### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 6:18)

**Date of Notification (1)***
- **08/18/2016**

**Name of Building Owner/Operator (2)***
- **Southern Regional High School District**

**Address Address***
- **100 Cedar Bridge Road**

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

**Name of Contact***
- **Dawn Adams**

**FACILITY INFORMATION***

**Name of Facility Where Abatement Is Taking Place (3)***
- **Southern Regional High School**

**Street Address***
- **90 Cedar Bridge Road**

**City (4)***
- **Manahawkin**

**County (5)***
- **Ocean**

**Serial No. (7)***
- **STATE USE ONLY***

**Square Feet***
- **60,000**

**Soil Profile***
- **2**

**Blg. Age***
- **70**

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

**Name of Abatement Contractor (9)***
- **Shade Environmental, LLC**

**Street Address***
- **625 Culver Avenue**

**City, State, Zip Code***
- **Maple Shade, NJ 08052**

**Telephone No.***
- **800-687-7277**

**License No.***
- **00042**

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

**Street Address***
- **200 Route 130 North**

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

**Start Date (10)***
- **08/18/16**

**Scheduled Completion Date (11)***
- **08/22/16**

**Occupancy Status During Abatement (Check only one)***
- **Facility Closed/Unoccupied During Entire Period of Abatement**

**Name of Renovator (Contractor)***
- **Shade Environmental, LLC**

**Name of Registeres Waste Hauler***
- **Freshhold Cartage**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Year</th>
<th>No.</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof (Exterior)</td>
<td>1300</td>
<td>8F</td>
<td>Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler***
- **Freshhold Cartage**

**City, State***
- **Freshhold, NJ**

**Completed By (Print or Type)***
- **Christina Lynah, Operations Manager**

**Date***
- **08/02/2016**

---

*Do not use this form for asbestos removal exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 17 / 18</td>
<td>Southern Regional High School District</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Intial</td>
</tr>
<tr>
<td>DOH</td>
<td>Amended Amendment</td>
</tr>
<tr>
<td>DCA (NJAC 4:23-6)</td>
<td>Emergency (including justication)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Cedar Bridge Road</td>
<td>Dean Adams</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>Southern Regional High School</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>80 Cedar Bridge Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ACREM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARS Environmental, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Asbestos Consultant (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basha Environmental, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>650 Horizon Drive, Suite 640</td>
<td>Mapla Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julian Fernandez-Obregon</td>
<td>856-880-7277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 / 25 / 18</td>
<td>09 / 02 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ocupancy Status During Abatement (Check only one)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Facility Closed/ Vacated During Entire Period of Abatement</td>
<td>EMBL Analytical, Inc.</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 53 of or 531</td>
</tr>
<tr>
<td>☐ 1000 sf or 2500 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal, systems insulation, surfacing, VAP, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Boiler Room</th>
<th>Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/02/2016</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
<td>Operations Manager</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
08/19/16

**Name of Building Owner/Operator (2)**
Brick Twp. Board of Education

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

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

**Street Address**
101 Hendrickson Avenue

**City, State, Zip Code**
Brick, NJ 08724

**Name of Contact**
Lou Renton/Wallece Bros., Inc

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Drum Point Elementary School

**Street Address**
41 Drum Point Rd.

**City (5)**
Brick

**County (6)**
Ocean

**Current Use (Prior if being demolished)**
N/A

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Lillich Corporation

**Street Address**
606 McBride Avenue

**City, State, Zip Code**
Woodland Park, NJ 07424

**Project Manager for Monitoring Firm**

**Telephone No.**
973-225-8400

**License No.**
01104

**Start Date (10)**
09/29/16

**Scheduled Completion Date (11)**
09/09/16

**Name of OSHA Monitor**
Iris Environmental Laboratories

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

**Scope of Work (Check All That Apply)**
- [X] 23 sf or < 23 sf
- [X] > 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**

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<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>building exterior</td>
<td>x</td>
<td>exterior window caulking</td>
<td>240 LF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Lillich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS, Landfill

**City, State**
Woodland Park, NJ

**Completed by**
Momo Glavatovic

**Title**
Vice President

**Signature**

**Date**
08/19/16

---

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

Date of Notification (1) 8/17/16

Name of Building Owner/Operator (2)
Newcomb Medical Alliance Center, LLC

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

Street Address
104 Garden Court
City, State, Zip Code
Franklin Lakes, NJ 07417

Name of Contact
Anthony Danza

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Newcomb Medical Center

County Code (7) (STATE USE ONLY)
Cumberland

Square Feet
212,000

Current Use (Prior if being demolished)
Former Hospital

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10) 08/30/16
Scheduled Completion Date (11) 12/30/16

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)
- ≥25 sf or ≥3 lF
- ≥160 sf or ≥260 lF
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>TO BE ABATED</th>
<th>IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>North Wing</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>North Wing</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>West Wing</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tile and Mastic</td>
<td>81,187 SF</td>
</tr>
<tr>
<td>Pipe Insul. Fittings &amp; Joint Comp.</td>
<td>1,899 LF</td>
</tr>
<tr>
<td>White Acoustical Ceiling Plaster</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Peeling</th>
<th>Encapsulation</th>
<th>moisture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste
1,200

Name of Registered Waste Hauler
NJDSEP Waste Hauler (ID No. 15939)

City, State, Zip Code
Cumberland

Disposal Date
12/30/2016

Name of Registered Landfill
Cumberland County Landfill

City, State, Zip Code
Newburg, PA

Completed By (Print or Type)
Christina Lynch

Title
Operations Manager

* 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</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Wing</td>
<td>X</td>
<td>Transite Fume Hoods</td>
<td>45 SF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Radiator Covers</td>
<td>630 SF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Pipe Fittings on Fiberglass</td>
<td>636 LF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>White Acoustical Plaster</td>
<td>3,760 SF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Asbestos Pipe and Fittings</td>
<td>115 LF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Radiator Covers</td>
<td>105 LF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Transite Panels</td>
<td>662 LF</td>
<td>X</td>
</tr>
<tr>
<td>South Tower (1558 Wing)</td>
<td>X</td>
<td>Roof</td>
<td>7,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Operating Room Suite Wing</td>
<td>X</td>
<td>Pipe Fittings Associated w/ Fiberglass</td>
<td>104 LF</td>
<td>X</td>
</tr>
<tr>
<td>Operating Room Suite Wing</td>
<td>X</td>
<td>Insulation</td>
<td>30 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:129)

**Date of Notification (1)**
8/15/16

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Clifton, NJ 07011

**Name of Contact**
Anthony Katiano

**Telephone Number**
[Redacted]

**FACILITY INFORMATION**

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

**Type of Facility (4)**
- [x] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e. commercial, restaurants, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

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

**Competent Supervisor**
Academy Construction Inc.

**Street Address**
205 Route 46 West Suite 14

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

**Project Manager for Monitoring Firm**

**Telephone No.**
973-832-4244

**License No.**
01155

**Start Date (10)**
8/26/16

**Scheduled Completion Date (11)**
8/31/16

**Name of OSHA Monitor**
Same as Above

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

**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 In Facility (13)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td>Boiler Jacket</td>
<td>100sf</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**Waste Hauler ID No.**
034422

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
GROW Landfill

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
John Geleski

**Title**
PM

**Signature**

**Date**
8/15/16

*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)
8/19/16

Name of Building Owner/Operator (2)
c/o IC Builders LLC

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

Street Address
21 Ross Ave

City, State, Zip Code
Demarest, NJ 07627

Name of Contact
Ilan Cohen

FACILITY INFORMATION

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

c County Code (7) (STATE USE ONLY)
Residential Home

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

Square Feet
2500

# of Floors
2

Bldg. Age
50+

Current Use (Proof of being demolished)
Residential Home

Name of Monitoring Firm Hired by Building Owner (8)
Harmony Contracting Inc

ASCM No.
n/a

License No.
873460.6026

01255

Name of Abatement Contractor (9)
Harmony Contracting Inc

Street Address
360 Palisade Ave

City, State, Zip Code
Garfield, NJ 07026

Start Date (10)
8/22/16

Scheduled Completion Date (11)
8/24/16

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 If
☒ 250 sf or 250 If
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted Procedure
☐ Non-Friable Procedure

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

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

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
ACM MIXED IN WITH
PARTIALLY DEMOLISHED
HOUSE TO BE DISPOSED PROPERLY

Name of Registered Waste Hauler
Rovic Transport

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Riverdale, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Tina Caporino
Title
Secretary

Signature
8/19/16

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)
8/18/2016
Check# 2911

Name of Building Owner/Operator (2)
Enermesio Lambert

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

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

Address
City, State, Zip Code
Union, NJ 07083

Name of Contact
Ignacio Lambert

Telephone Number

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

Street Address
City (5)
Union, NJ 07083

County (6)
UNION

County Code
(STATE USE ONLY)

Square Feet
3,000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Residence

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

Name of Abatement Contractor (9)
EA Services Corporation

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No.
201-295-1700

License No.
01074

Start Date (10)
08/29/2016

Scheduled Completion Date (11)
08/31/2016

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

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

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

Rename
☐ Repair
☐ Encapsulation
☐ Endoscopy

Bathroom-1st Floor

Plaster walls
80 Sq Ft

Basement

Plaster joint compound
80 Sq Ft

Name of Registered Waste Hauler

Freehold Carting

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste

Name of Registered Landfill
Cumberland Landfill

dbd

dbd

Disposal Date

City, State
Newburg, PA

Completed by
Gina Betances
Title
Office Manager

Signature

Date
8/18/2016

* 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)
08/16/16

Name of Building Owner/Operator (2)
Emanuel Harvey

Agencies Notified
- [x] EPA
- [x] DOH

Type Notification
- [x] Initial

Street Address
[REDACTED]

City, State, Zip Code
Newark, NJ 07101

Name of Contact
Dennis Burney

FACILITY INFORMATION

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

Type of Facility (4)
- [x] Subchapter 8 (Other than K-12)

County (6)
Essex

County Code (7)
[STATE USE ONLY]

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Academy Construction Inc.

Name of Competent Supervisor

Street Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

License No.
01155

Telephone No.
973-832-4244

Start Date (10)
08/27/16

Scheduled Completion Date (11)
09/03/16

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

Scope of Work (Check All That Apply)
- [x] Renovation
- [x] Demolition

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

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

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

Amount (Specify SF or LF)
100 LF

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

Name of Registered Waste Hauler
Academy Construction Inc.

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
08/16/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)
8 / 19 /16

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

Type Notification
- Initial Notification
- Amended Notification #1
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 3000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 800

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CCH

Telephone Number
973-729-5649

Expected State Date (10)
7 / 25 /16

Sched. Completion Date (11)
8 / 19 /16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Monday - Friday 7am - 3:30 pm
- Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation

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

in Facility (13)

Ground-Office Areas
- x VAT & Mastic
- No

Exterior-Windows
- x Window Caulk
- 235 LF

Exterior-Roof
- x Metal Roof Seam Caulk
- 1,150 LF

Ground-Shop Area
- x Floor Joint Caulk
- 480 LF

Amount (Specify SF or LF)
3,865 SF
235 LF
1,150 LF
480 LF

Description of Asbestos-Containing Material (ACM)
Is Location normally used
solely by Maint/Custodial Staff (12)

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

Hauler ID No.
15939

Cubic Yards of Waste
40

Disposal Date
7/25-9/25/16

City, State
FREEHOLD, NEW JERSEY

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

TIGHT-9

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
8/19/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
08 / 19 / 16

Name of Building Owner/Operator (2)
Lily Luk

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

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

Street Address

City, State, Zip Code
Edgewater, NJ 07020

Name of Contact
Lily Luk

Telephone Number

FACILITY INFORMATION

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

City (5)
Edgewater, NJ 07020

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
08 / 30 / 16

Scheduled Completion Date (11)
08 / 31 / 16

Name of OSHA Monitor
Envirovision Consultants, Inc

Project Manager for Monitoring Firm

Street Address
20-21 Wagarow Road, Blgd. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- >3 sf or >3 ft
- 160 sf or >250 ft
- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Basement

Pipe insulation
80 LF

VAT floor tiles
300 SF

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type)

Title
Owner

Signature

Date

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

Date of Notification (1) 08 / 19 / 16
Name of Building Owner/Operator (2) Steve Valko

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

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

Street Address [Redacted]
City, State, Zip Code Montvale, NJ 07645
Name of Contact Steve Valko

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
Street Address [Redacted]
City (5) Montvale, NJ 07645
County (9) Bergen

County Code (7) (STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

Street Address 576 Valley Rd #283
City, State, Zip Code Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

License No. 973-638-1777 01127

Name of OSHA Monitor Envirovision Consultants, Inc
Street Address 20-21 Wagaraw Road, Bldg. #35E
City, State, Zip Code Fair Lawn, NJ 07410

Start Date (10) 08 / 29 / 16
Scheduled Completion Date (11) 08 / 30 / 16

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-

Scope of Work (Check all that apply)
- 3 sf or >3 sf
- 1,800 sf or >2,600 sf
- Renovation
- Demolition

Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of 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>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td>Linoleum</td>
<td>300 SF</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:26 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/19/16</td>
<td>M.R. Sheeky</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>☑ Initial</td>
<td></td>
<td>NJ . 07036</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>☐ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DOH</td>
<td>☐ Emergency (including Justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LINDEN</td>
<td>UNION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/16</td>
<td>9/2/16</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</td>
</tr>
<tr>
<td>☐ Other – Describe: 8:00AM TO 5:00PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply):</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Renovation</td>
<td>☐ Demolition</td>
<td>☐ Seal Containment with Negative Pressure</td>
</tr>
<tr>
<td>☐ Removal Enclosure</td>
<td>☐ Grout In Place Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Location Normally Used Solely by Maintenance / Custodial Staff?</th>
<th>Description of Asbestos-Containing Materials (ACMs) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify $ or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X THERMAL SURFACING 78 SF X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17109</td>
<td>2,720</td>
<td>Minerva Enterprises , LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack , N.J. 07601</td>
<td>9/2/16</td>
<td>Waynesburg, Oh, 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) August 19, 2016
Name of Building Owner / Operator (2) Devon Peterson

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

Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #____
- [ ] Cancellation

Street Address

City, State & Zip Code
Galloway, NJ 08025

Name of Contact
Telephone Number

FACILITY INFORMATION

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

[ ] School (K-12)
[ ] Subchapter 6 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, home, etc.)

Square Feet # of Floors Bldg. Age
1,720 2 131 years

Current Use (Prior if being demolished)
Residence

City (5)
Clinton

County (6)
Hunterdon

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

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm

Scheduled Start Date (10) Scheduled Completion Date (11)
August 29, 2016 September 29, 2016

Name of OSHA Monitor
Synatech, Inc.

Occupancy Status During Abatement (Check only one)
- [X] 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 If
- [X] ≥160 sf or ≥260 If
- [ ] 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

(13)

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

Yes No N/A

Abatement Type

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

Amount (Specify SF or LF)

Removal Repair Encapsulation

Name of Registered Waste Hauler
Synatech, Inc.

Cubic Yards of Waste
12

City, State
Little Egg Harbor, NJ

Abatement Type

Amount (Specify SF or LF)

Removal Repair Encapsulation

Name of Registered Landfill
Grows Landfill

Completed By
Diane Aloia

Date
August 19, 2016

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:28 and 8:19)

Date of Notification (3):
08 / 15

Agency Notified:
EPA

Type Notification:
Initial

Name of Building Owner/Operator (2):
James Bamgart

Street Address:

Name of Contact:
James Bamgart

FACILITY INFORMATION

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

Street Address:

County (6):
Bergen

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

City, State, Zip Code:
East Rutherford, NJ 07073

Bergen

Current Use (Prior to demolition):

License No.:

County Code (7):

License No.:

Name of Abatement Contractor (6):
Gr-Tech LLC

Telephone No.:
973-638-1777

Telephone No.:

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

Time of Abatement:
M-F

Start Date (10):
08 / 19 / 15

Scheduled Completion Date (11):
08 / 20 / 16

Scope of Work (Check all that apply):

Renovation

Demolition

Cleaning and decontamination with negative pressure

Fumigation with negative pressure

Glove box procedure

Test with negative pressure

Non-Exempted (*) and Non-Pricable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (12):

Location Normally Used Totally by Maintenance/Custodial Staff:

ASCM No.:

Yes

No

N/A

Ground level-family room

VAT floor tiles

Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, etc.):

Amount (Specify STF or LP):

Abatement Type:

Name of Registered Waste Handler:
Gr-Tech LLC

MSW Waste Handler ID No.:
0033745

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
T.R.F.L., Inc

Disposal Date:
TBD

City, State:
Wayne, NJ 07470

Township:
Tallytown, PA

Complained By (Print or Type):

Owner

Signature:

Date:
08/19/16

* Do not use this form for asbestos activities exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>08/17/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>DOL</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>GLASSBORO</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 SOUTH MAIN STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GLASSBORO NJ 08028</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>FRANK COSSABONE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1834 SOUTH DELAWARE STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PAULSBORO NJ 08026</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>ED KEEGAN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>STRATEGIC ENVIRONMENTAL</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-429-5711</td>
</tr>
</tbody>
</table>

| Start Date (10) | 08/19/2016 |
| Scheduled Completion Date (11) | 08/19/2016 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>X</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: VACANT RESIDENTIAL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or less</td>
</tr>
<tr>
<td>5180 sf or more</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE REMOVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 OAK STREET X TRANSITE PIPE AND BOARD 3LF / 24SF</td>
</tr>
<tr>
<td>108 NORTH MAIN STREET X DUCT INSULATION 10 BF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSURED ENVIRONMENTAL</td>
</tr>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>08/19/2016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>RON SWANSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>GENERAL MANAGER</td>
</tr>
</tbody>
</table>

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

**CHECK #1658**

**name of contact:** FRANK COSSABONE

**name of building owner/operator:** BOROUGH OF GLASSBORO

**street address:** 1 SOUTH MAIN STREET

**city, state, zip code:** GLASSBORO NJ 08028

**name of facility where abatement is taking place:** RESIDENTIAL

**name of monitoring firm hired by building owner:** STRATEGIC ENVIRONMENTAL

**name of abatement contractor:** ASSURED ENVIRONMENTAL SERVICES INC.

**street address:** 1634 SOUTH DELAWARE STREET

**city, state, zip code:** PAULSBORO NJ 08066

**project manager for monitoring firm:** ED KEEGAN

**telephone no.:** 656-429-5711

**start date:** 08/18/2016

**scheduled completion date:** 08/19/2016

**scope of work:**

- Renovation
- Demolition

**location of asbestos-containing material (ACM) to be abated:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 OAK STREET</td>
<td>TRANSITE PIPE AND BOARD</td>
<td>3LF / 24SF</td>
</tr>
<tr>
<td>108 NORTH MAIN STREET</td>
<td>DUCT INSULATION</td>
<td>10 SF</td>
</tr>
</tbody>
</table>

**name of registered waste hauler:** ASSURED ENVIRONMENTAL

**name of registered landfill:** MINERVA LANDFILL

**city, state:** GLASSBORO NJ

**disposal date:** 08/19/2016

**name of general manager:** RON SWANSON

**signature:**

---

*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)
8/11/2016

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

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

Name of Building Owner/Operator (2)
Lodi Pharmacy LLC

Street Address
75 Livingston Avenue

City, State, Zip Code
Roseland, NJ 07068

Name of Contact
Mr. Douglas Kantor

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Vicenzo Ristorante

Street Address
231 Main Street

City (8)
Lodi

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
~ 4,000

# of Floors
2

Bldg. Age
70

Current Use (Prior if being demolished)
Commercial

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

ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Telephone No.
(973) 928-5040

License No.
00874

Project Manager for Monitoring Firm

Start Date (10)
8/22/2016

Scheduled Completion Date (11)
8/31/2016

Name of OSHA Monitor
Sky Contracting, LLC

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 180 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)

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Roof Flashing</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td>Transite Siding</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td>Transite Panels</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
20

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Disposal Date
TBD

Completed by
Predrag Sarcev

Title
Vice President

Signature

Date
8/11/2016

* 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)
8/19/2016

Name of Building Owner/Operator (2)
Williams Thar

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA
[ ] Initial Notification
[ ] amended Notification
[ ] EMERGENCY
[ ] Cancellation

Street Address

City, State, Zip Code
Summit, NJ 07901

Name of Contact
Williams Thar

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Street Address

City (5) County (6) Essex County Code (7) (STATE USE ONLY)

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

ASCN 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

Scheduled Start Date (10) Sched. Completion Date (11)
8/30/16 8/31/16

Month Day Year Month Day Year

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:

Other Occupancy Description

Scope of Work (Check all that apply)
[ ] 3,000 ft or Greater
[ ] 1,200 ft or Greater
[ ] Renovation
[ ] Demolition

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

Location Normally Used
Yes No

In Facility

Location Normally Used

Location Normally Used

Cubed Yard of Waste

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian
Title
President

Signature

Date
8/19/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1) 8/19/2016

Name of Building Owner/Operator (2)
Andrew Scioscia

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address
West Orange, NJ, 07052

City, State, Zip Code

Name of Contact
Andrew Scioscia

Date
Aug 23 2016

ASBESTOS CONTROL & REMOVAL INC

STATEMENT INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Same as above

Square Feet 1600
# of Floors 2
Bldg. Age 91

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

Street Address

City, State, Zip Code

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

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

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

Yes No N/A

Pipe insulation 55 lf

Location of Asbestos-Containing Material (ACM) USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF

Location Normally Used

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

Amount (Specify SF or LF)

Abatement Type

Basement

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Disposal Date
9/6/16

Name of Contact
Andrew Scioscia

Date
Aug 23 2016

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Date 8/19/2016
Date of Notification (1): 7/13/16

Name of Building Owner / Operator (2): Verizon

Street Address: 95 William Street
City, State & Zip Code: Newark, NJ

Name of Contact: Alex Baylor
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Market Central Office

Address: 95 William Street
City (5): Newark
County (6): Essex
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: 425000
# of Floors: 12
Bldg. Age: 70+/-

Current Use (Prior if being demolished):

Communications

Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL INC
Street Address: 1123 BEAVER STREET
City, State & Zip Code: BRISTOL, PA 19007
Telephone Number: 215-788-6940
License Number: 00509

Name of OSHA Monitor:

BRISTOL ENVIRONMENTAL INC
Street Address: 1123 BEAVER STREET
City, State & Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply):
- ≥3 sf or ≥3 if
- ≥160 sf ≥260 sf

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Panels</td>
<td>2800 SF</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>275 LF</td>
</tr>
<tr>
<td>Transite Bus Duct</td>
<td>150 SF</td>
</tr>
<tr>
<td>Vat/Mastic</td>
<td>200 SF</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>165 LF</td>
</tr>
<tr>
<td>Vat/Mastic</td>
<td>135 SF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):

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

Waste Hauler ID No.: 20990
Cubic Yards of Waste: 75

Disposal Date: TBD
Name of Registered Landfill: MINERVA LANDFILL
City, State: WAYNESBURG, OH 44688

Completed By (Print or Type):
Patrick T. DeCaro
Title: PROJ. MGR.
Signature: 

Date: 7/13/16

PD16094

*** NOTE: OFF SITE FRIDAY 8/19/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/13/16

Name of Building Owner / Operator (2)
Verizon

Agencies Notified Type Notification
[ ] EPA [ ] Initial
[ ] DEP [ ] Amended #1-8/19/16
[ ] DOL [ ] Emergency
[ ] DOH
[ ] DCA [ ] Cancellation

Street Address
95 William Street
City, State & Zip Code
Newark, NJ

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

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

Street Address
95 William Street

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

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

ASCM No.

BRISTOL ENVIRONMENTAL INC

Name of Abatement Contractor (9)

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

Telephone Number
215-365-5810

License Number

Scope of Work (Check all that apply)

[ ] ≥ 3 sf or ≥ 3 lf
[ ] ≥ 160 sf ≥ 260 lf

[ ] Renovation
[ ] Demolition

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Unoccupied During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
[ ] Describe: 5 pm – 1:30 am
[ ] Facility Occupied During Abatement

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

(13)

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

No

Yes

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

Amount (Specify SF or LF)

Abatement Type

Mezzanine

Basement Hall outside refrigeration rm

Basement Hall near stair F, Store Room

Rubbish Store Room, Cable Room

Basement Hall near stair F, Store Room

Rubbish Store Room, Cable Room

Basement- electric switchboard room

Pipe fittings

Pipe insulation

Pipe insulation

Transite Bus Duct

Vat/mastic

NJDPA Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Completed By (Print or Type)
Patrick T. DeCaro

Title
PROJ. MGR.

Signature

Disposal Date
TBD

City, State
WAYNESBURG, OH 44688

Date
7/13/16

PD16094

***** NOTE: OFF SITE FRIDAY 8/19/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/18/16

Name of Building Owner / Operator (2)
The Plainfield Public School District

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
ético
Armeno
Emergencia
Canción

Name of Facility Where Abatement is Taking Place (3)
Plainfield High School

Street Address
950 Park Avenue

City (5) County (6) County Code (7)
Plainfield Union

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-5040

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number

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: 2 PM – 10 PM

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

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

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
NEW CASTLE, DE 19720

Disposal Date
TBD

Completed By (Print or Type)
Patrick T. DeCaro

Title
PROJ. MGR.

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Date
8/18/16
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)  
8/19/16

### Name of Building Owner/Operator (2)  
William Keyworth

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

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

#### Street Address
[Redacted]

#### City, State, Zip Code
Lanoka Harbor, NJ 08734

#### Name of Contact
William Keyworth

#### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
William Keyworth

#### Street Address
[Redacted]

#### City (5)
Lanoka Harbor

#### County (6)
Ocean

#### Current Use (Prior if being demolished)
Bldg. Age: 65

#### Square Feet
2100

#### # of Floors
2

#### Name of Monitoring Firm Hired by Building Owner (8)
Bioterra Environmental Solutions

#### Street Address
190-194 E Kinney St, Apt 1B

#### City, State, Zip Code
Newark, NJ 07105

#### Project Manager for Monitoring Firm
Ricardo Eustaquio

#### Telephone No.
973-494-3762

#### Name of Abatement Contractor (9)
UniPro, Inc.

#### Street Address
173 Karkus Ave

#### City, State, Zip Code
Woodbridge, NJ 07095

#### License No.
00815

#### Telephone No.
732-726-3111

#### Start Date (10)
08/31/16

#### Scheduled Completion Date (11)
09/30/16

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

#### Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>VAT</td>
<td>630 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Newark Carting

#### NJDEP Waste Hauler ID No.
04509

#### Cubic Yards of Waste
2

#### Name of Registered Landfill
Grand Central Sanitary Landfill

#### Disposal Date
City, State  
Pen Argyll, PA 18072

#### Completed by
Raymond Blum  
Title: OM

#### Signature

#### Date
8/19/16

*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 19, 2016

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

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

Name of Building Owner/Operator (2)
The Connolly Agency

Street Address 216 Main Street
City, State, Zip Code Avon by the Sea, NJ 07717

Name of Contact Brenda
Telephone Number

FACILITY INFORMATION

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

Street Address
City Bradley Beach
County Monmouth
County Code (STATE USE ONLY) Monmouth

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

Square feet 2000 sf
# of Floors 2
Bldg. Age 65

Current Use (Prior if being demolished)
Residence

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

Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone Number 732-349-9932

Name of OSHA Monitor
E.M.S.L. Analytical

Street Address 1056 Stelton Road
City, State, Zip Code Piscataway, New Jersey 08854

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

Scheduled Start Date (10) 8/30/16
Scheduled Completion Date (11) 8/31/16

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

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

Basement X Asbestos pipe insulation 80 if X

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
Guardian Contracting, Inc.

NIDEP 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 9/1/16
City, State Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola
Title Project Manager
Signature

Date 8/19/2016

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