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

Date of Notification (1)
8/22/2016

Name of Building Owner/Operator (2)
Hoffman Laroche, Inc.

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Street Address
340 Kingsland Avenue

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Teresa O'Meara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hoffman Laroche

Street Address
340 Kingsland Avenue

City (5)
Clifton

County (6)
Passaic

County Code (7)
(State USE ONLY)

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

ASCM No.
N/A

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

Street Address
5857 Fisher Road

City, State, Zip Code
East Syracuse, NY 13057

Project Manager for Monitoring Firm
Aaron Goldberg/David Tomsey

Telephone No.
973-538-1110/722

License No.
315-433-9045
01065

Name of OSHA Monitor
Northstar Contraction Group

Start Date (10)
9/7/2016

Scheduled Completion Date (11)
10/31/2016

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Mon-Fri 7:00am-5:00pm

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

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

<table>
<thead>
<tr>
<th>(13)</th>
<th>(12)</th>
<th>(11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

IA 10 Exterior Soil

Non friable soil
3,200CY

Name of Registered Waste Hauler
EPIC

NJDEP Waste Hauler ID No.
H50138

Cubic Yards of Waste

Name of Registered Landfill
US Ecology Michigan Landfill

City, State
100 Stierl Court #103, Mt Arlington, NJ 07856

Disposal Date
City, State
Belleville, MI

Completed by
Timothy Niedzwiecki

Title
President

Signature

Date
8/22/2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/18/2013</td>
<td>Wood-Ridge Board of Education</td>
</tr>
</tbody>
</table>

**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 5:80-7 and 12:120-7)

---

**FACILITY INFORMATION**

- **Name of Facility where Abatement is Taking Place (3):** Wood-Ridge High School (Non-sub 8)
- **Street Address:** 258 Hackensack Street
- **City:** Wood-Ridge, NJ 07075
- **County:** Bergen

**Name of Abatement Contractor (9):** B & G Restoration, Inc.

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

**Type of Abatement (5):** Site Notification (R2)

---

**Location of Asbestos-containing Material to be Abated in Facility (13):**

- **Room 210:** Ceiling plaster
- **Media Center Server Room:** Ceiling plaster

**Amount of Asbestos-containing Material (ACM):**

- **Room 210:** 4 ft²
- **Media Center Server Room:** 4 ft²

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**Disposal Date:** 08/29/2016

**Date:** 08/23/2016

---

**Asbestos Notified:**

- DOL: Amendment
- DCA: Cancellation

---

**Related**

**Name:** gordana Luna

**Title:** Secretary/Treasurer

**Signature:**

---

**ACKNOWLEDGEMENT**

---

**RECEIVED**

---

**File Reference:**

---

**Check #7978**

---

**Signature:**

---

**Date:** 08/23/2016
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** EMERGENCY ***

**B & G proj. #: 2016-121**

**Date of Notification (1)**  
08/18/12

Name of Building Owner/Operator (2)  
Wood-Ridge Board of Education

Street Address  
540 Windsor Road

City, State, Zip Code  
Wood-Ridge, NJ 07075

Name of Contact  
Peter Catania

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

**Type Notification**  
- [X] Initial  
- [ ] Amendment  
- [ ] Cancellation

**Facility Information**

Name of facility where abatement is taking place (3)  
Wood-Ridge High School (Non-sub 8)

Street Address  
258 Hackensack Street

City (5)  
Wood-Ridge, NJ 07075

County (6)  
Bergen

County Code (7)  
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Environmental Remediation & Management Inc

ASCM No.  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
Willie Morales

Phone Number  
973-949-3523

Scheduled Start Date (10)  
09/24/2015

Scheduled Completion Date (11)  
09/27/2015

**Occupancy Status During Abatement**  
- [X] Occupied

**Scope of Work**  
- [X] Renovation

Location of asbestos-containing material to be abated in facility (13)  
- Room 210  
- Media Center Server Room

**Description of asbestos-containing material (ACM)**  
- Yes  
- No  
- N/A

- Room 210  
  - ceiling plaster  
  - 4 sf

- Media Center Server Room  
  - ceiling plaster  
  - 4 sf

Registered Waste Hauler  
B & G Restoration, Inc.  
N.J.D.V. Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
08/28/2016

Complanted by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer

**Signature**  
Gordana Luna  
Date  
08/23/2016
Date of Notification (1)  
8/17/16 Blue acres exempt

Name of Building Owner/Operator (2)  
New Jersey D.P.M.C.

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

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

Street Address  
20 West State st.

City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Walter Fernandez

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Blue Acres Flood Buy Out Property

Street Address  
4 Square St.

City (5)  
East Brunswick

County (6)  
Middlesex

County Code (7)  
-State Use Only-

Current Use (Prior if being demolished)  
Abandoned

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

ASCM No.  

Name of Abatement Contractor (9)  
Yannuzzi Environmental

Street Address  
135 Kinnelon Rd

City, State, Zip Code  
Kinnelon, NJ 07405

Project Manager for Monitoring Firm  
Richard Aguiner

Telephone No.  
973-494-3762

License No.  
01228

Start Date (10)  
8/25/16

Scheduled Completion Date (11)  
8/29/16

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)  
☐ ≥3 sf or ≥3 ft  
☒ ≥150 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 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>Kitchen</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>168 sf</td>
<td>x</td>
</tr>
<tr>
<td>Front Bedroom</td>
<td>x</td>
<td>VAT</td>
<td>180 sf</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>Gray roof flashing</td>
<td>10 sf</td>
<td>x</td>
</tr>
<tr>
<td>Basement Flue Cement</td>
<td>x</td>
<td>Flue cement</td>
<td>4 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Yannuzzi Group  
NJDEP Waste Hauler ID No. 17457

Cubic Yards of Waste  
20

Disposal Date  
9-2-16

Name of Registered Landfill  
Grows/Tullytown

City, State  
Morrisville

Completed by  
John Mucha  
Title  
project manager  
Signature  

Date  
8/17/16

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

Date of Notification (1)
8/17/16 Blue acres exempt

Name of Building Owner/Operator (2)
New Jersey D.P.M.C.

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

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

Street Address
20 West State st.

City Address
City, State, Zip Code
Trenton
NJ 08618

Name of Contact
Walter Fernandez

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Blue Acres Flood Buy Out Property

Street Address
6 Squire St.

City (5)
East Brunswick

County (6)
Middlesex

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
1130 West Chestnut St. Suite 1224

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Richard Aguinera

Telephone No.
973-494-3762

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

Square Feet
1500

# of Floors
2

Bidg. Age
50+

Current Use (Prior if being demolished)
Abandoned

Start Date (10)
8/29/16

Scheduled Completion Date (11)
9/1/16

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 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 (13)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/first floor</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>attic windows</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>roof</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>siding around house</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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>stair treads</td>
<td>72 sf</td>
<td></td>
</tr>
<tr>
<td>gray exterior window glaze</td>
<td>12 sf</td>
<td>x</td>
</tr>
<tr>
<td>black tar flashing</td>
<td>10 sf</td>
<td>x</td>
</tr>
<tr>
<td>transite siding</td>
<td>2,184 sf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
20

Name of Registered Landfill
Grows/Tullytown

Disposal Date
9/2/16

City, State
Kinnelon, NJ

Mormoville

Completed by
John Mucha
Title
project manger

Signature

Date
8/17/16

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/2016</td>
<td>Seton Hall University</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
400 South Orange Avenue

**City, State, Zip Code**
South Orange, NJ 07079

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick T. Declisis</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

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

**Street Address**
400 South Orange Avenue

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Orange, NJ 07079</td>
<td>Essex</td>
</tr>
</tbody>
</table>

**Square Feet** 2000

**@ of Floors** 2

**Blg. Age** 150

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

**Name of Monitoring Firm Hired by Building Owner (8)**
- Omega Environmental Service, INC

**ASCM No.** 00120

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

**Street Address**
280 Huyler Street

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

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geiser Fajardo</td>
<td>201 489-8700</td>
<td>201 546-2027</td>
<td>01243</td>
</tr>
</tbody>
</table>

**Start Date (10)**
08/12/2013

**Scheduled Completion Date (11)**
08/13/2016

**Name of OSHA Monitor**
Niche Analysis Lab.

**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: 4:00 pm to 12:30

**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 (12)**

<table>
<thead>
<tr>
<th>Room 416</th>
<th>x</th>
<th>Floor tile</th>
<th>175 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 435</td>
<td>x</td>
<td>Floor tile</td>
<td>175 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.** NJ04509

**Cubic Yards of Waste** 40 yd

**Name of Registered Landfill**
Lesi

**City, State**
Newark, NJ

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayra Repreza</td>
<td>Office Manager</td>
<td>*</td>
<td>08/11/2016</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  8 / 24 / 16

Name of Building Owner/Operator (2)  
Federal Aviation Administration / Job #1608-5020 Check #8503

Agencies Notified  
[ ] EPA  
[ ] DOLWD  
[ ] DHSS  
[ ] DCA (NJAC 6:23-8)

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

Street Address  
FAA Technical Center

City, State, Zip Code  
Atlantic City International Airport, NJ 08405

Name of Contact  
Peter

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
William J. Hughes Tech Center

Street Address  
Hangar B301

City (5)  
Atlantic City

County (9)  
Atlantic

County Code (9)(STATE USE ONLY)  

Current Use (Prior to if being demolished)  

Type of Facility (4)  
[ ] School (K-12)  
[ ] Subchapter 9 (Other than K-12)  
[ ] Other (i.e., private and commercial buildings, homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)  
Health & Safety Services

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
PO Box

City, State, Zip Code  
Berlin, NJ

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
609-839-2432

License No.  
00529

Start Date (10)  
9 / 6 / 16

Scheduled Completion Date (11)  
9 / 30 / 16

Name of OSHA Monitor  
EMSL Analytical

Street Address  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

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 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)

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

Exterior

[ ] Roof Flashing  
410 SF

[ ] Roof Mastic  
115 SF

[ ] Floor tile & Mastic  
20 SF

[ ] Roof Mastic  
50 SF

Exterior

Interior

Name of Registered Waste Hauler  
AbateTech, Inc.

NUDEP Waste Hauler ID No. 18750

Cubic Yards of Waste  
16

Name of Registered Landfill  
Atlantic County Utilities Authority

City, State  
Lumberton, NJ

Disposal Date  
9/30/16

City, State  
Egg Harbor Township, NJ 08234

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Operations Coordinator

Signature  
8/24/16

Date

* 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 / 16

Name of Building Owner/Operator (2)  
PSE&G

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

Type Notification  
□ Initial  
☑ Amended  
☑ Amended #4

□ Emergency (including justification)  
□ Cancellation

Street Address  
4000 Hadley Road

City, State, Zip Code  
South Plainfield, NJ

Name of Contact  
Chris Coleman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PSE&G- Ewing Substation

Street Address  
1475 Prospect Street

City (5)  
Ewing, NJ 08638

County Code (7)  
Mercer

Name of Monitoring Firm Hired by Building Owner (8)  
Health and Safety Services

ASCM No.  
ASCM No.

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
856-452-1311

License No.  
00529

Name of OSHA Monitor  
EMSL Analytical

Start Date (10)  
6 / 20 / 16

Scheduled Completion Date (11)  
6 / 31 / 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- AM-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-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

caulk  Floor tile

Floor tile & Mastic

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

Amount (Specify SF or LF)  
144 LF  240 SF  817 SF  100 SF

Abatement Type  
☐ Removal  ☐ Repair  ☑ Encapsulation  ☑ Closure

Along vertical sides of glass block frame window

Loft Bathrooms

Front Office

(2) Bathrooms

Name of Registered Wastewater Hauler  
Environmental Transport Group, INC.

NUDEP Waste Hauler ID No.  
000692061

Cubic Yards of Waste  
40

Name of Registered Landfill  
Conestoga Landfill

Disposal Date  
8/31/16

City, State  
Flanders, NJ

City, State  
Morgantown, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti

Title  
Operations Coordinator

Signature  

Date  
8/24/16

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

**Name of Building Owner/Operator (2):**  
Union County College / Job #1608-5049 Check #8500

**Street Address:**  
12 West Jersey Street

**City, State, Zip Code:**  
Elizabeth, NJ

**Name of Contact:**  
Robert Hogan  

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**  
Union County College-Lessner Building

**Street Address:**  
12 West Jersey Street

**City:**  
Elizabeth

**County:**  
Union

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

**Street Address:**  
PO Box 341

**City, State, Zip Code:**  
Chesterfield, NJ 08515

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

**Street Address:**  
30 Maple Ave. PO Box 25

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

**Start Date (10):**  
8 / 12 / 16

**Scheduled Completion Date (11):**  
8 / 21 / 16

**Occupancy Status During Abatement:**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/3PM-11:30AM

**Scope of Work:**  
- >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):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Lobby Area</td>
<td>No</td>
<td>Transite Soffit</td>
<td>528 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Lobby Area</td>
<td>X</td>
<td>Transite wall Paneling</td>
<td>120 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**  
AbateTech, Inc.

**Waste Hauler ID No.:**  
18750

**Cubic Yards of Waste:**  
20

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

**City, State:**  
Lumberton, NJ

**Completed By (Print or Type):**  
Gwendolyn Trumbetti  

**Title:**  
Operations Coordinator

**Signature:**  

**Disposal Date:**  
8/21/16

**City, State:**  
Tullytown, PA

**Date:**  
8/11/16

---

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

Date of Notification (1):
7 / 21 / 15

Name of Building Owner/Operator (2):
NJ DPMC/Job # 1509-4949 Check #

Name of Contact:
Scott Fertig

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
NJ Training School for Boys

Street Address:
1 State Street
Jamesburg, NJ

City (5):
County (6):
Middlesex

County Code (?)/STATE USE ONLY:

Name of Environmental Connection:
ASCM No.:

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

Street Address:
120 North Warren Street
Trenton, NJ 08608

City, State, Zip Code:
Trenton, NJ 08625

Project Manager for Monitoring Firm:
Dominic Derrico

Telephone No.:
609-392-4200

Telephone No.:
609-265-2107

License No.:
000529

Name of OSHA Monitor:
EMSL Analytical

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by 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>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson School Bldg. #3</td>
<td>No</td>
<td>Plaster</td>
<td>&lt;25 SF</td>
</tr>
<tr>
<td>Wilson School Bldg. #3</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>60 LF</td>
</tr>
<tr>
<td>Carpenter Shop Bldg. #35</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>40 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
AbateTech, Inc.

City, State:
Lumberton, NJ

Completed By (Print or Type):
Gwendolyn Trumbetti

Title:
Operations Coordinator

Signature:

Date:
8/15/16

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

Date of Notification (1)

8 / 15 / 16

Name of Building Owner/Operator (2)

NJ DPMC/ Job # 1509-4949 Check # Page 2 of 3

Agencies Notified

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

Type Notification

☑ Initial
☐ Amended
☐ Amendment #11
☐ Emergency (including justification)
☐ Cancellation

Street Address

PO Box 034

City, State, Zip Code

Trenton, NJ 08625

Name of Contractor

Scott Fertig

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

NJ Training School for Boys

Street Address

1 State Street

City (5)

Jamesburg, NJ

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Connection

ASCM No.

Name of Abatement Contractor (9)

AbateTech, Inc.

Street Address

120 North Warren Street

City, State, Zip Code

Trenton, NJ 08608

Project Manager for Monitoring Firm

Dominic Derricco

Telephone No.

609-392-4200

Start Date (10)

10 / 21 / 15

Scheduled Completion Date (11)

8 / 31 / 16

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)

Training School

License No.

00529

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 (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

Endorse

Carpentry Shop Bldg. #35

Debris Clean up

5 cy

Cottage #10

Pipe Fitting Insulation

8 LF

Attic

Damaged Pipe Insulation

20 LF

Wilson School #3

Floor tile & Mastic

190 SF

Name of Registered Waste Hauler

AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
32

Name of Registered Landfill

G.R.O.W.S. Landfill

City, State

Lumberton, NJ

Disposal Date

8/31/16

City, State

Tullytown, PA

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 8:16)

Date of Notification (1)  
8 / 15 / 16

Name of Building Owner/Operator (2)  
NJ DPMC/ Job # 1509-4949 Check #8488

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

Type Notification  
- Initial
- Amended
- Amendment #11
- Emergency (including Justification)
- Cancellation

Street Address  
PO Box 034

City, State, Zip Code  
Trenton, NJ 08625

Name of Contact  
Scott Fortig

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
NJ Training School for Boys

Street Address  
1 State Street

City (5)  
Jamesburg, NJ

County (6)  
Middlesex

County Code (7)(STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
AbateTech, Inc.

Environmental Connection  
120 North Warren Street

City, State, Zip Code  
Trenton, NJ 08608

License No.  
00529

Project Manager for Monitoring Firm  
Dominic Derrico

Street Address  
30 Maple Ave. PO Box 25

Telephone No.  
609-392-4200

Telephone No.  
609-265-2107

Name of OSHA Monitor  
EMSL Analytical

Start Date (10)  
10 / 21 / 15

Name of GSA Monitor  

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

Time of Abatement: AM PM PM

Schedule Completion Date (11)  
8 / 31 / 16

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

<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>15 Rooms at unit vent locations</td>
<td>Yes</td>
<td>Floor tile</td>
<td>148 SF</td>
<td></td>
</tr>
<tr>
<td>15 Rooms at unit vent locations</td>
<td>No</td>
<td>Wall &amp; Ceiling Plaster</td>
<td>15 SF</td>
<td></td>
</tr>
<tr>
<td>15 Rooms at unit vent locations</td>
<td>No</td>
<td>Brick &amp; Mortar</td>
<td>8 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
AbateTech, Inc.  
NJDEP Waste Hauler ID No. 18760

Disposal Date  
8/31/16

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

City, State  
Lumberton, NJ

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator  
Signature  
Date  
8/15/16

* 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 / 23 / 16

Name of Building Owner/Operator (2)  
Hopewell Township BOE / Job #1608-0054 Check #8502

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

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

Street Address  
122 Sewall Road

City, State, Zip Code  
Bridgeton, NJ 08032

Name of Contact  
John Ogbin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Hopewell Crest ES

Street Address  
122 Sewall Road

City (5)  
Bridgeton, NJ 08032

County (6)  
Cumberland

County Code (7)  
STATE USE ONLY:

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

Street Address  
515 Grove Street Suite Suite 1B

City, State, Zip Code  
Haddon Heights, NJ 08035

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Brian Clark

Telephone No.  
856-656-2944

License No.  
00529

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 AM

Start Date (10)  
8 / 25 / 16

Scheduled Completion Date (11)  
9 / 9 / 16

Name of OSHA Monitor  
EMSL Analytical

Street Address  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)  
☐ ≥3 sf or ≥3 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)  
800 SF

Abatement Type  
☒ Repair
☐ Encapsulate
☐ Removal

Name of Registered Waste Hauler  
AbateTech, Inc.

Waste Hauler ID No.  
NJDEP Waste 18750

Cubic Yards of Waste  
40

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

City, State  
Lumberton, NJ

Completed By (Print or Type)  
Gwendolyn Trumbetti

Title  
Operations Coordinator

Signature  
[Signature]

Date  
8/23/16

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

Date of Notification (1)
8 / 18 / 16

Name of Building Owner/Operator (2)
PSE&G / Job # 1606-5019 Check #8501

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
4000 Hadley Road
South Plainfield, NJ

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Chris Coleman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Ewing Substation

Street Address
1475 Prospect Street
Ewing, NJ 08638

City (5)
Ewing, NJ 08638

County (6)
Mercer

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Substation

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25
Lumberton, NJ 08048

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

License No.
609-255-2107

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North
Cinnaminson, NJ 08077

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
6 / 20 / 16

Scheduled Completion Date (11)
8 / 31 / 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 ______AM

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

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
Repairs
Encase

Along vertical sides of glass block frame windows
ไม่ใช่

Loft Bathrooms
ไม่ใช่

Floor tile
ไม่ใช่

Cork/Tar Paper
ไม่ใช่

Floor tile & Mastic
ไม่ใช่

(2) Bathrooms

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEE Waste Hauler ID No.
000692061

Cubic Yards of Waste
40

Name of Registered Landfill
Conestoga Landfill

Disposal Date
8/31/16

City, State
Morgantown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
8/18/16

* Do not use this form for asbestos licensure exempted activities.
# Potentially Regulated Waste Inventory Summary

**As of 06/02/16**

**1475 Prospect Street**

**Ewing Township, Mercer County, New Jersey**

<table>
<thead>
<tr>
<th>Item / Description</th>
<th>Location</th>
<th>Potential Regulated Material</th>
<th>Estimated Total Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caulking</td>
<td>Along vertical sides of glass block frame windows</td>
<td>Asbestos</td>
<td>144 LF</td>
</tr>
<tr>
<td>VAT (Flooring)</td>
<td>Loaf Bathrooms</td>
<td>Asbestos</td>
<td>240 SF</td>
</tr>
<tr>
<td>Black Expansion Joint</td>
<td>Center Warehouse Area Floor</td>
<td>Asbestos</td>
<td>64 LF</td>
</tr>
<tr>
<td>Exterior Black Coating on Red Brick</td>
<td>Exterior of Offices on Red Brick</td>
<td>Asbestos</td>
<td>140 SF</td>
</tr>
<tr>
<td>Vibration Cloth</td>
<td>HVAC Closet - Northeast Corner of Old/Front Office Area</td>
<td>Asbestos</td>
<td>2 SF</td>
</tr>
<tr>
<td>Black Vapor Barrier</td>
<td>Under/Behind Exterior Brick Façade of Old/Front Office Area</td>
<td>Asbestos</td>
<td>540 SF</td>
</tr>
<tr>
<td>Roofing Material</td>
<td>Front Office Roof</td>
<td>Asbestos</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Center Warehouse Roof</td>
<td>Asbestos</td>
<td>10,200 SF</td>
</tr>
<tr>
<td>9x9 inch Floor Tile (gray w/white streaks) and Associated Mastic</td>
<td>Mezzanine</td>
<td>Asbestos</td>
<td>240 SF</td>
</tr>
<tr>
<td>Black Floor Mastic</td>
<td>Old/Front Office Area Floor</td>
<td>Asbestos*</td>
<td>480 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Front Office Roof</td>
<td>Asbestos*</td>
<td>140 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Back Warehouse Roof</td>
<td>Asbestos*</td>
<td>140 SF</td>
</tr>
<tr>
<td>Green-Painted Wood Windows</td>
<td>Downstairs Front Office</td>
<td>LBP</td>
<td>(8) 3x4ft Windows, Sills, Frames</td>
</tr>
<tr>
<td></td>
<td>Upstairs Loft Area</td>
<td>Haz Lead</td>
<td>(8) 3x5.5ft Windows, Sills, Frames</td>
</tr>
<tr>
<td></td>
<td>Downstairs Office Bathrooms</td>
<td></td>
<td>(2) 2x3ft Windows, Sills, Frames</td>
</tr>
<tr>
<td>Fluorescent Light Bulbs</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>192</td>
</tr>
<tr>
<td>Thermostats, Timers, etc.</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>8</td>
</tr>
<tr>
<td>High Intensity Flood Lamps</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>28</td>
</tr>
<tr>
<td>Fluorescent Light Ballasts</td>
<td>Throughout building</td>
<td>PCB / Non-PCBs</td>
<td>150</td>
</tr>
</tbody>
</table>

**Notes:**

*: PCBs were detected between 2.0 ppm and 4.2 ppm below the EPA's 50 ppm TSCA Bulk Product Waste requirements.

Potential regulated waste inventory as detailed from the Omega Pre-Renovation Report dated February 20, 2015 and the Bureau Veritas NA ACM, PCBs and LBP reports dated May 16, 2016. The Contractor is to notify PSE&G immediately should they encounter or identify any other suspected potential regulated waste.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

Date of Notification (1) 8 18 16

Name of Building Owner/Operator (2) NJ Turnpike Authority / Job #1608-5053 Check #8499

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

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

Street Address
PO Box 5042
City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Gregg Crescenzo
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJTP- Hess Building

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

Street Address
1 Hess Plaza
City (5)
Woodbridge, NJ
County (6)
Middlesex
County Code [7] (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
The Saban Engineering Group, Inc.

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

Street Address
201 Stuyvesant Avenue
City, State, Zip Code
Lyndhurst, NJ 07071

Telephone No.
201-299-7705
License No.

Project Manager for Monitoring Firm
Stephen Pharai

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

Start Date (10) 8 22 16

Scheduled Completion Date (11) 8 22 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-AM

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

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

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

Mezzanine Level

10" O.D. pipe insulation 6 LF

Location of Mezzanine Level

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

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

City, State
Lumberton, NJ

Disposal Date
8/22/16

City, State
Tullytown, PA

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

Date
8/15/16

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

**State of New Jersey**

**(Pursuant to NJAC 8:60 and 5:16)**

**Date of Notification (1):**

- 8 / 23 / 16

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

- Hopewell Township BOE / Job #1608-5054 Check #8502

**Name of Contact:**

- John Ogbin

**Telephone Number:**

- [REDACTED]

---

**FACILITY INFORMATION**

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

- Hopewell Crest ES

**Street Address:**

- 122 Sewall Road

**City (5):**

- Bridgeton, NJ 08332

**County (6):**

- Cumberland

**Type of Facility (4):**

- School (K-12)

**Square Feet:**

- [REDACTED]

**# of Floors:**

- [REDACTED]

**Bldg. Age:**

- [REDACTED]

**Current Use (Prior to Demolition):**

- [REDACTED]

**Type of Facility:**

- School

**Square Feet:**

- [REDACTED]

**# of Floors:**

- [REDACTED]

**Bldg. Age:**

- [REDACTED]

**Current Use (Prior to Demolition):**

- [REDACTED]

---

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

- Pennoni

**Street Address:**

- 515 Grove Street Suite Suite 1B

**City, State, Zip Code:**

- Haddon Heights, NJ 08035

**Name of Abatement Contractor (9):**

- AbateTech, Inc.

**Street Address:**

- 30 Maple Ave. PO Box 25

**City, State, Zip Code:**

- Lumberton, NJ 08048

**Name of OSHA Monitor:**

- EMSL Analytical

**Street Address:**

- 200 Route 130 North

**City, State, Zip Code:**

- Cinnaminson, NJ 08077

**License No.:**

- 00529

---

**Start Date (10):**

- 8 / 25 / 16

**Scheduled Completion Date (11):**

- 9 / 9 / 16

**Name of OSHA Monitor:**

- EMSL Analytical

**Street Address:**

- 200 Route 130 North

**City, State, Zip Code:**

- Cinnaminson, NJ 08077

**License No.:**

- 00529

---

**Occupancy Status During Abatement (Check 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
- [ ] 160 sf or 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Dust Suppression
- [ ] 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 Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal insulation, surfacing, VIT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Boiler Room</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>800 SF</td>
<td>[ ] Endoscopy</td>
</tr>
<tr>
<td>[ ] Plaster Ceiling</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] [ ] [ ]</td>
<td>[ ] N/A</td>
<td>[ ] [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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</tr>
<tr>
<td>[ ] Plaster Ceiling</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] [ ] [ ]</td>
<td>[ ] N/A</td>
<td>[ ] [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>[ ] Boiler Room</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>800 SF</td>
<td>[ ] Endoscopy</td>
</tr>
<tr>
<td>[ ] Plaster Ceiling</td>
<td>[ ] No</td>
<td>[ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] [ ] [ ]</td>
<td>[ ] N/A</td>
<td>[ ] [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- AbateTech, Inc.

**Disposal Date:**

- 9/9/16

**City, State:**

- Tullytown, PA

**Name of Registered Landfill:**

- G.R.O.W.S. Landfill

---

**Completed By (Print or Type):**

- Gwendolyn Trumbetti

**Title:**

- Operations Coordinator

**Date:**

- 5/23/16

---

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

Date of Notification (1) 8 / 12 / 16
Name of Building Owner/Operator (2) Union County College / Job #1608-5049 Check #8500

Agencies Notified
☐ EPA ☐ DOLWD ☐ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial ☐ Amended
☐ Amendment #1 ☐ Emergency (including justification)
☐ Cancellation
Street Address
1033 Springfield Avenue
City, State, Zip Code
Cranford, NJ 07016-1599
Name of Contact Robert Hogan
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County College-Lessner Building
Street Address
40 West Jersey Street
City (5)
Elizabeth, NJ 07202
County (6)
Union
County Code (?)(STATE USE ONLY)
Current Use (Prior if being demolished) College

Name of Monitoring Firm Hired by Building Owner (8) MECS
ASCN No. Name of Abatement Contractor (9) AbateTech, Inc.
Street Address
PO Box 341
City, State, Zip Code Chesterfield, NJ 08515
Telephone No. 609-298-4070
License No. 00529
Project Manager for Monitoring Firm Bill Weisgarber
Telephone No. 609-298-4070
License No. 00529
Name of OSHA Monitor EMSL Analytical
Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code Lumberton, NJ 08048

Start Date (10) 8 / 12 / 16 Scheduled Completion Date (11) 8 / 21 / 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/3PM-11:30AM

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

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

<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) (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>1st Floor Lobby Area</td>
<td>No</td>
<td>Transite Soffit</td>
<td>528 SF</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>1st Floor Lobby Area</td>
<td>No</td>
<td>Transite Wall Paneling</td>
<td>120 SF</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste 20
Name of Registered Landfill G.R.O.W.S. Landfill
Disposal Date 8/21/16
City, State Lumberton, NJ
City Tulleytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 8/12/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 12 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Trustees of Princeton / Job #1605-5021 *Check #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td></td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td></td>
<td>□ Amendments #1</td>
<td></td>
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<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Cancellation</td>
<td></td>
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</tbody>
</table>

| Street Address           | Princeton University E.A. MacMillan Bldg. |
| City, State, Zip Code    | Princeton, NJ 08544                        |
| Name of Contact          | Robert Ortega, P.E.                        |

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>5 Ivy Lane</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (5)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardno ATC</td>
<td>00038</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3 Terri Lane</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Michael R. Keehn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-368-8800</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>7 / 25 / 16</td>
<td>9 / 23 / 16</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe 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 ft</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Exterior</td>
</tr>
<tr>
<td>☑ Window Caulk &amp; Glazing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<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>Window Caulk &amp; Glazing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,880 LF</td>
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</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Repair</td>
</tr>
<tr>
<td>☑ Encapsulate</td>
</tr>
<tr>
<td>☑ Endorse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler (13)</td>
</tr>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

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

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

*Signature*  

<table>
<thead>
<tr>
<th>Date</th>
<th>8/12/16</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)
8 / 12 / 16

Name of Building Owner/Operator (2)
Missouri Avenue Energy Center / Job #1607-5034 Check #8407

Street Address
2129 Bacharach Boulevard

City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact
Jerry Decker

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Missouri Avenue Energy Center

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

County Code (7)/(STATE USE ONLY)

Current Use (Prior to being demolished)

Energy Center

Name of Monitoring Firm Hired by Building Owner (8)
Heath & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
8 / 2 / 16

Scheduled Completion Date (11)
9 / 9 / 16

Occuaptation 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

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

Endorse
- Removal
- Repair
- Encapsulate

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18780

Cubic Yards of Waste
20

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

City, State
Lumberton, NJ

Disposal Date
9/9/16

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
8/12/16

* Do not use this form for rebreathing materials, except for ACM.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 16 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Warren Hills Regional School District/ Job #1608-5045 Check #</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
</tbody>
</table>
- [ ] EPA  
- [ ] DOLWD  
- [ ] DHSS  
- [ ] DCA (NJAC 5:23-8)  
- [ ] Type Notification  
- [ ] Initial  
- [ ] Amended  
- [ ] Amendment #2  
- [ ] Emergency (including justification)  
- [ ] Cancellation |
| Street Address | 89 Bowershown Road |
| City, State, Zip Code | Washington, NJ 07882 |
| Name of Contact | Estrella Molinet |
| FACILITY INFORMATION | 
| Name of Facility Where Abatement is Taking Place (3) | Warren Hills Middle School |
| Street Address | 64-66 Carlton Avenue |
| City (5) | Washington, NJ 07882 |
| County (6) | Warren |
| County Code (7) | 
(STATE USE ONLY) |
| Current Use (Prior if being demolished) | High School |
| Type of Facility (4) | 
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private and commercial buildings, homes, etc.) |
| Square Feet | 
| # of Floors | 
| Bldg. Age | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| TTI Environmental | 
| Street Address | 1253 North Church Street |
| City, State, Zip Code | Moorestown, NJ 08057 |
| Project Manager for Monitoring Firm | Mike Stocku |
| Telegram No. | 856-840-8800 |
| Telephone No. | 609-255-2107 |
| License No. | 00529 |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | 30 Maple Ave. PO Box 25 |
| City, State, Zip Code | Lumberton, NJ 08048 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | 200 Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |
| Scope of Work (Check all that apply) | 
- [ ]  Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure |
| Time of Abatement: AM PM PM AM |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10) | 
| Name of Registered Waste Hauler | AbateTech, Inc. |
| NJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 12 |
| Name of Registered Landfill | G.R.O.W.S. Landfill |
| City, State | Tullytown, PA |
| Completed By (Print or Type) | Gwendolyn Thompsett |
| Title | Operations Coordinator |
| 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 5:16)

Date of Notification (1)  8 / 19 / 16

Name of Building Owner/Operator (2)
Warren Hills Regional School District/Job #1608-5045 Check #

Name of Abatement Contractor (9)
AbatoTech. Inc.

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

Type of Notification
☐ Initial
☐ Amended
☐ Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
89 Bowerstown Road

County Code (7)(STATE USE ONLY)

City, State, Zip Code
Washington, NJ 07882

High School

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

Project Manager for Monitoring Firm
Mike Stocku
Telephone No. 856-840-8800

Start Date (10) 8 / 12 / 16
Scheduled Completion Date (11) 8 / 31 / 16

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

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 (13)

Gymnasium

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)
Vapor Barrier Mastic 250 SF

Amount (Specify SF or LF)

Abatement Type

[Boxes for Removal, Repair, Encapsulation, Enclosure]

Name of Registered Waste Hauler
AbateTech, Inc.

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

City, State
Lumberton, NJ

Disposal Date 8/31/16

City, State
Tullytown, PA

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

Signature

Date 8/31/16

MAY 11
**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>08/24/2016</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>County of Essex</td>
</tr>
<tr>
<td>Street Address</td>
<td>900 Bloomfield Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Verona, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Sanjeev Vargheese</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>___</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Hall of Records Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>465 Dr. Martin Luther King Jr. Blvd.</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark,</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Iris Environmental Laboratories, LLC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>DIA General Construction, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1360 Clifton Avenue, PMB Suite 218</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07012</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>908-206-0073</td>
</tr>
<tr>
<td>License No.</td>
<td>00693</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>DIA General Construction, Inc.</td>
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<tr>
<td>Street Address</td>
<td>1360 Clifton Avenue, PMB Suite 218</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07012</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/2/2016</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>9/4/2016</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Description of Abatement Performed Outside of Normal Facility Hours</td>
<td>Other – Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>__ Yes or __ No</td>
<td>25 LF</td>
</tr>
<tr>
<td>__ Yes or __ No</td>
<td>40 LF</td>
</tr>
<tr>
<td>__ Yes or __ No</td>
<td>65 LF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>__</td>
</tr>
</tbody>
</table>

<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>Room 430</td>
<td>X</td>
<td>Pipe/Elbow Insu. (Wrap &amp; Cut)</td>
<td>25 LF</td>
<td></td>
</tr>
<tr>
<td>Room 431</td>
<td>X</td>
<td>Pipe/Elbow Insu. (Wrap &amp; Cut)</td>
<td>40 LF</td>
<td></td>
</tr>
<tr>
<td>Room 433</td>
<td>X</td>
<td>Pipe/Elbow Insu. (Wrap &amp; Cut)</td>
<td>40 LF</td>
<td></td>
</tr>
<tr>
<td>Room 435</td>
<td>X</td>
<td>Pipe/Elbow Insu. (Wrap &amp; Cut)</td>
<td>65 LF</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
<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>Minerva Landfill</td>
<td>20990</td>
<td>30 CY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>New Castle, DE 19720</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by</td>
<td>Krutarth Jagad</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>___</td>
</tr>
<tr>
<td>Date</td>
<td>9/4/2016</td>
</tr>
</tbody>
</table>

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