>
<tr>
<td>Hudson</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
<td>1123 BEAVER STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Jersey City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Kingsbury</td>
<td>201-355-5166</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>7 / 23 / 18</td>
<td>9 / 5 / 18</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>☑ ≥ 180 sf or ≥ 280 if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
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<tr>
<td>☑ Full Containment with Negative Pressure</td>
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<td>☑ Mini-Enclosure</td>
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<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
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<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
<td>☑ No</td>
<td>VAT &amp; Mastic 40 SF</td>
</tr>
<tr>
<td>Elevator Shaft</td>
<td>☑ No</td>
<td>Pipe Insulation (Wrap &amp; Cut) 140 LF</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td>☑ No</td>
<td>Pipe Insulation 40 LF</td>
</tr>
<tr>
<td>Basement Hallway</td>
<td>☑ No</td>
<td>Pipe Insulation 38 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20950</td>
<td>3</td>
<td>MINERVA LANDFILL</td>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>NEW CASTLE, DE</td>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dillan DeCaro</td>
<td>Estimator</td>
<td>Dillan DeCaro</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 11 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
<td>Street Address</td>
<td>71 Madison Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07304</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Kingsbury</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Verizon Bergen Central Office |
| Street Address | 71 Madison Ave |
| City (5) | Jersey City |
| County (6) | Hudson |
| Name of Monitoring Firm Hired by Building Owner (8) | ESIS |
| Telephone No. | 201 356 5166 |

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

### Current Use (Prior to being demolished)
- [x] Verizon Communications
- [ ] BRISTOL ENVIRONMENTAL, INC.

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 3:00PM - PM 11:30PM |

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

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

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT &amp; Mastic</td>
<td>40 LF</td>
</tr>
<tr>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>140 LF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>38 LF</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC. | NJDEP Waste Hauler ID No. 20990 |
| City, State | NEW CASTLE, DE |

### Completed By (Print or Type) | Dillan DeCaro |
| Title | Estimator |
| Signature | Dillan DeCaro |
| Date | 7-26-18 |

*Note: Do not use this form for asbestos licensure, special handling, or disposal.*
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)
SRI International

Agencies Notified
- EPA
- DOL/WD
- DOH
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address
201 Washington Road

City, State, Zip Code
Princeton, NJ 08540

Name of Contact
Ed Compta
Telephone Number
609-734-2010

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
SRI International

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

Square Feet
100,000

# of Floors
2

Bldg. Age
55

County Code [STATE USE ONLY]
Current Use (Prior if being demolished)
long term care facility

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

Names of OSHA Monitor (7)
Plymouth Environmental Co. Inc.

Street Address
1253 N. Church Street

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Jim Guilardi
Telephone No.
856-840-8800

License No.
0398

Start Date (10) 9 / 10 / 18
Scheduled Completion Date (11) 9 / 28 / 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: 7:00 AM - 3:30 PM
PM - 5:00 AM

Scope of Work (Check all that apply)
- All at least 23 sf or ≥ 23 sf
- All at least 260 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

I am 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)
5LF

Abatement Type
- Removal
- Repair
- Encapsulation
- Endorsement

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

City, State
Newark, NJ

Disposal Date
9/28/18

Name of Registered Landfill
City, State
Morrisville, PA

Completed By (Print or Type)
James M. Kelly
Title
Vice President
Signature
Date 8/14/18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/28/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hazlet Township Board of Education</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Christopher J. Mullins</td>
</tr>
<tr>
<td>Board Secretary</td>
<td>732-264-8402</td>
</tr>
<tr>
<td>Notification Type</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Yes</td>
</tr>
<tr>
<td>DCA</td>
<td>Yes</td>
</tr>
<tr>
<td>DOL</td>
<td>Yes</td>
</tr>
<tr>
<td>DEP</td>
<td>Yes</td>
</tr>
<tr>
<td>DOH</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Middle Road Elementary School</td>
</tr>
<tr>
<td>Street Address</td>
<td>305 Middle Rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hazlet</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7) (State Use Only)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>Environmental Connections Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>Panoramic Window &amp; Door Systems Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>712 Sergeantsville Road</td>
</tr>
<tr>
<td>City State Zip Code</td>
<td>Stockton, NJ 08669</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(609)-392-4200</td>
</tr>
<tr>
<td>License Number</td>
<td>01237</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>IAQ Guru LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>87 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours – 3:00-11:00pm</td>
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</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 lf</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.A.T., or other misc.)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
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<tr>
<td>Exterior of Building</td>
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<tr>
<td>Exterior Window Caulking</td>
<td>135 Windows</td>
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<td>Name of Reg. Waste Hauler</td>
<td>Panoramic Window &amp; Door Sys Inc</td>
</tr>
<tr>
<td>N/DEP Waste Hauler ID #</td>
<td>0936057</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Chrin Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Easton, PA</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Mark M Jovic</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>08/28/18</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
8/27/18

Name of Building Owner/Operator (2)
Coldwell Banker

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

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

Street Address
600 North Avenue West
City, State, Zip Code
Westfield, NJ 07090

Name of Contact
James Murphy

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

Street Address

City (5)
Cranford

County (6)

Union

County Code (7) (STATE USE ONLY)

FACILITY INFORMATION

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

Square Feet
2200
# of Floors
1
Bldg. Age
70

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

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

Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

License No.
973-764-2276

Name of OSHA Monitor

Start Date (10)
9/13/18
Scheduled Completion Date (11)
9/30/18

Occuancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other — Describe:

Scope of Work (Check All That Apply)

- [X] ≥3 sf or ≥3 If
- [X] 150 sf or ≥250 If
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE 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
- [ ] Enclosure

Yes
No
N/A

basement

pipe insulation

195 LF

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City
Freehold, NJ

Disposal Date
TBD

City
Birdsboro PA

Completed by
A. Scott Higgins

Title
President

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 5:60 and 12:120)

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

**Name of Building Owner/Operator (2)**
VLS Builders, Inc.

**Street Address**
175 Darwin Lane

**City, State, Zip Code**
North Brunswick, NJ 08902

**Name of Contact**
Val Shikman

**Telephone Number**
732-430-0169

### FACILITY INFORMATION

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

**Type of Facility (4)**

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

**Square Feet**
6000

**# of Floors**
1

**Bldg. Age**
60

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

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

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

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

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

**Telephone No.**
973-784-2276

**License No.**
703

**Name of OSHA Monitor**

**Street Address**

**City, State, Zip Code**

### SCOPE OF WORK (CHECK ALL THAT APPLY)

- [x] 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**

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

- [x] 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)**

- [ ] plaster
- [ ] 5,000 SF
- [x] X

**Amount (Specify SF or LF)**

**Abatement Type**

- [ ] Endorse
- [ ] Remove
- [ ] Repair
- [ ] Encapsulate

### Name of Registered Waste Hauler

**Newark Carting**

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
TBD

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

**Disposal Date**
TBD

**City, State**
Pen Argyl PA

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
8/27/18

---

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

**State of New Jersey**  
**Pursuant to NJAC 5:69 and 12:2120**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>6/24/18</td>
<td>American Abatement Corp.</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
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<tbody>
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<td>EPA</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<td>DOL</td>
<td>Emergency (including justification)</td>
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<td></td>
<td>Cancellation</td>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>2 English Ln</td>
<td>East Long Island, NY 08234</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>2 English Ln</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th>County Code</th>
<th>Current Use (Prior to Floors)</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anni Jue Abatement LI. LLC</td>
<td>1212 Whistling Ave</td>
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<table>
<thead>
<tr>
<th>Start Date/Time</th>
<th>Scheduled Completion Date</th>
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</thead>
<tbody>
<tr>
<td>3/28/18</td>
<td>8/13/18</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Renovation Demolition</th>
</tr>
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<tbody>
<tr>
<td>TO BE ABATED In Facility</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<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>Yes</td>
<td>Out 5.2'</td>
<td>750 @ 2'</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Siding</td>
<td>3000 @ 2'</td>
<td></td>
</tr>
<tr>
<td>M/A</td>
<td></td>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NIDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anni Jue LLC</td>
<td>262497</td>
<td>142</td>
<td>Wm of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/13/18</td>
<td>Long Island</td>
</tr>
</tbody>
</table>

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

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

**Date of Notification (1)**  
08 / 24 / 18

**Name of Building Owner/Operator (2)**  
Schweitzer-Mauduit Int'I Inc.

**Street Address**  
85 Main Street

**City, State, Zip Code**  
Spotswood, NJ 08884

**Name of Contact**  
Hal Bernstein

**Telephone Number**  
732-723-6241

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Schweitzer-Mauduit-RTL Building

**Street Address**  
85 Main Street

**City (5)**  
Spotswood

**County (6)**  
Middlesex

**County Code (7)**  
(MIDDLESEX)

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

**Square Feet**  
50,000 sf

**# of Floors**  
1

**Bldg. Age**  
80

**Type of Facility (4)**  

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

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

**Street Address**  
1889 Route 9, Unit 61

**City, State, Zip Code**  
Toms River, New Jersey 08755

**Name of OSHA Monitor**  
E.M.S.L. 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/AM-PM

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

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VACT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse</td>
<td>[ ] Yes</td>
<td>asbestos pipe insulation</td>
<td>50 If</td>
<td>[ ]</td>
</tr>
<tr>
<td>Warehouse</td>
<td>[ ] No</td>
<td>asbestos pipe insulation</td>
<td>300 If</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Guardian Contracting, Inc.

**Disposal Date**  
10/08/18

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

**Completed By (Print or Type)**  
Nicholas Fernicola

**Title**  
Project Manager

**Signature**  

**Date**  
5/24/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
08 / 24 / 18

Name of Building Owner/Operator (2): Jacobson Contracting

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

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

Street Address
71 Winant Place
City, State, Zip Code
Staten Island, NY 10309

Name of Contact
Jacobson Contracting
Telephone Number
917-559-9309

FACILITY INFORMATION

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

Street Address

City (5)
Lavallette

County (6)
Ocean

County Code (7)/(STATE USE ONLY)

Current Use (Prior if being demolished)
Residence

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

ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1689 Route 8, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755

Telephone No.
732-349-9932
License No.
00624

Start Date (10)
09 / 07 / 18
Scheduled Completion Date (11)
09 / 11 / 18

Name of OSHA Monitor
E.M.S.L. 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 AM PM

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

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

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
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

Removal
Repair
Encapsulation
Endorse

exterior
asbestos siding
1800 sf

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDPR Waste Hauler ID No. 20223

Cubic Yards of Waste
3
Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
09/11/18
City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernclola
Title
Project Manager
Signature
Date: 8/24/18

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

**State of New Jersey**

**Pursuant to NJAC 8:80 and 5:16**

**Date of Notification (1)**

08 / 24 / 18

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

Binsky & Snyder, LLC

**Street Address**

281 Centennial Avenue

**City, State, Zip Code**

Piscataway, NJ 08854

**Name of Contact**

Nicole Montanile

**Telephone Number**

732-907-3449

**FACILITY INFORMATION**

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

Residence

**City (5)**

South Plainfield

**County (6)**

Middlesex

**Type of Facility (4)**

☑ School (K-12)

☐ Subchapter 8 (Other than K-12)

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

**Square Feet**

2000 sf

**# of Floors**

2

**Bldg. Age**

65

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

Guardian Contracting, Inc.

**Name of Abatement Contractor (9)**

Guardian Contracting, Inc.

**Street Address**

1889 Rte. 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755

**Project Manager for Monitoring Firm**

Nicholas Fermincola

**Telephone No.**

732-349-9932

**Street Address**

1889 Route 9, Unit 61

**City, State, Zip Code**

Toms River, New Jersey 08755

**Telephone No.**

732-349-9932

**License No.**

00624

**Name of OSHA Monitor**

E.M.S.L. Analytical

**Street Address**

1066 Stelton

**City, State, Zip Code**

Piscataway, New Jersey 08854

**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)**

☑ ≥ 100 sf or ≥ 1000 sf

☐ ≥ 100 sf or ≥ 250 sf

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>boiler insulation</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

- Amount (Specify SF or LF)
  - 120 sf

**Abatement Type**

- Removal
- Repair
- Encapsulate

**Name of Registered Waste Hauler**

Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**

20223

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

T.R.R.F.

**Disposal Date**

08/27/18

**City, State**

Tullytown, Pennsylvania

**Completed By (Print or Type)**

Nicholas Fermincola

**Title**

Project Manager

**Signature**

**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 8:16)

Date of Notification (1)
08 / 24 / 18

Name of Building Owner/Operator (2)
Chris Dorko

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

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

Street Address

City, State, Zip Code
Brielle, NJ 08730

Name of Contact
Chris Dorko

Telephone Number

FACILITY INFORMATION

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

City (5)
Brielle

County (6)
Monmouth

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
09 / 06 / 18

Scheduled Completion Date (11)
09 / 10 / 18

Square Feet
1800 sf

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
Residence

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 systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Enclosure

full enclosure

Removal

Repair

Encapsulation

Exclusion

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
09/10/18

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Farnicol

Title
Project Manager

Signature

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 (1)
AUGUST 25 2018

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

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

Name of Building Owner/Operator (2)
RJM CONSTRUCTION SERVICES
Street Address
936 10TH STREET
City, State, Zip Code
GLOUCESTER CITY, NJ 08030
Name of Contact
JAMIE MEGE
Telephone Number
656-4561052

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SINGLE FAMILY DWELLING (VACANT)
Street Address
114 10TH STREET NORTH
City (5)
BRIGANTINE, NJ 082013
County (6)
ATLANTIC
County Code (7) (STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age
60 < >

Current Use (Prior if being demolished)
SINGLE FAMILY DWELLING

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

ASCM No.

Name of Abatement Contractor (9)
EPC TECHNOLOGIES, INC
Street Address
P.O. BOX 337
City, State, Zip Code
NEW EGYPT, NJ 08533

Project Manager for Monitoring Firm

Telephone No.
609-758-3365
License No.
00394

Name of OSHA Monitor
EPC TECH
Street Address
P.O. BOX 337
City, State, Zip Code
NEW EGYPT, NJ 08533

Start Date (10)
SEPT 4, 2018

Scheduled Completion Date (11)
SEPT 11, 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 ft or ≤ 3 ft
☒ ≥ 160 sf or ≥ 260 sf

Renovation
Demolition

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

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

In Facility (13)

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

Yes
No
N/A

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

Amount
(Specify
SF or LF)

Abatement
Removal
Regain
Encapsulate
Endorse

ROOF

X

X

ROOFING MATERIAL

1500 SF

☐

BATHROOM

X

FLOORING MATERIAL

30 SF

☐

Name of Registered Waste Hauler
EPC TECHNOLOGIES
NJDEP Waste Hauler ID No.
17000
Cubic Yards of Waste
8
Name of Registered Landfill
ACUA
City, State
NEW EGYPT, NJ
Disposal Date
BY 8/11/18
City, State
EGG HARBOR TWP, NJ

Completed by
STEVE SCHENKER
Title
PRESIDENT
Signature
Date
AUG 25, 2018

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

Check # 1441  

Date of Notification (1)  August 27, 2018  

Name of Building Owner / Operator (2)  
Bank of America  

Street Address  
125 So. Finley Avenue  
City, State & Zip Code  
Basking Ridge, NJ 07920  

Name of Contact  
August Dolan – Phoenix Diversified Group  
Telephone Number  973-575-4770  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
Bank of America  

Street Address  
125 So. Finley Avenue  
City (5)  
Basking Ridge  

County (6)  
Somerset  

County Code (7)  
USE ONLY  

Name of Monitoring Firm Hired by Building Owner (8)  
Arcadis US Inc.  

ASCM No.  
Name of Abatement Contractor (9)  
Synatech, Inc.  

Street Address  
35 Columbia Road  
City, State & Zip Code  
Branchburg, NJ 08876  

Project Manager for Monitoring Firm  
Telephone Number  808-626-1000  

Scheduled Start Date (10)  
September 15, 2018  
Scheduled Completion Date (11)  
October 15, 2018  

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

Scope of Work (Check all that apply)  
≥3 sf or ≥50 ft  
≥180 sf or ≥260 ft  
Renovation  
Demolition  

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  
Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Encapsulation  
Endorsement  

First Floor Lavatory  
Ceramic Floor Tile Adhesive  
16 SF  
X  

First Floor Lavatory  
Drywall/Joint Compound  
32 SF  
X  

Name of Registered Waste Hauler  
Synatech, Inc.  
NJDEP Waste Hauler ID No.  
27429  
Cubic Yards of Waste  
2  
Name of Registered Landfill  
Fairless Hills  
City, State  
Little Egg Harbor, NJ 08087  
Disposal Date  
October 16, 2018  
City, State  
Morrisville, PA  
Completed By  
Diane Alola  
Title  
Executive Administrator  
Signature  
Date  
August 27, 2018  

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

Date of Notification (1)
08/24/2018

Name of Building Owner/Operator (2)
Myriam Bostwick

Agencies Notified
\[ \square \text{EPA} \quad \square \text{DEP} \quad \square \text{DOL} \quad \square \text{DOH} \quad \square \text{DCA} \]

Type Notification
\[ \square \text{Initial} \quad \square \text{Amended} \quad \square \text{Amendment \#} \quad \square \text{Emergency (including justification)} \quad \square \text{Cancellation} \]

Street Address [REDACTED]

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Myriam Bostwick

Telephone Number

**FACILITY INFORMATION**

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

Street Address [REDACTED]

City (5)
West Orange

County (6)
Essex

County Code (7)

Country Code (STATE USE ONLY) [REDACTED]

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-8685

License No.
01311

Start Date (10)
09/05/2018

Scheduled Completion Date (11)
09/06/2018

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupy Status During Abatement (Check Only One)

\[ \square \text{Facility Closed/Vacated During Entire Period of Abatement} \]

\[ \square \text{Abatement Performed Outside of Normal Facility Hours} \]

\[ \square \text{Other - Describe: Occupied} \]

Scope of Work (Check All That Apply)

\[ \square \text{\#3 or \#3 If} \]

\[ \square \text{\#2500 sf or \#2500 If} \]

\[ \square \text{Renovation} \]

\[ \square \text{Demolition} \]

\[ \square \text{Full Containment with Negative Pressure} \]

\[ \square \text{Min-Endoseal} \]

\[ \square \text{Gloves Bag Procedure} \]

\[ \square \text{Non-Exempted (*) and Non-Friable Procedure} \]

Location of Asbestos-Containing Material (ACM)

**TO BE ABATED**

In Facility (13)

Yes No N/A

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

VAT

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

Amount (Specify SF or LF)
360 SF

Abatement Type

Removal

Repair

Encapsulate

Endorse

Endorse

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

NJDEP Waste Hauler ID No.
20998

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date 08/24/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/24/2018</td>
</tr>
</tbody>
</table>

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

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

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

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Springfield, NJ 07081

**Name of Contact**  
Laura Schiavone

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City**  
Springfield

**County**  
[Redacted]

**ZIP Code**  
[Redacted]

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

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

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

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

**ASCM No.**  
[Redacted]

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

**Street Address**  
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**

**Telephone No.**  
973-345-8685

**License No.**  
01311

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

**Scheduled Completion Date (11)**  
09/06/2018

**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: Occupied

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

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

- [ ] In Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [ ] Yes
- [X] 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
- [ ] Endstage

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

**NJDEP Waste Hauler ID No.**
20599

**Cubic Yards of Waste**
TBD

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

**City, State**
Morrisville, PA

**Completed by**
Oliver Hegedi

**Title**
Project Manager

**Signature**

**Date**  
08/24/2018

---

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

Date of Notification (1)
08/24/2018

Name of Building Owner/Operator (2)
Susan Marcovski

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address

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

City (5)
Morris Plains

County (6)
Morris

County Code (7)
(NOTICE USE ONLY)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-345-8885

License No.
01311

Start Date (10)
09/05/2018

Scheduled Completion Date (11)
09/07/2018

Name of OSHA Monitor

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)

☒ 23 sf or 23 if
☐ 160 sf or 260 sf
☐ Renovation
☒ Demolition

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

☐ Yes
☐ No
☐ N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

□ Yes
☐ No
☐ N/A

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

Amount (Specify SF or LF)
130 SF

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

Abatement Type

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

Completed by
Oliver Hegedis

Title
Project Manager

Signature

Date
08/24/2018

Do not use this form for asbestos license exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1): 8/27/18
Name of Building Owner/Operator (2): Chris Knell Private Home

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

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

Street Address: [Redacted]
City, State, Zip Code: Long Beach Twp NJ 08008

Name of Contact: Eric
Telephone Number:

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

Square Feet: 1000+
# of Floors: 2
Bidg. Age: 35+

Current Use (Prior if being demolished): House

Name of Facility Where Abatement is Taking Place (3):
Chris Knell Private Home

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

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

ASCM No.:

Name of Abatement Contractor (9):
Pernaco Inc.

Street Address: PO Box 328
City, State, Zip Code: West Berlin NJ 08091

Telephone No.: 856-753-9800
License No.: 00727

Name of OSHA Monitor:
Same

Start Date (10): 8/5/18
Scheduled Completion Date (11): 8/14/18

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

Scope of Work (Check All That Apply):
- 23 sf or 23 if
- 2100 sf or 2250 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>[X]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exterior Siding: 1200 ft²

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.: 22459

City, State of Waste: Elm NJ
Disposal Date: 8/14/18

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

City, State: Morrisville PA 19067

Completed by:
Anthony T Perna
Title: President
Signature:
Date: 8/27/18

ASB-41 (R-06-08)

* 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 / 24 / 18

Name of Building Owner/Operator (2)
The College of New Jersey

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

Type Notification
- Initial
- Amended
- Amendment #9-8-24/18
- Emergency (including justification)
- Cancellation

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

Street Address
2000 Pennington Rd.

City (5)
Ewing

County (6)

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
66,000

# of Floors
2

Bldg. Age
88

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

ASCM No.
00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Roy Mosiscant

Telephone No.
610-891-0114

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 8 / 24 / 18

Scheduled Completion Date (11) 06 / 27 / 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 7:00 PM 7:00 PM

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

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

Attic

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

Pipe Insulation
1,500 LF

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

Plaster Ceiling
320 SF

Attic

Clean up of elbow derbris
6 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
19706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
BRIAN SCAFIO
Title
ESTIMATOR

Signature

Date
8/4/18

* 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 / 24 / 18

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

Type Notification
☑ Initial
☑ Amended
☑ Amendment #9-8/24/18
□ Emergency (including justification)
□ Cancellation

Name of Building Owner/Operator (2)
The College of New Jersey

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti
Telephone Number
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

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

Square Feet
66,000

City (5)
Ewing

County (6)
Mercer

County Code (7)/STATE USE ONLY
2

Bldg. Age
88

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

ASCM No.
00021

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

Street Address
1123 Beaver Street

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Roy Mosicant

Telephone No.
610-891-0114

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 Beaver Street

City, State, Zip Code
BRISTOL, PA 19007

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: 3 AM - 7 PM/7:00 AM - 7:00 AM

Start Date (10)
8 / 24 / 18

Scheduled Completion Date (11)
06 / 27 / 18

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 if
□ ≥150 sf or ≥280 if
☑ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

□ Yes
□ No
N/A

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

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

Attic
□ Yes
□ No
□ N/A

Suite 218
□ Yes
□ No
□ N/A

Attic
□ Yes
□ No
□ N/A

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Amount (Specify SF or LF)

Pipe Insulation
1,500 LF

Cubic Yards of Waste

Plaster Ceiling
320 SF

Abatement Type

Name of Registered Landfill
FAIRLESS LANDFILL

Disposal Date

City, State
BRISTOL, PA 19007

Completed By (Print or Type)
BRIAN SCAFIO
Title
ESTIMATOR

Signature

Date
8/24/18

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

Date of Notification (1)
7/10/18

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agencies Notified
- EPA
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended R#5-8/24/18
- Emergency
- Cancellation

Street Address
1930 US Route 130 North
City, State & Zip Code
Burlington NJ 08016

Name of Contact
Mike Woods
Telephone Number
917-838-4314

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226
Street Address
2495 Route 1, Suite 1

City (5)
Lawrenceville
County (6)
Mercer
County Code (7)

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

Square Feet
72500
Bldg. Age
1

Current Use (Prior if being demolished)
Retail

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

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC
Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Frank Westfall
Telephone Number
215-640-5320

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC
Street Address
1123 BEAVER STREET
City, State & Zip Code
BRISTOL, PA 19007

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 7pm
- Facility Occupied During Abatement

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

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

Receiving Area

Aisle Way C-D @ Column 4

Aisle Way C-D @ Column 2

Aisle Way D-E @ Column 1-2

Vestibule G-H @ Column 2-5

Vestibule J & Cashwraps

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Yes
No
N/A

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

Mastic

Amount (Specify SF or LF)
4,000

Abatement Type

Remove
Repair
Encapulate
Enclose

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
40 Cu Yd

Name of Registered Landfill
FAIRLESS HILLS LANDFILL
City, State
MORRISVILLE, PA

Completed By (Print or Type)
PATRICK T. DeCARO
Title
Estimator

Signature

Date
8/24/18

PD 18055
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/10/18</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended R#5-8/24/18</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner / Operator (2)</th>
<th>Burlington Coat Factory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1830 US Route 130 North</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Burlington NJ 08016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Mike Woods</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>917-838-4314</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Burlington Coat Factory Store #226</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>2495 Route 1, Suite 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Lawrenceville</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Mercer</th>
</tr>
</thead>
</table>

| County Code (7) | |
|-----------------| |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGIS</td>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>436 Walnut Street</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Philadelphia, PA 19106</th>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Frank Westfall</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>215-640-5320</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>7/24/18</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>ON HOLD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Hours – 7am to 3pm (10:00 PM – 6:00 AM) Sunday - Thursday</td>
</tr>
<tr>
<td>□ Facility Occupied During Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<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>☑ Glove Bag Procedures</td>
</tr>
<tr>
<td>☑ Non-Exempted and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |
|-----------------|-----------------|
| Yes             | No              |

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastic 512 SF</td>
</tr>
<tr>
<td>Mastic 1,575 SF</td>
</tr>
<tr>
<td>Mastic 900 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscope</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Remove</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20990</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>40 Cu Yd</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>FAIRLESS HILLS LANDFILL</th>
</tr>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>TBD</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>NEW CASTLE, DE 19720</th>
</tr>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>PATRICK T. DeCARO</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Estimator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
</table>

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

PD 18055
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):
The College of New Jersey

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

Type Notification:
- Initial
- Amended
- Amendment #10-8/27/18
- Emergency (including justification)
- Cancellation

Street Address:
2000 Pennington Rd.

City, State, Zip Code:
Ewing, NJ 08628

Name of Contact:
Amanda Radosti

Telephone Number:
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
TCNJ-Green Hall

Street Address:
2000 Pennington Rd.

City (5):
Ewing

County (5):
County Code (7)/(STATE USE ONLY)

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

ASCM No.:
00021

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Project Manager for Monitoring Firm:
Roy Moscicant

Telephone No.:
610-891-0114

Current Use (Prior if being demolished):

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

Square Feet:
66,000

# of Floors:
2

Bldg. Age:
88

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

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- 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</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suite 218</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Attic</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
- Pipe Insulation: 1,500 LF
- Plaster Ceiling: 320 SF
- Clean up of elbow derbris: 6 SF

Cubic Yards of Waste:

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.:
18706

Disposal Date:

Name of Registered Landfill:
FAIRLESS LANDFILL

City, State:
BRISTOL, PA 19007

Completed By (Print or Type):
BRIAN SCAFIO

Title:
ESTIMATOR

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)

State of New Jersey

Date of Notification (1)
6 / 1 / 18

Name of Building Owner/Operator (2)
The College of New Jersey

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

Type Notification
☑ Initial
☐ Amended
Amendment #6-9-17/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

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

Square Feet
66,000

# of Floors
2

Bldg. Age
88

County Code (5) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

ASCM No.
00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Roy Moscancik

Telephone No.
610-691-0114

License No.
00509

Start Date (10)
7 / 5 / 18

Scheduled Completion Date (11)
ON HOLD

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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:

Scope of Work (Check all that apply)
☐ 23 sf or ≥ 23 sf
☑ 160 sf or ≥ 260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox 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
☐ Encapsulation

Location
Attic

Yes
No
N/A

Pipe Insulation
1,500 LF

160 sf or ≥ 260 sf

Yes
No
N/A

Plaster Ceiling
320 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
BRIAN SCAFIO

Title
ESTIMATOR

Signature

Date
8/7/18

* Do not use this form for asbestos licensing 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>
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<th>Type Notification</th>
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<td>Amendment #7-8/7/18</td>
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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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</table>

**Name of Building Owner/Operator (2)**
The College of New Jersey

**Street Address**
2000 Pennington Rd.

**City, State, Zip Code**
Ewing, NJ 08628

**Name of Contact**
Amanda Radosti

**Telephone Number**
609-771-2881

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
TCNJ-Green Hall

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

**Street Address**
2000 Pennington Rd.

**City (5)**
Ewing

**County (6)**
Mercer

**Square Feet**
66,000

**# of Floors**
2

**Bldg. Age**
88

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

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

**ASCM No.**
00021

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

**Street Address**
1123 BEAVER STREET

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

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

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

**Start Date (10)**
7 / 5 / 18

**Scheduled Completion Date (11)**
8 / 17 / 18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/7:00AM-7:00AM

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

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

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<thead>
<tr>
<th>Attic</th>
<th>Pipe Insulation</th>
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</table>

<table>
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<tr>
<th>Suite 218</th>
<th>Plaster Ceiling</th>
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**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
30706

**Cubic Yards of Waste**
Fairless Landfill

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**
MORRISVILLE, PA 18067

**Completed By (Print or Type)**
BRIAN SCAFIO

**Title**
ESTIMATOR

**Signature**
Brian Scalfi

**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)

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<td>The College of New Jersey</td>
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<td>Street Address</td>
<td>2000 Pennington Rd.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Ewing, NJ 08628</td>
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<tr>
<td>Name of Contact</td>
<td>Amanda Radostich</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-771-2881</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

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

Square Feet
65,000

# of Floors
2

Bldg. Age
88

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (5)
AET, Inc

ASCM No.
00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-5040

License No.
00058

License Effective Date
05/13/2009

License Expiration Date
05/12/2010

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-788-5040

License No.
00058

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft

☐ Renovation
☐ Demolition

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

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

<table>
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<tr>
<th>(13)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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</tbody>
</table>

Attic

Pipe Insulation

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

Amount (Specify SF or LF)
1,500 LF

Abatement Type

Encapsulation

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Disposal Date

Name of Registered Lend Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Completed By (Print or Type)
BRIAN SCAFPO

Title
ESTIMATOR

Signature

Date
8/3/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

Date of Notification (1)
6 / 1 / 18

Name of Building Owner/Operator (2)
The College of New Jersey

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #5-7/30/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti
Telephone Number
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
TCNJ-Green Hall

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

Square Feet
66,000

# of Floors
2

Bldg. Age
88

County Code (5)/STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)
AET, Inc
ASCM No.
00021

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

Street Address
28 Pennell Rd

City, State, Zip Code
Media, PA 19063

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
610-881-0114

Project Manager for Monitoring Firm
Roy Mosicant

Telephone No.
215-768-6040

Start Date (10)
7 / 5 / 18

Scheduled Completion Date (11)
8 / 10 / 18

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

Attic

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

☐ 3 or more stories
☐ 160 sq ft or more

Location
Is Location
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)
1,500 LF

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

Disposal Date
City, State
MORRISVILLE, PA 19067

Name of Registered Landfill
FAIRLESS LANDFILL

Completed By (Print or Type)
BRIAN SCAFIRIO
Title
ESTIMATOR

Signature
Brian Scafiro
Date
7/30/18

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

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<td>Initial</td>
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<td>- DOLWD</td>
<td>Amended</td>
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<tr>
<td>- DHSS</td>
<td>Amendment #REV #4 - 7/27/18</td>
</tr>
<tr>
<td>- DCA (NJAC 5:23-8)</td>
<td>Emergency (Including justification)</td>
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<tr>
<td>Street Address</td>
<td>2000 Pennington Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ewing, NJ 06808</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Amanda Radosti</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-771-2881</td>
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FACILITY INFORMATION

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<th>TCNJ - Green Hall</th>
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<td>2000 Pennington Rd.</td>
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<tr>
<td>City (5)</td>
<td>Ewing</td>
</tr>
<tr>
<td>County (6)</td>
<td>MERCER</td>
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<td>County Code (7) (STATE USE ONLY)</td>
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</tr>
<tr>
<td>Current Use (Prior to if being demolished)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>AET, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00021</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Roy Mosicant</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-681-0114</td>
</tr>
<tr>
<td>License No.</td>
<td>215-788-8040</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
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<td>BRISTOL, PA 19007</td>
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<td>Start Date (10)</td>
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<td>Scheduled Completion Date (11)</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>- ≥25 sf or ≥3 l f</td>
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</tr>
<tr>
<td>- ≥160 sf or ≥280 l f</td>
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<td>- Renovation</td>
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<tr>
<td>- Demolition</td>
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</table>

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY |
| Location Normally Used Solely by Maintenance/Custodial Staff? | Yes | No | N/A |
| Attic | | |
| Pipe Insulation | 1,600 LF |

Abatement Type |
| Amount (Specify SF or LF) | 1,600 LF |
| Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Description of Asbestos-Containing Material (ACM) | |

Name of Registered Waste Hauler | BRISTOL ENVIRONMENTAL, INC. |
| NJDEP Waste Hauler ID No. | 18706 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | FAIRLESS LANDFILL |
| City, State | |
| BRISTOL, PA 19007 | |
| Completed By (Print or Type) | BRIAN SCAFIO |
| Title | ESTIMATOR |
| Signature | Brian Scafio |
| Date | 7-27-18 |

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)
6 / 1 / 18

Name of Building Owner/Operator (2)
The College of New Jersey

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

Type Notification
- Initial
- Amended
- Amendment # 7/13/18
- Emergency (Including Justification)

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radoest

Telephone Number
609-771-2881

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

County (6)
Mercer

Square Feet
66,000

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

City (5)
Ewing

# of Floors
2

County Code (7) [STATE USE ONLY]

Bldg. Age
66

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

Asbestos No.
00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
610-891-0114

License No.
215-788-6040

BID # 00509

Name of GSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
7 / 5 / 18

Scheduled Completion Date (11)
7 / 31 / 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/ 6:00AM-7:00AM

Scope of Work (Check all that apply)
- ≥3 ft or ≥3 ft
- ≥160 sq ft or ≥260 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (4) and Non-Friable Procedure

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

Pipe Insulation
- Yes
- No
- N/A

Attic
- Yes
- No
- N/A

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
MORRISVILLE, PA 18067

Completed By (Print or Type)
BRIAN SCAFIO

Title
ESTIMATOR

Signature

Date
7/13/18

NOTE: 7/13 - 4 PM - 2:30 AM; 7/14 - 1 PM - 11:30 PM - 7/16 11:30 PM - 7/16 11:30 PM - 7/18 11:30 PM - 7/18 11:30 PM - 7/21 11:30 PM - 7/24 11:30 PM - 7/27 11:30 PM - 7/30 11:30 PM
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<td>Square Feet</td>
<td>65,000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<td>Bidg. Age</td>
<td>88</td>
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<td>County (6)</td>
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<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/7:00PM-7:00AM</td>
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<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
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| Name of Monitoring Firm Hired by Building Owner (8) | AET, Inc. |
| ASCM No.                                           | 00021     |
| Name of Abatement Contractor (9)                   | BRISTOL ENVIRONMENTAL, INC. |
| Street Address                                     | 1123 BEAVER STREET |
| City, State, Zip Code                              | BRISTOL, PA 19007 |
| Telephone No.                                      | 610-881-0114 |
| License No.                                        | 00508 |

| Name of OSHA Monitor                              | BRISTOL ENVIRONMENTAL, INC. |
| Street Address                                     | 1123 BEAVER STREET |
| City, State, Zip Code                              | BRISTOL, PA 19007 |

| Scope of Work (Check all that apply) | |
| Attic                                   | |
| Pipe Insulation                         | 1,500 LF |

| Name of Registered Waste Hauler            | BRISTOL ENVIRONMENTAL, INC. |
| NJ/DEP Waste Hauler ID No.                 | 18706 |
| Disposal Date                             |                           |
| Name of Registered Landfill               | FAIRLESS LANDFILL |
| City, State                              | MORRISVILLE, PA 19067 |
|Completed By (Print or Type)               | BRIAN SCAFRO |
| Title                                    | ESTIMATOR |
| Signature                                | Brian Scafiro |
| Date                                     | 7-5-18 |

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

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

**Date of Notification (1)**

6 / 1 / 18

**Name of Building Owner/Operator (2)**
The College of New Jersey

**Street Address**

2000 Pennington Rd.

**City, State, Zip Code**

Ewing, NJ 08628

**Name of Contact**

Amanda Radoetti

**Telephone Number**

609-771-2881

---

**FACILITY INFORMATION**

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

TCNJ-Green Hall

**Street Address**

2000 Pennington Rd.

**City (5)**

Ewing

**County (6)**

Mercer

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

Current Use (Prior if being demolished)

- 66,000
- 2
- 88

**Type of Facility (4)**

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

---

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

AET, Inc

**ASCM No.**

00021

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 Beaver Street

**City, State, Zip Code**

BRISTOL, PA 19007

**Telephone No.**

215-788-0600

**License No.**

00609

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 Beaver Street

**City, State, Zip Code**

BRISTOL, PA 19007

---

**Project Manager for Monitoring Firm**

Roy Mociscant

**Telephone No.**

610-891-0114

---

**Start Date (10)**

01/01/18

**Scheduled Completion Date (11)**

01/01/18

---

**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: 7:00PM - 7:00AM

---

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

- 2+ sf or ≥3 ft
- ≥100 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

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

- Yes
- No
- N/A

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

- Amount (Specify SF or LF)

- 1,500 LF

---

**Name of Registered Waste Hauler**

BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**

18706

**Cubic Yards of Waste**

**Name of Registered Landfill**

FAIRLESS LANDFILL

**City, State**

BRISTOL, PA 19007

**Disposal Date**

**City, State**

MORRISVILLE, PA 19067

---

**Complied By (Print or Type)**

BRIAN SCAFIO

**Title**

ESTIMATOR

**Signature**

**Date**

6-15-18

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 1 / 18</th>
</tr>
</thead>
</table>

### Agencies Notified
- [X] EPA 01 38
- [X] DOL/WDOS 0256
- [X] DHSS 0171
- [X] DCA 064 (NJAC 5:23-6)

### Name of Building Owner/Operator (2)
The College of New Jersey

### Street Address
2000 Pennington Rd.

### City, State, Zip Code
Ewing, NJ 08812

### Name of Contact
Amanda Radostt

### Telephone Number
609-771-2881

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

#### Street Address
2000 Pennington Rd.

#### City (5)
Ewing

#### County (6)
MERCER

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

#### Current Use (Prior if being demolished)
66,000

#### Square Feet
2

#### # of Floors
88

#### Bidg. Age

#### Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

#### ASCM No.
00021

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

#### Street Address
1123 BEAVER STREET

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

#### Telephone No.
610-891-0114

#### License No.
09090

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

#### Street Address
1123 BEAVER STREET

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

### Start Date (10)
6 / 18 / 18

### Completed Date (11)
7 / 18 / 18

### Scope of Work (Check all that apply)
- [X] Renovation
- [ ] Demolition

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

#### Attic
- [ ] Yes
- [X] No
- [ ] N/A

#### Pipe Insulation
- [ ] 1,500 LF

### Description of Asbestos Containing Material (ACM)

#### Amount (Specify SF or LF)
1,500 LF

### Location

#### Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

#### NJ/DEP Waste Hauler ID No.
18706

#### Cubic Yards of Waste

#### Name of Registered Landfill
FAIRLESS LANDFILL

#### City, State
BRISTOL, PA 19007

#### Disposal Date

#### Title
ESTIMATOR

#### Signature
Brian Scafiro

#### Date
6/1/18

---

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

Date of Notification (1) 7/10/18

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agencies Notified Type Notification
EPA Initial
DEP Amended R#4-6/10/18
DOL Emergency
DOL Cancellation
DOL
DCA

Street Address
1830 US Route 130 North

City, State & Zip Code
Burlington NJ 08016

Name of Contact
Mike Woods

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
2495 Route 1, Suite 1

City (5)
Lawrenceville

County (6)
Mercer

County Code (7)

ACSM No.

Type of Facility (4)

Retail

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)

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

Street Address
438 Walnut Street

City, State & Zip Code
Philadelphia, PA 19106

Project Manager for Monitoring Firm Telephone Number
Frank Westfall 215-640-5320

Scheduled Start Date (10) Scheduled Completion Date (11)
7/24/18 (Back on site 8/19/18) 9/28/18

Occuany Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Sunday - Thursday
Facility Occupied During Abatement

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

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

Rear Offices

Break Room, Mens Room & Corridor

Ladies Room, Corridor & Sales Floor

Yes No N/A

Mastic

Mastic

Mastic

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
40 Cu Yd

Name of Registered Landfill
FAIRLESS HILLS LANDFILL

Disposal Date
TBD

City, State
MORRISVILLE, PA

Completed By (Print or Type)
PATRICK T. DeCARO
Title
Estimator

Signature

Date
8/10/18
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
7/10/18

**Name of Building Owner / Operator (2)**
Burlington Coat Factory

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

<table>
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<tr>
<td>Amended R# 4-8/10/18</td>
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</tr>
<tr>
<td>Emergency</td>
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</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
1830 US Route 130 North
Burlington NJ 08016

**City, State & Zip Code**

**Name of Contact**
Mike Woods

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Burlington Coat Factory Store #226

**Street Address**
2495 Route 1, Suite 1

**City (5)**
Lawrenceville

**County (6)**
Mercer

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**
72500

**# of Floors**
1

**Bldg. Age**
50

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL INC

**Street Address**
1123 BEAVER STREET

**City, State & Zip Code**
BRISTOL, PA 19007

**Telephone Number**
215-788-6040

**License Number**
00509

**Name of OSHA Monitor**

**Street Address**
1123 BEAVER STREET

**City, State & Zip Code**
BRISTOL, PA 19007

**Project Manager for Monitoring Firm**
Frank Westfall

**Telephone Number**
215-640-5320

**Scheduled Start Date (10)**
7/24/18

**Scheduled Completion Date (11)**
9/28/18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

**Describe:**
(10:00 PM – 6:00 AM)

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

- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition

**Type of Containment**

- 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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Mastic 4,000</td>
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<tr>
<td>Mastic 436 SF</td>
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<tr>
<td>Mastic 436 SF</td>
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<tr>
<td>Mastic 300 SF</td>
<td></td>
</tr>
<tr>
<td>Mastic 1100 SF</td>
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<tr>
<td>Mastic 900 SF</td>
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**Receiving Area**

<table>
<thead>
<tr>
<th>Aisle Way C-D @ Column 4</th>
<th>X</th>
<th>X</th>
<th>X</th>
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<table>
<thead>
<tr>
<th>Aisle Way C-D @ Column 2</th>
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<th>X</th>
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<table>
<thead>
<tr>
<th>Aisle Way D-E @ Column 1-2</th>
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<th>X</th>
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<table>
<thead>
<tr>
<th>Vestibule G-H @ Column 2-5</th>
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<th>X</th>
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<table>
<thead>
<tr>
<th>Vestibule J &amp; Cashwraps</th>
<th>X</th>
<th>X</th>
<th>X</th>
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</thead>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

<table>
<thead>
<tr>
<th>Name</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 20990</td>
<td>40 Cu Yd</td>
<td>FAIRLESS HILLS LANDFILL</td>
</tr>
</tbody>
</table>

**Disposal Date**
TBD

**City, State**
NEW CASTLE, DE 19720

**Completed By (Print or Type)**
PATRICK T. DeCARO

**Title**
Estimator

**Signature**

**Date**
8/10/18

PD 18055
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
7/10/18

Name of Building Owner / Operator (2)  
Burlington Coat Factory

Agencies Notified Type Notification  
EPA Initial

Street Address  
1830 US Route 130 North

City, State & Zip Code  
Burlington, NJ 08016

Name of Contact  
Mike Woods

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Burlington Coat Factory Store #226

Street Address  
2495 Route 1, Suite 1

City (5)  
Lawrenceville

County (6)  
Mercer

County Code (7)  

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

ASCM No.  

Type of Facility (4)  

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet  
72500

# of Floors  
1

Bldg. Age  
50

Current Use (Prior to being demolished)  
Retail

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL INC

Street Address  
1123 BEAVER STREET

City, State & Zip Code  
BRISTOL, PA 19007

Telephone Number  
215-788-6040

License Number  
00509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL INC

Street Address  
1123 BEAVER STREET

City, State & Zip Code  
BRISTOL, PA 19007

Scheduled Start Date (10)  
7/24/18

Scheduled Completion Date (11)  
8/20/18

(Back on site 8/12/18)

Occupancy Status During Abatement (Check only one)  

 Facility Closed/Vacated During Entire Period of Abatement

 Abatement Performed Outside of Normal Hours – 7am to 3pm
 Description: (10:00 PM – 6:00 AM) Sunday - Thursday

 Scope of Work (Check all that apply)

 ≥3 sf or ≥3 if

 ≥160 sf or ≥50 if

 Renovation

 Demolition

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

 (13)

 Is Location Normally Used Solely by Maintenance or 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

 Rear Offices

 Break Room, Mens Room & Corridor

 Ladies Room, Corridor & Sales Floor

 Full Containment with Negative Pressure

 Mini-Enclosure

 Glove Bag Procedures

 Non-Exempted and Non-Friable Procedure

 Name of Registered Waste Hauler  

 SERVICE TRANSPORT GROUP, INC.

 City, State  
 NEW CASTLE, DE 19720

 Completed By (Print or Type)  
PATRICK T. DeCARO

 Title  
 Estimator

 Signature  

 Name of Registered Landfill  
 FAIRLESS HILLS LANDFILL

 City, State  
 MORRISVILLE, PA

 Disposal Date  
 TBD

 Cubic Yards of Waste  
 40 Cu Yd

 Name  

 Date  
 8/10/18

 PD 18055
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/18

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>✔ DEP</td>
<td>Amended R#3-8/10/18</td>
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<td>✔ DOL</td>
<td>Emergency</td>
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<td>✔ DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>✔ DCA</td>
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</tbody>
</table>

Street Address
1830 US Route 130 North
Burlington NJ 08016

Name of Contact
Mike Woods

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
2495 Route 1, Suite 1

City (5)
Lawrenceville

County (6)
Mercer

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
436 Walnut Street
Philadelphia, PA 19106

Phone Number
215-640-5320

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

License Number
00509

Type of Facility (4)
Retail

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm (10:00 PM – 6:00 AM)
- Facility Occupied During Abatement

Description (Specify SF or LF)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility

Receiving Area

Aisle Way C-D @ Column 4
Aisle Way C-D @ Column 2
Aisle Way D-E @ Column 1-2
Vestibule G-H @ Column 2-5
Vestibule J & Cashwraps

Location Normally Used Solely by Maintenance or Custodial Staff?

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

Amount

Mastic

4000

436 SF

436 SF

300 SF

1100 SF

900 SF

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 GROUP, INC.

City, State
NEW CASTLE, DE 19720

Disposal Date
TBD

Date
8/10/18

Patrick T. DeCARO
Title
Estimator

Signature

FAIRLESS HILLS LANDFILL

City, State
MORRISVILLE, PA
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120) 

Date of Notification: 7/10/18

Name of Building Owner / Operator: Burlington Coat Factory

Street Address: 1830 US Route 130 North, Burlington, NJ 08016

Name of Contact: Mike Woods

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Burlington Coat Factory Store #226

Street Address: 2495 Route 1, Suite 1

City: Lawrenceville  County: Mercer  County Code: 09

Name of Monitoring Firm Hired by Building Owner: ESIS

Type of Facility: Retail

Square Feet: 72500  # of Floors: 1  Bldg. Age: 50

Current Use (Prior to being demolished): Retail

Name of Abatement Contractor: BRISTOL ENVIRONMENTAL INC

Street Address: 1123 BEAVER STREET, BRISTOL, PA 19007

License Number: 00509

Name of OSHA Monitor: BRISTOL ENVIRONMENTAL INC

Street Address: 1123 BEAVER STREET, BRISTOL, PA 19007

Occupy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm (10:00 AM - 6:00 AM) Sunday - Thursday
- Facility Occupied During Abatement

Scheduled Start Date: 7/24/18

Scheduled Completion Date: ON HOLD

Scope of Work (Check all that apply):
- Renovation
- Demolition
- 3 sf or 3 if
- 360 sf or 280 if
- 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:
- Yes
- No
- N/A

Is Location Normally Used Solely by Maintenance or 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):
- 512 SF
- 1,575 SF
- 900 SF

Name of Registered Waste Hauler:
- NEW CASTLE TRANSPORT GROUP, INC.
- NJDEP Waste Hauler ID No. 209890

Cubic Yards of Waste:
- 40 Cu Yd

Name of Registered Landfill:
- FAIRLESS HILLS LANDFILL

Completed By (Print or Type):
- PATRICK T. DeCARO

Title:
- Estimator

Signature:

Date:
- 8/6/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
7/10/18

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

Type of Notification
☐ Initial
☐ Amended R#2-8/6/18
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Burlington Coat Factory

Street Address
1830 US Route 130 North
City, State & Zip Code
Burlington NJ 08016

Name of Contact
Mike Woods

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
2495 Route 1, Suite 1

City (5)
Lawrenceville

County (6)
Mercer

County Code (7)

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

ASCM No.

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

Square Feet
72600

# of Floors
1

Bldg. Age
50

Current Use (Prior to being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

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

Telephone Number
215-788-6040

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

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

Scheduled Start Date (10)
7/24/18

Scheduled Completion Date (11)
OH NOLD

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:
(10:00 AM – 6:00 AM)
☐ 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

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

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

Amount (Specify SF or LF)

Abatement Type

Receiving Area
☐ Yes
☐ No
☐ N/A

Aisle Way C-D @ Column 4
☐ Mastic
4,000

Aisle Way C-D @ Column 2
☐ Mastic
436 SF

Aisle Way D-E @ Column 1-2
☐ Mastic
436 SF

Vestibule G-H @ Column 2-5
☐ Mastic
300 SF

Vestibule J & Cashwraps
☐ Mastic
1100 SF

☐ Mastic
900 SF

Name of Registered Waste Hauler
NJDEF Waste Hauler ID No.
20990

Cubic Yards of Waste
40 Cu Yd

Name of Registered Landfill
FAIRLESS HILLS LANDFILL

Service Transport Group, Inc.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Date
8/6/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/11/18

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agency Notified Type Notification

- EPA Initial
- DEP Amended R#1-7/20/18
- DOL Emergency
- DOH Cancellation
- DCA

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
2486 Route 1, Suite 1

City (5) Lawrenceville
County (6) Mercer
County Code (7)

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

Street Address
438 Walnut Street

City, State & Zip Code
Philadelphia, PA 19106

Project Manager for Monitoring Firm
Frank Westfall

Telephone Number
215-640-5320

Scheduled Start Date (10) 7/24/18
Scheduled Completion Date (11) 8/20/18

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: (10:00 PM - 6:00 AM) Sunday - Thursday
- Facility Occupied During Abatement

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

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

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Committed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Amount (Specify SF or LF)
Mastic 512 SF
Mastic 1,575 SF
Mastic 900 SF

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedures
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/18

Name of Building Owner / Operator (2) Burlington Coat Factory

Type of Notification

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended Rd #1-7/20/18
- Emergency
- Cancellation

Street Address
1830 US Route 130 North
Burlington NJ 08016

Name of Contact
Mike Woods

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #226

Street Address
2495 Route 1, Suite 1

City (5)
Lawrenceville

County (6)
Mercer

County Code (7) ASCM No.

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

Street Address
436 Walnut Street

City, State & Zip Code
Philadelphia, PA 19106

Project Manager for Monitoring Firm
Frank Westfall

Telephone Number
215-640-5320

Scheduled Start Date (10) 7/24/18
Scheduled Completion Date (11) 8/20/18

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: (10:00 PM – 6:00 AM)
- Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location

Asbestos-Containing Material (ACM) in Facility

Yes No N/A

Mastic
4,000

Removal

Repair

Encapsulate

Endicap

Receiving Area

Aisle Way C-D @ Column 4
Aisle Way C-D @ Column 2
Aisle Way D-E @ Column 1-2
Vestibule G-H @ Column 2-6
Vestibule J & Cashwraps

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature

Date
7/20/18

PD 18055
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/10/18

Agencies Notified:
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator:
**Burlington Coat Factory**
Street Address:
1830 US Route 130 North
City, State & Zip Code:
Burlington, NJ 08016
Name of Contact:
Mike Woods

Name of Facility Where Abatement Is Taking Place (3):
Burlington Coat Factory Store #226
Street Address:
2495 Route 1, Suite 1

City: Lawrenceville
County: Mercer
County Code: 72500
Bldg. Age: 50

Name of Monitoring Firm Hired by Building Owner (8):
ESIS
Street Address:
436 Walnut Street
City, State & Zip Code:
Philadelphia, PA 19106

Project Manager for Monitoring Firm:
Frank Westfall
Telephone Number:
215-640-5320

Scheduled Start Date (10):
7/24/18
Scheduled Completion Date (11):
8/20/18

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

Describe:
(10:00 PM – 6:00 AM)

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

Square Feet:
72500

Current Use (Prior if being demolished):
Retail

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL INC
Street Address:
1123 BEAVER STREET
City, State & Zip Code:
BRISTOL, PA 19007

Telephone Number:
215-788-6040
License Number:
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL INC
Street Address:
1123 BEAVER STREET
City, State & Zip Code:
BRISTOL, PA 19007

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous):
Mastic
Amount (Specify SF or LF):
4,300

Abatement Type:

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

Cubic Yards of Waste:

Disposal Date:
TBD

Name of Registered Landfill:
MINERVA LANDFILL
City, State:
WAYNESBURG, OH 44688

Completed By:
PATRICK T. DeCARO
Title:
Estimator
Signature:
Patrick T. DeCaro / Jr
Date:
7/10/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
08/28/2018

Name of Building Owner/Operator (2)
The Chemours Company

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

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

Street Address
1007 Market Street
City, State, Zip Code
Wilmington, DE 19899

Name of Contact
Jim Lacey

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chemours Chamber Works Facility - A&B Building - 152/788

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

City (5)
Deepwater

County Code (7)
(SALEM)

County (6)
Salem

Square Feet
29,250

County Code (7)
(SALEM)

County (6)
Salem

Current Use (Prior if being demolished)
Chemical Plant

Name of Building Owner/Operator (2)
The Chemours Company

ASCM No.

Name of Abatement Contractor (8)
Brandenburg Industrial Service Company

Street Address
760 Pulaski Highway
City, State, Zip Code
Bear, DE 19701

Telephone No.
302-326-2333

License No.
00721

Name of OSHA Monitor
Brandenburg

Street Address
2217 Spillman Drive
City, State, Zip Code
Bethlehem, PA 18015

Start Date (10)
09/11/2018

Scheduled Completion Date (11)
10/12/2018

Scope of Work (Check All That Apply)
- 23 sq or 23 ft
- 2100 sq or 2600 ft
- Renovation
- Demolition

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

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

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Roof

X

Roofing Membrane

7516 SF

X

Roof

X

Roof Flashing

725 LF

X

Exterior Sheeting

X

Galbestos

25905 SF

X

Name of Registered Waste Hauler
Brandenburg Industrial Service Co

City, State
Bethlehem, PA

Disposal Date
9/11/18-10/16/18

Name of Registered Landfill
Chemours Onsite/

City, State
Deepwater NJ

Completed by
Stephen Carne

Title
Environmental Manager

Signature

Date
08/28/2018

* 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>06 / 28 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Muhlenberg Urban Renewal, LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA √, DOLWD √, DOH √, DCA (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended Amendment #1</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Broad Street, Suite 400</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Warren Sprake</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Commercial |
| Street Address | 1200 Randolph Road - Building 7 |
| City (5) | Plainfield |
| County (6) | Union |
| County Code (7)/STATE USE ONLY | |
| Current Use (Prior if being demolished) | |

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

| Bio Terra Solutions |

**Name of Abatement Contractor (9)**

| ALL PRO MANAGEMENT LLC |

**Project Manager for Monitoring Firm**

| Rick Eustaqui |

**Telephone No.**

| 973-494-3762 |

| Street Address | P.O. Box 1224 |
| City, State, Zip Code | Union, NJ |

**License No.**

| 1188 |

**Telephone No.**

| 973-928-4888 |

| Street Address | 27 Outwater Lane |
| City, State, Zip Code | Garfield, NJ 07026 |

**Occupancy Status During Abatement**

| Check only one |

| ☒ Facility Closed/Vacated During Entire Period of Abatement |

**Time of Abatement:**

| AM | PM |
| 07 | 30 |

**Scheduled Completion Date (11)**

| 09 | 30 | 18 |

**Name of OSHA Monitor**

| ALL PRO MANAGEMENT LLC |

**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 |

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

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

| Cubic Yards of Waste |
| As Needed |

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

| City, State |
| Waynesburg, OH/ Morristown, PA |

| Disposal Date |
| TBD |

| Equipment |
| Removal |
| Repair |
| Endoscope |

| Baseline |
| Pipe Insulation- Wrap and Cut | 400 LF |
| Elbow Insulation | 18 Elbows |

**Name of Registered Waste Hauler**

| ATC/ Century Waste, LLC |

| NJDEP Waste Hauler ID No. |
| SW-2431032797 |

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

| Title |
| Project Manager |

| Signature |
| Allen Monchik |

| Date |
| 08/26/18 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 19 / 18</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Muhlenberg Urban Renewal, LLC</td>
</tr>
</tbody>
</table>
| Agencies Notified | U.S. EPA  
DOLWD  
DOH  
DCA (NJAC 5:23-8) |
| Type Notification | Initial  
Amended  
Emergency (including justification)  
Cancellation |
| Street Address | 2 Broad Street, Suite 400 |
| City, State, Zip Code | Bloomfield, NJ 07003 |
| Name of Contact | Warren Sprake |
| Telephone Number | 908-670-5711 |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Commercial |
| Street Address | 1200 Randolph Road- Building 7 |
| City (5) | Plainfield  
County (6) | Union |
| County Code (7) (STATE USE ONLY) |  |
| Current Use (Prior to being demolished) |  |
| Name of Monitoring Firm Hired by Building Owner (8) | Bio Terra Solutions |
| ASCM No. |  |
| Name of Abatement Contractor (9) | ALL PRO MANAGEMENT LLC |
| Street Address | 27 Outwater Lane |
| City, State, Zip Code | Garfield, NJ 07026 |
| Project Manager for Monitoring Firm | Rick Eustaquito |
| Telephone No. | 973-494-3762 |
| Schedule Completion Date (11) | 08 / 31 / 18 |
| Start Date (10) | 07 / 30 / 18 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM/____ PM/____ PM/____ AM  
X Saturday |
| Scope of Work (Check all that apply) |  
Renovation  
Demolition  
Wrap and Cut  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebox Procedure  
Non-Exempted (*) and Non-Friable Procedure |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) |  
Basement  
Basement  
Pipe Insulation- Wrap and Cut  
Elbow Insulation  
400 LF  
18 Elbows |

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>ATC/ Century Waste, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Allan Monchik</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>
| Signature | Allan Monchik  
Date | 7/19/18 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 28 / 18</td>
<td>Cape May County; Department of Public Works</td>
</tr>
</tbody>
</table>

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

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

Street Address:  
4 Moore Rd., DN 402  
City, State, Zip Code:  
Cape May Court House, NJ 08210

Name of Contact:  
Ms. Nancy Mauro  
Telephone Number:  
609-465-1418

**FACILITY INFORMATION**

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

Street Address:  
384 Ranger Road- Cape May County Airport

City (6):  
Lower Township  
County (5):  
Cape May  
County Code (7):  
STATE USE ONLY

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

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

Name of OSHA Monitor:  
ALL PRO MANAGEMENT LLC

Start Date (10):  
09 / 06 / 18

Scheduled Completion Date (11):  
09 / 30 / 18

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tunnel- Exterior</td>
<td>[ ] Yes [ ] No [ ] N/A</td>
<td>Pipe Insulation</td>
<td>210 LF</td>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Trench Outside</td>
<td>[ ] Yes [x] No [ ] N/A</td>
<td>Pipe Insulation</td>
<td>120 LF</td>
<td>[ ] Mini-Enclosure</td>
</tr>
<tr>
<td>Furnaces- Exterior</td>
<td>[ ] Yes [ ] No</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>[ ] Glovebag Procedure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:  
Newark Carting

Cubic Yards of Waste As Needed:  
NJDEP Waste Hauler ID No.  
ID 02383

Disposal Date:  
TBD

Name of Registered Landfill:  
IESI Bethlehem Landfill

City, State:  
Bethlehem, PA

Completed By (Print or Type):  
Allen Monchek  
Title:  
Project Manager  
Signature:  
Allen Monchek  
Date:  
08/28/18

* 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)
8/28/2018

Name of Building Owner/Operator (2)
State of New Jersey, DPMC

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

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

FACILITY INFORMATION

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

Street Address
28 E. Green St

City (5)
Woodbridge, NJ

County Code (6)
Middlesex

County Code (7)

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

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

Street Address
135 Kinnelon Rd.

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

License No.
01228

Start Date (10)
09/24/2018

Scheduled Completion Date (11)
09/25/2018

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☒ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
120 if

Abatement Type
☐ Removal
☐ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
1

Name of Registered Landfill
Waste Management Fairless

City, State
Fairless Hills, PA

Disposal Date
09/25/2018

Completed by
John Mucha

Title
Senior Project Manager

Signature

Date
8/28/2018

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

Date of Notification (1) 8/28/2018  
Agencies Notified  
- [x] EPA  
- [x] DOL  
Name of Building Owner/Operator (2)  
State of New Jersey, DPMC  
Street Address  
33 West State Street  
City, State, Zip Code  
Trenton, NJ 08608  
Name of Contact  
Regina Bruno  
Telephone Number  
609-433-8745

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Abandoned Flood House  
Street Address  
132 Crampton Ave
City (5)  
Woodbridge, NJ  
County (6)  
Middlesex  
County Code (7)  
[STATE USE ONLY]  
Square Feet  
2500  
# of Floors  
2  
Bldg. Age  
50 +

Current Use (Prior if being demolished)  
[ ] Abandoned Flood Home

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

Name of Monitoring Firm Hired by Building Owner (8)  
N/A
Name of Abatement Contractor (9)  
Yannuzzi Environmental Services, Inc.
Street Address  
135 Kinnelon Rd.
City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  
Street Address  
135 Kinnelon Rd.
City, State, Zip Code  
Kinnelon, NJ 07405

Telephone No.  
908-218-0880  
License No.  
01228

Start Date (10)  
09/13/2018  
Scheduled Completion Date (11)  
09/17/2018

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

Scope of Work (Check All That Apply)  
- [x] ≥36 sf or ≥2 ft  
- [ ] ≥160 sf or ≥280 sf  
- [ ] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (15)  
Exterior Walls  
Transite Siding  
4300 sf  

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

Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Name of Registered Waste Hauler  
Yannuzzi Group, Inc.
NJDEP Waste Hauler ID No.  
17467
Cubic Yards of Waste  
20
Name of Registered Landfill  
Waste Management Fairless
City, State  
Kinnelon, NJ  
Disposal Date  
09/18/2018  
City, State  
Fairless Hills, PA  
Date  
8/28/2018

* 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

Name of Building Owner/Operator (2)
State of New Jersey, DPMC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
33 West State Street
Trenton, NJ 08608

City, State, Zip Code

Name of Contact
Regina Bruno
Telephone Number
609-433-8745

FACILITY INFORMATION

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

Street Address
76 S. Robert St
Woodbridge, NJ

City (5)

County Code (7)
(MIDDLESEX)

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

ASCM No.

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

Street Address
135 Kinnelon Rd.

City, State, Zip Code
Kinnelon, NJ 07405

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Rd.

City, State, Zip Code
Kinnelon, NJ 07405

Start Date (10)
09/06/2018

Scheduled Completion Date (11)
09/10/2018

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☒ ≥150 sf or ≥260 lf
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

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, VAI, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulation
☒ Enclosure

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
100

Name of Registered Landfill
Waste Management Fairless Hills

City, State
Fairless Hills, PA

Disposal Date
09/11/2018

Completed by
John Mucha

Title
Senior Project Manager

Signature

Date
8/28/2018

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

Date of Notification (1)  
8/28/2018

Name of Building Owner/Operator (2)  
Name of Contact  
Regina Bruno  
Telephone Number  
609-433-8745

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

Street Address  
33 West State Street
City, State, Zip Code  
Trenton, NJ 08608

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Abandoned Flood House
Street Address  
587 Watson Ave
City (5)  
Woodbridge, NJ
County (6)  
Middlesex
County Code (7)  
(STATE USE ONLY)  
Current Use (Prior if being demolished)  
Abandoned Flood Home

Name of Monitoring Firm Hired by Building Owner (8)  
N/A
Name of Abatement Contractor (9)  
Yannuzzi Environmental Services, Inc.
Street Address  
135 Kinnelon Rd.
City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  
Telephone No.  

Start Date (10)  
09/19/2018
Scheduled Completion Date (11)  
09/21/2018

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

Scope of Work (Check All That Apply)  
☐ ≥ 2500 sf or ≥ 3 if  
☐ ≥ 1600 sf or ≥ 280 sf  
☒ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.
NJDEP Waste Hauler ID No.  
17467
Cubic Yards of Waste  
42
Name of Registered Landfill  
Waste Management Fairless
City, State  
Kinnelon, NJ  
City, State  
Fairless Hills, PA
Completed by  
John Mucha *  
Title  
Senior Project Manager  
Signature  
Date  
8/28/2018

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

Date of Notification (1) 8/28/2018

Name of Building Owner/Operator (2) State of New Jersey, DPMC

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☐ Amended
☐ DOL ☐ Emergency (including justifications)
☐ DOH ☐ Cancellation

Street Address 33 West State Street

City, State, Zip Code Trenton, NJ 08608

Name of Contact Regina Bruno Telephone Number 609-433-8745

FACILITY INFORMATION

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

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

Street Address 535 Pearl Ave

City (5) Woodbridge, NJ

County Code (6) Middlesex

Square Feet 2500

# of Floors 2

Bldg. Age 50 +

Current Use (Prior if being demolished) Abandoned Flood Home

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

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

Street Address 135 Kinnelon Rd.

City, State, Zip Code Kinnelon, NJ 07405

Project Manager for Monitoring Firm Telephone No.

Telephone No. 908-218-0880 License No. 01228

Start Date (10) 09/13/2018 Scheduled Completion Date (11) 9/19/2018

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥250 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of</th>
<th>Is Location</th>
<th>Description of</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Normally</td>
<td>Asbestos Containing Material (ACM)</td>
<td>(Specify SF or LF)</td>
</tr>
<tr>
<td>(13)</td>
<td>Used Solely</td>
<td>(i.e. thermal systems insulation,</td>
<td>for Cleanup</td>
</tr>
<tr>
<td></td>
<td>by Maintenance/</td>
<td>surfacing, VAT, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custodial Staff?</td>
<td>other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>☑</td>
<td>Roofing</td>
<td>1800 sf</td>
</tr>
<tr>
<td>Sub-Surface</td>
<td>☑</td>
<td>Foundation Waterproofing</td>
<td>1500 sf</td>
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</table>

Name of Registered Waste Hauler Yannuzzi Group, Inc.
NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste 20

Name of Registered Landfill Waste Management Fairless

City, State Kinnelon, NJ Fairless Hills, PA

Disposal Date 09/19/2018

Completed by John Mucha * Title Senior Project Manager

Signature

Date 8/28/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>State of New Jersey, DPMC</th>
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<tbody>
<tr>
<td>8/28/2018</td>
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<table>
<thead>
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<th>Agencies Notified</th>
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<td>[X] Initial</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[X] Amended</td>
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<td>[X] DCA</td>
<td></td>
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<tr>
<td>[X] DOL</td>
<td>[X] Amendment #</td>
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<td></td>
<td>[X] Emergency (including justification)</td>
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<tr>
<td></td>
<td>[X] Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>33 West State Street</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Trenton, NJ 08608</td>
<td>609-433-8745</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Bruno</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Abandoned Flood House</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>75 S. Robert St</td>
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<table>
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<tr>
<th>City (6)</th>
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<tbody>
<tr>
<td>Woodbridge, NJ</td>
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<table>
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<tr>
<th>County Code (7)</th>
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<tr>
<td>Middlesex</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
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<tbody>
<tr>
<td>Abandoned Flood Home</td>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
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<tr>
<td>908-218-0880</td>
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<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Yannuzzi Environmental Services, Inc.</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
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<tbody>
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<tr>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>09/19/2018</td>
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<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Glovebag Procedure (Non-Exempted (*) and Non-Friable Procedure)</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedroom 2 &amp; 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glue dots on ceiling</td>
</tr>
<tr>
<td>Texture Coating</td>
</tr>
<tr>
<td>VAT &amp; Mastic</td>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
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<tbody>
<tr>
<td>300 sf</td>
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<tr>
<td>1000 sf</td>
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<td>300 sf</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (13)</th>
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<tbody>
<tr>
<td>Yannuzzi Group, Inc.</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No. (14)</th>
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<tbody>
<tr>
<td>17467</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste (15)</th>
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<tbody>
<tr>
<td>40</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>Waste Management Fairless</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Kinnelon, NJ</td>
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<table>
<thead>
<tr>
<th>Disposal Date (16)</th>
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<tbody>
<tr>
<td>09/20/2018</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Fairless Hills, PA</td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Mucha</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Senior Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Date</th>
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<tbody>
<tr>
<td>8/28/2018</td>
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</table>

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

Date of Notification (1)  
8/28/2018  
Name of Building Owner/Operator (2)  
State of New Jersey, DPMC

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
Type Notification  
☐ Initial  
☒ Amended  
□ Amendment #     
□ Emergency (including justification)  
□ Cancellation  
Street Address  
33 West State Street  
City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Regina Bruno  
Telephone Number  
609-433-8745

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
Abandoned Flood Home  
Street Address  
70 Sewaren Ave  
City (5)  
Woodbridge, NJ  
County (6)  
Middlesex  
County Code (7)  
(State USE ONLY)  
Square Feet  
2500  
# of Floors  
2  
Bldg. Age  
50 +  
Current Use (Prior to Being demolished)  
Abandoned Flood Home

Name of Monitoring Firm Hired by Building Owner (8)  
ASCN No.  
N/A  
Name of Abatement Contractor (9)  
Yannuzzi Environmental Services, Inc.  
Street Address  
135 Kinnelon Rd.  
City, State, Zip Code  
Kinnelon, NJ 07405  
License No.  
01228

Start Date (10)  
9/10/2018  
Scheduled Completion Date (11)  
9/11/2018  
Name of OSHA Monitor  
Yannuzzi Environmental Services, Inc.  
Street Address  
135 Kinnelon Rd.  
City, State, Zip Code  
Kinnelon, NJ 07405

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-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  
Endoseal

<table>
<thead>
<tr>
<th>Location</th>
<th>是否由维护/看守人员独自使用</th>
<th>描述</th>
<th>量</th>
<th>处理方式</th>
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<tbody>
<tr>
<td>Bedroom Closet</td>
<td>X</td>
<td>Bottom Layer Vat</td>
<td>80 sf</td>
<td>x</td>
</tr>
<tr>
<td>Bathroom</td>
<td>X</td>
<td>Vat &amp; Mastic</td>
<td>20 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.  
NJ/DEP Waste Hauler ID No.  
17467  
Cubic Yards of Waste  
2  
Name of Registered Landfill  
Waste Management Fairless  
City, State  
Kinnelon, NJ  
Disposal Date  
09/18/2018  
City, State  
Fairless Hills, PA  
Completed by  
John Mucha  
Title  
Senior Project Manager  
Signature  
Date  
8/28/2018

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

Date of Notification (1)  
8/28/2018

Name of Building Owner/Operator (2)  
State of New Jersey, DPMC

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

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

Street Address  
33 West State Street

City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Ragina Bruno

Telephone Number  
609-493-8745

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

Street Address  
72 Sewaren Ave

City (5)  
Woodbridge, NJ

County (6)  
Middlesex

County Code (7)  
(State Use Only)  

Current Use (Prior if being demolished)  
Abandoned Flood Home

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

ASCM No.  
Name of Abatement Contractor (9)  
Yannuzzi Environmental Services, Inc.

Street Address  
135 Kinnelon Rd.

City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  

Telephone No.  
908-218-0880

License No.  
01228

Start Date (10)  
09/11/2018

Scheduled Completion Date (11)  
09/14/2018

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

Scope of Work (Check All That Apply)  
☒ ≥3 sf or ≥3 If
☐ ≥190 sf or ≥280 If
☐ ≥500 sf or ≥700 If
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloves Bag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Yes  No  N/A

Basement Windows  
X

Kitchen  
X

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

Basement Windows  
X

Kitchen  
X

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

Location  
Glazing

Amount (Specify SF or LF)  
75 If

Abatement Type

Removal  
Repair  
Encapsulate  
Endorse

Endorse  

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.

NJDPR Waste Hauler ID No.  
17467

Cubic Yards of Waste  
3

Name of Registered Landfill  
Waste Management Fairless

City, State  
Kinnelon, NJ

Disposal Date  
09/18/2018

City, State  
Fairless Hills, PA

Completed by  
John Mucha

Title  
Senior Project Manager

Signature  
[Signature]

Date  
8/28/2018

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

Date of Notification (1) 8/28/2018

Name of Building Owner/Operator (2)
State of New Jersey, DPMC

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

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood Home

Street Address
14 Melbourne Court

City (5)
Woodbridge, NJ

County (6)
Middlesex

County Code (7)

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

ASCM No.

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

Street Address
135 Kinnelon Rd.

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

License No.
908-218-0880
01228

Start Date (10) 9/10/2018
Scheduled Completion Date (11) 9/12/2018

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

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-Fiable Procedure

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

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<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI Pipe Insulation (Wrap &amp; Cut)</td>
<td>350 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Amount of Waste
10

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Fairless

City, State
Kinnelon, NJ

Disposal Date
9/20/2018

City, State
Fairless Hills, PA

Completed by
John Mucha

Title
Senior Project Manager

Signature

Date
8/28/2018

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**

Name of Building Owner/Operator (2):
State of New Jersey, DPMC

Date of Notification (1):
08/28/2018

Name of Contact:
Regina Bruno

Telephone Number:
609-433-8745

**FACILITY INFORMATION**

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

Street Address:
2 Wedgewood Ave

City (5):
Woodbridge, NJ

County (6):
Middlesex

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

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

Street Address:
135 Kinnelon Rd.

City, State, Zip Code:
Kinnelon, NJ 07405

Project Manager for Monitoring Firm:

Telephone No.:
908-218-0880

License No.:
01228

Start Date (10):
9/7/2018

Scheduled Completion Date (11):
9/12/2018

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

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

**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)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td>Transite Siding</td>
<td>1,200 sf</td>
<td>X</td>
</tr>
<tr>
<td>Mastic Under Wall Board</td>
<td>X</td>
<td>Mastic</td>
<td>300 lb</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.:
17467

Cubic Yards of Waste:
20

Name of Registered Landfill:
Waste Management Fairless

City, State:
Kinnelon, NJ

Disposal Date:
9/13/2018

City, State:
Fairless Hills, PA

Completed by:
John Mucha

Title:
Senior Project Manager

Signature:
John [Signature]

Date:
8/28/2018

ASB-41 (R-05-08)

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

Date of Notification (1)  
8/28/2018

Name of Building Owner/Operator (2)  
State of New Jersey, DPMC

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

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

Street Address  
33 West State Street

City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Regina Bruno  
Telephone Number  
609-433-8745

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)  
Abandoned Flood House

Street Address  
564 Heidelberg Ave

City (5)  
Woodbridge, NJ

County Code (6)  
Middlesex

County Code (7)  
(SATE USE ONLY)

Current Use (Prior to being demolished)  
Abandoned Flood Home

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

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

Street Address  
135 Kinnelon Rd.

City, State, Zip Code  
Kinnelon, NJ 07405

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

Start Date (10)  
09/17/2018

Scheduled Completion Date (11)  
09/18/2018

Name of OSHA Monitor  
Yannuzzi Environmental Services, Inc.

Street Address  
135 Kinnelon Rd.

City, State, Zip Code  
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)  
☐ Yes  ☑ ±250 sf or ±250 if  
☐ ±1600 sf or ±250 sf  
☐ ±250 sf or ±250 if

Renovation  
Demolition

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

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)  
Sink Undercoating  3 sf  
Foundation Demproothing  625 sf

Amount (Specify SF or LF)  
3 sf  
625 sf

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ EndANGER

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

Name of Registered Waste Hauler  
Yannuzzi Group, Inc.

NJ/DEP Waste Hauler ID No.  
17467

Cubic Yards of Waste  
40

Name of Registered Landfill  
Waste Management Fairless

City, State  
Kinnelon, NJ

Disposal Date  
09/18/2018

City, State  
Fairless Hills, PA

Completed by  
John Mucha  
Title  
Senior Project Manager

Signature
date  
8/28/2018

Do not use this form for asbestos licensure exempted activities.