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

Date of Notification: 8/11/2016
Check #: 2914

Name of Building Owner/Operator: St Leo School
Street Address: 300 Market Street
City, State, Zip Code: Elmwood Park, NJ 07407

Name of Facility Where Abatement is Taking Place:
St Leo School
Street Address: 300 Market Street
City: Elmwood Park
County: BERGEN

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

Square Feet: 20,000
# of Floors: 2
Bidg. Age: 50+

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

Name of Abatement Contractor: EA Services Corporation
Street Address: 426 69th Street
City, State, Zip Code: Guttenberg, NJ 07093

Telephone No.: 201-295-1700
License No.: 01074

Start Date (10): 8/27/16
Scheduled Completion Date (11): 8/29/2016

Name of OSHA Monitor:
Same as above

Scope of Work (Check All That Apply):

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

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

- Basement Boiler Room
- Room #202

Description of Asbestos-Containing Material (ACM):
- Insulation
- Seal Open Ends; re-wrap elbows

Amount (Specify SF or LF):
- Insulation: 5 SF
- Seal: 4 LF

Name of Registered Landfill:
Cumberland Ladfill
City, State: Newburg, PA

Completed by:
Gina Betances
Title: Office Manager
Signature:

Date: 8/11/2016

ASB-41 (R-06-06)

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

Date of Notification (1) 8/2/2016

Name of Building Owner / Operator (2)
O&R Woodbridge Office, LLC/NJTA

Street Address
One Riverfront Plaza
City, State & Zip Code
Newark, NJ 07102

Name of Contact
Rosana Caputo

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

Type Notification
☒ Initial
☒ Amended #1-8/22/16
☐ Emergency
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Future NJ Turnpike Headquarters

Street Address
One Hess Plaza

City (5) Woodbridge County (6) Middlesex County Code (7)

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

ASCM No.

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
School

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

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
56 East Bridge Street
City, State & Zip Code
Morrisville, PA 19067

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

Project Manager for Monitoring Firm
Jim Frisbee

Telephone Number
267-991-9212

Project Manager for Monitoring Firm

Telephone Number
(215)788-6040

License Number
00509

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours –
   Describe: 7 AM – 3:00 PM
☒ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 l f
☒ ≥160 sf ≥260 lf

Remote
Renovation
Demolition

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

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

1st Floor Hallway
☒ Floor Tile & Mastic
☒ Floor Tile & Mastic
☐ Floor Tile & Mastic
☐ Floor Tile & Mastic
☐ Floor Tile & Mastic

1st Floor Hallway

1st Floor Telephone Equipment Room

1st Floor Building Services Room

1st Floor Data Center

2nd Floor Mech Room

2nd Floor Hallway

2nd Floor Data Center

Amount

1,700 SF

2,900 SF

2,250 SF

450 SF

720 SF

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

Cubic Yards of Waste
55 Cu YD

Minerva Landfill

Disposal Date
9/7/2016

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Name of Registered Landfill

Title
Project Manager

Signature

Date 8/22/16

GI 16099 A
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/2/2016

Name of Building Owner / Operator (2) O&R Woodbridge Office, LLC/NJTA

Agencies Notified Type Notification
[ ] EPA [ ] Initial
[ ] DEP [ ] Amended #1-8/22/16
[ ] DOL [ ] Emergency
[ ] DOH [ ] Cancellation
[ ] DCA

Name of Contact Rosana Caputo

Street Address One Riverfront Plaza

City, State & Zip Code Newark, NJ 07102

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

ASCM No.

Project Manager for Monitoring Firm Jim Frisbee

Telephone Number 267-991-9212

Scheduled Start Date (10) 8/29/16

Scheduled Completion Date (11) 9/23/16

Future NJ Turnpike Headquarters

Name of Facility Where Abatement is Taking Place (3)

Street Address One Hess Plaza

City (5) Woodbridge County (6) Middlesex County Code (7) 07093

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

Square Feet 0

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

School

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

Street Address 1123 Beaver Street

City, State & Zip Code Bristol, PA 19007

Telephone Number (215)786-6040

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 or 260 if
[ ] Renovation
[ ] Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Boiler Breaching 675 SF

Boiler Room

1" Fitting 16 EA

2" Fitting 16 EA

6" Fitting 2 EA

12" Fitting 5 EA

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

Cubic Yards of Waste 10

Name of Registered Landfill Minerva Landfill

Service Transport Inc.

City, State New Castle, DE

Complied By (Print or Type) Gino Pizzigoni

Title Project Manager

Signature Date 8/22/16

GI 16099 B
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
3/2/2016

Name of Building Owner / Operator (2)
O&R Woodbridge Office, LLC/NJTA

Street Address
One Riverfront Plaza

City, State & Zip Code
Newark, NJ 07102

Name of Contact
Rosana Caputo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Future NJ Turnpike Headquarters

Street Address
One Hess Plaza

City (5)
Woodbridge

County (6)
Middlesex

County Code (7)

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

ASCM No.

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

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Telephone Number
(215)788-6040

License Number
005009

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Occupancy Status During Abatement (Check only one)
☑ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Hours –
Describe: 5 PM (9/9/16) to 11:59 PM (9/11/16)
☑ Facility Occupied During Abatement

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
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

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

1st Floor Loading Dock
☐ ☐ ☐
2nd Floor Data Center
☐ ☐ ☒
13th Floor Mechanical Room
☐ ☐ ☒

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

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 Inc.

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Landfill

Disposal Date
9/12/2016

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
8/22/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
8/14/2016

Name of Building Owner / Operator (2)
Presbyterian Church of USA

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

Street Address
28 Meadowbrooke Ave
City, State & Zip Code
Lawrenceville NJ

Name of Contact
Sandy Phillips

ASBESTOS CONTROL & LICENSING
Telephone Number

FACILITY INFORMATION

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

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

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

Square Feet
2000
# of Floors
1
Bldg. Age
60+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address
PO Box 8297
City, State & Zip Code
Trenton NJ

Telephone Number
609-847-2956
License Number
01222

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave.
City, State & Zip Code
Westmont, NJ 08108

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:
☐ Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Endurakote
Endeavor
Endurakote
Endeavor

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
00033330
Cubic Yards of Waste
1
Name of Registered Landfill
Grows Landfill

Disposal Date
various
City, State
Morrisville, PA

Basement
☐ ☐ ☐
Pipe Insulation
170lf

NAME OF REGISTERED WASTE HAULER
NJDEP Waste Hauler ID No.
00033330
Cubic Yards of Waste
1
Name of Registered Landfill
Grows Landfill

Disposal Date
various
City, State
Morrisville, PA

Basement
☐ ☐ ☐
Pipe Insulation
170lf

ALPHA ENVIRONMENTAL

City, State
Trenton, NJ

completed By (Print or Type)
Rod Richardson
Title
Project Manager
Signature
Rod Richardson

Date
8/14/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
8/24/16

Name of Building Owner/Operator (2):
Frank Nolan Private Home

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

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

Street Address:

City, State, Zip Code:
Glendora NJ 08029

Name of Contact:
Frank

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Frank Nolan Private Home

Street Address:

City (5):
Glendora NJ 08029

County (6):
Camden

County Code (7) (STATE USE ONLY): 

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

ASCM No.:

Name of Abatement Contractor (9):
Pernaco Inc.

Street Address:
PO Box 329

City, State, Zip Code:
West Berlin NJ 08091

Project Manager for Monitoring Firm:

Telephone No.:

Start Date (10):
9/6/16

Scheduled Completion Date (11):
9/12/16

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 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):

Exterior Siding

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

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

Amount (Specify SF or LF):
2000 SF

Abatement Type:
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler:
United Roll Of
NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste:
4

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

Disposal Date:
9/12/16

City, State:
Morrisville PA 19067

Completed by:
Anthony T Perna
Title:
President

Signature:

Printed Name:

Date:
8/24/16

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

Date of Notification (1)
08/23/2016

Name of Building Owner/Operator (2)
Broad Atlantic Associates, LLC

Street Address
520 Broad Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Elliot Helzch

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
520 Broad Street

Square Feet
100,000

County Code (7)
Essex

County (6)
Essex

# of Floors
18

Current Use (Prior if being demolished)
Office

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

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Environmental Solutions

Name of OSHA Monitor
Incinia Contracting, Inc.

Street Address
PO Box 1224

City, State, Zip Code
Union, NJ 07083

License No.
001036

ASCM No.

Telephone No.
(973) 494-3762

Telephone No.
(973) 450-9500

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

Street Address
1360 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm
Rick Esquillo

Start Date (10)
09/03/2016

Scheduled Completion Date (11)
09/03/2016

Name of Registered Waste Hauler
Atlantic Carting

Street Address
1360 Clifton Avenue, Unit 365

City, State, Zip Code
Clifton, NJ 07012

Name of Registered Landfill
Grand Central Sanitary Landfill Corp.

Name of Registered Waste Hauler
Atlantic Carting

Waste Hauler ID No.
NJ641

Cubic Yards of Waste
40

Disposal Date
TBD

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 lf
- >150 sf or ≥260 lf
- Renovation
- Demolition
- Other – Describe: Saturday, 7AM to 5PM.

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

Yes
No
N/A

(13)

Basement

Pipe Insulation

423 LF

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

Amount
(Specify SF or LF)

Removal

Repair

Encapsulate

Endorse

Signature

Date

08/23/2016

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

ASB-41 (R-06-08)
Date of Notification (1) 8/24/16

Name of Building Owner/Operator (2) Pope John XXIII Regional High School

Agencies Notified
- EPA [X] Initial
- DEP
- DOL [X] Amended
- DOH [X] Amendment #
- DCA
- Cancellation

Type Notification
- Street Address 28 Andover Road
- City, State, Zip Code Sparta, NJ 07871
- Name of Contact Jim Reffi
- Telephone Number

FACILITY INFORMATION
- Name of Facility Where Abatement is Taking Place (3)
  - High School - Main Entrance
- Street Address 28 Andover Road
- City (5) Sparta
- County (6) Sussex
- County Code (7) (STATE USE ONLY)
- Current Use (Prior if being demolished) 5000
- Square Feet
- # of Floors 2
- Bidg. Age 80

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

Name of Abatement Contractor (9)
- ABS Environmental Services, LLC
- Street Address PO Box 483, 4 E Gate Drive
- City, State, Zip Code Glenwood, NJ 07418
- Telephone No. 973-764-2276
- License No. 703
- License Date
- OSHA Monitor

Start Date (10) 8/26/16
- Scheduled Completion Date (11) 9/26/16
- Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- ☐ 13 sf or 33 If
- ☐ 160 sf or 2260 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)
  - Yes
  - No
  - N/A

Name of Registered Waste Hauler
- Freehold Cartage
- NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste
- TBD

Name of Registered Landfill
- Western Berks Landfill

City, State
- Freehold, NJ

Disposal Date
- TBD

City, State
- TBD

Birdsboro, PA

Completed by
- A. Scott Higgins
- Title President
- Signature
- Date 8/24/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:128)

Date of Notification (1)
8/15/16

Name of Building Owner/Operator (2)
The Kings Daughter Day School

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

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

Street Address
502 West Front Street

City, State, Zip Code
Plainfield, NJ

Name of Contact
Natalie Darco

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Kings Daughter Day School

Street Address
502 West Front Street

City (5)
Plainfield

County (6)
Union

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
Hillman Consulting

ACSM No.

Name of Abatement Contractor (9)
Uni Pro Inc.

Street Address
1600 Route 22 East

City, State, Zip Code
Union, NJ

Telephone No.
908-477-3014

License No.
000815

Name of OSHA Monitor
Uni Pro Inc.

Start Date (10)
9/2/16

Scheduled Completion Date (11)
9/5/16

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

Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
- ≥3 sf or ≥10 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

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

Amount (Specify SF or LF)
- 3 SF
- 96 SF

Abatement Type
- 

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyll, PA, 18072

Completed by
Raymond Blum

Title
OM

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)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8-24-16</th>
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<tbody>
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<td>Agencies Notified</td>
<td>SRI International</td>
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<td>■ Cancellation</td>
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<td>Name of Building Owner/</td>
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<td>Operator (2)</td>
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<td>Name of Facility Where</td>
<td>SRI International</td>
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<td>Abatement is Taking</td>
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<td>Place (3)</td>
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<td>Name of Monitoring Firm</td>
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<td>Hired by Building Owner (8)</td>
<td>EHS Environmental, Inc.</td>
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<td>Street Address</td>
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<td>201 Washington Road</td>
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<td>City (5)</td>
<td>Princeton</td>
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<td>Mercer</td>
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<td>856-224-0080</td>
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<td>Scope of Work (Check All That Apply)</td>
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<td>■ ≥36 sf or ≥32 if</td>
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<td>■ ≥160 sf or ≥260 If</td>
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<td>□ Renovation</td>
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<td>Asbestos-Containing</td>
<td>Central Penthouse</td>
</tr>
<tr>
<td>Material (ACM) To Be</td>
<td></td>
</tr>
<tr>
<td>Abated</td>
<td></td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally</td>
<td>No</td>
</tr>
<tr>
<td>Used Solely by</td>
<td></td>
</tr>
<tr>
<td>Maintenance/Custodial</td>
<td></td>
</tr>
<tr>
<td>Staff (12)</td>
<td></td>
</tr>
<tr>
<td>Reciprocate</td>
<td></td>
</tr>
<tr>
<td>Description of</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td>Asbestos-Containing</td>
<td>16 LF</td>
</tr>
<tr>
<td>Material (ACM) (i.e.</td>
<td></td>
</tr>
<tr>
<td>thermal systems</td>
<td></td>
</tr>
<tr>
<td>insulation, surfacing,</td>
<td></td>
</tr>
<tr>
<td>VAT, or other</td>
<td></td>
</tr>
<tr>
<td>miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify</td>
<td></td>
</tr>
<tr>
<td>SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Type of Abatement</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment</td>
<td></td>
</tr>
<tr>
<td>with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted [*] and</td>
<td></td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered</td>
<td></td>
</tr>
<tr>
<td>Waste Hauler</td>
<td></td>
</tr>
<tr>
<td>Waste Management</td>
<td></td>
</tr>
<tr>
<td>ND/LPR Waste</td>
<td></td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>17273</td>
</tr>
<tr>
<td>Name of Registered</td>
<td></td>
</tr>
<tr>
<td>Landfill</td>
<td></td>
</tr>
<tr>
<td>Name of Registered</td>
<td></td>
</tr>
<tr>
<td>Waste Hauler</td>
<td>GROWS</td>
</tr>
<tr>
<td>City, State</td>
<td>Central, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>9-2-16</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>James M. Kelly</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Vice-President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>8-24-16</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 8:99 and 12:120)

Date of Notification (1):
8/23/16

Name of Building Owner/Operator (2):
ESTATE OF GRACE KNAPP

Street Address:

City, State, Zip Code:
BOGOTA, NJ, 07603

Name of Contact:
J. Maiorano

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
ESTATE OF GRACE KNAPP

Street Address:

City (5):
BOGOTA

County (6):
BERGEN

Name of Monitoring Firm Hired by Building Owner (6):
Best Removal Inc

Name of Abatement Contractor (9):
Best Removal Inc

Project Manager for Monitoring Firm:

Street Address:

City, State, Zip Code:
450 South River St

Hackensack, N.J. 07601

Telephone No.:
201-329-7444

License No.:
00388

Name of OSHA Monitor:
Omega Environmental

Street Address:

City, State, Zip Code:
280 Huyler St

Hackensack, N.J. 07606

Start Date (10):
9/2/16

Scheduled Completion Date (11):
9/3/16

Occuancy Status During Abatement (Check only one):
- [ ] Facility Closed/ Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8:00 AM TO 5:00 PM

Scope of Work (Check all that apply):
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (s) and Non-Permits Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., internal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>VAT</td>
<td>ISOLATION</td>
<td>BASEMENT</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste:
3.27

Name of Registered Waste Hauler:
Best Removal Inc

ID No.:
17109

Disposal Date:
9/6/16

City, State:
Hackensack, N.J. 07601

Waynesburg, Oh. 44688

Completed by:
J. Maiorano

Title:
Estimator

Signature:

*Do not use this form for asbestos licenses, exempted ordinances.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(1) Date of Notification: 08/23/16

(2) Name of Building Owner/Operator: JACK OSHER

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EDISON</td>
<td>MIDDLESEX</td>
</tr>
</tbody>
</table>

(4) Type of Facility:

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

(5) Square Feet: 2000

(6) # of Stories: 2

(7) Bldg. Age: HOME

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

<table>
<thead>
<tr>
<th>ASCM No</th>
<th>AAA LEAD PROFESSIONALS</th>
</tr>
</thead>
</table>

(9) Name of Abatement Contractor:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 WHITE DOVE COURT</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
</tbody>
</table>

(10) Start Date: 08/25/16

(11) Scheduled Completion Date: 08/26/16

(12) Scope of Work:

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

(13) Description of Asbestos-Containing Material (ACM): VAT 50 SF

(14) Name of Registered Waste Hauler:

<table>
<thead>
<tr>
<th>NEWARK CARTING</th>
</tr>
</thead>
</table>

(15) Name of Registered Landfill:

<table>
<thead>
<tr>
<th>IESI</th>
</tr>
</thead>
</table>

(16) Completion Date:

<table>
<thead>
<tr>
<th>08/25/16</th>
</tr>
</thead>
</table>

(17) Signature:

<table>
<thead>
<tr>
<th>JOSEPH PERLSTEIN</th>
</tr>
</thead>
</table>

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

Date of Notification (1)
August 22, 2016

Name of Building Owner/Operator (2)
NCN Properties

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

Streets Address
2033 Westfield Avenue

City, State, Zip Code
Scotch Plains, NJ 07076

NCN Properties

FACILITY INFORMATION

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

Square feet
2500 sf

# of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Residence

Name of Facility Where Abatement is Taking Place (3)

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

Charlotte, 1889 Route 9, Unit 61
Toms River, New Jersey 08755

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

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

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

Scope of Work (Check all that apply)

- 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

- 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)
  Remo
  Removal
  Repair
  Encaps
  Closure

- Abatement Type
  YES NO N/A

Basement
X
Asbestos pipe insulation
225 lf
X

Basement
X
Fittings
25
X

Basement & kitchen/dining
X
Asbestos floor tile
497
X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

City, State
Toms River, New Jersey

Disposal Date
9/8/16

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

Ready Date
8/22/2016

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

Date of Notification: August 23, 2016

Agencies Notified:
- [X] EPA
- [X] DOL
- [X] DOH
- [ ] DCA
- [ ] DEP
- [ ] Initial Notification
- [ ] Emergency (including justification)
- [ ] Amended Notification
- [ ] Amendment #
- [ ] Cancellation

Name of Building Owner/Operator:
D&A Demolition

Street Address:
2156 Camplain Road

City, State, Zip Code:
Hillsborough, NJ 08844

Name of Contact:
Antonio Dimuzio

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Residence

Street Address:

City
South Orange

County
Essex

County Code (STATE USE ONLY):

Name of Monitoring Firm HIred by Building Owner:
Guardian Contracting Inc.

ASCM No.

Type of Facility:
- [ ] School (k-12)
- [ ] Subchapter 8 (other than k-12)
- [X] 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:
Guardian Contracting, Inc.

Street Address:
1889 Route 9, Unit 61

City, State, Zip Code:
Toms River, NJ 08755

Telephone Number:
732-349-9932

License Number:
00624

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

Scopes of Work (Check all that apply):
- [X] >3 sf or ≥3 if
- [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:

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):
80 lf

Abatement Type:

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATE</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
8/26/16

City, State:
Tullytown, Pennsylvania

Completed by (Print or Type):
Nicholas Fermcola

Title:
Project Manager

Signature:

Date:
8/23/2016

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

(Pursuant to NJAC 8:56 and 12:129)

State of New Jersey

Date of Notification (1)
8/23/16

Name of Building Owner/Operator (2)
Jennifer Kramer Private Home

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

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

Street Address
City, State, Zip Code
Easthampton NJ 08060

Name of Contact
Jen

Telephone Number

**FACILITY INFORMATION**

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

Street Address
City, State, Zip Code
Easthampton NJ 08060

County (6)
Burlington

Square Feet
1000+

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
House

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

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329
West Berlin NJ 08091

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
9/5/16

Scheduled Completion Date (11)
9/9/16

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

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

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

In Facility

(13)

Yes

No

N/A

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

Amount

Specify SF or LF

Abatement Type

Removal

Repair

Encapsulate

Endorse

Exterior Siding

x

Exterior Siding

2500 SF

x

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No.
22499

Cubic Yards of Waste
5

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

City, State
Elm NJ

Disposal Date
9/9/16

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

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 12:120)

Date of Notification (1)
08/22/2016

Name of Building Owner/Operator (2)
Sussex County Technical School

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

Street Address
105 North Church Road

City, State, Zip Code
Sparta, NJ

Name of Contact
Rob Gash

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Greenhouse - Sussex County Technical School

Street Address
105 North Church Road

City (5)
Sparta

County (6)
Sussex

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)
Karl & Associates

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Be Construction Corporation

Street Address
235 Watcing Avenue

City, State, Zip Code
West Orange, NJ 07052

Telephone No.
973-669-2900

License No.
01231

Name of OSHA Monitor
Schneider Laboratories Global Inc.

Street Address
2512 W Cary Street

City, State, Zip Code
Richmond VA 23220

Start Date (10)
08/29/2016

Scheduled Completion Date (11)
09/13/2016

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

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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenhouse</td>
<td>Yes</td>
<td>Caulking</td>
<td>3,400LF</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Be Construction Corporation

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Facility

City, State
West Orange NJ

Disposal Date

City, State
Tullytown PA

Completed by
Barbara Reed

Title
President

Signature

Date
08/22/2016

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

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

| 8 | 1 | 25 | 16 |

**Agencies Notified**

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

**Type Notification**

- [x] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

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

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07066

**Name of Contact**

Sandra M. Schenk

**Telephone Number**

**AUG 29 2016**

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 60

**City (5)**

RAHWAY

**County (6)**

UNION

**County Code (7)**

004

**Type of Facility (4)**

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

**Square Feet**

89,717

**# of Floors**

5

**Bldg. Age**

82

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

VACANT

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

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**

104

**Street Address**

655 WEST SHORE TRAIL

**City, State, Zip Code**

SPARTA, NEW JERSEY 07871

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**Telephone Number**

845-359-7500

**License Number**

1101

**Expected State Date (10)**

9 / 6 /16

**Month**

6

**Day**

16

**Year**

**Sched. Completion Date (11)**

3 / 30 /17

**Month**

3

**Day**

30

**Year**

**OCCUPANCY STATUS DURING ABATION (Check only one)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
  - [x] MONDAY-FRIDAY 7AM-3 PM
- [ ] Other - Describe:

**SCOPE OF WORK (Check all that apply)**

- [x] Demolition
- [x] Renovation
- [x] Full Containment with Negative Pressure
- [ ] Mini-Endo.
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure
- [ ] Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

**See Location normally used solely by Mant/Custodial Staff (12)**

- [ ] Yes
- [ ] No
- [ ] N/A

**1ST-4TH FLOORS - THROUGHOUT**

**VAT & MASTIC**

**Amount**

13,000 SF

**ABATEMENT TYPE**

**REMOVAL**

**REPAIR**

**ENCAPSULATION**

**ENCLOSURE**

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

**NUDEP Waste Hauler ID No.**

15939

**Cubic Yards of Waste**

80

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE

**Disposal Date**

9/6-3/30/16

**City, State**

FREEHOLD, NEW JERSEY

**MONTGOMERY, PA 17752**

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

**Signature**

**Date**


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

**Date of Notification (1)**  
8 / 25 / 16

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

**Street Address**  
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**  
RAHWAY, NEW JERSEY 07063

**Name of Contact**  
Sandra M. Schenck

**Facility Information**

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

**Street Address**  
126 EAST LINCOLN AVENUE - BUILDING 89 CHILLER BUILDING

**City (5)**  
RAHWAY

**County (6)**  
UNION

**County Code (7)**  
ASCN No. 104

**Expected State Date (10)**  
8 / 15 / 16

**Sched. Completion Date (11)**  
8 / 25 / 16

**Occupancy Status During Abatement (Check only one)**  
X Facility Closeded During Entire Period of Abatement

**Other - Describe:**  
Monday - Friday 7am-3:30 pm

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

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)**  
GROUND - NW CORNER/SE CORNER

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

**Amount (Specify SF or LF)**  
50 LF

**Abatement Type**  
Full Containment with Negative Pressure

**Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SE

**City, State**  
FREEHOLD, NEW JERSEY

**Completed by (Print or Type)**  
BENJAMIN SANCHEZ

**Title**  
DIRECTOR OF OPERATIONS

**Signature**  
[Signature]

**Date**  
8/25/16
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/25/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LINDA WALLACE</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HOMESTOWN, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MICHAEL WALLACE</td>
</tr>
<tr>
<td>Number of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Building Age</td>
<td>1940</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | HOMESTOWN |
| Street Address | [Redacted] |
| City | HOMESTOWN |
| County | HOKUS |
| Current Use (Prior to being demolished) | RESIDENCE |

**Type of Facility (4)**

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

**Name of Monitoring Firm Hired by Building Owner (5)**

Best Removal Inc

| Name of Abatement Contractor (9) | Best Removal Inc |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |

**Project Manager for Monitoring Firm**

Omega Environmental

| Street Address | 280 Huyler St |
| City, State, Zip Code | Hackensack, N.J. 07606 |

**Start Date (10)**

9/6/16

**Scheduled Completion Date (11)**

9/8/16

**Facility Closed/Vacated During Entire Period of Abatement**

- Yes
- No
- N/A

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

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Encapsulated and Non-Portable Procedure

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

- 3,600 sq ft or more
- 2,500 sq ft to 3,600 sq ft
- 1,500 sq ft to 2,500 sq ft
- 750 sq ft to 1,500 sq ft
- 500 sq ft to 750 sq ft

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | BASEMENT |
| In Location Normally Used Solely by Maintenance/Custodial Staff | Yes |
| Description of Asbestos-Containing Material (ACM) | VAT |
| Amount (Specify SF or LF) | 750 SF |

**Name of Registered Waste Hauler**

Best Removal Inc

| NJDEP Waste Hauler ID No. | 17109 |
| Cubic Yards of Waste | 3407 |

**Name of Registered Landfill**

Minerva Enterprises, LLC

| City, State | Hackensack, N.J. 07601 |
| Disposal Date | 9/8/16 |
| City, State | Waynesburg, Oh. 44688 |

**Completed by**

J. MAIORANO

| Title | Estimator |
| Signature | [Signature] |
| Date | 8/25/16 |

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

**State of New Jersey**

**Date of Notification (1)**
8/25/16

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

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
KEITH SOPER

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
195 W. 63RD STREET

**County (6)**
Hudson

**City (5)**
Bayonne

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior to being demolished)**
Switch STATION

**Name of Abatement Contractor (9)**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**License No.**
01111

**Name of OSHA Monitor**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Start Date (10)**
9/7/16

**Scheduled Completion Date (11)**
9/9/16

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
No

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

**Amount (Specify SF or LF)**
35 LF X

**Name of Registered Waste Hauler**
GROWS NORTH

**WASTE MANAGEMENT**

**City, State**
ELIZABETH, NJ

**NJDEP Waste Hauler ID No.**
1125

**Disposal Date**
TBD

**City, State**
MORRISVILLE, PA

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR

**Signature**
Carol Raimo

**Date**
8/25/16

*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)**
8/23/2016

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

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

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

**Street Address**

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

**Name of Contact**
Dan Chelchowski

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City**
Piscataway NJ

**County**
Middlesex

**County Code (7)**
N/A

**Square Feet**
1800SF

**# of Floors**
2

**Bldg Age**
+50

---

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCN No.
N/A

**Name of Abatement Contractor (9)**
Dinagio Environment LLC

**Street Address**
339 Lafayette street

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

---

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

**Telephone No.**
N/A

**License No.**
973-491-0877

---

**Start Date (10)**
9/1/2016

**Scheduled Completion Date (11)**
9/5/2016

**Name of OSHA Monitor**
J & S Environmental Corp

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union NJ 07803

---

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

- [ ] ≥ 3 sf or ≥3 if
- [X] ≥ 180 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (1) 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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof Flashing chimney</td>
<td>15LF</td>
</tr>
<tr>
<td>window caulk</td>
<td>100LF</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
ISES Bethlehem landfill

**City, State**

**Disposal Date**

**Name of Registered Landfill**

**Completed by**
carlos Gomes

**Title**
President

**Signature**

**Date**
8/23/2016

---

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

Date of Notification (1) 8/24/2016

Name of Building Owner/Operator (2) Clare Speakman

Agencies Notified [ ] EPA [ ] DOL [ ] DON [ ] DCA [X] Initial Notification
[ ] DEP [ ] DCM [ ] JAM [ ] EMERGENCY [ ] Cancellation

Street Address
City, State, Zip Code Irvington, NJ, 07111

Name of Contact Clare Speakman

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

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

City (5) Esseax County Code (6) [STATE USE ONLY]

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

Project Manager for Monitoring Firm N/A

City, State, Zip Code

Scheduled Start Date (10) 9/2/16
Sched. Completion Date (11) 9/6/16

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe "Off-Hours Description"
[ ] Other - Describe "Other Occupancy Description"

Scope of Work (Check all that apply)
[X] ≥3 sf or ≥11 ft
[ ] 160 sf or ≥260 ft
[X] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility (12)

[X] Basement
Pipe insulation 75 X

Location Normally Used Solenoid
Manual

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

City, State Montclair, NJ 07042

Cubic Yards of Waste 1.5

Disposal Date 9/7/16

Name of Registered Landfill Minerva Enterprise INC

City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian
Title President

Signature Date 8/24/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 8/23/16

Name of Building Owner/Operator (2)
Morris County

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

Type of Notification
[X] Initial Notification
[x] Emergency Notification
[x] Amended Notification

Street Address
10 Court Street

City, State, Zip Code
Morristown, NJ 07963-0900

Name of Contact
Chris Walker

Telephone Number
AUG 29 2016

FACILITY INFORMATION

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

Street Address
32 Washington St., ALA 12 COURT ST.

City (5)
Morristown

County (6)
Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
ASC No.
T & M Associates 00145

Project Manager for Monitoring Firm
Kevin Burns

Telephone Number
732-671-6400

Scheduled Start Date (10)
09/7/16

Scheduled Completion Date (11)
09/30/16

Occupancy Status During Abatement (Check only one)
[x] Abatement Performed Outside of Normal Facility Hours –
Describe holidays and evenings

Other – Describe:

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

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

In Facility (13)

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

Yes No N/A

NE Basement storage
TSI

Basement storage
Ceiling plaster and VAT

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure
Mini – Enclosure
Glovebag Procedure
Non – Firable Procedure

Name of Abatement Contractor (8)
Jupiter Environmental Services, Inc.

Street Address
323 Changebridge Road, Suite 100

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00852

Name of OSHA Monitor
IRIS Environmental Laboratories, LLC

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
30

Disposal Date
9/29/16

Name of Registered Landfill
Alliance Landfill

City, State
Taylor, PA

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
8/23/16

ASS-41
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
8/25/2016

Name of Building Owner/Operator (2)
Matt Willoughby

Agencies Notified

| [ ] EPA | [X] Initial Notification |
| [ ] DEP | [ ] Amended Notification |
| [X] DOL | [ ] Emergency |
| [X] DOH | [ ] Cancellation |

Type Notification

Street Address
Glen Ridge, NJ, 07028

City, State, Zip Code

Name of Contact
Matt Willoughby

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Matt Willoughby

Street Address
Glen Ridge

City (5)
Essex

County Code (7)

Name of Monitoring Firm hired by Owner (8)

ASCN No.
N/A

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor

Telephone Number
(973) 744-8800

License Number
00371

Square Feet
1750

# of Floors
2

Bldg. Age
75

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Scheduled Start Date (10)
9/3/16

Month Day Year

Scheduled Completion Date (11)
9/4/16

Month Day Year

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

[X] X Pipe insulation

Yardage
90 Lf

Abatement Type
Closure

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

In Location

Normally Used

Solene

By Maintenance/Custodial Staff

Amount

Location

90 Lf

Specification

Type

90 Lf

Name of Registered Wastewater Hauler
AZTECH MANAGEMENT, INC.

Waste Hauler ID No.
17040

Cubic Yards
1.0

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
9/6/16

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
8/25/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8-23-2016

Name of Building Owner/Operator (2)
Glen O'Connell

AUG 2 9 2016

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

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

Street Address

City, State, Zip Code
Totowa NJ 07512

Name of Contact
Glen O'Connell

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)
☒ School (K-12)
☒ Subchapter 9 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
N/A

# of Floors
2 FLOORS

Bldg. Age
N/A

County (6)
Passaic

Current Use (Prior if being demolished)
Private Dwelling

County Code (7)

(@STATE USE ONLY)

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

Name of Abatement Contractor (9)
Amex Contracting LLC

ASCM No.

Street Address
1130 W Chestnut St

City, State, Zip Code
Union NJ 07083

P.O BOX 734

Name of OSHA Monitor
Amex Contracting LLC

License No.
01266

Telephone No.
973-692-6298

Street Address
24 Morley Dr

City, State, Zip Code
Woodland Park NJ 07424

Name of OSHA Monitor
Amex Contracting LLC

Completed by
Tome Laslarkov

Tasks Performed

Scope of Work (Check All That Apply)
☒ 23 sf or <3 if
☒ 160 sf or >260 If

Renovation
Demolition

Runoff Control
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

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

Yes
No
N/A

Location
Exterior

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

Amount
2500 SF

Abatement Type
Conversion

Name of Registered Waste Hauler
Amex Contracting LLC

NJDEP Waste Hauler ID No.
36184

Cubic Yards of Waste
15 cy

Disposal Date
09-18-2016

Name of Registered Landfill
GROWS

City, State
Morrisville PA

Completed by
Tome Laslarkov

Title
Project Manager

Signature

Date
08-23-2016

* 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)
8/25/16

Name of Building Owner/Operator (2)
Ron Banta

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOL</td>
<td>Amended Amendment</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address

City, State, Zip Code

Name of Contact
Ron Banta

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Hamburg

County Code (7)
Sussex

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

Square Feet
2100

# of Floors
2

Bldg Age
76

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ABS Environmental Services, LLC

PO Box 483, 4 E Gate Drive
Glenwood, NJ 07418

Telephone No.
973-765-2276

License No.
703

Start Date (10)
9/3/16

Scheduled Completion Date (11)
10/31/16

Name of OSHA Monitor

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

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)
□ basement & crawl space

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

□ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
□ pipe insulation 80 LF

□ Abatement Type
□ Removal
□ Repair
□ Encapsulation

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

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

Date
8/25/16

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

**Date of Notification (1)**
8/25/16

**Name of Building Owner/Operator (2)**
Kulick Design & Development

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

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

**Street Address**
13 Muller Road

**City, State, Zip Code**
Oakland, NJ 07436

**Name of Contact**
Brian Heytink

**Telephone Number**

### FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Englewood</td>
<td>Bergen</td>
</tr>
</tbody>
</table>

**Square Feet**
2200

**# of Floors**
2

**Bidg. Age**
70

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

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

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

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

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>703</td>
</tr>
</tbody>
</table>

**Start Date (10)**
9/5/16

**Scheduled Completion Date (11)**
10/31/16

**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)**
- [ ] ±33 sf or ±3 If
- [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
(In Facility)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement &amp; Crawl Space</td>
<td>[X]</td>
<td>Pipe insulation</td>
<td>80 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>15939</td>
<td>TBD</td>
<td>Western Berks Landfill</td>
</tr>
</tbody>
</table>

**City, State**
Freehold NJ

**Disposal Date**
TBD

**City, State**
Birdsboro, PA

**Completed by**
A. Scott Higgins

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td>8/25/16</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 8:80 and 12:120)

**Date of Notification (1)**
8/25/16

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

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

**Type Notification**
- [ ] Initial
- [ ] Amend
- [ ] Amendment
- [ ] Emergency
- [ ] Justification
- [ ] Cancellation

**Street Address**

**City, State, Zip Code**
Nutley, NJ 07110

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

**Name of Owner/Operator**
Mike Cullinane

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

**Square Feet**
2100

**# of Floors**
2

**Bldg. Age**
68

**Current Use**

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

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

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

**Telephone No.**
973-764-2276

**License No.**
703

**Name of OSHA Monitor**

**Name of Monitoring Firm**

**Name of ASCM No.**

**Project Manager for Monitoring Firm**

**Start Date (10)**
9/7/16

**Scheduled Completion Date (11)**
10/31/16

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

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

- [ ] In Facility
- [ ] Outside Facility

**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**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

**Name of Registered Waste Hauler**
Freehold Cartage

**Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Western Berks Landfill

**City, State**
Birdsboro, PA

**Disposal Date**
TBD

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
8/25/16

*Do not use this form for asbestos licensure exempted activities.*
# Notification of Asbestos Abatement

**Date of Notification**: 8/25/15

**Agency Notified**: DOL

**Name of Building Owner/Operator**: JEFFREY TIMMER

**Street Address**: [Redacted]

**City, State, Zip Code**: TEANECK, NJ 07666

**Telephone Number**: [Redacted]

## Facility Information

**Name of Facility Where Abatement Is Taking Place**: TEANECK

**County**: BERGEN

**Name of Monitoring Firm Hired by Building Owner**: [Redacted]

**Name of Abatement Contractor**: BEST REMOVAL INC

**Street Address**: 450 South River St

**City, State, Zip Code**: Hackensack, N.J. 07601

**Telephone No.**: 201-329-7444

**License No.**: 00388

**Name of OSHA Monitor**: Omega Environmental

**Street Address**: 280 Huylor St

**City, State, Zip Code**: Hackensack, N.J. 07606

**Project Manager for Monitoring Firm**: [Redacted]

**Occupancy Status During Abatement**:
- [ ] Facility Closed/Withdrawn During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: B:00 AM to 5:00 PM

**Scope of Work (Check all that apply)**:
- [ ] Structural Demolition
- [ ] Fully Encapsulated with Negative Pressure
- [ ] Mold Encapsulation
- [ ] Skyscraper Procedure
- [ ] Other — Describe: [Redacted]

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

**Description of Asbestos-Containing Material (ACM)**:
- Building Materials, Insulations, Surfaces, V.A.T., or other Miscellaneous

**Amount (Specify SF. or LF)**: [Redacted]

**Abatement Type**:
- [ ] Removal
- [ ] Repair
- [ ] End Stage/Encapsulate

**Location of Asbestos-Containing Material (ACM) To Be Abated**:
- Exterior Drive Way

**Date of Abatement**: 8/25/16

**Name of Registered Waste Handler**: BEST REMOVAL INC

**Cubic Yards of Waste**: 2

**Name of Registered Landfill**: Minerva Enterprises, LLC

**Disposal Date**: 8/25/16

**City, State**: WAYNESBURG, OH, 44688

**Completed by**: MAIORANO

**Title**: Estimator

**Signature**: [Redacted]

---

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

Date of Notification (1)
08-25-16

Name of Building Owner/Operator (2)
Goldstein and Canady

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

Street Address
2500 Plaza 5, 25 Floor

City, State, Zip Code
Jersey City, NJ 07311

Name of Contact
Omar Canady

Telephone Number

Type of Facility (4)

Square Feet

# of Floors

Bldg. Age

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

Name of Abatement Contractor (9)
DeJeta Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.
201 216-9603

License No.
01206

Start Date (10)
08-26-16

Scheduled Completion Date (11)
08-29-16

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)

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (?) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

(12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation

Endoscope

Name of Registered Waste Hauler
DeJeta Contracting LLC

NJ/DEP Waste Hauler ID No.
35240

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
08-31-16

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
08-25-16

* 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)  
8/23/16

Name of Building Owner/Operator (2)  
Thomas Rooney Private Home

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

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

Street Address  
[Blacked out]

City, State, Zip Code  
Long Beach Twp NJ 08008

Name of Contact  
Tom

Telephone Number  

FACILITY INFORMATION

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

Street Address  
[Blacked out]

City (5)  
Long Beach Twp NJ 08008

County (6)  
Ocean

County Code (7)  
(State Use Only)

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

Square Feet  
1000+

# of Floors  
2

Bldg. Age  
35+

Current Use (Prior if being demolished)  
Home

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

ASCM No.  

Name of Abatement Contractor (9)  
Pernaco Inc.

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.  
856-753-9800

License No.  
00727

Name of OSHA Monitor  
Same

Start Date (10)  
9/1/16

Scheduled Completion Date (11)  
9/8/16

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
- 200 sf or 260 sf if

Removal

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)

Exterior Siding

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)  
- 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)  
2200 SF

Abatement Type  

Removal

Repair

Encapsulate

Enclosure

Name of Registered Waste Hauler  
United Roll off

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
4

Disposal Date  
9/8/16

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

City, State  
Eldon NJ

Disposal Date  
City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature

Date  
8/23/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
8/18/16

Agencies Notified
(X) EPA
() DEP
(X) DOL
(X) DOH
() DCA

Notification Type
(X) Initial Notification
() Amended Certification
( ) Cancelled

Name of Building Owner/Operator (2)
Paulsboro Refining Company

Street Address
800 Billingsport Rd

City, State, Zip Code
Paulsboro, NJ 08066

Name of Contact
Ravi Jarecha

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Paulsboro Refining Company

Street Address
800 Billingsport Rd

City (5)
Paulsboro

County (6)
Gloucester

County Code (7)
(State Use Only)

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

Sq. Feet N/A
# of Floors N/A

Bldg. Age N/A

Current Use (prior if being demolished) Oil Refinery

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC Associates, Inc.

Street Address
3 Terri Lane, Suite 4
Burlington, NJ 08016

Project Manager for Monitoring Firm
John Lutz

Telephone Number
609-386-8800

Scheduled Start Date (10)
9/1/16

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

(X) Other – Describe – Removal of ACM within restricted work area in outside area

Scheduled Completion Date (11)
9/30/16

License Number
00857

Name of OSHA Monitor
Mansfield Industrial, Inc.

Street Address
26 Colonial Ave
Woodbury NJ 08096

Name of Contractor (9)
Mansfield Industrial, Inc.

Street Address
26 Colonial Ave
Woodbury NJ 08096

Source of Work (Check all that apply)
(X) Demolition  (X) Renovation
( ) Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 LF or >10 <250 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure - FGDU  ( ) Mini-Enclosure  (X) Glovebag Procedure - TBA

Location of Asbestos-Containing Material (ACM) in Facility (12)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
( ) NO  ( ) NA

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF)
Abatement Type

Runoff  Reg. Encap. Enclose

Pipe in TBA Warehouse
X
TSI
Approx 10 LF

Pipe up side of C-4 Tower - FGDU
X
TSI
Approx 50 LF

Support Activity for TA in South Plant
X
TSI
Approx 100 LF

Name of Reg. Waste Hauler
Waste Management, Inc.

NJDEP Waste Hauler ID #
17273

Cubic Yards of Waste
2 CY

Name of Reg. Landfill
Gloucester County Landfill

City, State
South Harrison, NJ

Disp. Date
Various

Completed by (Print or Type)
ANDREW GREEN

Title
MANAGER – KA Industrial Services

Signature

Date
8/18/16

Mail to: NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/2016</td>
<td>605 Jackson Hoboken, LLC</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>Pino Property</td>
<td>School (K - 12)</td>
</tr>
<tr>
<td>605-633 Jackson St.</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>City (5) Hoboken, NJ 07030</td>
<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
</tr>
<tr>
<td>County (6) Hudson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,000 sf</td>
<td>01</td>
<td>65</td>
<td>Vacant Building</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragon Contracting, Inc.</td>
<td>590 River Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07014</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 614-1600</td>
</tr>
<tr>
<td>License Number</td>
<td>00748</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Paragon Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>590 River Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07014</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Full Containment w/negative pressure</th>
<th>Glovebag procedure</th>
<th>Mini-enclosure</th>
<th>Non-Exempted (* &quot;) Non-friable procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Demolition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X &gt;3 sf or &gt;3 if</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X 180 sf or &gt;260 if</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material 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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof Stand By During Demo</td>
<td>X</td>
<td>Metal Roof Panels with Tar</td>
<td>5,400 SF</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Office Roof</td>
<td>X</td>
<td>Roofing/Flashing</td>
<td>823 SF</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Interior</td>
<td>X</td>
<td>VAT/Mastic</td>
<td>580 SF</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Haulier</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Technologies, LLC</td>
<td>60 cyds</td>
<td>Minerva Enterprises</td>
</tr>
<tr>
<td>NJDEP Hauler ID# 36163</td>
<td>60 cyds</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Portland, CT 06480</td>
<td>TBD</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Goran Lazevski</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>

| Date | 08/19/2016 |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 8/23/16

Name of Building Owner/Operator (2): Joan Cataldi

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

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

Street Address

City, State, Zip Code: Jersey City, NJ 07304

Name of Contact: Joan Cataldi

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

FACILITY INFORMATION

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

Square Feet: 2200

# of Floors: 2

Bldg. Age: 73

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

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

Street Address

City, State, Zip Code

PO Box 483, 4 E Gate Drive

Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-764-2276

703

Start Date (10)

Scheduled Completion Date (11)

9/1/16

11/30/16

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 ft
- [X] ≥160 sf or ≥260 ft
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] 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)
- [X] Yes
- [ ] No
- [ ] N/A

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Erradicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Freehold Cartage

NJ-DEP Waste Hauler ID No.: 15939

Cubic Yards of Waste: TBD

Name of Registered Landfill: Western Berks Landfill

City, State: Birdsboro, PA

Disposal Date: TBD

Completed by

A. Scott Higgins
Title: President
Signature:

Data: 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 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 24 / 16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Diocese of Camden</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amendment #1</td>
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<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>631 Market Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Camden, NJ 08102</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Pat Williams</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Convent - Notre Dame DeLaMer Parish</td>
</tr>
<tr>
<td>Street Address</td>
<td>2900 Pacific Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Wildwood</td>
</tr>
<tr>
<td>County (5)</td>
<td>Cape May</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td></td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td></td>
<td>MDG Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1000 Maplewood Drive, Suite 207</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Chris Macri</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>08 / 22 / 16</td>
</tr>
<tr>
<td></td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td></td>
<td>09 / 30 / 16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>☑ School (K-12)</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td>☑ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Time of Abatement: AM PM PM AM</td>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Square Feet</td>
</tr>
<tr>
<td>☑ ≥23 sf or ≥3 if</td>
<td>100,000</td>
</tr>
<tr>
<td>☑ ≥180 sf or ≥260 if</td>
<td># of Floors</td>
</tr>
<tr>
<td>☑ Renovation</td>
<td>Builder Age</td>
</tr>
<tr>
<td>☑ Demolition</td>
<td>Name of OSHA Monitor</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Name of Abatement Type</td>
</tr>
<tr>
<td>IN Facility (13)</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td></td>
<td>Bldg. 1-Basement Ceiling &amp; Debris</td>
</tr>
<tr>
<td></td>
<td>☑ Plaster</td>
</tr>
<tr>
<td></td>
<td>225 SF</td>
</tr>
<tr>
<td></td>
<td>Building 1 - Basement Ceiling</td>
</tr>
<tr>
<td></td>
<td>☑ Soft White Board</td>
</tr>
<tr>
<td></td>
<td>8 SF</td>
</tr>
<tr>
<td></td>
<td>Building 1 - Basement</td>
</tr>
<tr>
<td></td>
<td>☑ Cementous Pipe White</td>
</tr>
<tr>
<td></td>
<td>8 LF</td>
</tr>
<tr>
<td></td>
<td>Building 1 &amp; Connector-Throughout</td>
</tr>
<tr>
<td></td>
<td>☑ Air Cell Pipe Wrap</td>
</tr>
<tr>
<td></td>
<td>1,000 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Gold Medal Environmental</td>
<td>Cape May County Landfill</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>20812</td>
<td>90</td>
</tr>
<tr>
<td>City, State</td>
<td>Woodbine, NJ</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>Christina Lynch</td>
<td>09/30/2016</td>
</tr>
<tr>
<td>Title</td>
<td>City, State</td>
</tr>
<tr>
<td>Operations Manager</td>
<td>Woodbine, NJ</td>
</tr>
</tbody>
</table>
| * Do not use this form for asbestos license-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>Building 1 and Connector - Throughout</td>
<td></td>
<td>Fittings and Fitting Debris</td>
<td>Undetermined</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - Basement</td>
<td>No</td>
<td>Flue Patch</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor and 2nd Floor</td>
<td>No</td>
<td>Plaster Smooth Coat</td>
<td>7,363.6 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Plaster Rough Coat</td>
<td>7,363.6 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>12&quot;x12&quot; Tan Vinyl Floor Tile</td>
<td>108.75 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>12&quot;x12&quot; Stone Face Vinyl Floor Tile</td>
<td>120.5 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Black Mastic a/w Tan Vinyl Floor Tile</td>
<td>67.2 SF</td>
<td>X</td>
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<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Green Transite Panels</td>
<td>8 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Tan Vinyl Sheet Good</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Green, Pink, Tan Sheet Good</td>
<td>12 SF</td>
<td>X</td>
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<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Green Floor Tile under the G, P, T Sheet Good</td>
<td>201 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>Tan Sheet Good</td>
<td>350 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor Fire Place Room</td>
<td>No</td>
<td>9&quot;x9&quot; Tan Floor Tile</td>
<td>380 SF</td>
<td>X</td>
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<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>9&quot;x9&quot; White Floor Tile</td>
<td>410 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>9&quot;x9&quot; Green Floor Tile and Mastic</td>
<td>410 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 1st Floor</td>
<td>No</td>
<td>9&quot;x9&quot; Green &amp; White Floor Tile and Mastic</td>
<td>504 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 1 - 2nd Floor</td>
<td>No</td>
<td>9&quot;x9&quot; Tan Floor Tile and Mastic</td>
<td>140 SF</td>
<td>X</td>
</tr>
<tr>
<td>Connector - Level 1</td>
<td>No</td>
<td>9&quot;x9&quot; Green Floor Tile and Mastic</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Connector - Level 1</td>
<td>No</td>
<td>Brown Floor Tile w/ Beige Splatches and Mastic</td>
<td>108 SF</td>
<td>X</td>
</tr>
<tr>
<td>Connector - 2nd Floor</td>
<td>No</td>
<td>Beige Floor Tile w/ Blue Splatches and Mastic</td>
<td>106 SF</td>
<td>X</td>
</tr>
<tr>
<td>Connector - 2nd Floor</td>
<td>No</td>
<td>9&quot; Tan Floor Tile w/ Green Splatches</td>
<td>105 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Ground Floor</td>
<td>No</td>
<td>Tan Floor Tile w/ Black Splatches and Mastic</td>
<td>117 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Ground Floor</td>
<td>No</td>
<td>9&quot; Brown Floor Tile w/ White Splatches</td>
<td>105 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Ground Floor</td>
<td>No</td>
<td>Mastic over Concrete a/w Brown Floor Tile</td>
<td>140 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Stairwell to 1st Floor</td>
<td>No</td>
<td>9&quot;x9&quot; Tan and Brown Floor Tile</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Stairwell to 1st Floor</td>
<td>No</td>
<td>Tan and Brown Stair Tread</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 1</td>
<td>No</td>
<td>9&quot;x9&quot; Brown Floor Tile and Mastic</td>
<td>198 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 1</td>
<td>No</td>
<td>12&quot; Grey Floor Tile w/ Brown Splatches</td>
<td>481 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 1 to Level 2 Stairwell</td>
<td>No</td>
<td>Green Tread/Coarse</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 1 to Level 2 Stairwell</td>
<td>No</td>
<td>9&quot; Green Floor Tile and Mastic</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 2</td>
<td>No</td>
<td>12&quot; Brown Floor Tile and Mastic</td>
<td>122 SF</td>
<td>X</td>
</tr>
<tr>
<td>Building 2 - Level 2</td>
<td>No</td>
<td>Tan Floor Tile w/ Brown &amp; White Streaks</td>
<td>132 SF</td>
<td>X</td>
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<tr>
<td>Building 2 - Level 2 Bathroom</td>
<td>No</td>
<td>9&quot;x9&quot; Floor tile and Mastic</td>
<td>78 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification: 8 / 24 / 16

Name of Building Owner/Operator: Elsinboro Township Board of Education

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

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

Name of Facility Where Abatement is Taking Place:
Elsinboro Elementary School

Street Address:
631 Salem-Fort Elfsborg Road

City, State, Zip Code:
Alloway, NJ 08001

Name of Contact:
Rebecca Joyce

Telephone Number:

FACILITY INFORMATION

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

Square Feet:
50,000

# of Floors:
2

Bldg. Age:
80

County Code (?)(STATE USE ONLY):

Current Use (Prior to if being demolished):
School

Name of Abatement Contractor:
Shade Environmental, LLC

Street Address:
623 Cutler Avenue

City, State, Zip Code:
Maple Shade, NJ 08052

License No:
00842

Name of OSHA Monitor:
EMSL Analytical, Inc.

Street Address:
200 Route 130 North

City, State, Zip Code:
Cinnaminson, NJ 08077

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

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):

Abatement Type:
- Removal
- Repair
- Encapsulate
- Enclosure

Location of Asbestos-Containing Material:

- Crawlspace
- Boiler Room
- Classrooms

Name of Registered Waste Hauler:
Freehold Cartage

NJ DEP Waste Hauler ID No:
15939

Cubic Yards of Waste:
1

Name of Registered Landfill:
Cumberland County Landfill

City, State:
Newburg, PA

Disposal Date:
09/02/2016

Completed By:
Christina Lynch

Title:
Operations Manager

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 12:120)

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

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

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

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

**Street Address**

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

**Name of Contact**

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**

**City (5)**
Bridgewater

**County (6)**
Somerset County

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

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

**ASCM No.**

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

**Street Address**
1009 87th Street Suite A4

**City, State, Zip Code**
North Bergen, NJ 07047

**Project Manager for Monitoring Firm**

**Telephone No.**
201-293-6305

**License No.**
01223

**Start Date (10)**
08/24/16

**Scheduled Completion Date (11)**
09/07/16

**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
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] 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)**
TSI

**Amount (Specify SF or LF)**
40 LF

**Abatement Type**
- [x] Encapsulation
- [ ] Removal
- [ ] Repair
- [ ] Installation

**Name of Registered Waste Hauler**
NEWARK CARTING

**NDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
WASTE MANAGEMENT GROWS N.

**City, State**
HILLSDALE, NJ

**Disposal Date**

**Completed by**
Bryan Parra

**Title**
Project Manager

**Signature**

**Date**
08/19/16

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Name of Building Owner/Operator (2):
SEAN HORWATH

Name of Contact:
SEAN

City, State, Zip Code:
MARLTON NJ 08053

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

Square Feet: 2,060
# of Floors: 2
Bldg. Age: 40+

Current Use (Prior if being demolished):
RESIDENTIAL

Name of Abatement Contractor (9):
ASSURED ENVIRONMENTAL SERVICES INC.

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

ASCM No.:

Street Address:
1634 SOUTH DELAWARE STREET

City, State, Zip Code:
PAULSBORO NJ 08066

Telephone No.:
856-423-5711

License No.:
01145

Start Date (10):
08/22/2016

Scheduled Completion Date (11):
08/24/2016

Name of OSHA Monitor:
EMSL

Street Address:
570 CLEMS RUN

City, State, Zip Code:
MULLICA HILL NJ 08062

License No.:
01145

Street Address:
200 RT. 130 NORTH

City, State, Zip Code:
CINNAMINSON NJ 08077

Facility Closed/Vacated During Entire Period of Abatement:
- 

Abatement Type:
- Renovation with Negative Pressure
- Full Enclosure
- Non-Exempted (*) and Non-Friable Procedure

Renovation Demolition

Scope of Work (Check All That Apply):
- ≥200 sf or ≥23 ft
- ≥160 sf or ≥260 ft
- ≥300 sf or ≥33 ft

Facility Closed/Vacated During Entire Period of Abatement:
- 

Name of Registered Waste Hauler:
ASSURED ENVIRONMENTAL

NJDEP Waste Hauler ID No.:
0034895

Cubic Yards of Waste:
12

Name of Registered Landfill:
MINerva LANDfill

City, State:
MULlica HILL NJ

Disposal Date:

City, State:
WAYNESBURG, OH

Completed by:
RON SWANSON
Title:
GENERAL MANAGER

Signature:

Date:
08/19/2016

Abatement Type:
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
BASEMENT ROOM & HALLWAY

POPcorn CEILING

- 338 SF

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

- 

Amount (Specify SF or LF):

- 

* 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 24, 2016

Agencies Notified
[x] EPA [x] Initial Notification
[x] DEP [ ] Amended Notification
[x] DOL [ ] Amendment #
[x] DOH [ ] Emergency (including justification)
[ ] DCA [ ] Cancellation

Name of Building Owner/Operator (2) Disantis Contracting, LLC

Street Address
313 Halyard Road

City, State, Zip Code
Ortley Beach, NJ 08751

Name of Contact
Frank Disantis

Telephone Number

FACILITY INFORMATION

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

Street Address

City
Lavallette

County
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

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

Square Foot
1500 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 ft
[ ] ≥160 sf or ≥260 ft
[x] 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)

1350 sf

Abatement Type
REMOVAL REPAIR ENCLOSURE ENCLOSURE

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
9/8/16

City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
8/24/16

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120) 

Name of Building Owner/Operator (2): Steven Seymour  
Name of Contact: Steven Seymour

Date of Notification (1)  
08/19/2016

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

Type Notification: Initial

Street Address: [Redacted]
City, State, Zip Code: Millburn, NJ 07041

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

City (5): Millburn  
County (6): Essex

County Code (7): N/A

Name of Monitoring Firm Hired by Building Owner (8): N/A  
Name of Abatement Contractor (9): D&S Abatement, Inc
Street Address: 11 Rosengren Avenue

City, State, Zip Code: Totowa, NJ 07512

Telephone No.: 973-345-8685
License No.: 01311

Start Date (10): 09/02/2016
Scheduled Completion Date (11): 09/03/2016

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

Other – Describe: Occupied

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):  
- basement

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

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

Amount (Specify SF or LF): 155 LF

Abatement Type: E

End Cap

Name of Registered Waste Hauler: D&S Abatement, Inc  
NJDEP Waste Hauler ID No.: 200996

Cubic Yards of Waste: TBD

Name of Registered Landfill: Waste Management of PA

City, State: Totowa, NJ

Disposal Date: TBD

City, State: Tullytown, PA

Completed by: Ned Joksimovic  
Title: PM

Signature: [Redacted]
Date: 08/19/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
08/19/2016

Name of Building Owner/Operator (2)
Charls Carter

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

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

Street Address
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Charls Carter

FACILITY INFORMATION

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

Street Address
City (5)
Maplewood

County (6)
Essex

County Code (7) (STATE USE ONLY) N/A

Square Feet N/A
# of Floors N/A
Bldg. Age N/A

Current Use (Prior to being demolished) House

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

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

ASCM No.

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

Street Address
11 Rosengren Avenue

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

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-345-8686

License No.
01311

Start Date (10)
09/01/2016

Scheduled Completion Date (11)
09/02/2016

Name of OSHA Monitor
D&S Abatement, Inc

Street Address
11 Rosengren Avenue

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

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

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

basement X

pipe insulation
75 LF

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorsement

Name of Registered Waste Hauler
D&S Abatement, Inc

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Ned Joksimovic
Title
PM

Signature

Date
08/19/2016

* 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)

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

**Date of Notification (1)**
08/19/2016

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Teaneck, NJ 07666

**Name of Contact**
Clair McGurr

**Telephone Number**
AUG 2 9 2016

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**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Teaneck

**County (6)**
Bergen

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

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

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

**ASCM No.**

**Name of Abatement Contractor (8)**
D&S Abatement, Inc

**Street Address**
11 Rosengren Avenue

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

**Telephone No.**
973-345-8865

**License No.**
01311

**Start Date (10):**
08/29/2016

**Scheduled Completion Date (11):**
08/30/2016

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>pipe insulation</td>
<td>200 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJ/DEP Waste Hauler ID No.**
20996

**Cubic Yards of Waste**
TBD

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

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Date**
08/19/2016

**Completed by**
Ned Joksimovic

**Title**
PM

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*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
08/19/2016

Name of Building Owner/Operator (2)  
David Failoute

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

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

Street Address  

City, State, Zip Code  
Summit, NJ 07901

Name of Contact  
David Failoute

FACILITY INFORMATION

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

Street Address  

City (5)  
Summit

County (6)  
Union  
County Code (7) (STATE USE ONLY)  
N/A

Square Feet  
N/A  
# of Floors  
N/A  
Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.  

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  

Telephone No.  
973-345-8685

License No.  
01311

Start Date (10)  
08/30/2016

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: occupied

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)  
basement  
☐ Yes  
☐ No  
☐ N/A

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

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

Amount (Specify SF or LF)  
20 SF

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure

Name of Registered Waste Hauler  
D&S Abatement, Inc

NJDEP Waste Hauler ID No.  
20996

Cubic Yards of Waste  
TBD

Disposal Date  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Completed by  
Ned Jokimovic  
Title  
PM

Signature  

Date  
08/19/2016

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