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

Name of Building Owner/Operator (2):
Monmouth University

EPA
DEP
DOL
DOH
DCA

Initial
Amended
Emergency (Including justification)
Cancellation

Name of Contact:
Timothy Orr

Telephone Number:
732-263-5163

FACILITY INFORMATION

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

Street Address:
400 Cedar Avenue

City, State, Zip Code:
West Long Branch

County:
Monmouth

County Code (7) (STATE USE ONLY):
0057

Name of Abatement Contractor (9):
VMC Company, Inc.

Street Address:
208 Piaget Avenue

City, State, Zip Code:
Clifton, NJ 07011

Project Manager for Monitoring Firm:
John Smoyer

Telephone No.:
609-652-1833

License No.:
00704

Start Date (10):
12/27/2019

Scheduled Completion Date (11):
01/17/2020

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

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

Exit Stairway

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):

wall/ceiling joint compound 550 SF
Roofing material 250 SF
Transite panels 600 SF

Name of Registered Waste Hauler:
Newark Carting, Inc.

NJ/DEP Waste Hauler ID No.:
05409

Cubic Yards of Waste:

Name of Registered Landfill:
GROWS

City, State:
Newark, NJ

Disposal Date:

Completed by:
Voytek Roszkowski

Title:
President

Signature:

Date:
12/15/2019

* 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)
12/16/2019

Name of Building Owner/Operator (2)
Moshe Zydorf

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

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

Street Address

City, State, Zip Code
Fair Lawn, NJ, 07410

Name of Contact
Moshe

FACILITY INFORMATION

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

Street Address

City (5)
Fair Lawn

County (6)
Bergen

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

Telephone No.
973-400-8711

License No.
01332

Start Date (10)
12/25/2019

Scheduled Completion Date (11)
12/31/2019

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)
☒ Renovation
☒ Demolition

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

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Envelope

Basement
Pipe insulation 74 LF

Transite 150

Transite 63

Name of Registered Waste Hauler
Removal Safety, LLC

NJDEP Waste Hauler ID No.
0037887

Cubic Yards of Waste

Name of Registered Landfill
Fairless

City, State
Paterson, NJ

Completed by
Lasko Veskov

Title
President

Disposal Date
TBD

City, State
Morrisville, PA

Date
12/16/2019

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### Notification of Asbestos Abatement

**State of New Jersey**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):**
12/17/19

**Agency Notified:**
- [X] EPA
- [X] DEF
- [X] DOL
- [ ] DOH
- [ ] DCA

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

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

**Address:**

**City, State, Zip Code:**
River Vale, NJ 07675

**Name of Contact:**
Bridget McLaughlin

**Telephone Number:**

### Facility Information

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

**Street Address:**

**City (5):**
River Vale

**County (6):**
Bergen

**Square Feet:**
2900

**# of Floors:**
2

**Bldg. Age:**
65+/

**Current Use:**
Residential Home

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

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

**Street Address:**
280 N. Midland Ave.

**City, State, Zip Code:**
Saddle Brook, NJ 07663

**Project Manager for Monitoring Firm:**

**Telephone No.:**
201-600-3184

**License No.:**
01305

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

**Scheduled Completion Date (11):**
12/24/19

**Occupy Status During Abatement: (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 8 A.M. to 4 P.M.

**Scope of Work (Check All That Apply):**
- [X] ≥3 sf or ≥3 lf
- [X] ≥100 sf or ≥260 lf
- [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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>VAT</td>
<td>744 SF</td>
<td>X</td>
</tr>
<tr>
<td>Bedroom</td>
<td>[X]</td>
<td>VAT</td>
<td>225 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:**
NJDEP Waste Hauler ID No. 00365892

**Cubic Yards of Waste:**
5 YD

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

**City, State:**
Saddle Brook, NJ

**Disposal Date:**
TBD

**City, State:**
Pen Argyl, PA

**Completed by:**
Richard Cristofol

**Title:**
President

**Signature:**

**Date:**
12/17/19

*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): 12/17/19

Name of Building Owner/Operator (2): Barbara Nicholls

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

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

Street Address: [Redacted]
City, State, Zip Code: Clifton, NJ 07012

Name of Contact: Ronald Nicholls
Telephone Number: [Redacted]

FACILITY INFORMATION

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

Street Address: [Redacted]
City: Clifton
County: Passaic

Current Use (Prior if being demolished)
Residential Home

Name of Monitoring Firm Hired by Building Owner (8)
Project Manager

ASCM No.:

Name of Abatement Contractor (9)
All Stages Abatement

Street Address: 280 N. Midland Ave.
City, State, Zip Code: Saddle Brook, NJ 07663

Project Manager for Monitoring Firm

Telephone No.:
City, State, Zip Code:

Start Date (10): 12/18/19
Scheduled Completion Date (11): 12/22/19

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 8 A.M. to 4 P.M.

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

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

In Facility (13)

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

Yes | No | N/A

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

Description of

Amount

(Specify

SF or LF)

Abatement

Type

Basement:
VAT: 306 SF

Name of Registered Waste Hauler
All Stages Abatement
NJDEP Waste Hauler ID No. 0036592

Cubic Yards of Waste: 4 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State: Saddle Brook, NJ

Disposal Date: TBD

City, State: Pen Argyl, PA

Completed by:
Richard Cristofol
Title: President
Signature:
Date: 12/17/19

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