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

**Date of Notification (1):** 11/14/2018

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

**Street Address:** 120 SYLVAN AVE.

**City, State, Zip Code:** ENGLEWOOD CLIFF NJ.

**Name of Contact:** PETER

**Telephone Number:** 201-461-4363

### 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:** 1800

**# of Floors:** 2

**Bldg. Age:** 76

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

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

**Street Address:** 376. WILLSON AVE.

**City (5):** FORT LEE NJ.

**County (8):** BERGEN

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

**Name of Abatement Contractor (9):** NORTH EAST ENVIRONMENTAL LLC.

**Street Address:** 1126 51st STREET

**City, State, Zip Code:** NORTH BERGEN NJ. 07047

**Telephone No.:** 201-776-0642

**License No.:** 1300

**Name of OSHA Monitor:** NORTH EAST ENVIRONMENTAL

**Street Address:** 1126 51st STREET

**City, State, Zip Code:** NORTH BERGEN NJ.

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

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

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

- Yes
- No
- N/A

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

**Amount (Specify SF or LF):** 1,200

**EXTERIOR SIDING:**

- TRANSITE

**Name of Registered Waste Hauler:** NEWARK CARTING INC

**NJDEP Waste Hauler ID No.:**

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** IESI BETHLEM LANDFILL

**City, State:** BETHLEM PA. 18015

**Disposal Date:** TBD

**Completed by:** CARLOS ESQUIVEL

**Title:** SAFETY MANAGER

**Signature:**

**Date:** 11/14/2018

---

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

### Date of Notification (1)
12/04/2018

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

### Type of Notification
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

### Name of Building Owner/Operator (2)
Residence

### Street Address
[Redacted]

### City, State, Zip Code
Middlesex
NJ

### Name of Contact
Keith Gadek

### Telephone Number
[Redacted]

## FACILITY INFORMATION

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

### Name of Monitoring Firm Handling by Building Owner (8)
A. Seine Lighthouse Solutions

### ASCM No.
[Redacted]

### Name of Abatement Contractor (9)
Brinks Tank Services

### Street Address
1256 Liberty Avenue

### City, State, Zip Code
Hillsdale, NJ 07642

### Name of OSHA Monitor (10)
A. Seine Lighthouse Solutions

### Telephone No.
844-462-7465

### License No.
01316

### Start Date (10)
12/14/2018

### Scheduled Completion Date (11)
01/04/2018

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

### Scope of Work (Check All That Apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Endorse
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedures

### Location of Asbestos-Containing Material (ACM) TO BE ABATE (12)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATE (13)</th>
<th>Normal Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living room</td>
<td>X</td>
<td></td>
<td>ceiling drywall</td>
<td>200 SF</td>
</tr>
<tr>
<td>2nd floor bedroom</td>
<td>X</td>
<td></td>
<td>pipe drywall</td>
<td>3 LF</td>
</tr>
</tbody>
</table>

### Cubic Yards of Waste
- NJDEP Waste Hauler ID No. 04509

### Name of Registered Landfill
Waste Management Landfill

### City, State
Penn Argyle, PA

### Disposal Date
12/04/2018

### Completed by
Alison Lamers

### Title
Office Manager

### Signature
[Redacted]

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

**State of New Jersey**

Date of Notification (1) 12/6/2018

Name of Building Owner/Operator (2) Ken Harmonay

Agency Notified Type Notification
[X] Initial Notification

Street Address
Morristown, NJ, 07960

Name of Contact Ken Harmonay

FACILITY INFORMATION

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

City
Morristown

County
Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Name of Abatement Contractor (9)
N/A AZTECH MANAGEMENT Contractor, Inc.

Street Address

City, State, Zip Code
N/A Montclair, NJ 07042

Project Manager for Monitoring Firm Telephone Number
N/A (973) 744-8800

Scheduled Start Date (10)
12-19-18

Sched. Completion Date (11)
12-21-18

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

Scope of Work (Check all that apply)
[X] >3 sf or >3 lf

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

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

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

Amount (Specify SF or LF)

Abatement Type
REMOVAL
ENCAPSULATION
ENCLOSURE

Basement

 Garage (left side)

 Garage (right side)

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill Tri- State

Disposal Date 12/24/18

City, State Montclair, NJ 07042

Completed By (Print or Type) Signature Date
Constantine Vivian President 12/6/18
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
December 4, 2018

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

Notification Type
- Initial Notification
- Amended Certification
- Emergency (including justification)
- Cancelled

Name of Facility Where Abatement is Taking Place (3)
Stanley Bergen Bldg # 7252

Street Address
RBHS Newark Campus

City (5)
Newark

County (6)
Essex

County Code (7)
ASCN No.
0098

Name of Contractor (6)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

Name of OSHA Monitor
Envirovision, Inc.

Street Address
20-21, Blgd E Wagaware Road

City, State, Zip Code
Fairlawn, NJ

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  Other - Describe: 4 pm - 5 am -(24 hrs & Weekends as Needed)

Source of Work (Check all that apply)
- Renovation
- Demolition

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

Amount (Specify SF or LF)

Abatement Type

Removes, Reg. Encaps. or None

Cubic Yards of Waste:

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

Sq. Feet, Unknown

Bldg. Age
80+ years

Name of Registered Landfill
GROWS North Landfill

Hauler #1)
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12563

Hauler #2)
Newark Carting Inc. - Newark, NJ 07109, NJ DEP # 19551

Disposal Date
December 15, 2018

Completed by (Print or Type)
Raymond C. Pedalino

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
December 4, 2018

GAC # 2018-060
NOTIFICATION OF ABSESSOS ABATEMENT
(Pursuant to NJAC 8:69 and 13:129)

Date of Notification (1):
2/7/18

Name of Building Owner/Operator (2):

Street Address:
New York, NY, 10234

City, State, Zip Code:

Name of Contact:
Frank

Telephone Number:
609-425-5322

FACILITY INFORMATION

Type of Facility (4):

School (K-12)

Subchapter 6 (Other than K-12)

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

Square Feet:

# of Floors:

Bldg. A

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

City (5):

County (6):

County Code (7) (STATE USE ONLY)

Current Use (Prior to if being demolished):

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

Name of Abatement Contractor (9):

Address:
1212 Burlington Ave

City, State, Zip Code:

Telephone No.:

License No.:

Name of OSHA Monitor:

Start Date (10):

Scheduled Completion Date (11):

Occuancy/Status During Abatement (Check Only One):

Facility Closed/Vacated During Abatement Performed Outside of Normal Facility Hours

Other — Describe:

Scope of Work (Check All That Apply):

Removal

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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


Amount (Specify SF or LF)

Abatement Type:

Removal

Repair

Replacement

Other

Name of Registered Waste Hauler:

Name of Registered Landfill:

Disposal Date:

City, State:

Date

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

**Name of Building Owner/Operator (2)**  
Division of Property Management and Construction (DPMC)

**Name of Contact**  
William Byster

**Telephone Number**  
(609)433-2001

---

### FACILITY INFORMATION

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

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

**Square Feet**  
Varies

**# of Floors**  
Varies

**Age**  
0+

**Current Use (Prior to being demolished)**
- [ ] Housing Deemed Unsafe

**Name of Abatement Contractor (9)**  
Site Enterprises, Inc.

**Street Address**

- [ ] 6626 Delphie Road
- [ ] Egg Harbor Township, NJ 08234

**Telephone No.**  
(856)452-1311

**License No.**  
01172

**Name of OSHA Monitor**
- [ ] Health & Safety Services, Inc.

**Street Address**

- [ ] PO Box 365
- [ ] Berlin, NJ 08009

**Project Manager for Monitoring Firm**

- [ ] James Proctor

**Start Date (10)**  
11/26/2018

**Scheduled Completion Date (11)**  
3/14/2019

**Occupancy Status During Abatement (Check Only One)**

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

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

- [ ] 23 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)**

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

**Houses Deemed Unsafe**  
X

**Houses Deemed Unsafe**  
200 yd per res

**Name of Registered Waste Hauler**

- [ ] Site Enterprises Inc./J.F. Fidler Trucking

**Cubic Yards of Waste**

- [ ] 20 cy

**Name of Registered Landfill**

- [ ] CCIA

**Disposal Date**

- [ ] 3/14/2019

**City, State**

- [ ] Egg Harbor Township, NJ/Maple Shade, NJ

**Completed by**

- [ ] Eric Keys

**Title**

- [ ] OM

**Signature**

- [ ]

**Date**

- [ ] 11/29/2018

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

**State of New Jersey**

**Name of Building Owner/Operator (2)**  
Division of Property Management and Construction (DPMC)

**Street Address**  
33 West State Street

**City, State, Zip Code**  
Trenton, NJ 08625

**Name of Contact**  
William Byster

**Telephone Number**  
(609)433-2001

---

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**

- [ ] Varies

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

- [ ] Housing Deemed Unsafe

**Housing Deemed Unsafe**

---

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

**Name of Abatement Contractor (9)**  
Site Enterprises, Inc.

**Street Address**  
PO Box 365

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

**Project Manager for Monitoring Firm**  
James Proctor

**Telephone No.**  
(856)452-1311

**License No.**  
01172

---

**Start Date (10)**  
11/26/2018

**Scheduled Completion Date (11)**  
3/14/2019

**Occupancy Status During Abatement (Check Only One)**

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

---

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

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

---

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

**Yes**

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

**No**

**N/A**

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

**Amount (Specify SF or LF)**

**Removal Type**

**Repair**

**Encapsulate**

**Endorse**

---

**Houses Deemed Unsafe**

- [x] Houses Deemed Unsafe

**Cubic Yards of Waste**

- [ ] 20 cy

**Disposal Date**

- [ ] 3/14/2019

**City, State**

- [ ] Egg Harbor Township, NJ/Maple Shade, NJ

**Name of Registered Landfill**

- [ ] CCIA

**Completed by**  
Eric Keys

**Title**  
OM

**Signature**

**Date**  
11/29/2018

---

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

Date of Notification (1) 11/29/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified (3)
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment # 1
- Emergency (Including Justification)
- Cancellation

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster

Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
246 E Nantuxent Dr

City (5)
Dawne Township

County (6)
Cumberland

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 123456

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No. (856)452-1311

License No. 01172

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Start Date (10) 11/26/2018
Scheduled Completion Date (11) 3/14/2019

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

Scope of Work (Check All That Apply)
- ≥3 s f or ≥3 ft
- ≥160 s f or ≥260 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)

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

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

Houses Deemed Unsafe X

Houses Deemed Unsafe 200 yd per res X

Name of Registered Waste Hauler
Site Enterprises Inc./J.F. Fidler Trucking

Cubic Yards of Waste 20 cy

Disposal Date 3/14/2019

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Completed by
Eric Keys

Signature

Title OM

Date 11/29/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:69 and 12:120)  

<table>
<thead>
<tr>
<th><strong>Type Notification</strong></th>
<th><strong>Name of Building Owner/Operator (2)</strong></th>
<th><strong>Division of Property Management and Construction (DPMC)</strong></th>
</tr>
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<tbody>
<tr>
<td>Initial</td>
<td>Division of Property Management and Construction (DPMC)</td>
<td>33 West State Street</td>
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<tr>
<td>Amended</td>
<td>DPMC</td>
<td>Trenton, NJ 08625</td>
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<td>Emergency (including justification)</td>
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<td>Name of Contact: William Byster</td>
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### FACILITY INFORMATION

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<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place (3)</strong></th>
<th><strong>Type of Facility (4)</strong></th>
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</thead>
<tbody>
<tr>
<td>Abandoned Flood House</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th><strong>County Code (7)</strong></th>
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<tbody>
<tr>
<td>250 E Nantuxent Dr</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>City (5)</strong></th>
<th><strong>County (6)</strong></th>
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<tbody>
<tr>
<td>Downe Township</td>
<td>Cumberland</td>
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<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></th>
<th><strong>Name of Abatement Contractor (9)</strong></th>
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<tbody>
<tr>
<td>ASCM No.</td>
<td>Site Enterprises, Inc.</td>
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<tr>
<th><strong>Street Address</strong></th>
<th><strong>License No.</strong></th>
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<tbody>
<tr>
<td>PO Box 365</td>
<td>609-567-1250</td>
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<thead>
<tr>
<th><strong>City, State, Zip Code</strong></th>
<th><strong>Telephone No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Berlin, NJ 08009</td>
<td>(856)452-1311</td>
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<table>
<thead>
<tr>
<th><strong>Telephone No.</strong></th>
<th><strong>License No.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>609-567-1250</td>
<td>01172</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement (Check Only One)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Scope of Work (Check All That Apply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
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<tr>
<td>≥160 sf or ≥250 if</td>
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<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Houses Deemed Unsafe</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</strong></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th><strong>Description of Asbestos Containing Material (ACM)</strong></th>
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<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Amount (Specify SF or LF)</strong></th>
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<tbody>
<tr>
<td>200 yd per res</td>
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<table>
<thead>
<tr>
<th><strong>Abatement Type</strong></th>
</tr>
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<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
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<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler</strong></th>
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<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 3522052054</td>
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<table>
<thead>
<tr>
<th><strong>Cubic Yards of Waste</strong></th>
<th><strong>Name of Registered Landfill</strong></th>
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<tr>
<td>20 cy</td>
<td>CCIA</td>
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<tr>
<th><strong>Disposal Date</strong></th>
<th><strong>City, State</strong></th>
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<tbody>
<tr>
<td>3/14/2019</td>
<td>Rosenhayn, NJ 08352</td>
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<table>
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<tr>
<th><strong>Completed by</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Keys</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th><strong>Signature</strong></th>
</tr>
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<tbody>
<tr>
<td>OM</td>
<td></td>
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* 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: 11/29/2018

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

Type of Notification
- [X] Amended
- [ ] Initial
- [ ] Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator:

Division of Property Management and Construction (DPMC)

Street Address:
33 West State Street
City, State, Zip Code:
Trenton, NJ 08625

Name of Contact:
William Bysta
Telephone Number:
(609)433-2001

Name of Facility Where Abatement is Taking Place:
Abandoned Flood House

Street Address:
180 Bayview Road
City (5):
Downe Township
County (6):
Cumberland

County Code (7):

Name of Monitoring Firm Hired by Building Owner:
Health & Safety Services

ASCM No.:
Name of Abatement Contractor:
Site Enterprises, Inc.

Street Address:
PO Box 365
City, State, Zip Code:
Berlin, NJ 08009

Name of OSHA Monitor:
Health & Safety Services, Inc.

Start Date (10):
11/28/2018
Scheduled Completion Date (11):
3/14/2019

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

Scope of Work (Check All That Apply):
- [X] ≥ 3 sf or ≥ 3 if
- [X] ≥ 150 sf or ≥ 260 if
- [ ] Renovation
- [ ] 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):

Amount (Specify SF or LF):
200 yd per res

Houses Deemed Unsafe:

Name of Registered Waste Hauler:
Site Enterprises Inc./J.P. Fidler Trucking

Waste Hauler ID No.:
35220/32054

Cubic Yards of Waste:
20 cy

Name of Registered Landfill:
CCIA

City, State:
Egg Harbor Township, NJ
City, State, Zip Code:
Maple Shade, NJ 08052

Disposal Date:
3/14/2019

Completed by:
Eric Keys
Title:
OM
Signature:

Completed Date:
11/29/2018

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

Date of Notification (1)
11/29/2019

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

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)
Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625
Name of Contact
William Byster
Telephone Number
(609)433-2001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood House
Street Address
181 Bayview Road
City (5)
Downe Township
County (6)
Cumberland
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Site Enterprises, Inc.
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009
Project Manager for Monitoring Firm
James Proctor
Telephone No.
(856)452-1311

Start Date (10)
11/26/2018
Scheduled Completion Date (11)
3/14/2019
Name of OSHA Monitor
Health & Safety Services, Inc.
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Scope of Work (Check All That Apply)
☐ ≥3,000 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Houses Deemed Unsafe
X

Amount (Specify SF or LF) 200 yd per res

Abatement Type
Removal
Repair
Encapsulate
Endoscope

Name of Registered Waste Hauler
Site Enterprises Inc./J.F. Fidler Trucking
NJDEP Waste Hauler ID No.
3522032054
Cubic Yards of Waste
20 cy
Name of Registered Landfill
CCIA
City, State
Egg Harbor Township, NJ/Maple Shade, NJ
Disposal Date
3/14/2019
City, State
Rosenhayn, NJ 08352
Completed by
Eric Keys
Title
OM
Signature
Date 11/29/018

* 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)
11/29/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified (3)
Type of Notification

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster

Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Name of Abatement Contractor (9)
Site Enterprises, Inc.

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

Square Feet
Varies

# of Floors
Varies

Edg. Age
≥ 0+

Current Use (Prior to if being demolished)
Housing Deemed Unsafe

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

Scope of Work (Check All That Apply)
☐ ≥3 af 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

Amount (Specify SF or LF)

Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes ☐ No ☐

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

Abatement Type

Amount in Curtains

Name of Registered Waste Hauler
Site Enterprises Inc./J.F. Fidler Trucking

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

Disposal Date
3/14/2019

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Completed by
Eric Keys

Title
OM

Signature

Date
11/29/2018

* 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) 11/29/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

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

[ ] Initial
[ ] Amended
[ ] Amendment # 1
[ ] Emergency (including justification)
[ ] Cancellation

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bysted

Telephone Number
(609)433-2001

FACILITY INFORMATION

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

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

Square Feet
Varies

# of Floors
Varies

Idg. Age
0+

Current Use (Prior to being demolished)
Housing Deemed Unsafe

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

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
116 Bayview Road

City (5)
Downe Township

County (6)
Cumberland

County Code (7) (STATE USE ONLY) 

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

Name of Registered Landfill
CCIA

Occupancy Status During Abatement (Check Only One)
Facility CLOSED/Vacated

Scheduled Completion Date (11) 3/14/2019

Other - Describe: Vacant

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

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

In Facility

Yes
No
N/A

Houses Deemed Unsafe

X

Houses Deemed Unsafe

200 yd per res X

Name of Registered Waste Hauler
Site Enterprises Inc./J.R. Fidler Trucking

NJDEP Waste Hauler ID No. 3522032054

Cubic Yards of Waste
20 cy

Disposal Date
3/14/2019

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date 11/29/2018

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

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Name of Registered Waste Hauler
Site Enterprises Inc., J.J. Fidler Trucking

Name of Registered Landfill
CCIA

Date of Notification (1)
11/29/2018

Type of Facility (4)
School (K-12)
Subchapter 3 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
Varies

# of Floors
Varies

Bldg. Age
0+

Current Use (Prior to being demolished)
Housing Deemed Unsafe

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood House

Street Address
122 Bayview Road

City (5)
Downe Township

County (8)
Cumberland

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

Street Address
PO Box 365

City, State, Zip Code
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856) 452-1311

License No.
01172

Start Date (10)
11/26/2018

Scheduled Completion Date (11)
3/14/2019

Name of OSHA Monitor
Health & Safety Services, Inc.

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

Scope of Work (Check All That Apply)

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 ABATE (13)

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Endcap

Houses Deemed Unsafe
X

Houses Deemed Unsafe
200 yd per res X

Name of Registered Waste Hauler
Site Enterprises Inc., J.J. Fidler Trucking

Cubic Yards of Waste
20 cy

Disposal Date
3/14/2019

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys
Title
OM

Signature

Date
11/29/2018

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

Date of Notification (1)
11/29/2016

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

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

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)
Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster
Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
158 Bayview Road
City (5)
Downe Township
County (6)
Cumberland

County Code (7) (STATE USE ONLY) ___________

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

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

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Telephone No. (856)452-1311

Start Date (10)
11/26/2016

Scheduled Completion Date (11)
3/14/2019

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

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

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

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Removal  Repair  Encapsulate  Endorse

Houses Deemed Unsafe
X

Houses Deemed Unsafe

200 yd per res

Name of Registered Waste Hauler
Site Enterprises Inc./J.P. Fidler Trucking
NJDEP Waste Hauler ID No. 35220/32054

Cubic Yards of Waste
20 cy

Disposal Date
3/14/2019

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Name of Registered Landfill

CCIA

Completed by
Eric Keys
Title
OM
Signature
Date
11/29/2018

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

(Pursuant to NJAC 8:90 and 12:120)

**State of New Jersey**

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

**Name of Building Owner/Operator:** William Byster

**Address:**
- 33 West State Street
- Trenton, NJ 08625

**Telephone Number:** (609)433-2001

**Name of Facility Where Abatement is Taking Place:**
- Abandoned Flood House
- 177 Bayview Road
- Downe Township
- Cumberland

**Facility Information:**
- County Code: (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner:**
- ASCM No.

**Name of Abatement Contractor:** Site Enterprises, Inc.

**Address:**
- 6626 Deeliah Road
- Egg Harbor Township, NJ 08234

**Project Manager for Monitoring Firm:**
- James Proctor

**Start Date:**
- 11/26/2018

**Occupancy Status During Abatement:**
- Facility Closed/Vacated
- Abatement Performed Outside of Normal Hours
- Other - Describe: vacant

**Scheduled Completion Date:**
- 3/14/2019

**Scope of Work:**
- ≥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-Frangible 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

**Amount of Asbestos Containing Material (ACM):**
- (Specify SF or LF)
- 200 yd per res

**Name of Registered Waste Hauler:**
- Site Enterprises Inc./J.P. Fidler Trucking

**Disposal Date:**
- 3/14/2019

**City, State:**
- Egg Harbor Township, NJ/Maple Shade, NJ

**Completed by:**
- Eric Keys

**Signature:**
- E. Keys

**Date:**
- 11/29/2018

*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)**
11/29/2018

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC)

**Street Address**
33 West State Street

**City, State, Zip Code**
Trenton, NJ 08825

**Name of Contact**
William Byster

**Telephone Number**
(609)433-2001

**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>Abandoned Flood House</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

**Street Address**
34 Paris Road

**City** (5)
Lawrence Township

**County** (6)
Cumberland

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

**Name of Monitoring Firm**
ASCM No.

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

**Street Address**
PO Box 365

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

**Project Manager for Monitoring Firm**
James Proctor

**Telephone No.**
(856)452-1311

**Name of OSHA Monitor**
Health & Safety Services, Inc.

**Street Address**
PO Box 365

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

**Start Date (10)**
11/28/2018

**Scheduled Completion Date (11)**
3/14/2019

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: vacant

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

- ≥3 sf or ≥3 ft
- ≥180 sf or ≥280 ft

- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houses Deemed Unsafe</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

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

**Abatement Type**

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

**Name of Registered Waste Hauler**
Site Enterprises Inc./J.F. Fidler Trucking

**NJDEP Waste Hauler ID No.**
35220/32054

**Cubic Yards of Waste**
20 cy

**Name of Registered Landfill**
CCIA

**City, State**
Egg Harbor Township, NJ/Maple Shade, NJ

**Disposal Date**
3/14/2019

**City, State**
Rosenhayn, NJ 08352

**Completed by**
Eric Keys

**Title**
OM

**Signature**

**Date**
11/29/2018

*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)
11/29/2018

Name of Building Owner/Operator (2)

Division of Property Management and Construction

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment # 1
☐ DOH Emergency (including
☐ DCA justification)

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster
Telephone Number
(609)433-2001

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

County Code (7)
Cumberland (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 # of Floors Egd. Age
Varies
Varies
10+

Current Use (Prior if being demolished)
Housing Deemed Unsafe

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

Address of Monitoring Firm Telephone No.
PO Box 365 (856)452-1311

Start Date (10)
11/26/2018

Scheduled Completion Date (11)
3/14/2019

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

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

Houses Deemed Unsafe
X

Houses Deemed Unsafe

200 yd per res

Name of Registered Waste Hauler
Site Enterprises Inc./J.F. Fidler Trucking

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

Disposal Date
3/14/2019

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Completed by
Eric Keys
Title
OM
Signature

Date
11/29/2318

* 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)
11/29/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified Type of Notification
EPA Initial
DEP Amended
DOL Amendment # 1
DOH Emergency (including justification)
DCA Cancellation

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bystor
Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
124 Bayview Road

City (5)
Downe Township

County (6)
Cumberland

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

Telephone No.
609-567-1250

License No.
01172

Start Date (10)
11/26/2018

Scheduled Completion Date (11)
3/14/2019

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

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

Scope of Work (Check All That Apply)
≥23 sf or ≥23 l.f.
≥160 sf or ≥260 l.f.

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

Houses Deemed Unsafe

Assessment

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Endorse

Name of Registered Waste Hauler
Site Enterprises Inc./J.M. Fidler Trucking

Waste Hauler ID No.
35220/32654

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Disposal Date
3/14/2019

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date
11/29/2018

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

State of New Jersey

Date of Notification (1):
11/29/2018

Name of Building Owner/Operator (2):
Division of Property Management and Construction (DPMC)

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

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

Street Address:
33 West State Street
City, State, Zip Code:
Trenton, NJ 08625

Name of Contact:
William Bystark
Telephone Number:
(609)433-2001

FACILITY INFORMATION

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

Square Feet:
Varies

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

Bldg. Age:
30+

Current Use (Prior if being demolished):
Housing Deemed Unsafe

County Code (7) (STATE USE ONLY):

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

Site Enterprises, Inc.

Project Manager for Monitoring:
James Proctor

Telephone No. (856)452-1311

License No. 01172

Start Date (10):
11/26/2019

Scheduled Completion Date (11):
3/14/2019

Name of Abatement Contractor (9):

Name of OSHA Monitor:
Health & Safety Services, Inc.

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

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non- Exempted (*) and Non-Friable Procedure

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

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

Yes
No
N/A

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

Amount (Specify SF or LF):
200 yd per res

/Abatement Type

Encapsulation
Repair
Removal

Name of Registered Waste Hauler:
Site Enterprises Inc./J.P. Fidler Trucking

NJDEP Waste Hauler ID No.:
35220/32054

Cubic Yards of Waste:
20 cy

Name of Registered Landfill:
CCIA

City, State:
Egg Harbor Township, NJ/Maple Shade, NJ

Disposal Date:
3/14/2019

City, State:
Rosenhayn, NJ 08352

Completed by:
Eric Keys

Title:
OM

Signature:

Date:
11/29/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11/29/2018

Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)

Agencies Notified Type of Notification
- EPA Initial
- DEP Amended
- DOL Amendment #1
- DOH Emergency (including justification)
- DCA Cancellation

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Oyster
Telephone Number
(609)433-2001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood House
Street Address
142 Bayview Road
City (5)
Downe Township
County (6)
Cumberland
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
Varies
# of Floors
Varies
Bed Age
3+/

Current Use (Prior if being demolished)
Housing Deemed Unsafe

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

Name of Abatement Contractor (9)
Site Enterprises, Inc.
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor
(856)452-1311

Name of OSHA Monitor
Health & Safety Services, Inc.
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Start Date (10) 11/26/2018
Scheduled Completion Date (11) 3/14/2019

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥150 sf or ≥2260 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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
Site Enterprises Inc./Fidler Trucking
N/DEP Waste Hauler ID No. 35220/32054

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Disposal Date
3/14/2019

Completed by
Eric Keys
Title OM
Signature
Date 11/29/2018

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

Date of Notification (1)
11/23/2018

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

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

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster

Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
144 Bayview Road

City (5)
Downe Township

County (6)
Cumberland

County Code (7)
STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

License No.
01172

Start Date (10)
11/28/2018

Scheduled Completion Date (11)
3/14/2019

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Site Enterprises Inc./J. P. Fidler Trucking

NJDEP Waste Hauler ID No.
35220/32054

Cubic Yards of Waste
20 cy

Disposal Date
3/14/2019

Name of Registered Landfill
CCIA

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Disposal Date
3/14/2019

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date
11/23/2/18

ASB-41 (R-06-08)

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

**Date of Notification:** 11/29/2018

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
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</table>

**Division of Property Management and Construction (DPMC)**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>33 West State Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>William Byster</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(609)433-2001</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Abandoned Flood Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>148 Bayview Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Downe Township</td>
</tr>
<tr>
<td>County (6)</td>
<td>Cumberland</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Housing Deemed Unsafe</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Health &amp; Safety Services</td>
<td></td>
</tr>
<tr>
<td>Site Enterprises, Inc.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 365</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Egg Harbor Township, NJ 08234</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>James Proctor</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(856)452-1311</td>
</tr>
<tr>
<td>License No.</td>
<td>01172</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11/26/2018 |
| Scheduled Completion Date (11) | 3/14/2019 |

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

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

- ≥23 sf or ≥2 ft
- ≥160 sf or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
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<tr>
<td>Houses Deemed Unsafe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Enterprises Inc./J.P. Fidler Trucking</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 35220/32054</td>
</tr>
<tr>
<td>Cubic Yards of Waste 20 cy</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>CCIA</td>
</tr>
<tr>
<td>City, State Egg Harbor Township, NJ/Maple Shade, NJ</td>
</tr>
<tr>
<td>Disposal Date 3/14/2019</td>
</tr>
<tr>
<td>City, State Rosenhajy, NJ 08352</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed by Eric Keys</th>
<th>Title OM</th>
<th>Signature</th>
<th>Date 11/29/2018</th>
</tr>
</thead>
</table>

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

Date of Notification (1)
11/29/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified Type of Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amended #1
☐ DOH Emergency (including justification)
☐ DCA Cancellation

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bystor

Telephone Number
(609)433-2001

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood House

Address
150 & 152 Bayview Road

City (5)
Downe Township

County Code (7)
Cumberland

County Code (7) (STATE USE ONLY)

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

Square Feet
Varies

# of Floors
Varies

Bk g Age
30+

Current Use (Prior if being demolished)
Housing Deemed Unsafe

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

ASCM No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

License No.
609-567-1250

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Start Date (10)
11/26/2018

Scheduled Completion Date (11)
3/14/2019

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

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

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

Houses Deemed Unsafe
X

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

Amount (Specify SF or LF)

200 yd per res

Home Abatement Type

Encapsulation

Repair

Removal

Name of Registered Waste Hauler
Site Enterprises Inc./J.P. Fidler Trucking

NJDEP Waste Hauler ID No.
35220/32054

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

City, State
Egg Harbor Township, NJ/Maple Shade, NJ

Disposal Date
3/14/2019

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature
Y

Date
11/29/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11/29/2018

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

Type of Notification
- [ ] Initial
- [x] Amended
- [ ] Amendment #1
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bystery

Telephone Number
(609)433-2001

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

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

Square Feet
Varies

# of Floors
Varies

Bldg. Age
3-4+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Housing Deemed Unsafe

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Telephone No.
(856)452-1311

License No.
01172

Start Date (10)
11/26/2018

Scheduled Completion Date (11)
3/14/2019

Name of OSHA Monitor
Health & Safety Services, Inc.

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

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

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

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

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

Amount
(Specify SF or LF)

Name of Registered Waste Hauler
Site Enterprises Inc./J.P. Fidler Trucking

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

Disposal Date
3/14/2019

City, State
Rosenthal, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date
11/29/2018

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

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<td>Trenton, NJ 08625</td>
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<tr>
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<td>William Byaster</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(609)433-2001</td>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<td>Street Address</td>
<td>146 Bayview Road</td>
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<tr>
<td>City (5)</td>
<td>Downe Township</td>
</tr>
<tr>
<td>County (6)</td>
<td>Cumberland</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Housing Deemed Unsafe</td>
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</tbody>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Health &amp; Safety Services</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 365</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Berlin, NJ 08009</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Site Enterprises, Inc.</td>
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<tr>
<th>Street Address</th>
<th>6626 Deliiah Road</th>
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</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Egg Harbor Township, NJ 08234</td>
</tr>
<tr>
<td>License No.</td>
<td>01172</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Health &amp; Safety Services, Inc.</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11/26/2018 |
| Scheduled Completion Date (11) | 3/14/2019 |

<table>
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<td>Other – Describe: vacant</td>
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<th>Scope of Work (Check All That Apply)</th>
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<td>≥23 sf or ≥23 if</td>
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<td>≥160 sf or ≥260 if</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Demolition</td>
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<td>Full Containment with Negative Pressure</td>
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<td>Mini-Enclosure</td>
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<td>Glovebag Procedure</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<table>
<thead>
<tr>
<th>Houses Deemed Unsafe</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houses Deemed Unsafe</td>
<td>200 yd per res X</td>
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</tbody>
</table>

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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Site Enterprises Inc./J.P. Fidler Trucking</th>
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<td>Cubic Yards of Waste</td>
<td>20 cy</td>
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<td>Name of Registered Landfill</td>
<td>CCIA</td>
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<tr>
<th>City, State</th>
<th>Egg Harbor Township, NJ/Maple Shade, NJ</th>
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</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>3/14/2019</td>
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<tr>
<td>City, State</td>
<td>Rosenhayn, NJ 08352</td>
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</tbody>
</table>

Completed by Eric keys |

Title OM |

Signature Ely |

Date 11/29/2018 |

*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)

**Date of Notification (1)**
11/29/2018

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC)

**Street Address**
33 West State Street

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
William Bystel

**Telephone Number**
(609)433-2001

### FACILITY INFORMATION

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

**Street Address**
162 Bayview Road

**City (5)**
Downe Township

**County (8)**
Cumberland

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

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

**Street Address**
6626 Deliah Road

**City, State, Zip Code**
Egg Harbor Township, NJ 08234

**Telephone No.**
(856)452-1311

**License No.**
011172

**Start Date (10)**
11/29/2018

**Scheduled Completion Date (11)**
3/14/2019

**Occupancy Status During Abatement (Check Only One)**
Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**
Vacant

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

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

### Asbestos-Containing Material (ACM) TO BE ABATED

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- Houses Deemed Unsafe

**Amount (Specify SF or LF)**
200 yd per res

**Accountable Type**

- Abatement
- Removal
- Repair
- Encapsulation
- Enclosure

**Name of Registered Landfill**
CCIA

**City**
Rosenhayn, NJ 08352

**City, State**
Egg Harbor Township, NJ/Maple Shade, NJ

**Completed by**
Eric Keys

**Title**
OM

**Signature**

**Date**
11/29/2018

*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)
12/10/18

Name of Building Owner/Operator (2)
Marvin Whistel (Private Home)

Agency Notified

□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

Type of Notification

□ Initial
□ Amended
□ Amendment # ______
□ Emergency (including justification)
□ Cancellation

Street Address

City, State, Zip Code
Burlington NJ 08016

Name of Contact
John baptista

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Marvin Whistel (Private Home)

Street Address

City (5)
Burlington NJ 08016

County (6)
Burlington

Square Feet
1000 +

# of Floors
2

Bldg Age
50 +

Current Use (Prior if being demolished)

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

Start Date (10)
10/11/18

Scheduled Completion Date (11)
10/13/18

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other — Describe: HOME

Scope of Work (Check All That Apply)

[ ] ≥36 sq ft or ≥36 sq ft
[ ] ≥160 sq ft or ≥260 sq ft

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

Location of Asbestos-Containing Material (ACM)

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

Disposal Date
10/13/18

City, State
Morrisville PA 19060

Completed by
Anthony T Perna
Title
President
Signature

Date
12/10/18

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

Date of Notification (1):
12/11/18

Name of Building Owner/Operator (2):
Ametrunk Residential Services

Street Address:
3525 Piedmont Road NE, Building 7 Suite 70
City, State, Zip Code:
Atlanta, GA, 30305

Name of Contact:
Telephone Number:
Ametrunk Residential Services
844-554-0196

Name of Facility Where Abatement is Taking Place (3):
1600 Myrtle Avenue

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:

County Code (7):

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

Name of Abatement Contractor (9):
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT
City, State, Zip Code:
LAKEWOOD, NJ 08701

License No.:
1200

Name of OSHA Monitor:
AAA LEAD PROFESSIONALS

Street Address:
6 WHITE DOVE COURT
City, State, Zip Code:
LAKEWOOD, NJ 08701

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

Occupancy Status During Abatement:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedures

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:

Interior

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

Flooring:
400SF

Piping:
100LF

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

Amount (Specify SF or LF):

Abatement Type:

Endcaps

Encapsulate

Date 12/30/18

Disposal Date:
10

Name of Registered Landfill:
IESI

City, State:
BETHLEHEM PA

Newark Carting

Newark, NJ

Completed by:
JOSEPH PERLSTEIN
Title:
OWNER
Signature:
Date:
12/11/18

Name of Registered Waste Hauler:
NJ DEP Waste Hauler ID No. 04509

Cubic Yards of Waste:
10

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>12 / 10 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Kenneth Bowden</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Normandy Beach, NJ 08739</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Kenneth Bowden</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Seaside Heights</td>
</tr>
<tr>
<td>County (6)</td>
<td>Ocean</td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>by Building Owner (8)</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 51</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License No.</td>
<td>00624</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12 / 20 / 18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12 / 21 / 18</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td>AM-PM AM-PM AM-PM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment 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 Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Exterior</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-containing Material (ACM)</td>
<td>1500 sf</td>
</tr>
<tr>
<td>Type of Abatement (Specify SF or LF)</td>
<td>1500 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Encapsulate</td>
<td></td>
</tr>
<tr>
<td>Enclose</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>09/28/18</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>13 / 10 / 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 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/05/2018</th>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
<td>Amended</td>
<td>Amendment</td>
<td>Emergency (including justification)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Pointe Developers Retail, LLC - Seth Yaroni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 3039</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Amboy, NJ 08879</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Handling by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td>Nari Construction, LLC</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>862-264-9463</td>
<td>01306</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17/2018</td>
<td>01/05/2019</td>
<td>Nari Construction, LLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>X</td>
</tr>
<tr>
<td>Demolition</td>
<td>X</td>
</tr>
<tr>
<td>Full Containment 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 Non-Fireable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nari Construction, LLC</td>
<td>0037535</td>
<td>20 CY</td>
<td>G.R.O.W.S</td>
</tr>
</tbody>
</table>

| Disposal Date | City, State | | |
|----------------|-------------|-------------|
| TBD | Morrisville, PA |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Igor Jezdimirovic</td>
<td>P. Manager</td>
<td></td>
<td>12/05/2018</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Quantities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Gray Pipe Insulation/Fittings</td>
<td>150 LF of Pipe Insulation and Debris, 56 Fittings</td>
</tr>
<tr>
<td>Basement</td>
<td>Gray Pipe Insulation/Fittings</td>
<td>8 Duct lines only 3 feet of each exposed. Total 25 SF</td>
</tr>
<tr>
<td>Basement</td>
<td>Gray/White Duct Tape/Paper</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Gray/White Duct Tape/Paper</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>Gray/White Duct Tape/Paper</td>
<td></td>
</tr>
<tr>
<td>Basement Stairs</td>
<td>Gray/White Plaster Base Layer</td>
<td>150 SF of Debris and 150 SF above Boiler</td>
</tr>
<tr>
<td>1st Floor under Carpet by Main Entrance</td>
<td>9x9 White/Brown/Green Vinyl Floor Tile</td>
<td>180 SF Additional Room 100 SF and 40 SF of the hall</td>
</tr>
<tr>
<td>2nd Floor Bedroom above Ceiling Tile</td>
<td>Gray/White Plaster Base Layer</td>
<td>Roughly 2,500 to 3,000 SF</td>
</tr>
<tr>
<td>2nd Floor Bedroom above Ceiling Tile</td>
<td>Gray/White Plaster Base Layer</td>
<td></td>
</tr>
<tr>
<td>3rd Floor Roof Fire Space</td>
<td>Black Rolled Roofing</td>
<td>20 SF and 6 more window over-hang, 15 SF each</td>
</tr>
<tr>
<td>Exterior</td>
<td>Gray/White Transite</td>
<td>4,800 SF</td>
</tr>
<tr>
<td>Exterior</td>
<td>Gray/White Transite</td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)  
IBN Construction Corp

Name of Contact  
Nelson Espinosa

Telephone Number  
(973) 344-4568

---

**FACILITY INFORMATION**

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

City (5)  
Little Falls

County (6)  
Bergen

Type of Facility (4)  
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)  
ACSM No.  
Name of Abatement Contractor (9)  
Delta Contracting LLC

Street Address  
522 7th St.

City, State, Zip Code  
Union City NJ 07087

Telephone No.  
201 216-9603

License No.  
01206

Start Date (10)  
12-06-18

Scheduled Completion Date (11)  
12-08-18

Name of OSHA Monitor  
Delta Contracting LLC

Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)  
Renovation  
Demolition

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

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

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

Amount (Specify SF or LF)  

---

Name of Registered Waste Hauler  
Weigle Trucking

NJDEP Waste Hauler ID No.  
2912

Cubic Yards of Waste  
80

Name of Registered Landfill  
Minerva Enterprises

City, State  
Linden, PA

Disposal Date  
12-07-18

City, State  
Waynesburg, Ohio

Completed by  
Jaime Delgado

Title  
Proj. Manager.

Signature  
Date  
12-06-13

---

* 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)
12/05/2018

Name of Building Owner/Operator (2)
Pointe Developers Retail, LLC - Seth Yaron

Agency Notified

Type of Notification

Street Address
P.O Box 3039

City, State, Zip Code
South Amboy, NJ 08879

Name of Contact
Seth Yaron

Telephone Number
732-921-3241

FACILITY INFORMATION

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

Type of Facility (4)

Street Address

City (5)
Jersey City, 07306

County Code (7) (STATE USE ONLY)

County (6)
Hudson

Current Use (Prior to being demolished)
Residential

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

Name of Abatement Contractor (9)
Nari Construction, LLC

Street Address
63 Leather Stocking Path

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Telephone No.
862-264-9463

License No.
01306

Start Date (10)
12/21/2018

Scheduled Completion Date (11)
01/05/2019

Name of OSHA Monitor
Nari Construction, LLC

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

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 m
≥ 160 sf or ≥ 260 m

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)

First Floor
Roof/Lower, Vents and Chimney
Exterior of House and Garage
Garage

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

VAT
Black Rolled Roofing
Transite
Black Base Flashing

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

Amount (Specify SF or LF)
364 SF
550 SF
3,700 SF
80 SF

Abatement Type
Removal
Kopar
Encapsulate
Endorse

Name of Registered Waste Hauler
Nari Construction, LLC

NJDEP Waste Hauler ID No.
0037535

Cubic Yards of Waste
20 CY

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

City, State
Lincoln Park, NJ

Completed by
Igor Jezdimirovic

Title
P. Manager

Signature

Date
12/05/2013

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

(Perusing to NJAC 8:60 and 12:126)

### Name of Building Owner/Operator

John Macko (Private Home)

### Street Address

Manahawkin NJ 08050

### Name of Facility Where Abatement is Taking Place

John Macko (Private Home)

### City, State, Zip Code

Manahawkin NJ 08050

### County

Ocean

### Type of Facility

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

### # of Floors

1

### Building Age

5

### Name of Monitoring Firm

Pernaco Inc

### Name of Abatement Contractor

Pernaco Inc

### Project Manager for Monitoring Firm

PO Box 329

### City, State, Zip Code

West Berlin NJ 08091

### Telephone No.

856-753-9800

### License No.

00727

### Start Date

12/20/18

### Scheduled Completion Date

12/28/18

### Occupancy Status During Abatement

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other – Describe: (N/A)

### Scope of Work

- [ ] ≤ 3,000 sf or ≤ 300 sf
- [x] ≥ 1,600 sf or ≥ 2660 sf

### Abatement Type

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

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

- [ ] Exterior Siding

### Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

### Description of Asbestos-Containing Material (ACM)

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

### Amount (Specify SF or LF)

1200 SF

### Name of Registered Waste Hauler

G.R.O.W.S.

### Cubic Yards of Waste

3

### Name of Registered Landfill

Elm NJ

### Disposal Date

12/28/18

### City, State

Morrisville PA 19060

### Completed by

Anthony Perna

### Title

President

### Signature

12/10/18

---

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

State of New Jersey

Date of Notification (1)
12/10/18

Name of Building Owner/Operator (2)
Wayne Everett

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>DEP</td>
<td>Amended</td>
</tr>
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<td>DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address

City, State, Zip Code
Bordentown, NJ

Name of Contact
Wayne Everett

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

City (5)
Bordentown

County (6)
Burlington

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
12/19/18

Scheduled Completion Date (11)
12/24/18

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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)

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment 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 Non-Friable Procedures</td>
<td></td>
</tr>
</tbody>
</table>

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)
150SF

Abatement Type

Removal |

Repair |

Encapsulate |

Endorse |

Floor Tile

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 04505

Cubic Yards of Waste
4

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
12/24/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLESTEIN

Title
OWNER

Signature

Date
12/10/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:640 and 12:120)

Date of Notification (1)
12/10/2018

Name of Building Owner/Operator (2)
roache

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

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

Street Address: [redacted]

City, State, Zip Code
Little Silver, NJ 07739

Name of Contact
Linda Roache

Telephone Number

FACILITY INFORMATION

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

Street Address

City (6)
Little Silver, NJ 07739

County Code (7)
Monmouth

County Code (7) (STATE USE ONLY)________

Current Use (Prior to if being demolished)

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

Square Feet
2500

# of Floors
2

Blob Age
90 +/-

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

ASCM No.

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

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Telephone No.
(609) 298-4070

Telephone No.
609-259-9688

License No.
00483

Name of OSHA Monitor
MECS

Start Date (10)
12/12/2018

Scheduled Completion Date (11)
12/13/2018

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

Scope of Work (Check All That Apply)
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (15)

Is Location Normaly 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

Location
Removal
Repair
Encapsulate
Endorse

Crawl Space
X

Thermal Pipe & Debris
12 If
X

Name of Registered Waste Hauler
Stevens Environmental Services

NJDEP Waste Hauler ID No.
18292

Cubic Yards of Waste
1 cu

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date
12/14/2018

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature

Date
12/10/2018

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:43a)

- **Check # 25744**
- **Date of Notification**: 12/10/2018
- **Agency Notified**: EPA
- **Name of Building Owner/Operator**: Roache
- **City, State, Zip Code**: Little Silver, NJ 07739
- **Name of Contact**: Linda Roache
- **Type of Facility**: Residential
- **County Code**: Monmouth
- **Current Use (If a House)**: 250
- **Building Age**: 50+ yrs
- **Square Feet**: 2
- **Number of Floors**: 2
- **Fuel Source**: 2
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED**
  - **Crawl Space**: Yes
  - **Thermal Pipe & Ducts**: No

- **Name of Registered Waste Hauler**: Stevens Environmental Services
- **City, State**: Allentown, NJ
- **Disposal Date**: 12/14/2018
- **Project Manager**: Mahlon E. Stevens
- **Signature**: [Signature]

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe &amp; Ducts</td>
<td>12 lf</td>
</tr>
</tbody>
</table>

**Do not use this form for asbestos license exempted activity.**
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/10/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>East Newark Town Center LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>900 Passaic Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, New Jersey</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Building # 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>900 Passaic Ave</td>
</tr>
<tr>
<td>City</td>
<td>East Newark</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
</tbody>
</table>

| Name of Abatement Contractor (9) | Harmony Contracting Inc |
| Name of OSHA Monitor | Harmony Contracting Inc |

| Project Manager for Monitoring Firm | n/a |
| Telephone No. | n/a |
| License No. | 01255 |

| Start Date (10) | 12/19/18 |
| Scheduled Completion Date (11) | 01/31/19 |

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td></td>
</tr>
</tbody>
</table>

| Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | Yes | No | N/A |
| Description of Asbestos-Containing Material (ACM) | Pipe Insulation | 37 LF |
| | Floor Tile | 780 SF |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
<td>TSD</td>
<td>ISEI Landfill</td>
<td></td>
</tr>
</tbody>
</table>

| Disposal Date | TBD |

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

**Volume:** 25,000

**Number of Floors:** 3

**Building Age:** 50+

**Current Use (Prior if being demolished):** Commercial Space

---

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

Date of Notification (1) 12 / 7 / 18

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

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

Name of Building Owner/Operator (2)
Ramapo College of NJ

Street Address
505 Ramapo Valley Rd
City, State, Zip Code
Mahwah, NJ 07430

Name of Contact
Joe
Telephone Number
1908-878-1763

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ramen College - Linden Hall

City (5)
Mahwah

County Code (7)/STATE USE ONLY)
Bergen

Square Feet
50,000

Current Use (Prior if being demolished)
50 yrs.

Name of Owner Monitoring Firm Hired by Building Owner (8)
Owner has hired his own.

Name of Abatement Contractor (9)
Academy Construction Inc.

Start Date (10) 12 / 19 / 13
Scheduled Completion Date (11) 12 / 31 / 18

Telephone No.

License No.

Street Address
205 Rt. 46 West Suite 14
City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-832-4244

Name of OSHA Monitor
Same as above

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

Scope of Work (Check all that apply)
☒ 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)

1st flr 14 sprinkler heads 35lf
2nd flr sprinkler heads 20lf
3rd flr 11 sprinkler heads 20lf
4th flr 11 sprinkler heads 20lf

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
Sprinkler Pipes, White dope on threads

Amount (Specify SF or LF)
35lf

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Academy Construction Inc.

City, State
Totowa, NJ

Cubic Yards of Waste
3

Disposal Date
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
John Geleski
Title
PM

Signature

Date 12/7/18

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

(Pursuant to NJAC 8:20 and 12:120)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
<th>Notification Date</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>12/06/18</td>
<td>Holy Trinity Church</td>
<td>315 First St.</td>
<td>Westfield, NJ 07079</td>
<td>Keith Gibbons</td>
<td>908-723-4343</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holy Trinity School</td>
<td>School (K-12)</td>
<td>unknown</td>
<td>2</td>
<td>50+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hiring by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EnviroVision Consultants Inc.</td>
<td>00079</td>
<td>Lesco Services Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>License No.</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21 Wagauer Rd. Bldg 35E</td>
<td>156 Maple Ave., Wollingon, NJ 07057</td>
<td>01107</td>
<td>862-221-9092</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Firm Contact</th>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frederick Larson</td>
<td>973-636-9145</td>
<td>12/20/18</td>
<td>01/15/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Description of Asbestos-Containing Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>TO BE ABATED 2</td>
<td>(i.e. thermal systems insulation,</td>
</tr>
<tr>
<td>Abatement Performed</td>
<td>In Facility</td>
<td>surfaced, VAT, or other Miscellaneous)</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td>(13)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Applicant</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Renovation</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gymnasium</td>
<td>*</td>
<td>No</td>
<td>mastic / tar paper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler LD No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting Inc.</td>
<td>05409</td>
<td>90</td>
<td>GCSL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/16/19</td>
<td>Pen Argyl, PA</td>
<td></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)
DECEMBER 05 2018

CHECK #39

Name of Building Owner/Operator (2)
RONALD T MADDOCK

Agencies Notified

Type Notification

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

Street Address

City, State, Zip Code
RIDGFIELD PARK NJ 07660

Name of Contact
RON

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

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

Square Feet
50X100

# of Floors
2

Bldg Age
50 YEARS

County Code (7)
BERGEN

County Code (7)

STATE USE ONLY

Current Use (Prior if being demolished)
EMPTY

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (9)
ALL SOLUTIONS CONTRACTING INC

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ 07407

Project Manager for Monitoring Firm

Telephone No.
201 873-9418

License No.
01301

Start Date (10)
12-14-2018

Scheduled Completion Date (11)
12-15-2018

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 7:30 TO 3:30

Scope of Work (Check All That Apply)
≥3 sf or ≥3 if
≥100 sf or ≥200 if
Removal
Demolition

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

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

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

Amount (Specky SF or LF)
25

Abatement Type
Removal
Containment
Endorse

Name of Registered Waste Hauler
ATLANTIC CARTING

Name of Registered Landfill
GRAND CENTRAL

City, State
PEN ARGYLL PA

Completed by
LUIS ARCILA

Title
PRESIDENT

Signature

Disposal Date
TDB

City, State
PEN ARGYLL PA, 18072

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-18**

**Date of Notification (1):** December 10, 2018

**Name of Building Owner/Operator (2):** RUTGERS, THE STATE UNIVERSITY OF N J

**Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

**City, State, Zip Code:** PISCATAWAY, NJ 08854

**Name of Contact:** MICHAEL F. SMITH, ENV. HEALTH & SAFETY

**Telephone Number:** 848-445-2550

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** RU GYM, BLDG# 3097

**Street Address:** COLLEGE AVENUE CAMPUS

**City (6):** NEW BRUNSWICK

**County (6):** MIDDLESEX

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

**Name of Monitoring Firm Hired by Owner/Operator:** ATC

**Bldg., Owner (8):** ASCM No. 00098

**Name of Contractor (9):** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 511 MAIN STREET

**City, State, Zip Code:** BUTLER, NJ 07405

**Telephone Number:** 973-492-0477

**License Number:** 00840

---

**Project Manager for Monitoring Firm:** BRIAN R. KEARNY

**Scheduled Start Date (10):** 12/19/18

**Scheduled Completion Date (11):** 12/24/18

**Current Use (prior if building demolished):** ACADEMIC

---

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

- ≥ 3 sf or ≥ 3 if
- ≥ 180 sf or ≥ 260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Fugitive Procedure
- Removal Reg in Encap Envelope

---

**Location of Asbestos-Containing Material (ACM) in Facility (13):**

- Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA
- Description of AsbestosContaining Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)
- Amount (Specify SF or LF)
- Abatement Type
- Remove Reg in Encap Envelope

---

**Room 036**

- Thermal System Insulation <9 LF

---

**Name of Reg. Waste Handler:**

- See Hauler Below #1 & 2

- Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
  - NJDEP # 12561
- Hauler #2: Newark Carting, Inc. - Newark, NJ 07109
  - NJ DEP # 4509

**See Below**

**Cubic Yards of Waste:** 5 CY

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

**Disposal Date:** 12/24/2018

**City, State:** 100 New Ford Mill Rd. Morrisville, Pa 19067

**Telephone Number:** 215-756-1700

---

**Complied by (Print or Type):** RAYMOND C. PEDALINO

**Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino

**Date:** December 10, 2018

---

Copies To: Rutgers, REHS Attn: Mike Smith and ATC, Attn: Brian Kearney
NOTIFICATION OF ASPEROS ABATEMENT
Pursuant to NJAC 8:60-7.6(b)(2.7)

Date of Notification (1) 12/9/2018

Name of Building Owner/Operator (2) Alexandra Kenney

Address

[ ] EPA
[ ] DSC
[ ] DOH
[ ] DOL
[ ] DCA

Type Notification

Notified

City, State, Zip Code Jersey City, NJ

Name of Contact Alexandra Kenney

Telephone Number

Agencies Notified

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Alexandra Kenney

Street Address

City Jersey City

County Hudson

County Code (7)

State Use Only

Name of Monitoring Firm hired by Building ASCM No.

Owner (8) N/A

Street Address

City, State, Zip Code

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Scheduled Start Date (10)

12-6-12

Month Day Year

Sched. Completion Date (11)

12-10-18

Occupancy Status During Abatement (Check only one)

[X] Abatement Performed Inside of Normal Facility Hours, Described

[ ] Abatement Performed Outside of Normal Facility Hours, Described

[ ] Other, Described

Other Occupancy Description

Scope of Work (Check all that apply)

[X] >3 sf or >3 LF

[ ] >160 sf or >260 LF

[X] Renovation

[ ] Demolition

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

In Facility

(13)

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

[ ] Sleevebag Procedure

[ ] Non-Friable Procedure

Location

Pipe insulation 135 LF

Boiler insulation 6 SF

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Wt. ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri-State

City, State Montclair, NJ, 07042

Disposal Date 12-11-18

City, State Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vitalian

Title President

Signature

Date 12/9/2018
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:68 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/27/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified (2)</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (3)</td>
<td>Robin Construction</td>
</tr>
<tr>
<td>Address</td>
<td>300 7th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sea ISX City, NJ 08234</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Joe</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-485-9317</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (4) | RSDR |
| City (5) | Sea ISX |
| County (6) | Cape May |
| Name of Monitoring Firm | by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | 
| Street Address | | | 1212 Burlington Ave |
| City, State, Zip Code | | | Sea ISX |
| Project Manager for Monitoring Firm | | | Phone: 609-392-0916 |
| Start Date (10) | 1/17/18 |
| Scheduled Completion Date (11) | 1/17/19 |
| Occupancy Status During Abatement (Check Only One) | 
| Facility Closed/Vacated During Entire Period of Abatement of Normal Facility Hours |
| Other - Describe: |
| Scope of Work (Check All That Apply) | 
| Demolition |
| Renovation |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Frangible Procedure |

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>50 lb</td>
<td>USylf</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

| Name of Registered Waste Hauler | Any Viz LLC |
| City, State | Sea ISX, NJ |

**Completed by**

| Joseph T Hall | President |

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