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

Date of Notification (1): 8-19-19  
Name of Building Owner/Operator (2): HRP Hudson, LLC

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>401 N Michigan Ave, Suite 1830</td>
<td>Genaro Holguin</td>
<td>312-796-6593</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>X DOH</td>
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<tr>
<td>X DCA</td>
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</table>

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

Street Address: Dutfield Avenue
City: Jersey City
County: Hudson

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

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

Type of Facility (4): Power Plant
Square Ft: 627,470

# of Floors: 10
Bldg. Age: 55

Name of Abatement Contractor (9): Precision Environmental Company  

Street Address: 5500 Old Brecksville Rd  
City, State, Zip Code: Independence, Ohio 44131
Telephone No.: 216-642-6040
License No.: 01212

Name of OSHA Monitor: Precision Environmental Company  

Street Address: 5500 Old Brecksville Rd  
City, State, Zip Code: Independence, Ohio 44131

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

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

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

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

Amount (Specify SF or LF): N/A

Abatement Type: N/A

Name of Registered Waste Hauler: Champion Disposal

Cubic Yards of Waste: 900

Name of Registered Landfill: Fairless Landfill

Completed by: John Savage
Title: Vice President
Date: 12-18-19

* Do not use this form for asbestos licensure exempted activities.
## Hudson Generating Station

<table>
<thead>
<tr>
<th>Building</th>
<th>Square Feet</th>
<th>No. of Floors</th>
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</thead>
<tbody>
<tr>
<td>Bottom Ash Transport</td>
<td>720</td>
<td>1</td>
</tr>
<tr>
<td>Intake Structure</td>
<td>900</td>
<td>1</td>
</tr>
<tr>
<td>Barge Unloader</td>
<td>300</td>
<td>1</td>
</tr>
<tr>
<td>Conveyor &amp; Transfer House</td>
<td>150</td>
<td>1</td>
</tr>
<tr>
<td>P1 - Storage Building</td>
<td>1,900</td>
<td>1</td>
</tr>
<tr>
<td>P2 - Coal Conveyor</td>
<td>7,500</td>
<td>1</td>
</tr>
<tr>
<td>P2 - Coal Handling Structure</td>
<td>2,000</td>
<td>1</td>
</tr>
<tr>
<td>P3 - Service / Office Building</td>
<td>15,500</td>
<td>2</td>
</tr>
<tr>
<td>P3 - Locker Room Building</td>
<td>7,500</td>
<td>2</td>
</tr>
<tr>
<td>P3 - Turbine Building</td>
<td>6,000</td>
<td>1</td>
</tr>
<tr>
<td>P3 - Unit 1</td>
<td>215,000</td>
<td>10</td>
</tr>
<tr>
<td>P3 - Unit 2</td>
<td>370,000</td>
<td>10</td>
</tr>
</tbody>
</table>

**Bottom Ash Transport**
- No Asbestos Reported

**Intake Structure**
- No Asbestos Reported

**Barge Unloader**
- No Asbestos Reported

**Conveyor & Transfer House**
- No Asbestos Reported

**P1 - Storage Building**
- No Asbestos Reported

**P2 - Coal Conveyor**
- No Asbestos Reported

**P2 - Coal Handling Structure**
- No Asbestos Reported

**P3 - Service / Office Building**
- Duct-Insulation: 200 SF, RACM
- Floor Tile & Mastic: 1,800 SF, Cat I
- Pipe Fittings: 460 LF, RACM
- Gelbestos Sliding: 12,600 SF, Cat II
- Pipe Insulation: 3,600 LF, RACM
- Cement Board: 50 SF
**P3 - Locker Room Building**  
No Asbestos Reported

**P3 - Turbine Building**  
Coating  
Floor Tile & Mastic

<table>
<thead>
<tr>
<th></th>
<th>P3 - Unit 1</th>
<th>P3 - Unit 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>4,100 LF</td>
<td>2,750 LF</td>
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<tr>
<td>Pipe Fittings</td>
<td>84 EA</td>
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<tr>
<td>Tank Insulation</td>
<td>220 SF</td>
<td>450 SF</td>
</tr>
<tr>
<td>Galbestos Siding</td>
<td>3,100 SF</td>
<td>2,800 SF</td>
</tr>
</tbody>
</table>

Cat II: 32,000 SF  
Cat I: 400 SF  
RACM: 4,100 LF  
RACM: 84 EA  
RACM: 220 SF  
Cat II: 3,100 SF  
Cat II: 2,800 SF
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
8-19-19

**Name of Building Owner/Operator (2)**
HRP Hudson, LLC

**Street Address**
401 N Michigan Ave, Suite 1630

**City, State, Zip Code**
Chicago, IL 60611

**Name of Contact**
Garner Holguin

**Telephone Number**
312-796-8593

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet**
627,470

**# of Floors**
10

**Bldg. Age**
55

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

---

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

**Name of Abatement Contractor (8)**
Precision Environmental Company

**Street Address**
5500 Old Brecksville Rd

**City, State, Zip Code**
Independence, Ohio 44131

**Telephone No.**
216-842-6040

**License No.**
01212

**Name of OSHA Monitor**
Precision Environmental Company

**Street Address**
5500 Old Brecksville Rd

**City, State, Zip Code**
Independence, Ohio 44131

---

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

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

**Start Date (10)**
9-17-19

**Scheduled Completion Date (11)**
6-30-20 PROJECT ON HOLD

---

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

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

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<tr>
<th>Location of ACM</th>
<th>Normal Use</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Facility</td>
<td>Yes</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td>Removal</td>
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**Name of Registered Waste Hauler**
Champion Disposal

**Waste Hauler ID No.**
32707

**Cubic Yards of Waste**
900

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Morrisville, PA 19067

**Disposal Date**
12-18-19

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Building</th>
<th>Square Feet</th>
<th>No. of Floors</th>
</tr>
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<tbody>
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<td>1</td>
</tr>
<tr>
<td>P1 - Storage Building</td>
<td>1,900</td>
<td>1</td>
</tr>
<tr>
<td>P2 - Coal Conveyor</td>
<td>7,500</td>
<td>1</td>
</tr>
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<td>P2 - Coal Handling Structure</td>
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<td>P3 - Unit 2</td>
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<tr>
<td>Barge Unloader</td>
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<td>No Asbestos Reported</td>
</tr>
<tr>
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<td></td>
<td>No Asbestos Reported</td>
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<tr>
<td>P3 - Service / Office Building</td>
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<td>No Asbestos Reported</td>
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<tr>
<td>Duct Insulation</td>
<td>200 SF</td>
<td>RACM</td>
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<tr>
<td>Floor Tile &amp; Mastic</td>
<td>1,800 SF</td>
<td>Cat I</td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>460 LF</td>
<td>RACM</td>
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<tr>
<td>Galbestos Siding</td>
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<tr>
<td>Pipe Insulation</td>
<td>3,600 LF</td>
<td>RACM</td>
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<tr>
<td>Compart Board</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8-19-19

Name of Building Owner/Operator (2)
HRP Hudson, LLC

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

Type Notification
- Initial
- Amended
- Amendment # 5
- Emergency (including justification)
- Cancellation

Street Address
401 N Michigan Ave, Suite 1630

City, State, Zip Code
Chicago, IL 60611

Name of Contact
Genaro Holguin

Telephone Number
312-786-6593

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hudson Generating Station

Street Address
Duftield Avenue

City (5)
Jersey City

County Code (7)
627470

County (6)
Hudson

Current Use (Prior to being demolished)
Power Plant

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

Square Feet
627,470

# of Floors
10

Bldg. Age
55

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

ASCM No.

Name of Abatement Contractor (9)
Precision Environmental Company

Street Address
617 Stokes Rd, Suite 4-318

City, State, Zip Code
Medford, NJ 08055

Telephone No.
856-596-9994

License No.
01212

Project Manager for Monitoring Firm
Mark Ruinity

Name of OSHA Monitor
Precision Environmental Company

Street Address
5500 Old Brecksville Rd

City, State, Zip Code
Independence, Ohio 44131

Start Date (10)
9-17-19

Scheduled Completion Date (11)
12-20-19

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥100 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Enable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Location Used Solely by Maintenance/Custodial Staff?

Yes

Location

<table>
<thead>
<tr>
<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 (Specific SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>✔️</td>
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<td>No</td>
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<tr>
<td>N/A</td>
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</table>

SEE ATTACHED LIST

Name of Registered Waste Hauler
Champion Disposal
NJDEP Waste Hauler ID No.
32707

City, State
Hainesport, NJ

Name of Registered Landfill
Fairless Landfill

Cubic Yards of Waste
900

Disposal Date

Name of Registered Landfill
Morrisville, PA 19067

Completed by
John Savage
Title
Vice President
Signature
John Savage
Date
12-10-19

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

**Date of Notification (1)**  
8-19-19

**Name of Building Owner/Operator (2)**  
HRP Hudson, LLC

**Street Address**  
401 N Michigan Ave, Suite 1630

**City, State, Zip Code**  
Chicago, IL 60611

**Name of Abatement Contractor (8)**  
Precision Environmental Company

**Name of OSHA Monitor**  
Precision Environmental Company

**Name of Registered Waste Hauler**  
Champion Disposal

**City, State**  
Hainesport, NJ

**Telephone Number**  
312-796-5593

**Conflict of Facility (4)**  

**Type of Facility (4)**  

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

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

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

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

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

**Disposal Date**  
City, State  
Pen Argyl, PA  
Date 12-9-19

**Completion Date (11)**  
12-20-19

**Footprint**  
- 33 ft or 13 ft
- 160 ft or 260 ft

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

**Amount (Specify SF or LF)**  

**Abatement Type**  
- Removal
- Encapsulate
- Endure

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

**Occupancy Status During Abatement**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

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

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

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

**Address**  
617 Stokes Rd, Suite 4-318

**City, State, Zip Code**  
Medford, NJ 08055

**Telephone No.**  
856-596-9994

**License No.**  
01212

**Project Manager for Monitoring Firm**  
Mark Rubnitz

**Telephone No.**  
216-642-6040

**License No.**  
01212
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

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<td>HRP Hudson, LLC</td>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>Emergency (including justification)</td>
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<td>☑ DCA</td>
<td>Cancellation</td>
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<th>City, State, Zip Code</th>
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<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Genaro Holguin</td>
<td>312-796-6593</td>
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Name of Facility Where Abatement is Taking Place (3)
Hudson Generating Station

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<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>Precision Environmental Company</td>
<td>5500 Old Brecksville Rd</td>
<td>Independence, Ohio 44131</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Rubnitz</td>
<td>856-596-9994</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>License No.</th>
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<tbody>
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<td>9-17-19</td>
<td>12-20-19</td>
<td>012128</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Precision Environmental Company</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<td>X Renovation</td>
<td>Full Containment with Negative Pressure</td>
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</tr>
<tr>
<td>☑ Demolition</td>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Firable Procedure</td>
<td>Non-Exempted (*) and Non-Firable Procedure</td>
<td></td>
</tr>
</tbody>
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Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility

<table>
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<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

SEE ATTACHED LIST

Name of Registered Waste Hauler
Newark Carting Inc.

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>900</td>
<td>Grand Central Sanitary Landfill</td>
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</table>

<table>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tr>
<td>Newark Carting Inc.</td>
<td>04509</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td></td>
<td>Pen Argyll, PA</td>
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</tbody>
</table>

Completed by
John Savage
Title
Vice President
Signature
John Savage
Date
9-24-19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

Date of Notification (1):
8-19-19

Name of Building Owner/Operator (2):
HRP Hudson, LLC

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

Type Notification:
- Initial
- Amended
- Amendment # 2
- Emergency (including justification)
- Cancellation

Street Address:
401 N Michigan Ave, Suite 1630
City, State, Zip Code:
Chicago, IL 60611

Name of Contact:
Genaro Holguin
Telephone Number:
312-786-6593

FACILITY INFORMATION

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

Street Address:
Dutfield Avenue
City (5):
Jersey City
County (6):
Hudson
County Code (7):

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

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

Square Feet:
627,470

Current Use (Prior to being demolished):
Power Plant

Bldg. Age:
55

# of Floors:
10

Name of Abatement Contractor (9):
Precision Environmental Company

Street Address:
5500 Old Brecksville Rd
City, State, Zip Code:
Independence, Ohio 44131

Telephone No.:
216-642-8040
License No.:
01212

Name of OSHA Monitor:
Precision Environmental Company

Street Address:
5500 Old Brecksville Rd
City, State, Zip Code:
Independence, Ohio 44131

Start Date (10):
9-17-19
Scheduled Completion Date (11):
12-20-19

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

Scope of Work (Check All That Apply):
- ≥ 3,000 sf or ≥ 3,000 sf
- ≥ 160 sf or ≥ 2,600 sf
- Renovation
- Demolition

SEEE ATTACHED LIST

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

In 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:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Failable Procedure
- Removal
- Repair
- Encapsulation
- Envelope

Name of Registered Waste Hauler:
Delaware Valley Container
NJDEP Waste Hauler ID No.:
12838

Cubic Yards of Waste:
900

Name of Registered Landfill:
Cumberland County Landfill

City, State:
Newburg, PA

Completed by:
John Savage
Title:
Vice President
Signature:

Date:
9-9-19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8-19-19

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Name of Building Owner/Operator (2)
HRP Hudson, LLC

Street Address
401 N Michigan Ave, Suite 1630
City, State, Zip Code
Chicago, IL 60611
Name of Contact
Genaro Holguin
Telephone Number
312-796-6583

Name of Facility Where Abatement Is Taking Place (3)
Hudson Generating Station

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
627,470

# of Floors
10

Bldg. Age
55

Current Use (Prior to being demolished)
Power Plant

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

ASCN No.

Name of Abatement Contractor (6)
Precision Environmental Company

Street Address
5600 Old Brecksville Rd
City, State, Zip Code
Independence, Ohio 44131
Telephone No.
216-642-6040
License No.
01212

Name of OSHA Monitor
Precision Environmental Company

Street Address
5600 Old Brecksville Rd
City, State, Zip Code
Independence, Ohio 44131

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

- Location Normally Used Solely by Maintenance/Custodial Staff
- Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Amount (Specify SF or LF)
- Abatement Type

Location (13)

SEE ATTACHED LIST

Name of Registered Waste Hauler
Delaware Valley Container

City, State
Redding, PA

Cubic Yards of Waste
900

Disposal Date

Name of Registered Landfill
Cumberland County Landfill

City, State
Newburg, PA

Completed by
John Savage
Title
Vice President

Print

Form Date
12/24/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

State of New Jersey

Date of Notification (1)
8-19-19

Name of Building Owner/Operator (2)
HP Hudson, LLC

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
401 N Michigan Ave, Suite 1630

City, State, Zip Code
Chicago, IL 60611

Name of Contact
Genaro Holguin

Telephone Number
312-786-8593

Name of Facility Where Abatement is Taking Place (3)
Hudson Generating Station

FACILITY INFORMATION

Street Address
Dutfield Avenue

City (5)
Jersey City

County (6)
Hudson

Current Use (Prior if being demolished)
Power Plant

County Code (7)
(State Use Only)

Square Feet
627,470

# of Floors
10

Bldg. Age
55

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

Name of Monitoring Firm Hired by Building Owner (6)
TBD

ASCM No.

Name of Abatement Contractor (9)
Precision Environmental Company

Street Address
5500 Old Brecksville Rd

City, State, Zip Code
Independence, Ohio 44131

License No.
01212

Telephone No.
216-642-6040

Name of OSHA Monitor
Precision Environmental Company

Street Address
5500 Old Brecksville Rd

City, State, Zip Code
Independence, Ohio 44131

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
9-3-19

Scheduled Completion Date (11)
12-20-19

Occupancy Status During Abatement (Check 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)

x 3 sf or x3
x 190 sf or x260 sf

x Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff

If Location

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

Complete

Endorse

Endorse

Name of Registered Waste Hauler
Delaware Valley Container

NJ/DEP Waste Hauler ID No.
12838

Cubic Yards of Waste
900

Name of Registered Landfill
Cumberland County Landfill

Disposal Date
City, State
Newburg, PA

Completed by
John Savage

Title
Vice President

Signature
John Savage

Date
8-19-19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

PAL Job# 19-1213 Add Material Please see additional quantity sheet

Date of Notification (1)
12/19/2019

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

Type Notification
☒ Initial
☒ Amended
☒ Amendment # 5
☒ Emergency (including justification)
☒ Cancellation

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

Street Address
213 Washington Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Bill Barrett

Telephone Number
973-802-2175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Wash Building

Street Address
213 Washington Street 11th, 12th, 13 & 14th Floor

City (5)
Newark

County Code (7)
Essex

County (6)

Current Use (Prior if being demolished)
Commercial

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

ASCN No.

Name of Abatement Contractor (9)
PAL Environmental Safety Corp. D/B/A PAL Environ

Street Address
255A Jefferson Court

City, State, Zip Code
Lakewood, NJ 08701

Project Manager for Monitoring Firm
Kelly Walton

Telephone No.
732-948-9458

License No.
00853

Start Date (10)
11/25/2019

Scheduled Completion Date (11)
01/25/2020

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

Other – Describe:

Scope of Work (Check All That Apply)
☒ ≥ 30 sf or ≥3 if
☒ ≥100 sf or ≥260 if
☒ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location:</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Floor</td>
<td>X Floor Tile, Mastic &amp; Duct Insulation</td>
<td>X</td>
<td>21,000 SF</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>x</td>
</tr>
<tr>
<td>12th Floor</td>
<td>X Floor Tile, Mastic &amp; Duct Insulation</td>
<td>X</td>
<td>21,000 SF</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>13th Floor</td>
<td>X Floor Tile, Mastic &amp; Duct Insulation</td>
<td>X</td>
<td>21,000 SF</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>14th Floor</td>
<td>X Floor Tile, Mastic &amp; Duct Insulation</td>
<td>X</td>
<td>21,000 SF</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ATC

NJDEP Waste Hauler ID No. 24310

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Disposal Date
11/27/2019

Completed by
Ann A. Ali

Title
Compliance Admin

Signature

Date
12/19/2019

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>FLOOR</th>
<th>LOCATION</th>
<th>TYPE OF MATERIAL</th>
<th>FOOTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11TH</td>
<td>JANITOR'S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>JANITOR'S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>JANITOR'S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>14TH</td>
<td>JANITOR'S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>ELEVATOR MACHINE ROOM</td>
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<td>50 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>ELEVATOR MACHINE ROOM</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
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<tr>
<td>11TH</td>
<td>COLUMN D2</td>
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<tr>
<td>12TH</td>
<td>COLUMN D2</td>
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<td>36 LF</td>
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<tr>
<td>13TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
<tr>
<td>14TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>BATHROOM</td>
<td>PIPE INSULATION</td>
<td>35 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>BATHROOM</td>
<td>PIPE INSULATION</td>
<td>15 LF</td>
</tr>
<tr>
<td>14TH</td>
<td>BATHROOM</td>
<td>TRANSITE WALL BOARD</td>
<td>80 SF</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF Asbestos ABA TEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  
**PAL Job# 19-1213 Add Material 

**Name of Building Owner/Operator:** The Prudential Insurance Company of America  
**Name of Contact:** Bill Barrett  
**Telephone Number:** 973-802-2175

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Wash Building  
- **Street Address:** 213 Washington Street  
- **City:** Newark  
- **County:** Essex  
- **Square Feet:** 400,000  
- **# of Floors:** 21

### Scope of Work

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

- **Location of Asbestos-Containing Material (ACM) To Be Abated In Facility:**  
  - **Yes**  
  - **No**  
  - **N/A**

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>12th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
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<tr>
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<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Hauler:** Minerva Enterprises  
- **Name of Registered Landfill:** Minerva Enterprises  
- **Disposal Date:** 11/27/2019  
- **City, State:** Waynesburg, OH 44688

**Completed by:** Ann A. Ali  
**Title:** Compliance Admin  
**Signature:**

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

---

ASB-41 (R.08-08)
<table>
<thead>
<tr>
<th>FLOOR</th>
<th>LOCATION</th>
<th>TYPE OF MATERIAL</th>
<th>FOOTAGE</th>
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</thead>
<tbody>
<tr>
<td>11TH</td>
<td>JANITOR'S CLOSET</td>
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</tbody>
</table>

>Additional
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:123)

**P.A. Job #19-1213 Add Material Please see additional quantity sheet**

**Name of Building Owner/Operator:** The Prudential Insurance Company of America

**Date of Notification (1):** 12/12/2019

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

**Type Notification:** [ ] Initial
- [x] Amended
- [x] Amendment # 2
- [ ] Cancellation

**Street Address:** 213 Washington Street
**City, State, Zip Code:** Newark, NJ 07102

**Name of Contact:** Bill Barrett
**Telephone Number:** 973-602-2175

---

**FACILITY INFORMATION**

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

**Street Address:** 213 Washington Street 11th, 12th, 13 & 14th Floor

**City (5):** Newark
**County Code (7):** Essex

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

**Square Feet:** 400,000
**# of Floors:** 21
**Bldg. Age:** 50+

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

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

**Name of Monitoring Firm Hired by Building Owner (8):** Tiger Environmental Inc
**ASCM No.:**
**Name of Abatement Contractor (9):** PAL Environmental Safety Corp. D/B/A PAL Env

**Street Address:** 256A Jefferson Court
**City, State, Zip Code:** Lakewood, NJ 08701

**Project Manager for Monitoring Firm:** Kelly Walton
**Telephone No.:** 732-948-9458

**Start Date (10):** 11/25/2019
**Scheduled Completion Date (11):** 01/25/2020

**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:

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

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Floor</td>
<td>[ ] Yes</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>[ ] x</td>
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<tr>
<td>12th Floor</td>
<td>[ ] Yes</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>[ ] x</td>
</tr>
<tr>
<td>13th Floor</td>
<td>[ ] Yes</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
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<td>[ ] x</td>
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<td>[ ] Yes</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>[ ] x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** ATC
**NJDEP Waste Hauler ID No.:** 24310
**Cubic Yards of Waste:**
- [ ] 50 Yards

**Name of Registered Landfill:** Minerva Enterprises
**Disposal Date:** 11/27/2019
**City, State:** Shirley, NY 11967

**Completed by:** Ann A. Ali
**Title:** Compliance Admin
**Signature:** Prema T. Raghuvanshi
**Date:** 12/12/2019

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>FLOOR</th>
<th>LOCATION</th>
<th>TYPE OF MATERIAL</th>
<th>FOOTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11TH</td>
<td>JANITOR'S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
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<tr>
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<tr>
<td>13TH</td>
<td>ELEVATOR MACHINE ROOM</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  
PAL Job# 19-1213 Add Material Please see additional quantity sheet  

**Date of Notification (1)**  
12/09/2019  

**Name of Building Owner/Operator (2)**  
The Prudential Insurance Company of America  

**Name of Abatement Contractor (9)**  
PAL Environmental Safety Corp. DBA PAL Env’t  

---  

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

**Street Address**  
213 Washington Street  

**City (8)**  
Newark  

**County Code (7)**  
Essex  

**County Code (7)**  
Commercial  

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

**ASCM No.**  

---  

**Name of OSHA Monitor**  
Wojciech Kowalczyk  

**Street Address**  
133 Beach 98th Street  

**City, State, Zip Code**  
Rockaway Park, NY 11694  

---  

**Start Date (10)**  
11/25/2019  

**Scheduled Completion Date (11)**  
01/25/2020  

---  

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

**Abatement Performed Outside of Normal Facility Hours**  
X  

---  

**Scope of Work (Check All That Apply)**  
23 sf or ≥2 if  

- [X] Renovation  
- [X] Demolition  

---  

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13th Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14th Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
ATC  

**Disposal Date**  
11/27/2019  

**Cubic Yards of Waste**  
50 Yards  

**Name of Registered Landfill**  
Minerva Enterprises  

---  

**City, State**  
Shirley, NY 11967  

**Arrived**  
12/09/2019  

---  

**Signature**  
Ann A. Ali  
Title  
Compliance Admin  

---  

* Do not use this form for asbestos liences exempted activities.
# 213 Washington Street - Additional Material

<table>
<thead>
<tr>
<th>Floor</th>
<th>Location</th>
<th>Type of Material</th>
<th>Footage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th</td>
<td>Janitor's Closet</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>12th</td>
<td>Janitor's Closet</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>13th</td>
<td>Janitor's Closet</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>14th</td>
<td>Janitor's Closet</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:88 and 12:120)
N.J.A.C. 19-12:13 Add. Material

Date of Notification (1)
11/07/2019

Name of Building Owner/Operator (2)
The Prudential Insurance Company of America

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

Street Address
213 Washington Street
City, State, Zip Code
Newark, NJ 07102

Name of Contact
Bill Barrett
Telephone Number
973-802-2176

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Wash Building

Street Address
213 Washington Street 11th, 12th, 13 & 14th Floor

City (5)
Newark

County (6)
Essex

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
400,000

# of Floors
21

Bid, Age
50+

Current Use (Prior to being demolished)
Commercial

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

ASCM No.

Name of Abatement Contractor (9)
PAL Environmental Safety Corp. D/B/A PAL Envir

Street Address
11-02 Queens Plaza South
City, State, Zip Code
Long Island City, NY 11101

Telephone No.
732-948-9468
License No.
00863

Name of OSHA Monitor
Wojciech Kowalczyk

Street Address
133 Beach 98th Street
City, State, Zip Code
Rockaway Park, NY 11694

Start Date (10)
11/25/2019

Scheduled Completion Date (11)
01/25/2020

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

Scopes of Work (Check All That Apply)
- 23 sf or 23 If
- 1400 sf or 1400 If
- 2160 sf or 2160 If
- Demolition
- Renovation

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

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

Floor Tile, Mastic & Duct Insulation
21,000 SF

Floor Tile, Mastic & Duct Insulation
21,000 SF

Floor Tile, Mastic & Duct Insulation
21,000 SF

Floor Tile, Mastic & Duct Insulation
21,000 SF

Name of Registered Waste Hauler
ATC

NJ DEP Waste Hauler ID No.
24310

Cubic Yards of Waste
50 Yards

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY 11967

Disposal Date
11/27/2019

City, State
Waynesburg, OH 44688

Completed by
Ann A. All
Title
Compliance Admin
Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12-18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jesus Carrasco</td>
</tr>
<tr>
<td>Address</td>
<td>725 Gleaside Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mantua, NJ 08051</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>City (5)</td>
<td>Mantua, NJ 08051</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Handler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Name of Registered Handler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Person Responsible for Complying with the Abatement Order</td>
<td>Steve Schenke</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

Type of Facility: Single Family Dwelling

Occupancy Status During Abatement: Vacated

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
1st Floor, Closet

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

Amount (Specify SF or LF):
15' LF

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Flatable Procedure

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

Date of Notification (1)
12 / 19 / 19

Name of Building Owner/Operator (2)
All Done Enterprises

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

Street Address
304 Harrison Avenue, Unit C
Lodi, NJ 07644

Name of Contact
Francesco Moracci
Telephone Number
609-678-7347

FACILITY INFORMATION

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

City (5)
Paramus

County (6)
Bergen

County Code (?)(STATE USE ONLY)

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

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

Square Feet
1000
# of Floors
1
Bldg. Age
65

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

Street Address
1889 Route 9, Unit 61
Toms River, New Jersey 08755

Telephone No.
732-349-9932
License No.
00624

Project Manager for Monitoring Firm

Start Date (10)
12 / 30 / 19

E.M.S.L. Analytical

Scheduled Completion Date (11)
12 / 31 / 19

Occuancy 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:____

Name of OSHA Monitor

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

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

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)
1000 sf

Abatement Type

Location
exterior

Asbestos siding

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
12/31/19

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola
Title
Project Manager

Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 8:16)

Name of Building Owner/Operator (1):

William R Parent

Street Address:

[Redacted]

City, State, Zip Code:

Wayne, NJ 07470

Name of Contractor:

William R Parent

FACILITY INFORMATION

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

Private house

Wayne, NJ 07470

County (5):

Passaic

County Code (7) (STATE USE ONLY):

85

Current Use (Prior to Being Demolished):

Square Feet:

1,200

No. of Floors:

2

860, Age:

Type of Facility (4):

School (K-12)

Subchapter 9 (Other than K-12)

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

Level of Abatement:

Removal Demolition

Name of Monitoring Firm Hired by Building Owner (9):

Or Tech LLC

Street Address:

576 Valley Rd #283

City, State, Zip Code:

Wayne, NJ 07470

Name of Asbestos Contractor (9):

Envirovision Consultants Inc

Street Address:

20-21 Wazawak Road, Bldg # 35SE

City, State, Zip Code:

Fair Lawn, NJ 07410

License No:

973-336-3511

0127

Name of ObIAA Monitor:

Name of OBIAA Monitor:

Scope of Work (Check all that apply):

☐ Yes ☐ No ☐ N/A

Removal Demolition

Cleaning and decontamination with negative pressure

Full Containment with Negative Pressure

Non-Enclosure

Glovebag Procedure

Tent with Negative Pressure

Non-Excepted (*) and Non-Fireable Procedure

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

Location Normally Used Solely by Maintenance/ Custodial Staff:

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

Amount (Specify SFT or LF):

Abatement Type:

On-Site

In Situ

Crawl spaces

Pipe insulation

50 L.F.

Name of Registered Waste Handler:

Or Tech LLC

Name of Registered Landfill:

TBD

T.R.R.P. Inc

Compliance Date:

12/19/19

Signature:

[Redacted]

Date:

12/19/19

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

Date of Notification (1)

12 / 5 / 19

Name of Building Owner/Operator (2)
Westfield Congregation of Jehovah's Witnesses Job #: 1912-2521 Check NA

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

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

Street Address
2723 Westfield Avenue

City, State, Zip Code
Camden, NJ 08102

Name of Contact
Dave Iannone

Telephone Number
856-886-5462

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Westfield Congregation of Jehovah's Witnesses

Street Address
2723 Westfield Avenue

City (5)
Camden

County (6)
Camden

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)

Place of Worship

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
617 Stokes Road #4-318

City, State, Zip Code
Medford NJ 08055

Project Manager for Monitoring Firm
Rebecca Rubnitz

Telephone No.
856-586-9994

License No.
00862

Start Date (10)

12 / 18 / 19

Scheduled Completion Date (11)

12 / 24 / 19

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
1835 Underwood Blvd

City, State, Zip Code
Delran, NJ 08075

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥280 sf

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

Enclosure

☐ Full Containment with Negative Pressure
☐ Removal
☐ Demolition
☐ Glovebag Procedure
☐ Non-Friable (*) and Non-Friable Procedure

Six Areas/Rooms
☐ Carpet and Floor tile
3,200 SF

☐ □ □

☐ □ □

☐ □ □

☐ □ □

☐ □ □

☐ □ □

Name of Registered Waste Hauler
Champion Disposal

NJDEP Waste Hauler ID No.
32707

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Hainesport, NJ 08036

Disposal Date
12/27/19

Completed By (Print or Type)
Kaysi Gruner

Title
Office Assistant

Signature

Date
12/19/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
11 / 20 / 19

Name of Building Owner/Operator (2)
Township of Weymouth Job #1910-2512

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

Type Notification
□ Initial
☑ Amended
□ Amendment #2
□ Emergency (including justification)
□ Cancellation

Street Address
45 South Jersey Avenue

City, State, Zip Code
Dorothy, NJ 08317

Name of Contact
Dorothy-Jo Ayens- Township Clerk

Telephone Number
609-476-2633 x102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Township of Weymouth Municipal Building

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

Street Address
45 South Jersey Avenue

Square Feet
±/- 4675

# of Floors
1

Bldg. Age
78

County (6)
Atlantic

County Code (7) (STATE USE ONLY)
Residential

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

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Steve Flanigan

Telephone No.
856-848-0800

Telephone No.
609-702-0400

License No.
00862

Start Date (10)
12 / 9 / 19

Scheduled Completion Date (11)
12 / 17 / 19

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Time of Abatement: AM PM PM AM

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulation

Council Chambers
□ √ □ Floor tile and Mastic
1,375 SF

Council Chambers
□ □ ○ Particle Boards
1,375 SF

Name of Registered Waste Hauler
Champion Disposal

NJDEP Waste Hauler ID No.
32707

Cubic Yards of Waste
5

Name of Registered Landfill
ACUA

City, State
Hainesport, NJ

Disposal Date
12/17/19

City, State
Egg Harbor Township

Completed By (Print or Type)
Kaysi Gruner

Title
Office Assistant

Signature

Date
12-12-19

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

ASS-41
MAY 11
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/20/19

Name of Building Owner/Operator (2)
Keltorn Gutter Services, Inc.

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

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

Street Address
10 Summit Avenue
City, State, Zip Code
Berkeley Heights, NJ 07922

Name of Contact
Jack Delguercio
Telephone Number
609-548-2915

FACILITY INFORMATION

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

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

Square Feet
1800

# of Floors
2

Bidg. Age
82

Current Use (Prior if being demolished)
home

City (5)
Gillette

County (8)
Morris

County Code (7) (STATE USE ONLY) ______

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

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

Name of OSHA Monitor

Street Address

PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

License No.
703

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

Start Date (10)
12/30/19

Scheduled Completion Date (11)
1/12/19

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥250 if
☐ Renovation
☒ Demolition

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

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

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

Yes
No
N/A

description

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

basement storage
☒ pipe insulation
30 LF

basement family room
☒ pipe insulation
60 LF

Cubic Yards of Waste
TBD

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No.
04509

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Completed by
A. Scott Higgins
Title
President

Signature

Date
12/20/19

ASB-41 (R-08-08)

* 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 (1)  
12/20/19  

Name of Building Owner/Operator (2)  
Gary Hunsinger  

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

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

Street Address:  
[Redacted]  

City, State, Zip Code:  
Westfield, NJ 07090  

Name of Contact:  
Gary Hunsinger  

Telephone Number:  
[Redacted]  

FACILITY INFORMATION  

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

Street Address  
[Redacted]  

City (5)  
Westfield  

County (6)  

County Code (7)  

Union (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  
2000  

# of Floors  
2  

Bldg. Age  
82  

Current Use (Prior if being demolished)  
home  

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

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

Street Address  
PO Box 483, 4 E Gate Drive  

City, State, Zip Code  
Glenwood, NJ 07418  

Project Manager for Monitoring Firm  

Telephone No.  
973-784-2276  

License No.  
703  

Start Date (10)  
1/13/20  

Scheduled Completion Date (11)  
1/27/20  

Name of OSHA Monitor  

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other - Describe:  
crawl space  

Scope of Work (Check All That Apply)  

- 25 sf or < 25 sf  
- 160 sf or > 260 sf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

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

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

crawl space  

X  

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

Amount (Specify SF or LF)  
160 LF  

Abatement Type  

Location  
Removal  
Repair  
Encapsulate  
Endorse  

Name of Registered Waste Hauler  
Newark Carting  

NUDEP Waste Hauler ID No.  
04509  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Grand Central Sanitary Landfill  

City, State  
Newark, NJ  

Disposal Date  
TBD  

City, State  
Pen Argyl, PA  

Completed by  
A. Scott Higgins  
Title  
President  

Signature  
[Signature]  
Date  
12/20/19  

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:92-7 and 12:120-7)

---

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>12 / 19 / 19</th>
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</thead>
</table>

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

MERCK SHARP & DOHME CORP.

---

**Street Address**

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

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

---

**Name of Contact**

KINNARI PATEL

**Telephone Number**

732-694-6592

---

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

MERCK SHARP & DOHME CORPORATION

---

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 50 G

---

**City (5)**

RAHWAY

**County (6)**

UNION

**County Code (7)**

104

---

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

---

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

---

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- X Other (ie. private & commercial, bldgs., homes, etc.)

---

**Square Feet**

60,000

**# of Floors**

3

**Bldg. Age**

49

---

**Name of OSHA Monitor**

AMERICAN SCI LABORATORIES INC

**License Number**

#11480

---

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - MONDAY -FRIDAY 7AM-3:30 PM
  - X Other - Describe:

---

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

<table>
<thead>
<tr>
<th>Location</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>1ST FLOOR LABS 130, 132, 135, 137, 140, 145, 147, 166</td>
<td>TRANSITE BRACKETS</td>
<td>194 SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR LABS 230, 235, 237, 240, 242, 245</td>
<td>TRANSITE BRACKETS</td>
<td>40 SF</td>
<td>X</td>
</tr>
<tr>
<td>3RD FLOOR LABS 330, 332, 335, 337</td>
<td>TRANSITE BRACKETS</td>
<td>180 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

---

**Cubic Yards of Waste**

40

---

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE ROUTE 15

---

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

---

**Signature**

12/19/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)
12 / 19 /19

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DOA
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.
126 E. LINCION AVENUE, P.O. BOX 2000, RY28-414
RAHWAY, NEW JERSEY 07065

Name of Contact
KINNAI PATEL
732-594-6552

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION
126 EAST LINCOLN AVENUE - BUILDING 32

City (9)
RAHWAY

County Code (7) (STATE USE ONLY)
104

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
313 SPOK ROCK ROAD
SUFFERN, NEW YORK 10901

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (ie: private & commml. bldgs., homes, etc.)

Square Feet
100,400

# of Floors
7

Bldg. Age
49

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACIL

Name of OSHA Monitor
AMERISCI LABORATORIES INC. #11480
117 EAST 30TH STREET
NEW YORK, NEW YORK 10016

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CH

Telephone Number
973-729-5949

Telephone Number
845-365-7590

License Number
1101

Expected State Date (10)
1 / 6 /2020

Sched. Completion Date (11)
6 / 30 /2020

Month
Day
Year
Month
Day
Year

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY - FRIDAY 7AM-3:30 PM
- Other - Describe:

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Full Containment
- Mini Enclo.
- Glovebag Procedure
- Non-Frible Procedure

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

<table>
<thead>
<tr>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

2nd Floor Perimeter
- Asbestos Fireproofing
- 1571 SF

3rd Floor Perimeter
- Asbestos Fireproofing
- 1571 SF

4th Floor Perimeter
- Asbestos Fireproofing
- 1571 SF

5th Floor Perimeter
- Asbestos Fireproofing
- 1572 SF

6th Floor Perimeter
- Asbestos Fireproofing
- 1572 SF

7th Floor Perimeter
- Asbestos Fireproofing
- 1572 SF

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

Hauler ID No.
15939

Cubic Yards of Waste
420

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

Disposal Date
1/6/2020-6/30/2020

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature

Date
12-19-19
**Initial Notification**

**Check #: 7608**

**Date of Notification (1)**

1/19/19

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

County of Hudson

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

Hudson County Admin. Bldg. - Room 407

**Type of Facility (4)**

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

**Square Feet**

50,000

**# of Floors**

9

**Age of Building**

50

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

Administration Building

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

Whitman Companies, Inc.

**Street Address**

7 Pleasant Hill Rd.

City: State. Zip Code

Cranbury, NJ 08512

**Project Manager for Monitoring Firm**

Kevin Lovely

**Telephone Number**

(732) 390-5858

**Scheduled Start Date** (10)

01/11/2019

**Sched. Completion Date (11)**

01/11/2019

**Occupancy Status During Abatement**

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

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

- [x] Renovation
- [ ] Demolition

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

- in Facility

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

Yes

**Amount (Specify SF or LF)**

4,480 SF

**Abatement Type**

- [x] Removal

**Additional Information**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Gloves Bag Procedure
- [x] Non-Friable Procedure

**Name of Registered Waste Hauler**

Four Strong Builders, Inc.

**Name of Registered Landfill**

G.R.O.W.S., Inc.

**Disposal Date**

Tullytown, PA

**Date**

12/19/19

**Signature**

Bilyana Kulakovska

Office Administrator
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
12 / 18 / 19

Name of Building Owner/Operator (2)
Rider University

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

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

Street Address
2083 Lawrenceville Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
Walter Eddy

Telephone Number
609-866-5080

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rider University - Fine Arts Building

Square Feet
75,000

# of Floors
2

Bldg. Age
50

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

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
school

County (6)
Mercer

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni ASCM No.
102

Name of Abatement Contractor (9)
Plymouth Environmental Company, Inc

Street Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Telephone No.
856-656-2944

License No.
0398

Project Manager for Monitoring Firm
Brian Clark

Name of OSHA Monitor
Plymouth Environmental Company, Inc.

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Start Date (10)
12 / 23 / 19

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM, PM-AM

Scheduled Completion Date (11)
1 / 8 / 20

Scope of Work (Check all that apply)
- >33 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

Abatement Type
Removal
Regap
Encapsulation
Endorse

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

IN Facility
(13)

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

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

Amount (Specify SF or LF)

room 281
soundproofing material $2SF

room 283
soundproofing material $2SF

room 285
soundproofing material $2SF

room 287
soundproofing material $2SF

Name of Registered Waste Hauler
Robinson Waste Disposal
NJDEP Waste Hauler ID No. 17304

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS Landfill

City, State
Voorhees, NJ 08043

Disposal Date
1/8/20

Complated By (Print or Type)
James M. Kelly
Title
Vice President

Signature

Date 1/8/19

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

**State of New Jersey**

**Date of Notification (1)**

12/19/2019

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

Paul Kratz

**Street Address**

[Redacted]

**City, State, Zip Code**

Nutley, NJ, 07110

**Type of Facility (4)**

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

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

Paul Kratz

**Street Address**

[Redacted]

**City**

Nutley

**County**

Essex

**County Code (7)**

N/A

**Square Feet**

N/A

**# of Floors**

N/A

**Bldg. Age**

N/A

**Name of Abatement Contractor (9)**

AZTECH MANAGEMENT, Inc.

**Street Address**

86 Christopher St.

**City, State, Zip Code**

Montclair, NJ, 07042

**Telephone Number**

(973) 744-8800

**License Number**

00371

**Name of OSHA Monitor**

N/A

**Street Address**

[Redacted]

**City, State, Zip Code**

[Redacted]

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

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

**Hours - Describe:** Off Hours

**Other - Describe:**

Other Occupancy

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

[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

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

Yes

No

N/A

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

X

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

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

**Amount (Specify 3F or LF)**

20 LF

**Abatement Type**

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Tri - State

**Cubic Yards of Waste**

.5

**Name of Registered Landfill**

**Disposal Date**

01/02/20

**City, State**

Montclair, NJ, 07042

Bronx, NY, 10474

109 Vreeland Ave

**Completed By (Print or Type)**

Constantine Vivian

**Title**

President

**Signature**

Constantine Vivian

**Date**

12/19/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

State of New Jersey

(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1)**
12/17/2019

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

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

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

**Street Address**
Garwood, NJ 07027

**City, State, Zip Code**
Garwood, NJ

**Name of Contact**
Robert Lellis

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
Garwood

**City (5)**
Garwood

**County Code (7)**

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

**Number of Floors (8)**
2

**Square Feet (8)**
1,344

**Bldg. Age (8)**
1948

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Danvic Contracting LLC

**Street Address**
240 S 5th St.

**City, State, Zip Code**
Elizabeth, NJ 07206

**Telephone No.**
908-906-4123

**License No.**
01355

**Name of OSHA Monitor**
Iris Environmental Laboratories, Inc.

**Project Manager for Monitoring Firm**

**Start Date (10)**
12/18/2019

**Scheduled Completion Date (11)**
12/21/2019

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 lbf
- [ ] ≥160 sf or ≥290 lbf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**In Facility**

<table>
<thead>
<tr>
<th>Sun Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior/Transite Siding</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Danvic Contracting LLC.

**NJDEP Waste Hauler ID No.**
37574

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Morrisville, PA

**Disposal Date**
TBD

**Completed by**
Jaymy Donneys

**Title**
Owner

**Signature**

**Date**
12/17/2019

---

*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)
12/20/2019

Name of Building Owner/Operator (2)
Allison Bruen

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DGA

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

Street Address

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Allison Bruen

Telephone Number

FACILITY INFORMATION

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

City (5)
Montclair, NJ 07042

County Code (7)
Essex

County Code (7) (STATE USE ONLY) ______

Current Use (Prior to being demolished)
Apartment Building

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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

ASCM No.

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

Street Address

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973358685

License No.
01311

Start Date (10)
01/02/2020

Scheduled Completion Date (11)
01/05/2020

Name of OSHA Monitor
D&S Abatement, Inc.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

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

Attic X

Vermiculate

680 SF

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 End staged

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No. 26085

Cubic Yards of Waste TBD

Name of Registered Landfill
Grand Central

City, State
Totowa, NJ 07512

Disposal Date TBD

City, State
Pen Argyl, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
12/20/2019

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:12G)

Date of Notification: 1/12/2019

Name of Building Owner/Operator: Cynthia Williams

Street Address: [Redacted]
City, State, Zip Code: Rahway, NJ 07065
Name of Contact: Cynthia Williams

FACILITY INFORMATION

Name of facility where abatement is taking place:
Residential

Street Address: [Redacted]
City: Rahway, NJ 07065
County: Union

Type of Facility:
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Blgs./Homes, etc.)

Square Feet: 1,100 SF
# of Floors: 02
Bldg. Age: 80

Current Use (Prior if being demolished):
Residential

Name of Abatement Contractor: KLOMAX, LLC
Street Address: 309 W. End Ave
City, State, Zip Code: Hopatcong, NJ 07843
Telephone Number: 833-453-6629
License Number: 02007

Name of OSHA Monitor:
KLOMAX, LLC
Street Address: 309 W. End Ave
City, State, Zip Code: Hopatcong, NJ 07843

Occupancy Status During Abatement:
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: NORMAL HOURS

Start Date: 12/20/19
Scheduled Completion Date: 12/21/19

Scope of Work:
- >3,000 sf or >3,000 If Renovation
- >180 sf or >260 If Demolition

Location of asbestos-containing material (ACM) to be abated:
- basement Yes
- Pipe Insulation 43 LF

Registered Waste Hauler:
KLOMAX, LLC
NJDEP Hauler ID# 0038241
Cubic Yards of Waste: 1 yds
Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY
City, State: Hopatcong, NJ 07843
Disposal Date: TBD
City, State: TULLYTOWN, PA

Completed by (Print or Type):
Paige Boylan
Title: Owner

Date: 12/20/19
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:90 and 12:130)

**Date of Notification** (1) 1/12/2019

- **Agency Notified**: [ ] EPA  [ ] DEP  [x] DOL  [x] DOH  [ ] DOA
- **Type Notification**: [ ] Initial  [ ] Amended  [ ] Emergency (Including Justification)  [ ] Cancellation

**Name of Building Owner/Operator** (2)
- **Name**: Cythia Williams
- **Street Address**: ___________
- **City-State-Zip Code**: ___________

**Name of Facility Where Abatement is Taking Place** (3)
- **Type of Facility** (4)
  - [ ] School (K-12)
  - [x] Other (Chapter 6 other than K-12)
  - [ ] Other (Private/Commercial)

**Residential**

- **Type of Use** (Prior to being demolished)
  - [x] Residential

- **Square Feet**
  - 1,100 SF

- **Bed, Age**
  - 02

**Current Use**
- [ ] N/A

- **Name of Monitoring Firm**
  - N/A

- **Name of Abatement Contractor** (9)
  - KLOMAX, LLC

- **Street Address**
  - 309 W. End Ave

- **City-State-Zip Code**
  - Hopatcong, NJ 07843

- **Telephone Number**
  - 833-455-6629

- **License Number**
  - 02007

**Occupancy Status During Abatement**
- [ ] Facility closed at the time of abatement
- [ ] Abatement performed outside of normal facility hours

**Scope of Work** (check all that apply)
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material**
- **Location Normally Used Solely by Maintenance/Operational Staff**: Yes

**Description of Asbestos-Containing Material (ACM)**
- **Amount** (Specify FT or LF)
  - Pipe Insulation: 43 LF

**Registered Master Hauler**
- KLOMAX, LLC
  - ___________

**Cubic Yards of Waste**
- ___________

**Name of Registered Linen**
- TULLTOWN, RESOURCE RECOVERY

**Compliance by Print or Type**
- Name: _Paige Bovian_
- Title: Owner
- Signature: ___________

**Date**
- ___________
**State of New Jersey**

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

**Date of Notification (1)**
12/20/19

**Name of Building Owner/Operator (2)**
Frank Donnauro (Mitco)

**Street Address**
[Redacted]

**City, State, Zip Code**
Howell NJ 07731

**Name of Contact**
Frank

**Telephone Number**
[Redacted]

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
N Middletown NJ 07748

**County (6)**
Monmouth

**Name of Monitoring Firm Hired by Building Owner (8)**
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.**
[Redacted]

**Start Date (10)**
12/21/19

**Scheduled Completion Date (11)**
12/23/19

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

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

- ≥3 sf or ≥3 fr
- ≥100 sf or ≥260 fr

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

- Living Room

**Is 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)**

- Floor Tile Only

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

**Abatement Type**

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

**Name of Registered Waste Hauler**
United Roll Off

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
2

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

**City, State**
Morriskville PA 19067

**Disposal Date**
12/23/19

**Signature**
[Signature]

**Date**
12/20/19

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

Date of Notification (1)  
12 / 11 / 19

Name of Building Owner/Operator (2)  
JCP&L/FirstEnergy Company / Job #1912-5556 Check #

Agencies Notified  
- EPA  
- DOL/WD  
- DHSS  
- DOA  
(NJAC 5:23-8)

Type Notification  
- Initial  
- Amended  
- Amendment #1

- Emergency (including justification)  
- Cancellation

Street Address  
10 Legion Place - Building A

City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
John Greco  
Telephone Number  
201-602-1499

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
JCP&L- Belford Substation

Street Address  
196 Leonardsville Road

City (5)  
Belford, NJ

County (6)  
Monmouth

County Code (?)/STATE USE ONLY  

Current Use (Prior if being demolished)

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

Square Feet  

# of Floors  

Bldg. Age

Substation  

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

License No.  
00529

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Brian Hovendorn

Telephone No.  
610-624-5625

Telephone No.  
609-255-2167

License No.  

Name of OSHA Monitor  
EMSL Analytical

Occuancy Status During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: _____AM-_____PM/_____PM-_____AM

Scope of Work (Check all that apply)  
- >3 sf or >3 If  
- >160 sf or >280 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?  
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

Name of Registered Waste Hauler  
AbateTech, Inc.

NJ/DEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
20

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

City, State  
Lumberton, NJ

Disposal Date  
12/20/19

Completed By (Print or Type)  
Gwen Trumbetti

Operations Coordinator  

Signature  

Date  
12/11/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:10 and 5:16)

Date of Notification (1)
12 / 10 / 19

Name of Building Owner/Operator (2)
NJ DPMC / Job #1906-5500 Check #11849

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

Type Notification
- Initial
- Amended
- Amendment #6
- Emergency (including justification)
- Cancellation

Street Address
PO Box 034

City, State, Zip Code
Trenton, NJ 08625-0034

Name of Contact
Kevin McDonald

Telephone Number
856-662-9500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJ DOT Building 18 & 18A

Street Address
1035 Parkway Avenue

City
Ewing

County
Mercer

Square Feet

# of Floors

8th Age

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

Public Building

Name of Monitoring Firm HIred by Building Owner (8)
USA Environmental

ASCM No.
AbateTech, Inc.

Street Address
344 West State Street

City, State, Zip Code
Trenton, NJ 08618

Name of Abatement Contractor (9)
AbateTech, Inc.

Telephone No.
609-856-8101

License No.
00529

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10)
7 / 15 / 19

Scheduled Completion Date (11)
12 / 31 / 19

Project Manager for Monitoring Firm
William Weisgarber

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
7 / 15 / 19

Telephone No.
609-265-2107

Street Address
200 Route 130 North

License No.

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Time of Abatement: AM PM PM AM

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

1st Floor

Main Floor

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
12/31/19

City
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
12-10-19

* 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)** December 18, 2019  
December 13, 2019

**Name of Building Owner / Operator (2)**  
30 Montgomery Partners, LLC c/o Cushman & Wakefield

**Street Address**  
30 Montgomery Street, Suite 200

**City, State & Zip Code**  
Jersey City, NJ 07302

**Name of Contact**  
Ingrid Noonan  
Telephone Number  
201-508-5292

---

**FACILITY INFORMATION**

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

**Street Address**  
30 Montgomery Street

**City (5)**  
Jersey City

**County (6)**  
Hudson  
County Code (7) USE ONLY

**Name of Monitoring Firm Hired by Building Owner (8)**  
Arcadis U.S., Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**  
Synatech, Inc.

**Street Address**  
829 Radio Road

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

**Project Manager for Monitoring Firm**

**Telephone Number**  
201-685-1800

**Scheduled Start Date (10)**  
December 14, 2019

**Scheduled Completion Date (11)**  
January 30, 2020

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

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

**Facility Occupied During Abatement**

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

- ≥ 3 sf or ≥ 50 if
- ≥ 160 sf or ≥ 260 if

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

**TO BE ABATED**

**IN Facility**

<table>
<thead>
<tr>
<th>4th Floor Vacant Space</th>
<th>1st Floor Parking Garage</th>
<th>3rd Floor Parking Garage</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

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

**Amount (Specify SF or LF)**

- Floor Tile and Mastic  
  18,000 SF  
  X
- Pipe Fittings  
  10 LF  
  X
- Pipe Fittings  
  8 LF  
  X

**Name of Registered Waste Hauler**  
Synatech, Inc.

**Hauler ID No.**  
27429

**Cubic Yards of Waste**  
80

**Name of Registered Landfill**  
Fairless Hills

**City, State**

**Disposal Date**  
January 31, 2020

**Location**  
Little Egg Harbor, NJ 08087

**Completed By**  
Diane Aloia

**Title**  
Executive Administrator

**Signature**  
[Signature]

**Date**  
December 18, 2019  
December 13, 2019

---

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

- **Date of Notification**: December 18, 2019
- **Name of Building Owner / Operator**: AtlantiCare Regional Medical Center – Mainland Division
- **Street Address**: 65 West Jimmie Leeds Road
- **City, State & Zip Code**: Pomona, NJ 08040
- **Name of Contact**: Mike Turner – Aegis Property Group
  - **Telephone Number**: 609-652-1000

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place**: AtlantiCare Regional Medical Center – Mainland Division
- **Street Address**: 65 West Jimmie Leeds Road
- **City**: Pomona, NJ
- **County**: USE ONLY

**Name of Monitoring Firm Hired by Building Owner**: Hillmann Consulting, Inc.
**ASCM No.**: Name of Abatement Contractor: Synatech, Inc.
**Street Address**: 629 Radio Road
**City, State & Zip Code**: Little Egg Harbor, NJ 08087
**Telephone Number**: 609-296-0916
**License Number**: 00817
**Name of OSHA Monitor**: Synatech, Inc.
**Street Address**: 629 Radio Road
**City, State & Zip Code**: Little Egg Harbor, NJ 08087

**Scheduled Start Date**: December 28, 2019
**Scheduled Completion Date**: December 18, 2020

**Occupancy Status During Abatement**: Check only one
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours
- Other – Describe: Facility Occupied During Abatement

**Scope of Work**
- 3 - 50 sf
- ≥160 sf
- ≥260 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Radiology</td>
<td>Yes</td>
<td>N/A</td>
<td>8,000</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Synatech, Inc.
**City, State**: Little Egg Harbor, NJ 08087
**Disposal Date**: December 22, 2020

**Completed By**: Diane Aloia
**Title**: Executive Administrator
**Signature**: [Signature]
**Date**: December 18, 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)
12/13/2019

Name of Building Owner/Operator (2)
Abraham Hedaya

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

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

Street Address
[Redacted]

City, State, Zip Code
Jersey City, NJ 07305

Name of Contact
Abraham Hedaya

Telephone Number
[Redacted]

FACILITY INFORMATION

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

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

Square Feet
1,320

# of Floors
2

Bldg. Age
1920

County Code (7)
(Hudson)

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)
Danvic Contracting LLC

Street Address
240 S 5th St.

City, State, Zip Code
Elizabeth, NJ 07206

Project Manager for Monitoring Firm

Telephone No.
908-906-4123

License No.
01355

Start Date (10)
12/13/2019

Scheduled Completion Date (11)
12/20/2019

Name of OSHA Monitor
Iris Environmental Laboratories, 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:

Scope of Work (Check All That Apply)

☒ ≤5 sf or ≤3 ft
☒ ≥160 sf or ≥260 ft
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
144 LF

Abatement Type
☒ Removal
☐ Repair
☐ Encapsulate
☐ Embed

Name of Registered Waste Hauler
Danvic Contracting LLC

NUEP Waste Hauler ID No.
07574

Cubic Yards of Waste
3

Name of Registered Landfill
Fairless Landfill

City, State
Union, NJ 07083

Committed by
Jeymy Donneys
Title Owner
Signature

Completed by
Jeymy Donneys
Title Owner
Signature

Date 12/13/2019

* 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) 10-25-19

Name of Building Owner/Operator (2) The Valley Hospital

Agencies Notified
- ■ EPA
- ■ DOL
- ■ DOH
- ■ DCA
- ■ Initial
- ■ Amendment #1
- ■ Emergency (including justification)
- ■ Cancellation

Street Address
223 North Van Dien Avenue
City, State, Zip Code
Ridgewood, NJ 07452

Name of Contact
William Stasiak
Telephone Number
(201) 447-8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Valley Hospital
City (5)
Paramus
County (6) Bergen
County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (8) Golden Corporation
Name of Abatement Contractor (9) Pinnacle Environmental Corp.

Street Address
131 Varick Street, Suite 1022
City, State, Zip Code
New York, NY 10013

Telephone No.
(347) 435-3561

Project Manager for Monitoring Firm
Jim Mliades

Start Date (10)
10-29-19

Scheduled Completion Date (11)
06-30-20

License No.
00756

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

Scope of Work (Check All That Apply)
- ■ 83 sf or 83 if
- ■ 190 sf or 260 if
- ■ Renovation
- ■ Demolition
- ■ Full Containment with Negative Pressure
- ■ Mini-Enclosure
- ■ Gloves Bag Procedure
- ■ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler
Freehold Cartage

Freehold, NJ 07728

Completed by
Richard Doran
Title
Project Manager

* 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)
12-10-19

Name of Building Owner/Operator (2)
Verizon Communication

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

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

Street Address
700 Hidden Ridge Road

City, State, Zip Code
Irving, TX 75038

Name of Contact
James E. Thomson

Telephone Number:
(732) 740-8588

Name of Facility Where Abatement is Taking Place (3)

Street Address
28 3rd Avenue

City (5)
Long Branch

County (6)
Monmouth

County Code (7) (STATE USE ONLY) ______________________

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

ASCM No. ______________________

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
1253 North Church Street

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Kris Smith

Telephone No. (609) 313-8218

Start Date (10)
12-02-19

Scheduled Completion Date (11)
06-30-20

Square Feet
9,000

# of Floors
2

Bldg. Age
65 yrs.

Current Use (Prior if being demolished)
Commercial

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

Name of OSHA Monitor
Even-Air Inc.

Street Address
10-59 Jackson Avenue

City, State, Zip Code
Long Island City, NY 11101

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

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

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
Enclosure

Yes
No
N/A

Name of Registered Waste Hauler
Newark Carting, Inc.

Cubic Yards of Waste
04509

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

Disposal Date
TBD

City, State
Morgantown, PA 19067

Completed by
Joseph Patrick

Title
Project Manager

Signature ______________________

Date 12-10-19

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

Date of Notification (1)  12 / 18 / 19

Agencies Notified

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

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

Name of Building Owner/Operator (2)
Blake Brandon

Street Address

City, State, Zip Code
Waldwick, NJ 07463

Name of Contact
Gary Toriello

Telephone Number

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

Street Address

City (5)
Waldwick, NJ 07463

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Bldg. Age

Facility Information

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

Square Feet

# of Floors

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

License No.
973-356-3511 01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagraw Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
12 / 28 / 19

Scheduled Completion Date (11)
12 / 29 / 19

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

Scope of Work (Check all that apply)
- Renovation
- Demolition
- >3 sft or >3 lft
- > 160 sft or >280 lft

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

Pipe insulation

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

Amount (Specify SIF or LF) 125 LF

Abatement Type

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

Location of Registered Waste Hauler
Gr Tech LLC

N.J.D.P. License # or No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
12/18/19

MAY 11

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>12/17/19</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Michael Cashwell</td>
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<td>Agencies Notified</td>
<td>Emergency Notification</td>
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<tr>
<td>EPA</td>
<td></td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
<td>X</td>
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<td>DOH</td>
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<td>DCA</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Ocean, NJ 07712</td>
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<tr>
<td>Name of Contact</td>
<td>Mike Cashwell</td>
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<tr>
<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residence</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>Ocean</td>
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<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>X Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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</tbody>
</table>

| Square Feet | 2500 |
| # of Floors | 2 |
| Blg. Age | 70+ |

| Current Use (Prior if being demolished) | Residential |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Tactics, Inc.</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>34 Broad Street</th>
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<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07716</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>732-290-2217</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>12/28/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/19</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Demolition</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Quantity is ≥ 3 SF or ≥ 3 LF ACM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity is ≥ 180 SF or ≥ 260 LF ACM</td>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Basement</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>TSI Pipe</td>
<td>100 LF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
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<tbody>
<tr>
<td>Freehold Carting</td>
<td>18593</td>
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<table>
<thead>
<tr>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>5</td>
<td>Fairless Landfill</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>12/31/19</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>City, State</td>
</tr>
<tr>
<td>Fairless Hills, PA</td>
<td>Fairless Hills, PA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>12/17/19</th>
</tr>
</thead>
</table>

ASB-41 JUN 95 G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
12 / 18 / 2019

Name of Building Owner/Operator (2)
Jayat Dalal

 Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☐ DCA (NJAC 5:23-6)

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

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

Street Address

City (5)
Piscataway

County (6)
Middlesex

1217

County Code (7)/(STATE USE ONLY)

Square Feet
2,350

# of Floors
2

Bldg. Age
42

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Acme Professional Services Corp

ASCM No.
N/A

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

Street Address
N/A

City, State, Zip Code
N/A

N/A

Start Date (10)
12 / 27 / 2019

Scheduled Completion Date (11)
01 / 03 / 2020

Name of OSHA Monitor
Arsenije Adamov

Street Address
550 rifle Camp Rd

City, State, Zip Code
Woodland Park, NJ 07424

License No.
02003

Telephone No.
973-938-5266

Facility Closed/Vacated During Entire Period of Abatement
☐

Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement:

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐

Scope of Work (Check all that apply)
☐ Renovation
☐ Demolition
 ☑ Full Containment with Negative Pressure
 ☑ Mini-Enclosure
 ☑ Glovebag Procedure
 ☑ Non-Exempted (*) and Non-Removable Procedure

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

Basement
☐ ☐ ☑

First Floor
☐ ☑

ACM Transite Pipe
1LF

ACM Transite Pipe
19LF

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler
Acme Professional Services Corp

NJDEP Waste Hauler ID No.
0038176

Cubic Yards of Waste
4 cubic yards

Disposal Date
12/30/19

Name of Registered Landfill
Fairless Landfill

City, State
Morrisvilles, PA

Completed By (Print or Type)
Arsenije Adamov

Title
President

Signature
Arsenije Adamov

Date
12/18/19

* 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 # 060-2020
Date of Notification (1): December 16, 2019

Name of Building Owner/Operator (2):
RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4066, LIVINGSTON CAMPUS
City, State, Zip Code:
PISCATAWAY, NJ 08854

Type of Facility (4):
☑ School (K-12)
☑ Subchapter 8 (other than K-12)
☑ Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: N/A  # of Floors: 3 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address:
268 MAIN STREET
City, State, Zip Code:
BUTLER, NJ 07405

Project Manager for Monitoring Firm:
BRIAN KEARNY
Telephone Number:
609-386-8800

Scheduled Start Date (10):
12/27/2019
Scheduled Completion Date (11):
12/30/19
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: Shift Hours: 5:00 PM – 5:00 AM
(24 HRS. & WEEKENDS AS NEEDED)

Name of Monitoring Firm Hired by Bldg. Owner (8):
ATC
ASCM No.:
0098

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address:
3 TERRI LANE
City, State, Zip Code:
BURLINGTON, NJ 08016

Reported Amount of Asbestos:
35 SF

Name of Registered Landfill:
G.R.O.W.S. North Landfill
Disposal Date:
12/30/2019
City, State, Zip Code:
100 New Ford Mill Rd. Morrisville, PA
19067
215-736-1700

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/16/2019</td>
<td>Before Property Restoration</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name of Facility where abatement is taking place (3):  
- Residential

Street Address:  
- [Redacted]

City, State, Zip Code:  
- Passaic, NJ 07863

Name of Contractor:  
- D & S Restoration, Inc.

Street Address:  
- 20 California Ave.

City, State, Zip Code:  
- Paterson, NJ 07503

ABCM No.:  
- [Redacted]

Occupancy Status During Abatement (Check only one):  
- Facility closed/evacuated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Description: Normal hours

Scope of Work (check all that apply):  
- Wall Plaster
- Wall Plaster
- Demolition

Amount (Specify SF or LF):  
- 80 Sq Ft
- 16 Sq Ft

Location of asbestos-containing material (ACM) to be abated in facility (13):  
- First Floor Dining Room
- Second Floor Dining Room

Registered Waste Handler:  
- D & S Restoration, Inc.

Name of Registered Landfill:  
- Tullytown, Resource Recovery

City, State:  
- Paterson, NJ 07503

Debtors Date:  
- 12/16/19

Signature:  
- [Redacted]
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):

Name of Building Owner/Operator (2):
Belfor Property Restoration

Street Address:
50 Ethel Rd. West
City, State, Zip Code:
Piscataway, NJ 08854
Name of Contact:
Thomas kusz
Telephone Number:
201-456-3738

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Residential

Street Address:

City (5):
kearny, nj 07032
County (6):
Hudson
County Code (7) (State use only):

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

Type of Facility (4):
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:
1,100 SF
# of Floors:
02
Bldg. Age:
70
Current Use (Prior if being demolished):
Residential

Name of Abatement Contractor (9):
D & S RESTORATION, INC.

Street Address:
20 California Ave.
City, State, Zip Code:
Paterson, NJ 07503
Telephone Number:
973-345-8020
License Number:
01169
Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue
City, State, Zip Code:
Paterson, NJ 07503

Start Date (10):
12/11/19
Sched. Completion Date (11):
12/18/2019

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:
Normal hours.

Scope of Work (check all that apply):

□ >2 sf or >3 lf
□ Renovation
□ >160 sf or >=280 lf
□ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13):

First floor Dining Room

Second Floor Dining Room

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDPS Hauler ID#:
13506
Cubic Yards of Waste:
2 yds.
Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, nj 07503
Disposal Date:

Completed by (Print or Type):
BOGDAN JOLDZIC
Title:
PRESIDENT
Signature:
Date:
12/16/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
12/16/19

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

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

Name of Building Owner/Operator (2)
Ryan Lehmann

Street Address

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Ryan Lehmann

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Nutley

County (6)
Essex

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Competent Supervisor

ASCM No.

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
205 Route 46 Suite 14

City, State, Zip Code
Totowa NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973 832 4244

License No.
01379

Start Date (10)
12/27/19

Scheduled Completion Date (11)
01/03/20

Name of OSHA Monitor
Same as above

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

Scope of Work (Check All That Apply)
☒ ≤3 sf or ≥3 If
☐ ≥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

Pipe insulation

Amount (Specify SF or LF)
50lf

Abatement Type
Removal Repair Encapsulate Endorse

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

Name of Registered Waste Hauler
Academy Construction Inc

Name of Registered Landfill
Fairless Landfill

City, State
Totowa NJ

Completion Date
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
12/16/19

* 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)**
12/12/2019

**Name of Building Owner/Operator (2)**
First Reformed Church of Pompton Plains

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

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

**Street Address**
529 Newark Turnpike
Pompton Plains, New Jersey 07442

**City, State, Zip Code**
Pompton Plains, New Jersey 07442

**Name of Contact**
Mr. John Driesse
(**Telephone Number**
(973) 769-9081

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>First Reformed Church of Pompton Plains</td>
</tr>
<tr>
<td>Street Address</td>
<td>529 Newark Turnpike</td>
</tr>
<tr>
<td>City (5)</td>
<td>Pompton Plains</td>
</tr>
<tr>
<td>Square Feet</td>
<td>21,500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>100</td>
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<tr>
<td>County Code (7)</td>
<td>Morris</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Church</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>McCabe Environmental Services, L.L.C.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00118</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Sky Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1385 Valley Road, Suite K</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, New Jersey 07470</td>
</tr>
<tr>
<td>License No.</td>
<td>00874</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>John H. Chiavelli</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(201) 438-4839</td>
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<tr>
<td>Start Date (10)</td>
<td>12/23/2019</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>01/31/2020</td>
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</table>

**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)**
- ≥ 300 sf or ≥ 330 sf
- ≥ 100 sf or ≥ 250 sf
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>In Facility (13)</td>
<td>Yes / No / N/A</td>
<td>Textured Ceiling Surfacing</td>
<td>300 SF</td>
</tr>
<tr>
<td>Food Pantry</td>
<td>X</td>
<td>Textured Ceiling Surfacing</td>
<td>300 SF</td>
</tr>
<tr>
<td>Keator Parlor</td>
<td>X</td>
<td>Textured Ceiling Surfacing</td>
<td>500 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
</tr>
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<tbody>
<tr>
<td>Service Transport Group, Inc.</td>
<td>20990</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>T&amp;D</th>
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</thead>
<tbody>
<tr>
<td>Urban Waste Disposal Date</td>
<td>TBD</td>
</tr>
</tbody>
</table>

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

**City, State**
Waynesburg, Ohio

**Completed by**
Ljiljana Sekularac
Title | Office Assistant
Signature | Date

12/12/2019

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
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</table>

Name of Building Owner/Operator (2)
Carol Preaster

Street Address
[redacted]

City, State, Zip Code
Belleville, NJ 07109

Name of Contact
Carol Preaster

TelephoneNumber

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Carol Preaster

Type of Facility (4)
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
[redacted]

Other-Describe:

Scope of Work (check all that apply)
Renovation

Location of asbestos-containing material to be abated in facility (13)

is location normally used solely by maintenance/custodial staff (12)

VAT (no mastic) 540 sf

Amount

Description of asbestos-containing material (ACM)

Removal

Repair

Encapsulation

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
6

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
01/08/2020

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
12/20/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/20/19

Name of Building Owner/Operator (2)
Nadine Drazin

Agencies Notified

□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

Type Notification

□ Initial
□ Amended
□ Amendment #1
□ Emergency (including justification)
□ Cancellation

Street Address

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Nadine Drazin

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Clifton

County (6)
Passaic

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
2500

# of Floors
2

Bldg. Age
65+/-

Current Use (Prior to 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.
201-600-3184

License No.
01305

Name of OSHA Monitor

Start Date (10)
12/26/19

Scheduled Completion Date (11)
12/31/19

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)

□ ≥50 sf or ≥3 if
□ ≥180 sf or ≥260 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

(13)

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

Yes
No
N/A

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

Amount
(Specify SF or LF)

Abatement Type

Endoscope

Excavate

Enclose

Baseline

Name of Registered Waste Hauler

All Stages Abatement

NJDEP Waste Hauler ID No.
0036592

Cubic Yards
of Waste
5 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol

Title
President

Signature

Date
12/20/19

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

**Pursuant to NJAC 8:60 and 12:120**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/19</td>
<td>Allen Kovalick</td>
</tr>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>X EPA</td>
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<td></td>
</tr>
<tr>
<td>X DEP</td>
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<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #1</td>
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<tr>
<td></td>
<td>Emergency (including justification)</td>
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<td></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Glen Rock, NJ 07452</td>
<td>Allen Kovalick</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Home</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
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<tbody>
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<table>
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<th>City, State, Zip Code</th>
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<tr>
<td></td>
<td>Bergen</td>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>Project Manager</th>
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<tbody>
<tr>
<td>Residential Home</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>All Stages Abatement</th>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td></td>
<td>Saddle Brook, NJ 07663</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tr>
<td></td>
<td>201-600-3184</td>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>VAT</td>
<td>605 SF</td>
<td>x</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>All Stages Abatement</td>
<td>5 YD</td>
<td>Grand Central Sanitary Landfill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saddle Brook, NJ</td>
<td>TBD</td>
<td>Pen Argyll, PA</td>
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</table>

**Completed by**

<table>
<thead>
<tr>
<th>Richard Cristofol</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>President</td>
<td></td>
<td>12/20/19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
12/20/2019

Name of Building Owner/Operator (2)
Joe Damelio

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>[ ] DCA</td>
<td>Cancellation</td>
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</table>

Street Address

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denville, NJ 07834</td>
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</table>

Name of Contact
Joe

Telephone Number

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

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Description</th>
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<tbody>
<tr>
<td>[ ] School (K-12)</td>
<td></td>
</tr>
<tr>
<td>[ ] Subchapter 8 (Other than K-12)</td>
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</tr>
<tr>
<td>[X] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Square Feet # of Floors Bldg. Age

County Code (7)
(State Use Only)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

License No.
01332

Telephone No.
973-400-8711

Name of Project Manager for Monitoring Firm

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-400-8711</td>
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</table>

Start Date (10)
12/30/2019

Scheduled Completion Date (11)
01/06/2020

Occupy Status During Abatement (Check Only One)

| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other – Describe: 8:00 am - 4:30 pm | |

Scope of Work (Check All That Apply)

| 23 sf or 23 lf |
| 150 sf or 150 lf |
| X | Renovation |
| Demolition |

Location of Asbestos-Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>84 SF</td>
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Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Removal Safety, LLC
NJDIP Waste Hauler ID No. 0037007

Name of Registered Landfill
Fairless
City, State
City, State
Paterson, NJ
Morrisville, PA

Disposal Date
TBD

Completed by
Lasko Veskov
Title
President

Signature

Date
12/20/2019

* 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)**
12/12/2019

**Name of Building Owner/Operator (2)**
JOSEPH TAFFARO & SON CONTRACTING INC.

**Street Address**
PO. BOX 1046
MANAHAWKIN NJ. 08050

**Name of Contact**
JOSEPH TAFFARO
Telephone Number
201-386-7272

**FACILITY INFORMATION**

**Type of Facility (4)**

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

- [ ] Other

**Square Feet**
2,000

**# of Floors**
2

**Bldg. Age**
105

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

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

**City (5)**
NORTH BERGEN

**County (6)**
Hudson

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
North East Environmental LLC

**Street Address**
4919 Bergenline Ave.

**City, State, Zip Code**
West New York

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

**License No.**
1300

**Name of OSHA Monitor**
EMSL ANALYTICAL INC.

**Street Address**
307 W, 38TH STREET

**City, State, Zip Code**
NEW YORK, N.Y.

**Start Date (10)**
12/13/2019

**Scheduled Completion Date (11)**
12/14/2019

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

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

- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥280 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)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRONT PORCH ROOF</td>
<td>X</td>
<td>FLAT ROOF MEMBRANE</td>
<td>370 SF.</td>
<td>x</td>
</tr>
<tr>
<td>BASEMENT BOILER ROOM</td>
<td>X</td>
<td>HEAT PAPER INSULATION</td>
<td>16 SF.</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
TRI STATE

**NJ/DEP Waste Hauler ID No.**
1951

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
MINERVIA ENTERPRISE INC.

**City, State**
BRONX, NY.

**Disposal Date**
TBD

**City, State**
WAYNESBURG OH.

**Completed by**
CARLOS ESQUIVEL
Title
SAFETY MANAGER

**Signature**

**Date**
12/17/2019
Date of Notification (1) 12/13/2019

Name of Building Owner/Operator (2) JOHN HOGAN

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

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

Street Address [Redacted]

City, State, Zip Code JERSEY CITY NJ 07307

Name of Contact JOHN HOGAN

Telephone Number [Redacted]

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) JERSEY CITY

County (6) HUDSON

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

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

ASCM No. [Redacted]

Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC

Street Address 4919 BERGENLINE AVE.

City, State, Zip Code WEST NEW YORK NJ 07093

Project Manager for Monitoring Firm N/A

Telephone No. [Redacted]

Name of OSHA Monitor EMSL ANALITICAL INC

Start Date (10) 12/14/2019

Scheduled Completion Date (11) 12/15/2019

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

Scope of Work (Check All That Apply)
- [x] 23 sf or 23 if
- [ ] 180 sf or 260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility Yes No N/A

(13)

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

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

<table>
<thead>
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<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>BLACK/OFF-WHITE SHINGLE</td>
<td>600 SQ.</td>
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<tr>
<td>Wall Plaster</td>
<td>1,172 SQ.</td>
</tr>
<tr>
<td>1st Floor</td>
<td>140 SQ.</td>
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</table>

Name of Registered Waste Hauler TRI STATE ASSOCC

NJ/DEP Waste Hauler ID No. 19951

Cubic Yards of Waste TBD

Name of Registered Landfill MINERVA ENTERPRISE INC

Disposal Date TBD

City, State WAYNESBURG OHIO

Completed by CARLOS ESQUIVEL

Title SAFETY MANAGER

Signature [Redacted]

Date 12/13/2019

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

**Name of Building Owner/Operator:**

**Name of Contact:**

**FACILITY INFORMATION**

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

**Type of Facility:**

**Street Address:**

**City, State, Zip Code:**

**County Code (7) (STATES USE ONLY):**

**Name of Managing Firm Hired by Building Owner:**

**N/A:**

**Name of Abatement Contractor:**

**ASCM No.:**

**Address:**

**Telephone No.:**

**Type of Abatement:**

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

**Amount (Specify SP or LF):**

**Asbestos Type:**

**Name of Registered Waste Hauler:**

**City, State:**

**Company:**

**Title:**

**Signature:**

**Date:**

---

**Asbestos Control 609.633.0664**

**North East Environmental**

**2012104127**

**ASB-R (R-20-08)**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 18 / 19</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jeffrey Greenhaus</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>✔ EPA</td>
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<tr>
<td>✔ DOW</td>
<td>Amended</td>
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<td>✔ DOH</td>
<td>Amendment #______</td>
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<td>✔ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<table>
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<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Cherry Hill, NJ 08003</td>
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<tr>
<td>Name of Contact</td>
<td>Jeffrey Greenhaus</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Greenhaus Residence</th>
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**Street Address**

<table>
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<table>
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<th>County Code (7)(STATE USE ONLY)</th>
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<tr>
<td>Camden</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Management &amp; Enviro. Consulting Services</th>
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<tbody>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9) Shade Environmental, LLC</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Bill Weisgarber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-298-4070</td>
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| Start Date (10) | 12 / 31 / 19 |
| Scheduled Completion Date (11) | 01 / 02 / 20 |

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<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>✔ School (K-12)</td>
</tr>
<tr>
<td>✔ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

| Square Feet | 1,946 |
| # of Floors | 2 |
| Bldg. Age | 52 |

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>❌ ≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>❌ Renovation</td>
</tr>
<tr>
<td>❌ Demolition</td>
</tr>
<tr>
<td>❌ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>❌ Mini-Enclosure</td>
</tr>
<tr>
<td>❌ Glovebag Procedure</td>
</tr>
<tr>
<td>❌ Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

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

- (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Lower Level</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Floor Tile</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>461 SF</td>
<td>☑</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>461 SF</td>
<td>☑</td>
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**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Freehold Cartage</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td></td>
<td>153939</td>
<td>5</td>
<td>Fairless Landfill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Freehold, NJ</th>
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<tbody>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>01/02/2020</td>
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</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Print or Type</th>
<th>Title</th>
<th>Name of Person or Firm Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Fay</td>
<td>Print or Type</td>
<td>Vice President of Operations</td>
<td>Signature</td>
<td>12/18/19</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASUSBETOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>EPA</td>
<td></td>
<td>Stepan Company</td>
</tr>
<tr>
<td>DOL</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address Information**

- **Street Address**: 100 West Hunter Avenue
- **City, State, Zip Code**: Maywood, NJ 07607
- **Telephone Number**: 201-712-7656

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Stepan Company
- **Type of Facility (4)**: School (K-12)
- **Square Feet**: 23000
- **# of Floors**: 1
- **Bldg. Age**: NA
- **Current Use (Prior if being demolished)**: 2019

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

- **Name of Contractor (9)**: JLS GROUP INC.

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

- **Description**: bricks-thermal insulation, hard white boiler insulation, tan fiberboard
- **Amount**: 2,000 SF, 160 LF, 60 SFR

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

- **BOILER A**: Yes, bricks-thermal insulation, 2,000 SF
- **BOILER B**: Yes, bricks-thermal insulation, 2,000 SF
- **BOILER A & B**: Yes, hard white boiler insulation, 160 LF
- **BOILER A & B**: Yes, tan fiberboard, 60 SFR

**Name of Registered Waste Hauler**

- **NJ DEP Waste Hauler ID No.**: 19551
- **Name of Registered Landfill**: Minerva Enterprises Inc

**Completed by**

- **Signed by**: MAUREEN KING, OFFICE ASSISTANT
- **Date**: 12-13-19

---

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

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

**Date of Notification (1):** 12/19/2019

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

**Street Address:**
- **114 Paterson Street**
- **Paterson, NJ 07501**

**Name of Contact:** Doug O’Hare

**Telephone Number:**
- ASCM No. 2019-0865
- License No. 00509

**FACILITY INFORMATION**

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

- **Square Feet:** 112000
- **# of Floors:** 6
- **Bldg. Age:** 100

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

- **Communications:**
  - USA ENVIRONMENTAL MANAGEMENT, INC.
  - 8436 ENTERPRISE AVE
  - PHILADELPHIA PA 19153

- **Project Manager for Monitoring Firm:** MARK JENKINS
- **Telephone Number:** 215-365-5810

- **Scheduled Start Date (10):** 1/6/2020
- **Scheduled Completion Date (11):** 2/14/2020

**Occupancy Status During Abatement (Check only one):**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Hours – 7am to 3pm
  - **Describe:** 5:00 PM – 1:30 AM
- [ ] Facility Occupied During Abatement

**Scope of Work (Check all that apply):**
- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 if
- [X] Demolition
- [ ] Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Insulation</td>
<td>500 SF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Breeching Insulation</td>
<td>550 SF</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>150 LF</td>
<td>Glove Bag Procedures</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- SERVICE TRANSPORT GROUP, INC.
- NJDEP Waste Hauler ID No.: 20990
- City, State: YARDLEY, PA

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

- **Title:** Estimator
- **Signature:** Patrick T. DeCaro
- **Date:** 12/19/2019

**Name of Registered Landfill:** MINERVA LANDFILL

**Disposal Date:** TBD

**City, State:** WAYNESBURG, OH
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1): 11 / 27 / 19

Agency Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification:
- Initial
- Amended
- Amendment #1-12/19/19
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2): Verizon
Street Address: 15 East Montgomery Place, Lower Level
City, State, Zip Code: Pittsburgh, PA 15212
Name of Contact: Anthony Porta
Telephone Number: 412-633-4021

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3):
Verizon Freehold C.O.
Street Address: 56 East Main St.
City (5): Freehold
County (6): Monmouth
County Code (7): 08057
Square Feet: 0
# of Floors: 0
Bldg. Age: 0
Current Use (Prior to being demolished): 0

Name of Monitoring Firm Hired by Building Owner (8):
TTI Environmental
Street Address: 1253 N Church Street
City, State, Zip Code: Mooresown, NJ 08057
Telephone No.: 609-313-8218

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.
Street Address: 1123 BEAVER STREET
City, State, Zip Code: BRISTOL, PA 19007
Telephone No.: 215-788-6040
License No.: 00509

Start Date (10): 12 / 16 / 19
Scheduled Completion Date (11): 12 / 23 / 19
Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM: 5:00PM-1:30AM

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

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
- Pipe insulation: 200 LF
- Floor tile and mastic: 10 SF

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No.: 20990
Cubic Yards of Waste: 0
Name of Registered Landfill:
MINERVA LANDFILL
Disposal Date: 0
City, State: WAYNESBURG, OH

Completed By (Print or Type): Brian Scafiro
Title: Estimator
Signature: Brian Scafiro
Date: 12-19-19

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

**Date of Notification (1)**
11 / 27 / 19

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

**Agency Notified**
- [ ] EPA
- [x] DOLWD 5014
- [x] DHSS 3035
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**
15 East Montgomery Place, Lower Level

**City, State, Zip Code**
Pittsburgh, PA 15212

**Name of Contact**
Anthony Porta

**Telephone Number**
412-633-4021

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Verizon Freehold C.O.

**Street Address**
56 East Main St.

**City (5)**
Freehold

**County (6)**
Monmouth

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

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

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1253 N Church Street

**City, State, Zip Code**
Moorestown, NJ 08057

**Project Manager for Monitoring Firm**
Kris Smith

**Telephone No.**
609-313-8218

**Telephone No.**
215-788-6040

**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**
12 / 16 / 19

**Scheduled Completion Date (11)**
12 / 20 / 19

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM

**Scope of Work (Check all that apply)**
- [x] >3 sf or >3 if
- [ ] >160 sf or >260 if
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>Floor tile and mastic</td>
<td>10 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

- [x] Basement
- [ ] 1st Floor
- [ ] 2nd Floor

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**
20890

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
YARDLEY, PA

**Disposal Date**

**Completed By (Print or Type)**
Brian Scafaro

**Title**
Estimator

**Signature**
Brian Scafaro

**Date**
11-27-19

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

Date of Notification (1): 12 / 19 / 19
Name of Building Owner/Operator (2): State of NJ Department of Corrections

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

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

Street Address: PO Box 11401
City, State, Zip Code: Yardville, NJ 08620
Name of Contact: Ronald Bohn
Telephone Number: 609-291-2015

FACILITY INFORMATION

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

Street Address: 55 Hogback Road
City:
Crosswicks
County:
Burlington

Square Feet: 100000
# of Floors: 2
Bldg. Age: 35+

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

Name of Abatement Contractor (9):
BRISTOL ENVIRONMENTAL, INC.

Street Address: 120 N Warren Street
City, State, Zip Code: Trenton, NJ 08608
Project Manager for Monitoring Firm:
Rollie Jones
Telephone No.: 609-392-4200

License No.: 00509

Start Date (10): 12 / 19 / 19
Scheduled Completion Date (11): 12 / 20 / 19

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address: 1123 BEAVER STREET
City, State, Zip Code: BRISTON, PA 19007

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-4:30PM
- Full Containment with Negative Pressure
- Non-Encapsulated (T) and Non-Friable Procedure

Scope of Work (Check all that apply):
- ≥3 sf or ≥3
- ≥180 sf or ≥280 sf
- Renovation or Demolition
- Glovebag Procedure
- Non-Exempted (T) and Non-Friable Procedure

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

Visitation Hallway
- Plaster 24 SF

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.: 18705
Cubic Yards of Waste: 1
Name of Registered Landfill:
Minerva Landfill
City, State: BRISTON, PA 19007
Disposal Date: 12/20/19

Completed By (Print or Type): Gino Pizzigoni
Title: Estimator
Signature: Gino Pizzigoni
Date: 12-19-19

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:29 and 12-1:20)

**Date of Notification:** 12/20/19

**Name of Building Owner/Operator:** Mr. Branch Watkins

---

**Agency Notified:**
- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] BRDOH
- [ ] DCA

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

---

**Street Address:**

**City, State, Zip Code:** Morrisville, NJ 07960

**Name of Contact:** Mr. Watkins

---

**Name of Facility Where Abatement is Taking Place:**

**Street Address:**

**City:** Morrisville

**County:** Morris

**County Code:** 02

**Current Use:** Residential

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

**Square Feet:** 2200

**# of Floors:** 2

**Bldg. Age:** 1945

---

**Name of Monitoring Firm Hired by Building Owner:**

**ASCM No.:**

**Name of Abatement Contractor:** Best Removal Inc

**Street Address:**

**City, State, Zip Code:** Hackensack, NJ 07601

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

**License No.:** 00388

---

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Name of OSHA Monitor:** Omega Environmental

**Street Address:**

**City, State, Zip Code:** Hackensack, NJ 07601

**Telephone No.:**

**License No.:**

---

**Start Date:** 1/8/20

**Scheduled Completion Date:** 1/10/20

**Occupancy Status During Abatement:**
- [ ] Facility Closed/ Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours

**Other - Describe:**

**Scope of Work:**
- [ ] 2,300 sf or < 2,500 sf
- [ ] 2,300 sf or < 2,500 sf
- [ ] 2,300 sf or < 2,500 sf

**Location of Asbestos-Containing Material (ACM) to be Abated:**

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

**Description of Asbestos-Containing Material (ACM):**
- Thermal Surfacing
  - 290 SF

**Name of Registered Waste Handler:** Best Removal Inc

**NUDEP Waste Handler ID No.:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Cumberland County Landfill

**Disposal Date:** 11/20/20

**City, State:** Newburgh, PA 12201

**Completed by:**

**Title:** Estimator

**Signature:**

---

*Do not use this form for asbestos license exempted activities.*
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:30-1.2(20))

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

**Name of Building Owner/Operator (2)**
Lime Tree Holdings

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

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

**Street Address**
194 Sandford Avenue

**City, State, Zip Code**
North Plainfield

**Name of Contact**
Solomon Freitag

**Telephone Number**

### FACILITY INFORMATION

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

**City (5)**
North Plainfield

**County (6)**
Somerset

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

**License No.**
732-668-9078

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

**Square Feet**

**# of Floors**

**Bldg. Age**

### 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

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

### Start Date (10)
12/20/19

### Scheduled Completion Date (11)
12/22/19

### 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)
- ≥36 sf or ≥3 ft
- ≥180 sf or ≥2800 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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
</table>

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

#### Amount (Specify SF or LF)

#### Abatement Type

- Removal
- Encapsulate
- Endorse

### INTERIOR

### DUCT WRAP

10 LF

### Name of Registered Waste Hauler

NEWARK CARTING

### NJDEP Waste Hauler ID No.

04509

### Cubic Yards of Waste

3

### Name of Registered Landfill

IESI

### City, State

NEWARK, NJ

### Disposal Date

12/22/19

### City, State

BETHLEHEM PA

### Completed by

JOSEPH PERLSTEIN

### Title

OWNER

### Signature

Signature

### Date

11/11/19

---

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

**Inv - 16968**

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<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>12-20-19</td>
<td>Magnetic Metals Corp</td>
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<td>1900 Hayes Ave</td>
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<tbody>
<tr>
<td>Camden, NJ 08105</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Ragozzo</td>
</tr>
<tr>
<td>Phone Number</td>
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<tr>
<td>856-964-7842</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Office/Warehouse</td>
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<table>
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<th>Street Address</th>
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<tr>
<td>1900 Hayes Ave</td>
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<tbody>
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<td>Camden</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
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<td>Camden</td>
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<table>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
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<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tr>
<td></td>
<td>2</td>
<td>60+</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm or Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASGM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>EPC Technologies Inc.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>P.O. Box 337</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>New Egypt, NJ 08533</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609 758-3365</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>Dec 30 2019</td>
<td>Jan 30 2020</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of CSH&amp;TA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies Inc.</td>
</tr>
</tbody>
</table>

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<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609 758-3365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-394</td>
</tr>
</tbody>
</table>

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

- ☑ 231 sq ft or ≥230 if
- ☑ 160 sq ft or ≥280 if
- ☒ Renovation
- ☒ Demolition
- ☒ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glovebag Procedure
- ☒ Non-Exempted (*) and Non-Friable Procedure

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

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

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

<table>
<thead>
<tr>
<th>1st Floor Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tiles/Mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Floor Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Tiles/Mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roof Pediment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Floor Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 LF</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**

- 24

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>EPC Technologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>17000</td>
</tr>
</tbody>
</table>

**Disposal Date**

- Various

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Waste Management of PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>New Egypt, NJ</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Steve Schenker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-20-19</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Notification of Abatement**

(Pursuant to N.J.A.C. 8:50-7 and 12:120-7)

**Name of Building Owner/Operator:**
MERCK SHARP & DOHME CORP.

**Street Address:**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414

**City, State, Zip Code:**
RAHWAY, NEW JERSEY 07065

**Telephone Number:**
732-524-6352

**Name of Contact:**
KINNARI PATEL

---

**Name of Facility Where Abatement is Taking Place:**
MERCK SHARP & DOHME CORPORATION

**Street Address:**
126 EAST LINCOLN AVENUE - BUILDING 60

**City (5):** RAHWAY

**County (6):** UNION

**County Code (7):** 104

---

**Name of Monitoring Firm Hired by Building Owner:**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.:** 104

**Name of Abatement Contractor:**
PAR ENVIRONMENTAL CORPORATION

**Street Address:**
313 SPOOK ROCK ROAD

**City, State, Zip Code:** SUFFERN, NEW YORK 10901

**Telephone Number:**
845-369-7500

**License Number:**
1101

**Name of OSHA Monitor:**
AMERISCI LABORATORIES INC.

**Street Address:**
117 EAST 30TH STREET

**City, State, Zip Code:** NEW YORK, NEW YORK 10016

---

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

**Scope of Work (Check all that apply):**
- Demolition
- Renovation
- >350 SF OR LF
- >1600 SF OR LF
- 260 LF

---

**Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility:**

<table>
<thead>
<tr>
<th>Floor</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR</td>
<td>PIPE INSULATION</td>
<td>1,900 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3RD FLOOR</td>
<td>PIPE INSULATION</td>
<td>1,900 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**
FREEHOLD CARTAGE, INC.

**Hauler ID No.:** 15935

**Name of Registered Landfill:**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**447 ALEXANDER DRIVE/ROUTE 15**

---

**City, State:** MONTMORENCY, PA 17752

---

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

**Title:** DIRECTOR OF OPERATIONS

**Date:** 12-20-19
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:169)

**Date of Notification (1) 12 / 18 / 19**

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

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

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

**Street Address**

**City, State, Zip Code**
Haddonfield, NJ 08033

**Name of Contact**
Ian Wallace

**Telephone**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Haddonfield

**County (6)**
Camden

**Square Feet**
2,020

**# of Floors**
2

**Bldg. Age**
99

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

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

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

**ASCM No.**

**Name of Abatement Contractor (10)**
Shade Environmental, LLC

**Street Address**
623 Cutler Avenue

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

**Project Manager for Monitoring Firm**
Bill Weisgarber

**Telephone No.**
609-298-4070

**Telephone No.**
856-755-0099

**License No.**
00842

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

---

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

**Scheduled Completion Date (11)**
12 / 28 / 19

---

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/PM/AM

---

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

**Location**

**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)**
Pipe Isulation (Wrap & Cut) 25 LF

**Amount (Specify SF or LF)**

---

**Name of Registered Waste Hauler**
Freehold Cartage

**NJDEP Waste Hauler ID No.**
15939

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Morrisville, PA

**Disposal Date**
12/28/2019

---

**Name of Registered Waste Hauler**
Freehold Cartage

**City, State**
Freehold, NJ

**Completed By (Print or Type)**
Christina Fay

**Title**
Vice President of Operations

**Signature**

**Date**
12/19/19

---

*Do not use this form for asbestos license exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:38 and 5:16)

State of New Jersey

Date of Notification (1)
12 / 5 / 19

Name of Building Owner/Operator (2)
Leonia Fire Department

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1-12/18/19
☐ Emergency (including justification)
☐ Cancellation

Street Address
1 Wood Park
City, State, Zip Code
Leonia, NJ 07605

Name of Contact
Andrea Wardrop
Telephone Number
201-562-5780

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Leonia Fire Department

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

Square Feet
+-10,000
# of Floors
+-2
Bldg. Age
+-50

County Code (7) [STATE USE ONLY]
Bergen

Current Use (Prior if being demolished)
Fire Department

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

ASCM No.
BRISTOL ENVIRONMENTAL, INC.

Street Address
120 North Warren Street
City, State, Zip Code
Trenton NJ 08608

Project Manager for Monitoring Firm
Rollie Jones
Telephone No.
215-788-6040
License No.
00509

Start Date (10)
12 / 16 / 19

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

Time of Abatement: 7:00AM-4:30PM, __PM-____ AM

Scheduled Completion Date (11)
12 / 23 / 19

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☒ 300 sf or ≥300 sf
☐ ≥150 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)

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

Break Room
☐ ☐ ☒ Pipe Insulation (Wrap & Cut) 20 LF

Above Engine Bay Ceiling
☐ ☒ ☒ Pipe Insulation (Wrap & Cut) 36 LF

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
YARDLEY, PA

Disposal Date
TBD

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Completed By (Print or Type)
Dillian DeCaro
Title
Estimator
Signature
Dillian DeCaro
Date
12-18-19

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

**Date of Notification (1):** 12 / 5 / 19

**Name of Building Owner/Operator (2):** Leonia Fire Department

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ DOLWD3145</td>
<td>Initial</td>
<td>Andrea Wardrop</td>
<td>201-592-6780</td>
</tr>
<tr>
<td>☑ DOH3138</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 1 Wood Park

**City, State, Zip Code:** Leonia, NJ 07605

**Name of Facility Where Abatement Is Taking Place (3):** Leonia Fire Department

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

**Name of Abatement Contractor (9):** BRISTOL ENVIRONMENTAL, INC.

**Street Address:** 120 North Warren Street

**City, State, Zip Code:** Trenton, NJ 08608

**Project Manager for Monitoring Firm:** Rollie Jones

**Telephone No.:** 215-788-6040

**License No.:** 00508

**Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL, INC

**Street Address:** 1123 BEAVER STREET

**City, State, Zip Code:** BRISTOL, PA 19007

**Start Date (10):** 12 / 16 / 19

**Scheduled Completion Date (11):** 12 / 23 / 19

**Occupancy Status During Abatement (Check only one):**
- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Break Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
</tr>
</tbody>
</table>

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

**Pipe Insulation (Wrap & Cut):** 20 LF

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

**Abatement Type:**

**Name of Registered Waste Hauler:** SERVICE TRANSPORT GROUP, INC

**NJDEP Waste Hauler ID No.:** 20990

**Cubic Yards of Waste:**

**Name of Registered Landfill:** MINERVA LANDFILL

**City, State:** WAYNESBURG, OH

**Disposal Date:** TBD

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

**Title:** Estimator

**Signature:** Dillan DeCaro

**Date:** 12-5-19

---

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8600 and 12.420)

Date of Notification (1)

Name of Building Owner/Operator (2)

Mike Oliverio
Street Address
City, State, Zip Code
MAPLEWOOD, NJ 07040
Name of Contact
TelephoneNumber

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential
Street Address
City (5) County (6) County Code (7) (State use only)

MAPLEWOOD, NJ 07040 Essex

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

N/A

Name of Abatement Contractor (6)

KLOMAX, LLC
Street Address
City, State, Zip Code
Hopatcong, NJ 07843

Phone Number

Project Manager for Monitoring Firm

N/A

Start Date (10) Sched. Completion Date (11)

01/10/2020 01/13/2020

Occupancy Status During Abatement (Check only one)

Facility closed/evacuated during entire period of abatement.
Abatement performed outside of normal facility hours-
Describe:
Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

Renovation Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Yes No N/A

Description of asbestos-containing material (ACM)

Pipe Insulation 18 LF

Registered Waste Hauler

KLOMAX, LLC

NJDEP Hauler ID

0038241

Cubic Yards of Waste

1 yds

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Disposal Date

TBD

City, State

TULLYTOWN, PA

Completed by (Print or Type)

Paige Boylan

Title Owner

Signature

Date

12/19/19

ACM = asbestos-containing material
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): December 20, 2019
Name of Building Owner/Operator (2): E.I. du Pont de Nemours / Parlin Plant

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: 250 Chessequake Rd
City, State, Zip Code: Parlin, NJ 08859-1080
Name of Contact: Telephone Number: 732-613-2400

Name of Facility Where Abatement is Taking Place (3):
DuPont Parlin Site wide
Street Address: 250 Chessequake Rd
City (5): Parlin
County (6): County Code (7): Middlesex

Name of Monitoring Firm Hired by Building Owner (8): ATC
Street Address: 3 Terri Lane, Suite 4-5
City, State, Zip Code: Burlington, NJ 08016
Project Manager for Monitoring Firm: John Lutz
Telephone No.: 609-386-8800

Start Date (10): 1/7/2020
Scheduled Completion Date (11): 1/10/2020
Occupancy Status During Abatement: (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: None
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)
- Exterior (Main Steam Line to B2005)
  - pipe insulation
  - 25 l/f
- DU CO Area (Bldg. 712)
  - "-
  - 25 l/f
- Building 1880
  - "-
  - 5 l/f

Name of Registered Waste Hauler: Newark Carting
City, State: Newark, NJ
Hauler ID No.: 4509
Cubic Yards of Waste: 0.6
Name of Registered Landfill: G.R.O.W.S
Disposal Date: 1/10/2020
City, State: Morrisville, PA
Completed by: Mike Cooper
Title: President
Signature: [Signature]
Date: 12/20/19

* 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)**
December 19, 2019

**Name of Building Owner/Operator (2)**
DuPont Specialty Products USA, LLC

**Agency Notified (3)**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

**Type of Notification (4)**
- [x] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
Chesapeake Run Plaza 974 Centre Road

**City, State, Zip Code**
Wilmington DE 19805

**Name of Contact**

**Project Manager**
973-641-1736

**Name of Facility Where Abatement is Taking Place (3)**
DuPONT Parin Site wide

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

**Type of Abatement Contractor (9)**
The MACK Group, LLC

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

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

**ASCM No.**

**Name of OSHA Monitor**
The MACK Group, LLC.

**Telephone No.**
809-386-8800

**License No.**
973-759-5000 00781

**Start Date (10)**
1/7/2020

**Scheduled Completion Date (11)**
1/7/2021

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sq ft or ≥38 if
- [x] ≥150 sq ft 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)**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>[ ]</td>
<td>pipe insulation</td>
<td>25 lf</td>
<td></td>
</tr>
<tr>
<td>Ducco Area</td>
<td>[x]</td>
<td>&quot;-&quot;</td>
<td>25 LF</td>
<td></td>
</tr>
<tr>
<td>Building 1880</td>
<td>[x]</td>
<td>&quot;-&quot;</td>
<td>5 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**Cubic Yards of Waste**
0.6

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

**City, State**
Newark, NJ

**Disposal Date**
1/7/2021

**Name of Registered Landfill**
Waynesburg, OH

**Signature**

**Title**
President

**Date**
12/19/19

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 12/20/19

Name of Building Owner/Operator (2):
Natural Selection

Address:

56 Sparta Avenue
Newton, NJ 07860

Name of Contact:
JR D'Anniabile

Telephone Number:
862-354-7372

---

FACILITY INFORMATION

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

Street Address:
47 Sparta Avenue
Newton

City (5):
Newton

County (6):
Sussex County

County Code (7):
07860

Type of Facility (4):

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

Square Feet:
4,500

# of Floors:
2

Bldg. Age:
73 yrs

Current Use (Prior if being demolished):
Pizza parlor/Residential

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

ASCM No.:
ELCON Environmental

Name of Abatement Contractor (9):

- Street Address:
  2002 Renaissance Boulevard, Suite 110
  King of Prussia, PA 19406

- City, State, Zip Code:
  Washington Crossing, PA 18977

- Telephone No.:
  610-279-7070 (Project Manager)

- Telephone No.:
  215-313-7427

- License No.:
  01225

Name of OSHA Monitor:
Same

Start Date (10):
01/06/2020

Completion Date (11):
02/07/2020

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):
- ≥3 sf or ≥3 if
- ≥190 sf or ≥280 sf
- Renovation
- Demolition

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

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

- Description of Asbestos-Containing Material (ACM)
  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
  - Pipe Insulation
  - 10 LF
  - Asbestos cement siding
  - 4,160 SF
  - 12"x12" dark brown floor tile
  - 120 SF

- Name of Registered Waste Hauler:
  Minerva Enterprises

- Service Transport Group:
  NJDEP Waste Hauler ID No. SW2117

- Cubic Yards of Waste:
  TBD

- Name of Registered Landfill:
  TBD

- Disposal Date:
  TBD

- City, State:
  New Castle, DE

- Wayneburg, OH

- Completed by:
  Andre Gosek

- Title:
  Project Manager

- Signature:

- Date:
  12/20/19

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

State of New Jersey

Date of Notification: 12/20/19

Name of Building Owner/Operator: JR D'Annibale

Natural Selection: Initial

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

Street Address: 56 Sparta Avenue

City, State, Zip Code: Newton, NJ 07860

Name of Contact: Telephone Number: 862-354-7572

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place:
Thorlabs

Street Address: 43 Sparta Avenue

City, State: Newton, NJ

County: Sussex County

Square Feet: 10,200

# of Floors: 2

Bldg. Age: 75+/-

Name of Monitoring Firm Hired by Building Owner:
Environmental Consulting, Inc.

ASCM No.: Name of Abatement Contractor:
ELCON Environmental

Street Address: 2002 Renaissance Boulevard, Suite 110

City, State, Zip Code: King of Prussia, PA 19406

License No.: 01225

Name of Project Manager:
Peter Photopoulos

Start Date: 01/06/2020

Scheduled Completion Date: 06/11/2020

Name of OSHA Monitor: Same

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- [ ] ≤ 250 sf or ≤ 250 if
- [x] > 250 sf or > 250 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>Yes</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td>X</td>
</tr>
<tr>
<td>Floor 1</td>
<td>No</td>
<td>12&quot;x12&quot; floor tile and mastic</td>
<td>4,000 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Service Transport Group

NJDEP Waste Hauler ID No.: SW2117

Cubic Yards of Waste: TBD

Name of Registered Landfill:
Minerva Enterprises

City, State: Waynesburg, OH

Disposal Date: TBD

Completed by:
André Gosek

Title: Project Manager

Signature: [Signature]

Date: 12/20/19

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

- **Name of Facility Where Abatement is Taking Place (3)**: Bergen Arts & Science Charter School
- **Street Address**: 43 Maple Avenue
- **City**: Hackensack
- **County**: BERGEN
- **County Code**: (STATE USE ONLY)
- **Current Use (Prior if being demolished)**: School
- **Name of Monitoring Firm Hired by Building Owner (8)**: ASCM No.
- **Name of Abatement Contractor (9)**: EA Services Corporation
- **Street Address**: 426 69th Street
- **City, State, Zip Code**: Gutenberg, NJ 07093
- **Telephone No.**: 201-295-1700
- **License No.**: 01074

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

- [ ] 33 sf or < 33 sf
- [ ] ≥ 150 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 (13)**

<table>
<thead>
<tr>
<th>Level</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Floor</td>
<td>[ ] Yes [X] No [N/A]</td>
<td>Ceiling Plaster</td>
<td>2 SF</td>
<td>x</td>
</tr>
<tr>
<td>Second Floor</td>
<td>[ ] Yes [X] No</td>
<td>Floor Tile</td>
<td>1 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- **EA Services Corporation**
- **NJDEP Waste Hauler ID No.**: 101278
- **Name of Registered Landfill**: Minerva Enterprises, Inc
- **Disposal Date**: tbd
- **City**: Waynesburg, OH

**Completed by**

- **Gina Betances**: Office Manager
- **Signature**: [Signature]
- **Date**: 12/16/19

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

Date of Notification (1) 12 / 18 / 19

Name of Building Owner/Operator (2)
Rider University

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

Type Notification
☒ Initial
☐ Amended
☐ Emergency (Including justification)
☐ Cancellation

Street Address
2083 Lawrenceville Road

City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
Walter Eddy

Telephone Number
609-896-5080

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rider University - Omega House

Street Address
2083 Lawrenceville Road

City (5)
Lawrenceville

County (8)
Mercer

County Code (7)(STATE USE ONLY)

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

ASCM No.
102

Name of Abatement Contractor (9)
Plymouth Environmental Company, Inc

Street Address
515 Grove Street, Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Brian Clark

Telephone No.
856-656-2944

Square Feet
75,000

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)
school

Name of OSHA Monitor
Plymouth Environmental Company, Inc

Street Address
923 Haws Avenue

City, State, Zip Code
Norristown, PA 19401

Start Date (10)
1 / 2 / 20

Scheduled Completion Date (11)
2 / 3 / 20

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/MONDAY-FRIDAY

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☒</td>
<td>floor tile and mastic</td>
<td>1,500SF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>1st floor</td>
<td>☒</td>
<td>floor tile and mastic</td>
<td>350SF</td>
<td>☒ FULL Containment with Negative Pressure</td>
</tr>
<tr>
<td>ground and 1st floor</td>
<td>☒</td>
<td>coverbase mastic</td>
<td>1,500LF</td>
<td>☒ FULL Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Robinson Waste Disposal

NJ/DEP Waste Hauler ID No. 17304

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS Landfill

City, State
Voorhees, NJ 08043

Disposal Date
2/3/20

City, State
Mooresville, PA

Completed By (Print or Type)
James M. Kelly

Title
Vice President

Signature

Date 12/16/19

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

(Pursuant to NJAC 8:50 and 5:16)

**State of New Jersey**

**Date of Notification (1):** 12/18/19

**Name of Building Owner/Operator:** Rider University

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Rider University - Moore Library

**Street Address:** 2083 Lawrenceville Road

**City:** Lawrenceville

**County:** Mercer

**Square Feet:** 75,000

**# of Floors:** 2

**Bldg.Age:** 50

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

**Name of Monitoring Firm Hired by Building Owner:** Pennoni

**ASCN No.:** 102

**Name of Abatement Contractor:** Plymouth Environmental Company, Inc.

**Street Address:** 515 Grove Street, Suite 1B

**City, State, Zip Code:** Haddon Heights, NJ 08035

**Telephone No.:** 856-656-2944

**License No.:** 0398

**Start Date (10):** 1/2/20

**Scheduled Completion Date (11):** 2/3/20

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 3:30PM - 6:00PM - 9:00AM

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

- [ ] 3 sf or >3 lf
- [x] 160 sf or >260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:** 1st Floor Lobby

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

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

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

**Abatement Type:** Removed

**Name of Registered Waste Hauler:** Robinson Waste Disposal

**Disposal Date:** 2/3/20

**Name of Registered Landfill:** GROWS Landfill

**City, State:** Voorhees, NJ 08043

**Name of Registered Landfill:** Moorisville, PA

**Completed By (Print or Type):** James M. Kelly

**Title:** Vice President

**Signature:**

---

* Do not use this form for asbestos liencsure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 2:120)

Date of Notification: 12/20/19
Natural Selection

Name of Building Owner/Operator:

Type Notification

Agency Notified

Street Address
55 Sparta Avenue
Newton, NJ 07860

City, State, Zip Code
Newton, NJ 07860

Name of Contact
JR D'Annibale

Telephone Number
862-354-7572

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Thorlabs

Street Address
47 Sparta Avenue
Newton

City
Newton

County
Sussex County

County Code

Name of Abatement Contractor:
ELCON Environmental

Address
2002 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406

City, State, Zip Code
King of Prussia, PA 19406

Name of Monitoring Firm Hired by Building Owner:
Environmental Consulting, Inc.

ASCM No.

Name of OSHA Monitor

Same

Occupancy Status During Abatement
Facility Closed/ Vacated During Entire Period of Abatement

Scheduled Completion Date
02/07/2020

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-Firable Procedure

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

Location
Basement

Description
Pipe Insulation

Amount
10 LF

Abatement Type

Removal

Repair

Encapsulate

Endurable

Exterior

Enclosed porch on Floor 2

Attached

Name of Registered Waste Hauler
Minerva Enterprises

Service Transport Group

NJ/DEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Disposal Date
TBD

Completed by
Andre Gosek

Title
Project Manager

Signature

Date
12/20/19

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat roof</td>
<td>Yes</td>
<td>Roofing material</td>
<td>800 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Flat Roof throughout</td>
<td>No</td>
<td>duct coating</td>
<td>58 SF</td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>plaster</td>
<td>4,950</td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

State of New Jersey

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

Natural Selection

**EPA**

**DEP**

**DOL**

**DOH**

**DCA**

**Street Address**

56 Sparta Avenue

**City, State, Zip Code**

Newton, NJ 07860

**Name of Contact**

JR D'Annibale

**Telephone Number**

862-354-7572

---

**FACILITY INFORMATION**

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

Thorbilabs

**Street Address**

43 Sparta Avenue

**City (5)**

Newton

**County (6)**

Sussex County

**Square Feet**

10,200

**# of Floors**

2

**Bldg. Age**

75+/-

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

Office/Warehouse

**Type of Facility (4)**

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

**County Code (7)**

(State Use Only)

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

Environmental Consulting, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**

ELCON Environmental

**Street Address**

2002 Renaissance Boulevard, Suite 110

City, State, Zip Code

King of Prussia, PA 19406

**Telephone No.**

610-279-7070

**Telephone No.**

215-313-7427

**License No.**

01225

**Name of OSHA Monitor**

Same

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

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

**Start Date (10)**

01/06/2020

**Scheduled Completion Date (11)**

06/11/2020

**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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
</tr>
<tr>
<td>Floor 1</td>
<td>No</td>
<td>12&quot;x12&quot; floor tile and mastic</td>
<td>4,000 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group**

NJDEP Waste Hauler ID No. SW2117

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Minerva Enterprises

**City, State**

New Castle, DE

**Disposal Date**

TBD

**City, State**

Waynesburg, OH

**Completed by**

Andre Gosek

**Title**

Project Manager

**Signature**

Date

12/20/19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/19</td>
<td>DR. DAVID CAMO</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR. DAVID CAMO</td>
<td>OAKHURST, NJ. 07755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Foot # of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1960</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/20</td>
<td>1/7/20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
<td>280 Huyler St</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, N.J. 07606</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>VAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>350 SF X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
<td>31/2/09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/20</td>
<td>NEWBURGH, PA. 17240</td>
</tr>
</tbody>
</table>

Completed by: J. MAIORANO
Title: Estimator
Signature: [Signature]
Date: 12/20/19

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 6:160 and 12:120

Date of Notification (1): 12/19/2019

Name of Building Owner/Operator (2): Newark Public Schools

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

Type Notification (4):
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address:
190 Muhammad Ali Avenue
Newark, NJ 07108

City, State, Zip Code:
Newark, NJ 07108

Name of Contact:
Benjamin Olgadeyo
Telephone Number:
973-993-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Malcom X Shabazz High School

Street Address:
122 Milford Ave.
Newark
Essex

County Code (7):
(State Use Only)

Square Feet:
62,000

# of Floors:
3

Bldg. Age:
105

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

Current Use (Prior to being demolished):
School

Name of Monitoring Firm Hired by Building Owner (5):
TTI Environmental, Inc.

ASCM No.:

Name of Abatement Contractor (9):
Smac Corp.

Street Address:
431 North Midland Ave.
Saddle Brook, NJ 07663

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

Project Manager for Monitoring Firm:
James Guillardi
Telephone No.:
856-840-8800

Telephone No.:
201-791-6777

License No.:
01110

Name of OSHA Monitor:
EMSL Analytical, 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:

Scope of Work (Check All That Apply):
- ≥23 sf or ≥23 If
- ≥160 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room # 208</td>
<td>X</td>
<td>ACM Floor Tiles</td>
<td>1,700 SF</td>
<td>X</td>
</tr>
<tr>
<td>Main Office</td>
<td>X</td>
<td>ACM Pipe Insulation</td>
<td>9 LF</td>
<td>X X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Smac Corp.

City, State:
Saddle Brook, NJ 07663

Completed by:
Borce Gjorsoski
Title:
President
Signature:
Date:
12/19/2019

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 12/19/2019

Name of Building Owner/Operator: Newark Public Schools

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

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

Street Address: 190 Muhammad Ali Avenue
City, State, Zip Code: Newark, NJ 07108

Name of Contact: Benjamin Olagadeyo
Telephone Number: 973-993-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Thirteen Avenue School

Street Address:
359 13th Ave.

City:
Newark

County:

County Code (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner:
TTI Environmental, Inc.

ASCM No.:

Name of Abatement Contractor:
Smac Corp.

Street Address:
1253 North Church Street

City, State, Zip Code:
Moorestown, NJ 08057

Name of OSHA Monitor:
EMSL Analytical, Inc.

Telephone No.:
856-840-3800

License No.:
01110

Start Date:
12/20/2019

Scheduled Completion Date:
12/28/2019

Occupancy Status During Abatement:
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work:
- 180 sf or 720 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Room</th>
<th>ACM Mastic</th>
<th>Location Normally Used by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band Room</td>
<td>X</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):
1,800 SF

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

Name of Registered Waste Hauler:
Smac Corp.

NJDEP Waste Hauler ID No.:
18590

Cubic Yards of Waste:
5 yards

Name of Registered Landfill:
Grown Landfill

City, State:
Piscataway, NJ 08854

Disposal Date:
12/28/2019

Completed by:
Borce Gjorsoski
Title:
President

Signature:

Date:
12/19/2019

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

(Pursuant to NJAC 6:13-24.24 and 12:120)

**Date of Notification:** 12/19/19

**Name of Building Owner/Operator:** Harold Ganz

---

### FACILITY INFORMATION

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

**Street Address:** Hillsdale

**City:** Hillsdale

**County:** Bergen

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

**Square Feet:** 3100

**No. of Floors:** 2

**Bldg. Age:** 65+/-

**Current Use:** Residential Home

---

### Name of Monitoring Firm

**Name:** ASCM No.

**Address:** Saddle Brook, NJ 07663

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

---

### Project Manager

**Name:** Harold Ganz

**Street Address:** Saddle Brook, NJ 07663

**City:** Saddle Brook

**State:** NJ

**Zip Code:** 07663

---

### Start Date

**Date:** 12/23/19

**Scheduled Completion Date:** 12/29/19

---

### Scope of Work

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Den</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAT</td>
<td></td>
<td>x</td>
<td></td>
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</table>

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

**Amount (Specify SF or LF):** 247 SF

**Abatement Type:** Full Containment with Negative Pressure

---

### Name of Registered Waste Hauler

**All Stages Abatement:**

**Name:** NJ/DEP Waste Hauler ID No.

**Cubic Yards of Waste:** 3 YD

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

**City:** Saddle Brook

**State:** NJ

**Zip Code:** 07663

---

### Completed by

**Name:** Richard Cristofol

**Title:** President

**Signature:**

**Date:** 12/19/19

---

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

---

**ASB-41 (R-06-08)**
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:62 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:**
Graham Bazikian

**Date of Notification:**
12/19/19

**Name of Building Owner/Operator:**
Graham Bazikian

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

**Telephone Number:**

**COUNTY CODE (STATE USE ONLY):**

**Current Use (Prior to being demolished):**
Residential Home

**Street Address:**

**Bldg. Age:**
65+/-

**Type of Facility:**
All Stages Abatement

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>28 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
NJDEP Waste Hauler ID No.
0036592

**Cubic Yards of Waste:**
1 YD

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

**Disposal Date:**
TBD

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

**City, State:**
Park Aquryl, PA

**Completed by:**
Richard Cristofol

**Title:**
President

**Signature:**

**Date:**
12/19/19

**Visit 163954 CH2471**

---

**ASB-41 (R-06-08)**

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:560 and 12:29)

Date of Notification: 12/19/19
Name of Building Owner/Operator: Wendy Levi

Agencies Notified: X EPA, X DEP, DOL
Type Notification: X Initial, □ Amended, □ Amendment #1, □ Emergency (including justification), □ Cancellation
Street Address: City, State, Zip Code: Edgewater, NJ 07020
Name of Contact: Wendy Levi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Apartment Complex
Street Address: Edgewater
City: (5) Bergen
County Code: (STATE USE ONLY) 64
Square Feet: 1000
# of Floors: 1
Bldg. Age: 55+/-
Current Use: (Prior if being demolished) Apartment Complex

Name of Monitoring Firm Hired by Building Owner: ASCM No.
Project Manager: Name of Abatement Contractor:

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

Project Manager for Monitoring Firm: Telephone No.
Street Address: 280 N. Midland Ave.
City, State, Zip Code: Saddle Brook, NJ 07663
Telephone No.: 201-600-3184
License No.: 01305

Start Date: 1/5/20
Scheduled Completion Date: 1/10/20

Occupancy Status During Abatement: Facilities Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours: Other – Describe: 8 AM to 4 PM

Scope of Work: (Check All That Apply)
X ≥3 sf or ≥3 lf
X ≥160 sf or ≥260 lf
X Renovation

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

| 1st Fl Studio | X | Mastic | 207 SF | x |
|

Location of Registered Waste Hauler
All Stages Abatement: NJDEP Waste Hauler ID No. 0036592
Cubic Yards of Waste: 1 YD
Name of Registered Landfill: Grand Central Sanitary Landfill
Disposal Date: TBD
City, State: Saddle Brook, NJ
City, State: Pen Argyl, PA

Completed by: Richard Cristofoli
Title: President
Signature: Date: 12/19/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 8:12-20)

Date of Notification (1)  
12/20/2019

Name of Building Owner/Operator (2)  
Cohen

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

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

Street Address  
[Redacted]

City, State, Zip Code  
Hackensack, NJ 07601

Name of Contact  
Josh Cohen

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  
5500

# of Floors  
2

Bldg. Age  
100 +/-

Current Use (Prior if being demolished)  

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

City (5)  
Hackensack, NJ 07601

County (6)  
Bergen

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

Street Address  
PO Box 322

City, State, Zip Code  
Allentown, NJ 08501

Project Manager for Monitoring Firm  
Bill Weisgerber

Telephone No.  
609 296-4070

Name of OSHA Monitor  
MECS

Telephone No.  
609 259-9688

License No.  
00493

Start Date (10)  
12/30/2019

Scheduled Completion Date (11)  
1/7/2020

Occupy Status During Abatement (Check Only)  
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8 am to 4 pm

Scope of Work (Check All That Apply)  
- ≥ 3 sf or ≥ 33 if
- ≥ 150 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Pipe Insulation</td>
<td>600 lf</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Tank Insulation</td>
<td>20 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>VAT</td>
<td>700 sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Stevens Environmental

NJDEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
8

Name of Registered Landfill  
Fairless Landfill

City, State  
Allentown, NJ

Disposal Date  
1/7/2020

Complied by  
Mahlon E. Stevens

Title  
Project Manager

Signature  

Date  
12/20/2019

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/18/2019</td>
<td>Rider University</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2083 Lawrenceville Road</td>
<td>Mr. Walter Eddy</td>
</tr>
</tbody>
</table>

**City, State & Zip Code**
- Lawrenceville, NJ 08648

**County & County Code**
- Mercer 08035

**Telephone Number**
- 609-996-5000

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Rider University-Gill Memorial Chapel

**Street Address**
- 2083 Lawrenceville Road

**City, State & Zip Code**
- Lawrenceville, NJ 08648

**Telephone Number**
- 609-996-5000

**Name of Monitoring Firm Hired by Building Owner (8)**
- Pennoni & Associates

**Street Address**
- 515 Grove Street, Suite 1B

**City, State & Zip Code**
- Haddonfield, NJ 08035

**Telephone Number**
- 856-647-0505

**Project Manager for Monitoring Firm**
- Mr. Brian Clark

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed During 1st Shift
- [ ] Describe: 7AM-5PM
- [ ] Facility Occupied During Abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
- [ ] Yes
- [ ] No
- [ ] N/A

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

**Amount (Specify SF or LF)**
- 2000 SF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No. 0035218

**Resource Management Group, LLC**

**Disposal Date**
- TBD

**Name of Registered Landfill**
- Grows Landfill

**City, State**
- Trenton, NJ

**Completed By (Print or Type)**
- Mr. Brian J. Haney

**Title**
- President

**Signature**
- [Signature]

**Date**
- 12/18/2019
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

State of New Jersey

Date of Notification (1)
12/18/2019

Name of Building Owner / Operator (2)
Rider University

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
2083 Lawrenceville Road
City, State & Zip Code
Lawrenceville, NJ 08648

Name of Contact
Mr. Walter Eddy
Telephone Number
609-896-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rider University-Gill Memorial Chapel

Street Address
2083 Lawrenceville Road

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

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

ASCM No.

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

Square Feet
4,000
# of Floors
2
Bldg. Age
55+

Current Use (Prior if being demolished)
Campus Building

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

License Number
01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

Project Manager for Monitoring Firm
Mr. Brian Clark
Telephone Number
856-547-0605

Scheduled Start Date (10)
1-2-2020
Scheduled Completion Date (11)
1-30-2020

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed During 1st Shift
- Facility Occupied During Abatement
- Full Containment with Negative Pressure
- Glove Bag Procedures/Cut & Wrap
- Non-Exempted and Non-Friable Procedure

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 or Custodial Staff? (12)
Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

End Stage
Encapsulation
Repair
Removal

Exterior of Building

Exterior Window Glazing
600 LF

Exterior Building Caulk
200 LF

Basement Hall

Interior Door Caulk
400 LF

Basement

Interior Expansion Caulk
100 LF

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney
Title
President
Signature

Date
12/18/2019

Bran Nalley
Date of Notification (1) 12/16/2019

Name of Building Owner/Operator (2) Cedar Knolls LLC

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

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

Street Address
80 S Jefferson Rd Suite 202

City, State, Zip Code
Whippany NJ 07981

Name of Contact
Aaron Guy

FACILITY INFORMATION

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

Street Address

City (5)
Morristown NJ

County (6)
Morris County

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

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Square Feet
2200

Name of OSHA Monitor
Irvin Environmental Laboratories

# of Floors
1

Street Address
1435 51st Street

Bldg. Age
+50

City, State, Zip Code
North Bergen NJ 07047

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm
N/A

Telephone No.
Telephone No.
201-552-9665

License No.
01394

Start Date (10)
12/18/2019

Scheduled Completion Date (11)
12/22/2019

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00 AM to 4:00 PM

Name of Registered Waste Hauler

Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem Rd Landfill

City, State

Disposal Date
2005 Asbestos Bethlehem PA

Completed by
Galo Zumba

Title
Principal

Signature

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

**State of New Jersey**

**PR II / GAR Tremley Property Three Urban Renewal, LLC**

**Date of Notification:** 12-12-19

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

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

**Street Address:**
- 33 Cotters Lane
- East Brunswick, NJ 08816

**Name of Building Owner/Operator:**
- Marc Boumann

**Telephone Number:**
- (732) 427-4573

**Name of Facility Where Abatement is Taking Place:**
- 4000 Road to Grasselli
- City of Linden, NJ 07036

**County:**
- Union

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

**Current Use (Prior to being demolished):**
- Old Storage Tank

**Name of Monitoring Firm Hired by Building Owner:**
- Gallagher Bassett Services, Inc.

**ASCM No.:**

**Name of Abatement Contractor:**
- Pinnacle Environmental Corp.

**Street Address:**
- 2850 Golf Road
- Rolling Meadows, IL 60008

**City, State, Zip Code:**
- City, State, Zip Code

**Project Manager for Monitoring Firm:**
- Michael Garambone

**Telephone No.:**
- (212) 631-9000

**License No.:**
- 00756

**Start Date:**
- 12-23-19

**Scheduling Completion Date:**
- 01-12-20

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
- Exterior: Holding Tank

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**
- [X] Yes

**Description of Asbestos-Containing Material (ACM):**
- Tar Paper

**Amount (Specify SF or LF):**
- 800SF

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

**Name of Registered Waste Hauler:**
- Newark Carting, Inc.

**NJDEP Waste Hauler ID No.:**
- 04509

**Cubic Yards of Waste:**
- TBD

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

**City, State:**
- Morrisville, PA 19067

**Completed by:**
- Joseph Patrick

**Title:**
- Project Manager

**Signature:**

**Date:**
- 12-12-19

---

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

PAP Job #: 19-1213 Add Material Please see additional quantity sheet

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Amended Amendment # 4</td>
<td>The Prudential Insurance Company of America</td>
<td>213 Washington Street</td>
<td>Bill Barrett</td>
<td>973-802-2175</td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Wash Building
Street Address
213 Washington Street 11th, 12th, 13 & 14th Floor
City (5)
Newark
County (6)
Essex

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner
Tiger Environmental Inc
ASCM No.

Name of Abatement Contractor
PAL Environmental Safety Corp. D/B/A PAL Enviro

Street Address
256A Jefferson Court

City, State, Zip Code
Lakewood, NJ 08701

Project Manager for Monitoring Firm
Kelly Walton
Telephone No.
732-948-9458

Telephone No.
718-349-0900

License No.
00853

Start Date (10) 11/25/2019
Scheduled Completion Date (11) 01/25/2020

Occupancy Status During Abatement (Check Only One)
\[\begin{array}{l}
\text{Facility Closed/Vacated During Entire Period of Abatement} \\
\text{Abatement Performed Outside of Normal Facility Hours} \\
\text{Other – Describe:} \\
\end{array}\]

Scope of Work (Check All That Apply)
\[\begin{array}{l}
\text{Renovation} \\
\text{Demolition} \\
\text{Full Containment with Negative Pressure} \\
\text{Mini-Enclosure} \\
\text{Glovebag Procedure} \\
\text{Non-Exempted (*) and Non-Friable Procedure} \\
\end{array}\]

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>11th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>12th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>13th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>14th Floor</td>
<td>X</td>
<td>Floor Tile, Mastic &amp; Duct Insulation</td>
<td>21,000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ATC
NJDEP Waste Hauler ID No. 24310
Cubic Yards of Waste: 50 Yards
Name of Registered Landfill
Minerva Enterprises
City, State, Zip Code
Shirley, NY 11967
Disposal Date
11/27/2019
City, State, Zip Code
Waynesburg, OH 44688

Completed by
Ann A. Ali
Title
Compliance Admin
Signature

Date
12/17/2019

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>FLOOR</th>
<th>LOCATION</th>
<th>TYPE OF MATERIAL</th>
<th>FOOTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11TH</td>
<td>JANITOR’S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>JANITOR’S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>JANITOR’S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>14TH</td>
<td>JANITOR’S CLOSET</td>
<td>PIPE INSULATION</td>
<td>40 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>ELEVATOR MACHINE ROOM</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>ELEVATOR MACHINE ROOM</td>
<td>PIPE INSULATION</td>
<td>50 LF</td>
</tr>
<tr>
<td>11TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
<tr>
<td>12TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
<tr>
<td>13TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
<tr>
<td>14TH</td>
<td>COLUMN D2</td>
<td>PIPE INSULATION</td>
<td>36 LF</td>
</tr>
</tbody>
</table>

Additional.
**State of New Jersey**  
**NOTIFICATION OF ASPBETOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

### Agencies Notified
- EPA  
- DOLWD  
- DHSS  
- DCA (NJAC 5:23-6)

### Type Notification
- Initial  
- Amended  
- Emergency (including justifiable)  
- Cancellation

### Street Address
10 Legion Place - Building A  

### City, State, Zip Code  
Morristown, NJ 07960

### Name of Contact  
Matt Turner  

### Telephone Number  
215-221-8535

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valiant/JCP&amp;L Pole</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 South Wall Street</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### County Code (STATE USE ONLY)
Monmouth

### Name of Monitoring Firm Hired by Building Owner
NA

### ASCM No.

### Name of Abatement Contractor
AbateTech, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Maple Ave. PO Box 25</td>
<td>609-265-2107</td>
<td>00529</td>
</tr>
</tbody>
</table>

### Name of OSHA Monitor
EMSL Analytical

### Project Manager for Monitoring Firm  

### Telephone No.  
City, State, Zip Code  
Lumberton, NJ 08048

### Start Date  
12 / 20 / 19

### Scheduled Completion Date  
12 / 31 / 19

### Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM, PM, AM

### Scope of Work
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥290 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

### Name of Registered Waste Hauler  
AbateTech, Inc.

### NJDEP Waste Hauler ID No.
18750

### Cubic Yards of Waste
2

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

### City, State  
Tullytown, PA

### Completed By (Print or Type)
Gwen Trumbetti  

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

### Date
12-19-19

*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>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 18 / 19</td>
<td>JCP&amp;L/FirstEnergy Company / Job #1912-5572 Check #</td>
<td>10 Legion Place - Building A</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #1</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morristown, NJ 07960</td>
<td>Matt Turner</td>
<td>215-221-9335</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valiant/JCP&amp;L Pole</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>520 Main Street</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Allenhurst</td>
<td>Monmouth</td>
<td>Substation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Maple Ave. PO Box 25</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>609-265-2107</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<tr>
<td>12 / 19 / 19</td>
<td>12 / 31 / 19</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check only one</td>
<td>200 Route 130 North</td>
<td>Cinnaminson, NJ 08077</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>renovation</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>demolition</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>non-removal</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>non-exempted</td>
<td>Non-Fireable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Exterior Utility Pole#WR60234007</td>
<td>Yes</td>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>16 LF</td>
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<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>AbateTech, Inc.</td>
<td>18750</td>
<td>2</td>
<td>G.R.O.W.S. Landfill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>12/31/19</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Operations Coordinator</td>
<td>[Signature]</td>
<td>12-18-19</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 17 / 19</td>
<td>NJ DPMC / Job #1906-5500 Check #</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>PO Box 034</td>
<td>Trenton, NJ 08626-0034</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin McDonald</td>
<td>856-662-9500</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
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</thead>
<tbody>
<tr>
<td>NJ DOT Building 18 &amp; 18A</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>1035 Parkway Avenue</td>
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<tr>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>Public Building</th>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>USA Environmental</td>
<td>EMSL Analytical</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Weisgarber</td>
<td>609-656-8101</td>
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<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<td>7 / 15 / 19</td>
<td>1 / 31 / 20</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

- > 30 ft or > 3 sf
- > 160 ft or > 260 sf
- 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) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>See Attached</th>
<th>1st Floor</th>
<th>Main Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Attached</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>70 LF</td>
<td></td>
</tr>
<tr>
<td>Duct Insulation</td>
<td>150 SF</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>40</td>
<td>G.R.C.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>1/31/20</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
</table>
| Gwendolyn Trumbetti | Operations Coordinator | *Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

12 / 17 / 19

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

JCP&L/FirstEnergy Company / Job #1912-5569 / Check #19193

**Street Address**

10 Legion Place - Building A

**City, State, Zip Code**

Morristown, NJ 07960

**Name of Contact**

Matt Turner

**Telephone Number**

215-221-9335

---

**FACILITY INFORMATION**

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

Valiant/JCP&L Pole

**Street Address**

44 South Wall Street

**City (5)**

Neptune City

**County (6)**

Monmouth

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

Current Use (Prior if being demolished)

Substation

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

NA

**ASCM No.**

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

30 Maple Ave. PO Box 25

**City, State, Zip Code**

Lumberton, NJ 08048

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**

609-265-2107

**License No.**

00529

**Start Date (10)**

12 / 20 / 19

**Scheduled Completion Date (11)**

12 / 20 / 19

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM_ - _PM_ - _AM_

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

- ≥ 30 ft or ≥ 3 Story
- ≥ 150 s f or ≥ 260 ft²

- Renovation
- Demolition

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

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

Exterior Utility Pole#JC165NC

- Asbestos risers

16 LF

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NJDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

2

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

**Disposal Date**

12/20/19

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Gwen Trumbetti

**Title**

Operations Coordinator

**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 5:16)

**Date of Notification (1):** 12/16/19

**Name of Building Owner/Operator (2):** JCP&L/FirstEnergy Company / Job #1912-5572 Check #11992

**Street Address:** 10 Legion Place - Building A

**City, State, Zip Code:** Morristown, NJ 07960

**Name of Contact:** Matt Turner

**Telephone Number:** 215-221-9335

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Valiant/JCP&L Pole

**Street Address:** 520 Main Street

**City (5):** Allenhurst

**County (6):** Monmouth

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

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

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

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

**Project Manager for Monitoring Firm:**

**Telephone No.:** 609-265-2107

**License No.:** 00529

**Name of OSHA Monitor:** EMSL Analytical

**Street Address:** 200 Route 130 North

**City, State, Zip Code:** Cinnaminson, NJ 08077

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

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

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

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

**Time of Abatement:** AM_ AM_ PM_ PM_ AM_

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

- [ ] ≥3 sf or ≥3 Lf
- [ ] ≥150 sf or ≥260 Lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [ ] IN Facility

**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):** 16 LF

**Abatement Type:**

- [ ] Removal
- [ ] Encapsulation
- [ ] Enclosure

**Exterior Utility Pole#WR60234007:**

- [ ] Asbestos risers

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

**Cubic Yards of Waste:**

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

**Disposal Date:** 12/19/19

**City, State:** Lumberton, NJ

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

**Title:** Operations Coordinator

**Signature:**

**Date:** 12-16-19

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

**MAY 11**
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 13 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JCP&amp;L/FirstEnergy Company / Job #1912-5571 Check #11995</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ DOA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>10 Legion Place - Building A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Greco</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-602-1499</td>
</tr>
</tbody>
</table>

Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>JCP&amp;L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>5 South Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Morristown, NJ 07963</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Substation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>1 Source Safety &amp; Health, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Exton, PA 19341</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>610-524-5525</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

Start Date (10) | 12 / 16 / 19 |
Scheduled Completion Date (11) | 12 / 20 / 19 |
| Name of OSHA Monitor | EMSL Analytical |

Occupancy Status During Abatement (Check only one)

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM

Scope of Work (Check all that apply)

- ☑ ≥ 3 sf or ≥3 if
- ☑ ≥ 160 sf or ≥260 if
- ☑ Renovation
- ☑ Demolition
- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure

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

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

| Amount (Specify SF or LF) | 24 LF |

Abatement Type

- ☑ Removal
- ☑ Encapsulate
- ☑ Endorse

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18750</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/20/19</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

Completed By (Print or Type) | Gwen Trumbetti |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>12-13-19</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**  
12 / 11 / 19

**Name of Building Owner/Operator (2)**  
Rutgers, The State University of NJ / Job #1806-5338 Check #11990

**Agency Notified**  
- [ ] EPA  
- [ ] DOLWD  
- [ ] DHSS  
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**  
REHS, 27 Road #1, Bldg. 4086 Livingston Campus

**City, State, Zip Code**  
Piscataway, NJ 08854

**Name of Contact**  
Michael F. Smith

**Telephone Number**  
848-445-2550

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Rutgers - Livingston Campus- Bldgs. 4086, 4087 & 4155

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

**Square Feet**  
# of Floors  
Bldg. Age

**County (6)**  
Middlesex

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

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

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

**ASCM No.**  
117

**Name of Abatement Contractor (9)**  
AbateTech, 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**  
EMSL Analytical

**Start Date (10)**  
12 / 13 / 19

**Scheduled Completion Date (11)**  
12 / 16 / 19

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

**Time of Abatement:**  
AM-PM/PM-AM

**Scope of Work (Check all that apply)**  
- [ ] ≥3 sf or ≥3lf  
- [ ] ≥160 sf or ≥260 lf  
- [ ] Renovation  
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>No</td>
<td>Asbestos/Fiberglass</td>
<td>180 CY</td>
<td></td>
</tr>
</tbody>
</table>

<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>Mazza Recycling Service</td>
<td>00368891</td>
<td>40</td>
<td>Fairless Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinton Falls, NJ</td>
<td>12/16/19</td>
<td>Tullytown, PA</td>
<td>12/1/19</td>
</tr>
</tbody>
</table>

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

**Title**  
Operations Coordinator

**Signature**  

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