# Open Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):**

12/19/2016

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

PSE&G

**Street Address:**

4000 HADLEY ROAD

**City, State, Zip Code:**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact:**

JOHN MAROTTE

**Facility Information:**

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

PSE & G - LOCATION 14

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

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

Facility Closed/Abandoned During Entire Period of Abatement

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

- 23 ft or 23 ft
- 160 ft or 220 ft
- 260 ft or 280 ft
- Renovation
- Demolition

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

**Waste Management:**

NJDEP Waste Hauler ID No. 1125

**Disposal Date:**

7/15

**Name of Registered Waste Hauler:**

GROWS NORTH

**Disposal Date:**

MORRISVILLE, PA

**Title:**

OFFICE MANAGER

**Signature:**

Carol Raimo

**Date:**

12/19/2016

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

Date of Notification (1)  
7/25/16

Name of Building Owner/Operator (2)  
PSEG

Agencies Notified  
- EPA
- DEP
- DOL
- DOH
- DOA

Type Notification  
Initial

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
JOHN MAROTTE

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
PSEG Location 14

Street Address  
9-11 WESTMORELAND AVE.

City (5)  
FAIR LAWN

County (6)  
BERGEN

County Code (7)  
N/A

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

ASCN No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-280-2217

Start Date (10)  
8/8/16

Scheduled Completion Date (11)  
12/3/16

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

Other - Describe:  
OUTDOORS

Scope of Work (Check All That Apply)  
- ≥33 ft or ≥33 ft
- ≥150 ≤ or ≥280 ≤

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)  
OUTDOORS

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

Description of Asbestos Containing Material (ACM)  
PIPE SOMASTIC

Amount (Specify SF or LF)  
200 LF

Abatement Type  

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

Location of Registered Waste Hauler  
NJDW Waste Hauler ID No. 1125

Cubic Yards of Waste  
500

Name of Registered Landfill  
GROWS NORTH

City, State  
ELIZABETH, NJ

Disposal Date  
7/15

Name of Registered Landfill  
GROWS NORTH

City, State  
ELIZABETH, NJ

Completed by  
CAROL RAIMO

Title  
OFFICE MGR

Signature  
John Raimo

Date  
7/25/16

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

**Date of Notification (1):**

12/19/2016

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

**Street Address:**
4000 HADLEY ROAD

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

**Name of Contact:**
JOHN MARDIJE

**Facility Information:**

**Name of Facility Where Abatement is Taking Place (3):**
PSE&G - LOCATION IS
18-74 McBride Ave.

**City:**
FAIR LAWN

**County:**
BERGEN

**Type of Facility (4):**

Subchapter 8 (Other than K-12)

**Square Feet:**
N/A

**# of Floors:**
N/A

**Bldg. Age:**
N/A

**Current Use (Prior if being demolished):**
N/A

**Name of Monitoring Firm Hired by Building Owner (6):**
ENVIRONMENTAL TACTICS

**ASCM No.:**
0045

**Name of Abatement Contractor (8):**
UNIQUE SYSTEMS OF AMERICA

**Street Address:**
396 WHITEHEAD AVE.

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

**Telephone No.:**
732-432-8350

**License No.:**
01111

**Start Date (10):**
8/18/2016

**Scheduled Completion Date (11):**
6/30/2017

**Occupy Status During Abatement (Check Only One):**

Facility Closed/ Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

**Other – Describer:**
OUTDOORS,

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

Removal Demolition

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

OUTDOORS,

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

No

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

Pipe Semisandable 200 LF

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

N/A

**Abatement Type:**

N/A

**Name of Registered Waste Hauler:**
NJDEP Waste Hauler ID No. 1120

**Cubic Yards of Waste:**
495

**Name of Registered Landfill:**
GROWS NORTH

**Disposal Date:**
7/23

**City, State:**
MORRISVILLE, PA

**Completed by:**
CAROL RAIMO

**Title:**
OFFICE MANAGER

**Signature:**
Cindy Blaine

**Date:**
12/19/2016

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

**Date of Notification (1)**  7/25/16  
**Name of Building Owner/Operator (2)**  PSEG  

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

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

**Street Address**  
4000 HADLEY ROAD  
**City, State, Zip Code**  
SOUTH PLAINFIELD, NJ 07080  

**Name of Contact**  
JOHN MAROTTI  
**Facility Information**  

**Name of Facility Where Abatement is Taking Place (3)**  
PSEG - LOCATION IS  
18-74 McBride Ave.  
**Type of Facility (4)**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e., private & commercial buildings, homes, etc.)  

**Square Feet**  
[NA]  
**No. of Floors**  
[NA]  
**Bldg. Age**  
[NA]  
**Current Use (Prior if being demolished)**  
[NA]  

**Name of Monitoring Firm Hired by Building Owner (5)**  
ENVIRONMENTAL TACTICS  
**ASCN No.**  
0045  
**Name of Abatement Contractor (6)**  
UNIQUE SYSTEMS OF AMERICA  
**Street Address**  
336 WHITEHEAD AVE.  
**City, State, Zip Code**  
SOUTH RIVER, NJ 08882  
**Telephone No.**  
732-432-9350  
**License No.**  
01111  
**Name of OSHA Monitor**  
UNIQUE SYSTEMS OF AMERICA  
**Street Address**  
336 WHITEHEAD AVE.  
**City, State, Zip Code**  
SOUTH RIVER, NJ 08882  

**Start Date (10)**  
8/8/16  
**Scheduled Completion Date (11)**  
8/8/16  
**Occupancy Status During Abatement (Check Only One)**  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe: **OUTDOORS**  

**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**  
OUTDOORS  
**Pipe, Soffitt, etc.**  
[PIPE, SOFFITT, ETC. 200 LF]  

**Name of Registered Waste Hauler**  
WASTE MANAGEMENT  
**NJDEP Waste Hauler ID No.**  
1125  
**Cubic Yards of Waste**  
**Name of Registered Landfill**  
GROWS NORTH  
**City, State**  
MORRISVILLE, PA  
**Disposal Date**  
**TBD**  
**Date**  
7/25/16  

**Compiled by**  
CAROL RAIMO  
**Title**  
OFFICE MGR  
**Signature**  
[Signature]  
**Date**  
7/25/16  

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

Date of Notification: 12/19/2016

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

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

Name of Building Owner/Operator:
PSE&G

Street Address:
4000 HADLEY ROAD
City, State, Zip Code:
SOUTH PLAINFIELD, NJ 07080

Name of Contact:
JOHN MAROTTI

Name of Facility Where Abatement is Taking Place:
PSE&G - FAIR LAWN SWITCH

Street Address:
MO BRIE AVE & NEVINS RD.

City (8):
FAIR LAWN

County (9):
BERGEN

County Code (7):
[STATE USE ONLY]

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

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

Current Use (Prior to being demolished):
N/A

Name of Monitoring Firm Hired by Building Owner:
ENVIRONMENTAL TACTICS

ASCM No.:
0045

Name of Abatement Contractor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

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

Telephone No.:
732-432-8350

License No.:
01111

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

Street Address:
396 WHITEHEAD AVE.

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

Start Date (10):
8/8/2016

Scheduled Completion Date (11):
6/30/2017

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

Scope of Work (Check All That Apply):
- ≥ 3 sf or ≥ 23 sf
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition

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

In Facility (13):

- Outdoors

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 SOMETASTIC

Amount (Specify SF or LF):
200 LF

Abatement Type:

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

Name of Registered Waste Hauler:
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.:
1125

Cubic Yards of Waste:
15

Disposal Date:
7/8/16

Name of Registered Landfill:
GROWS NORTH

City, State:
MORRISVILLE, PA

Completed by:
CAROL RAIMO
Title:
OFFICE MANAGER
Signature:
Carol Raimo
Date:
12/19/2016

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

Date of Notification (1): 7/25/16

Name of Building Owner/Operator (2): PSEG

Agencies Notified: EPA

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact: JOHN MARETTE

Name of Facility Where Abatement is Taking Place (3): PSEG - FAIR LAWN SWITCH
Street Address: McBride Ave. + Nevins Rd.
City: FAIR LAWN
County: BERGEN

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

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

Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

License No.: 01111

Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA
Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

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

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

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

Abatement Type:
- Rummage
- Whipple
- Encapsulate
- Endorse

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

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

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

Amount (Specify SF or LF):
- 100 LF

Name of Registered Waste Hauler:

WASTE MANAGEMENT

City: ELIZABETH, NJ

Name of Registered Landfill:

GROWS NORTH

City: MORRISVLLE, PA

Complied by:
CAROL RAIMO
Title: OFFICE MGR

Disposal Date: TBD

Signature: CAROL RAIMO
Date: 7/25/16

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

Date of Notification (1)
12/19/2016

Name of Building Owner/Operator (2)
Evelyn Deion

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

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

Street Address
City, State, Zip Code
Dumont, NJ 07628

Name of Contact
Evelyn Deion

FACILITY INFORMATION

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

Square Feet
N/A

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

City (5)
Dumont

No. of Floors
N/A

County (6)
Bergen

Bldg. Age
N/A

County Code (7)
N/A

Current Use (Prior if being demolished)
House

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

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

ASCM No.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
973-345-8685

License No.
01311

Start Date (10)
12/22/2016

Scheduled Completion Date (11)
12/23/2016

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3lf
- ≥160 sf or ≥250lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Furnace insulation 40 SF
- Pipe insulation 30 LF

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

In Facility (13)

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

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Nad Joksimovic
Title
PM

Signature
Date
12/19/2016

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

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

**Date of Notification (1)**
12/20/2016

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

**Agency Notified**
- [x] EPA
- [ ] DEP
- [ ] DOH
- [x] DOL
- [x] DOA

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Carteret, NJ 07008

**Name of Contact**
Kenny Salters

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City**
Carteret

**County**
Middlesex

**Square Feet**
1,600 SF

**# of Floors**
2

**Bldg. Age**
Built 1950

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

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

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

**ASCM No.**
[Redacted]

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Street Address**
205 Route 46 Suite 7A

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

**Telephone No.**
973-333-9176

**License No.**
01232

**Name of OSHA Monitor**
[Redacted]

**Street Address**
20-21 Wagaraw Rd., Bldg. 35 E

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

**Start Date (10)**
12/29/2016

**Scheduled Completion Date (11)**
12/31/16

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

**Scope of Work (Check All That Apply)**
- [x] 33 sf or <33 sf
- [x] ≥160 sf or <280 sf
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (\* ) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normal Use Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</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>Pipe Insulation</td>
<td>15 LF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Unicorn Contracting Corp.

**NJ DEP Waste Hauler ID No.**
0035844

**Cubic Yards of Waste**
2 +

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Disposal Date**
TBD

**Completed by**
Dimo Golcev

**Title**
General Manager

**Signature**
[Redacted]

**Date**
12/20/2016

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

Date of Notification (1)
12/19/2016

Name of Building Owner/Operator (2)
Paramount Assets LLC

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Status</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
142 Broad Street
City, State, Zip Code
Elizabeth NJ

Name of Contact
Richard Dunn

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Check</th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
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</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td>x</td>
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Square Feet
8000

Facility Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Private Property</td>
</tr>
<tr>
<td>City (5)</td>
<td>Newark NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
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<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ACM Solutions Services LLC</td>
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<tr>
<td>Street Address</td>
<td>1435 51st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen NJ 07047</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
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<tr>
<td>Telephone No.</td>
<td>201-552-9885</td>
</tr>
<tr>
<td>License No.</td>
<td>01320</td>
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<tr>
<td>Start Date (10)</td>
<td>12/29/2016</td>
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<td>Scheduled Completion Date (11)</td>
<td>1/27/2017</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Iris Environmental Laboratories</td>
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<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07803</td>
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Occupancy Status During Abatement (Check Only One)

<table>
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<tr>
<th>Status</th>
<th>Check</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>x</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
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</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work Category</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>x</td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of ACM Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>Encapsulation</td>
</tr>
<tr>
<td></td>
<td>Endorse</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc

CUDDLE Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem Rd Landfill

City, State
2335 Applebutter Rd Bethlehem PA

Completed by
Marcos Regato
Title
President
Signature

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

Date: 12/19/2016
Re: Asbestos Abatement @ 869 Broad street Newark NJ

<table>
<thead>
<tr>
<th>Type of Asbestos</th>
<th>Location</th>
<th>Quantities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door frame caulk</td>
<td>exterior door</td>
<td>34 LF</td>
</tr>
<tr>
<td>Stair first floor</td>
<td>stair covering</td>
<td>90 SF</td>
</tr>
<tr>
<td>Black cove base glue</td>
<td>2nd floor throughout lobby</td>
<td>50 SF</td>
</tr>
<tr>
<td>Yellow ceramic glue tile</td>
<td>3rd floor throughout</td>
<td>200SF</td>
</tr>
<tr>
<td>Grey 4’ wall covering</td>
<td>3rd floor throughout</td>
<td>200SF</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>2nd floor throughout</td>
<td>450LF</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>3rd floor throughout</td>
<td>450LF</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>4th floor throughout</td>
<td>50LF</td>
</tr>
<tr>
<td>Duct insulation</td>
<td>4th floor throughout</td>
<td>16SF</td>
</tr>
</tbody>
</table>

Marcos Regato
President
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 12/02/2016
Name of Building Owner/Operator (2):
Stepan Company

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

Street Address:
100 West Hunter Avenue
City, State, Zip Code:
Maywood, NJ 07607
Name of Contact:
John Ostroski
Telephone Number:

FACILITY INFORMATION

Name of Facility: Stepan B78
100 West Hunter Avenue
City/ (5):
Maywood
County/ (6):
Bergen County
County Code/ (7):
07607

Name of Monitoring Firm Hired by Building Owner:
G&C Contracting Inc.
ASCM No.:

Name of Abatement Contractor (9):
Apex Development, Inc.
Street Address:
658 Rutgers Place
City, State, Zip Code:
Paramus, NJ 07652

Phone No.:
(973) 350-0101
License No.:
01215

Start Date (10): 12/16/16
Scheduled Completion Date (11): 12/23/16
Occupancy Status During Abatement (Check only one):
- Facility Closed/vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td>FLOOR TILES</td>
<td>4,000 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
JIMMY BYRNE TRUCKING
NUDEP Waste Hauler ID No.:
19551
Cubic Yards of Waste: 30
Name of Registered landfill:
MINERVA ENTERPRISES, INC.

City, State:
Brocky, NY 10474
Disposal Date:
City, State:
Waynesburg, OH 44688
Completed By:
Sylvester Orliughan

Title: President
Signature:  
Date: 12/02/2016
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1)
12 / 20 / 16

Agency(ies) Notified
SPA
DOLWD
DHSS
DCA
(NJAC 5:23-1)

Type Notification
Initial
Amended
Emergency (including justification)

Name of Building Owner/Operator (2)
Bogdan Geana

Street Address

City State Zip Code
Trenton, NJ 08670

Name of Contact
Bogdan Geana

Facility Information

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

City (4)
Trenton, NJ 08670

County (5)
Bergen

County Code (7) (STATE USE ONLY)

Square Feet

# of Floors

Bldg Age

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
176 Valley Rd #283

City State Zip Code
Wayne, NJ 07470

License No

Telephone No
973-638-1777

Name of OSHA Monitor
Envirovision Consultants Inc.

Street Address
20-21 Wagarnow Rd, Bldg # 3SE

City State Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

Renovation
Demolition

Clean up and decontamination with negative pressure

Full containment with Negative Pressure

Misting

Glueing

Non-Exempted (*) and Non-Permissible Procedures

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

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

Yes
No
N/A

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

Amount (Specify SFF or LF)

Abatement Type

Removal
Encapsulate

Crawl space

Laundry room

Name of Registered asbestos Hauler
Gr Tech LLC

Waste Hauler (10) No
0033785

Cubic Yards of Waste

Name of Registered Landfill

City State

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type)
Title
Signature
Jude Warden
Owner

MAY 11

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

**Pursuant to NJAC 8:56 and 8:126**

<table>
<thead>
<tr>
<th>Date of Notice Issued</th>
<th>Name of Building Owner</th>
<th>Name of Contact Person</th>
<th>Address of Building Owner</th>
<th>Address of Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Agreement is Treated</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or Town</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person Responsible for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (11)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/2016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor (8)</th>
<th>Name of Asbestos Removal Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.A. Contracting Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Name of Asbestos Removal Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.M.A. Contracting Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rm</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (square ft or sq ft)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 sq ft</td>
<td>DUST WIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Master Hauler</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Garbage, Inc.</td>
<td>165 St PA Bethlehem Landfill Corp.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
<td>12/20/16</td>
</tr>
</tbody>
</table>

**Note:** The form is for compliance with asbestos removal activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
12/21/16

Name of Building Owner/Operator (2):
Hawthorne Square LLC

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

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

Street Address:
50 5th Street

City, State, Zip Code:
Hawthorne, NJ 07506

Name of Contact:
Jeremiah Fleming

Telephone Number:

FACILITY INFORMATION

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

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

Square Feet:
3000

# of Floors:
2

Bldg. Age:
75

Current Use (Prior to if being demolished):

City (5):
Hawthorne

County (6):
Passaic

County Code (7):

Current Use (Prior to if being demolished):

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.:
973-764-2276

License No.:
703

Start Date (10):
12/30/16

Scheduled Completion Date (11):
2/28/17

Name of OSHA Monitor:

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

Scope of Work (Check All That Apply):
- [ ] ±3 ft or ≥3 If
- [X] ≥160 sf or ≥260 If
- [ ] Renovation
- [ ] Demolition
- [ ] WRAP & CUT
- 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
- [X] No
- [ ] N/A

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

Amount (Specify SF or LF):

Abatement Type:
- [ ] Removal
- [ ] Encapsulate
- [ ] Endose

Name of Registered Waste Hauler:

Freehold Cartage

NJDEP Waste Hauler ID No.:
15939

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Western Berks Landfill

Disposal Date:
TBD

City, State:
Birdsboro, PA

Completed by:
A. Scott Higgins

Title:
President

Signature:

Date:
12/21/16

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ABRAMETEIS ABATEMENT**  
(Pursuant to NJAC 8:30 and 5:19)

**Date of Notification (1)**  
12 / 19 / 16

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

**Agencies Notified**  
- EPA
- DOLWD
- DHSS
- OSHA (NJAC 8:23-8)

**Address**  
609-633-0664  
12/19/2016  
973-333-1778

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Millburn, NJ 07041

**County (6)**  
County Code (?) (STATE Code ONLY)

**Name of Monitoring Firm HIRED by Building Owner (8)**  
OrTech LLC

**Name of Abatement Contractor (9)**  

**Street Address**  
576 Valley Rd, #283

**City, State, Zip Code**  
Wayne, NJ 07470

**Telephone No.**  
973-639-1777

**License No.**  
01127

**Start Date (10)**  
12 / 20 / 16

**Scheduled Completion Date (11)**  
12 / 22 / 16

**Name of OSHA Monitor**  

**Evacuation Consultants, Inc:**

**Street Address**  
20-21 Wasserman Road, Bldg. #55E

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

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

- Renovation
- Demolition
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Short-Endorsed
- Glove Box Procedure
- Tent with Negative Pressure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify - SQF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASMENT</td>
<td>Pipe insulation</td>
<td>220 LF</td>
<td>X</td>
</tr>
<tr>
<td>BASMENT</td>
<td>Boiler insulation</td>
<td>20 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Haulier**  
OrTech LLC

**Cubic Yards of Waste**

**Disposal Date**

**City, State**  
Wayne, NJ 07470

**Completed By (Print or Type)**  
N. Lavecchia

**Title**  
Owner

**Signature**  
20/19/16
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)  

Date of Notification (1): 12/21/16  
Name of Building Owner/Operator (2): Vikram Ramani  

Agencies Notified:  
- DOLWD  
- DHSS  
- DCA  
(NJAC 5:23-8)  
Type Notification: Initial  
Amendment #:  

Location Where Abatement is Taking Place (3):  
Private house  
Street Address:  
City, State, Zip Code: New Providence, NJ 07974  

County Code (7) [STATE USE ONLY]:  
County (6):  
County Code (7):  

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

Facility Information:  
Name of Facility Where Abatement is Taking Place (3):
Private house
Street Address: 
City, State, Zip Code: New Providence, NJ 07974
County Code (7) [STATE USE ONLY]:
County (6):
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8): 
ASCM No.:
Name of Abatement Contractor (9):
Gr Tech LLC
Street Address: 576 Valley Rd #283
City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm: 
Telephone No.:
License No.: 01127

Start Date (10): 12/30/16
Scheduled Completion Date (11): 12/31/16
Name of OSHA Monitor:
Enviromision Consultants, Inc
Street Address: 20-21 Waguarow Road, Bldg. 35E
City, State, Zip Code:
Fair Lawn, NJ 07410

Scope of Work (Check all that apply):  
- Demolition
- Renovation
- Expansion/Leakage
- Encapsulate
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Non-Exempted (*) and Non-Nailable Procedure

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

<table>
<thead>
<tr>
<th>Attic</th>
<th>Vermiculite insulation</th>
<th>150 SF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SIF or LF): 150 SF</td>
</tr>
<tr>
<td>Abatement Type:</td>
</tr>
<tr>
<td>- Removal</td>
</tr>
<tr>
<td>- Repair</td>
</tr>
<tr>
<td>- Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:  
Gr Tech LLC  
UDEF Waste Hauler ID No.: 0033785  
Cubic Yards of Waste: TBD

Name of Registered Landfill:  
T.R.R.F. Inc  
Disposal Date: TBD  
City, State: Tullytown, PA

Completed By (Print or Type):  
N. Jevtic  
Title: Owner  
Signature: 
Date: 12/21/16

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

Date of Notification (1)
12/21/16

Name of Building Owner/Operator (2)
Leah & Clark Brown Privatet Home

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

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

Street Address

City, State, Zip Code
Cherry Hill NJ 08034

Name of Monitorig Firm Hired by Building Owner (3)
N/A

Name of Abatement Contractor (4)
Pernaco Inc.

Type of Facility (5)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
1000+

# of Floors
1.5

Bldg. Age
35+

County Code (STATE USE ONLY)

Current Use (Prior if being demolished)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Leah & Clark Brown Privatet Home

City (6)
Cherry Hill NJ 08034

County (7)
Camden

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address

City, State, Zip Code
Cherry Hill NJ 08034

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)
12/22/16

Scheduled Completion Date (11)
12/23/16

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:

Scope of Work (Check All That Apply)
- 23 sf or 23 ft
- 2160 sf or 2250 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

YES NO [N/A]

basement

1

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

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
United Roll Off

NJ DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

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

City, State
Morrisville PA 19067

Disposal Date
12/23/16

City, State

Signature

Completed by
Anthony T Pernia
Title
President

Date
12/21/16

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

(State of New Jersey)

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

**Date of Notification:** 17-20-16

**Name of Building Owner/Operator:** CARMEL STATE DEPARTMENT

**Street Address:** 5 CLORETON N. B.

**City, State, Zip Code:** CLORETON N. J. 08210

**Name of Contact:** Jim

**Telephone Number:**

| FACILITY INFORMATION | | |
|----------------------|------------------|
| Name of Facility Where Abatement is Taking Place: | RESIDENCE |
| Street Address: | |
| City: | AVALON |
| County: | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner: | ACM No. |
| W/A | |
| Name of Abatement Contractor: | ACM No. |
| KLEMCO INC. | |
| Address: | 369 S. SPRUCE AVE |
| City, State, Zip Code: | MAPLE SHADE N. J. 08052 |
| Telephone No.: | 554-729-0472 |
| License No.: | W/A |
| Current Use (Prior if being demolished): | VACANT |

**Start Date:** 12-30-16

**Scheduled Completion Date:** 1-6-17

**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**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SILING</td>
<td>X</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 1250 sf

**End of Document**
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>12-20-16</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EARTH TECH CONTRACTING LICENSING</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>Name of Property</td>
<td>GREENFIELD W.L.T</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Rt 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>GREENFIELD W.L.T 08230</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>County (6)</td>
<td>OCEAN CITY</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE W.L.T 08052</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12-30-16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1-6-17</td>
</tr>
<tr>
<td>Current Use (Prior to it being demolished)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>☐ Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ Removal Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>SANDING</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE 2250 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>NJDEP Waste Disposal Date</td>
<td>12-09-04</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE W.L.T</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.U.A</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KULMA</td>
</tr>
<tr>
<td>Title</td>
<td>SUP.</td>
</tr>
<tr>
<td>Signature</td>
<td>12-20-16</td>
</tr>
<tr>
<td>Date</td>
<td>12-20-16</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification (1)**
12/21/16

**Name of Building Owner/Operator (2)**
Gail Siegert Private Home

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

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

**Street Address**

**City, State, Zip Code**
Cherry Hill NJ 08034

**Name of Contact**
Gail

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Cherry Hill NJ 08034

**County Code (7)**
Camden

**County (6)**

**Current Use (Prior if being demolished)**
1000+ Square Feet
2 # of Floors
35+ Bldg. Age

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329
West Berlin NJ 08091

**City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**
856-753-9800

**License No.**
00727

**Name of OSHA Monitor**
Same

**Start Date (10)**
1/3/17

**Scheduled Completion Date (11)**
1/12/17

**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] ≥3 sf or ≥3 ft
- [x] ≥150 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (13)**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**
Removal Repair Encapsulate

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

2nd Floor Bathroom
- [ ] x

1st Floor Wreck Room & Laundry
- [ ] x

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

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
3

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

**City, State**
Elm NJ

**Disposal Date**
1/12/17

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
12/21/16

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

Date of Notification (1) 12/20/16
Name of Building Owner/Operator (2) FOUR SEASONS TREE SERVICE

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

Street Address
652 EAST 7TH ST
City, State, Zip Code
LAKEWOOD NJ
Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
1500
# of Floors
2
Bldg. Age

County Code (5)
OCEAN

Current Use (Prior if being demolished)
HOME

Name of Monitoring Firm Hired by Building Owner (6)

Name of Abatement Contractor (7)
AAA LEAD PROFESSIONALS

License No.
1200

ASCM No.

Start Date (8)
12/21/16
Scheduled Completion Date (9)
12/23/16

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-669-9078

Project Manager for Monitoring Firm

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Telephone No.

Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥ 23 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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)
1500SF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
8

Name of Registered Landfill
IESI

Disposal Date
12/23/16

City, State
NEWARK, NJ

BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

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

(Pursuant to NJAC 8:80 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** NEPTUNE REALTY ASSOCIATES

**Street Address:** PO BOX 609

**City, State, Zip Code:** SPRING LAKE, NJ 07762

**Name of Contact:** PAUL MONTEFORTE

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** FORMER NEPTUNE LAUNDRY

**Street Address:** 118 THIRD AVENUE

**City:** NEPTUNE CITY

**County:** MONMOUTH

**County Code:** (STATE USE ONLY) N/A

**Square Feet:** 9000 SF

**# of Floors:** 1

**Bldg. Age:** 34 YEARS

**Type of Facility:**

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

**Current Use (Prior to, if being demolished):** FORMER LAUNDROMAT

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

**Name of Abatement Contractor:** Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address:** 17 Thompson Street

**City, State, Zip Code:** West Long Branch, NJ 07764

**Project Manager for Monitoring Firm:**

**Telephone No.:** Telephone No. 732.222.8372

**License No.:** 00040

**Start Date (10):** JAN. 4, 2017

**Scheduled Completion Date (11):** JAN. 10, 2017

**Name of OSHA Monitor:** N/A

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

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

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

- [ ] ≥3 sf or ≥3 ft
- [X] ≥150 sf or ≥250 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

<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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN FLOOR</td>
<td>Yes</td>
<td>VAT</td>
<td>2080 SF</td>
<td>x</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** 

**Finishing Touch Asbestos Abatement Corp., Inc.**

**NJDEP Waste Hauler ID No.:** 12058

**Cubic Yards of Waste:** 3 cy

**Name of Registered Landfill:** TRRF LANDFILL

**City, State:** WEST LONG BRANCH, NJ 07764

**Disposal Date:** 1/11/17

**City, State:** TULLY TOWN, PA

**Completed by:** JOSEPH P. MILLER

**Title:** PRESIDENT

**Signature:**

**Date:** 12/21/16

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

Date of Notification (1)
DEC. 21, 2016

Name of Building Owner/Operator (2)
MICHAEL YURA

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

Street Address
PO BOX 5806

City, State, Zip Code
BRECKENRIDGE, CO 80424

Name of Contact
PAUL ALBRECHT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER RETAIL STORE (PHARMACY)

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

Street Address
134 BROAD STREET

City (5)
RED BANK

County Code (6)

County Code (7)

(State Use Only)

Current Use (Prior if being demolished)
FORMER RETAIL STORE (PHARMACY)

Square Feet
6000 SF

# of Floors
2

Bldg. Age
1950

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

ASCM No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

Project Manager for Monitoring Firm
N/A

Telephone No.
732.222.8372

License No.
00040

Start Date (10)
1/2/17

Scheduled Completion Date (11)
1/9/17

Name of OSHA Monitor
N/A

Occupy Status During Abatement
☐ 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 ≥35 if
☐ ≥160 sf or ≥250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (C) and Non-Friable Procedure

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

In Facility

(13)

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount
(Specify
SF or LF)

Abatement Type

Removal
Encapsulation
Encore

MAIN FLOOR

X

VAT

4,500 SF

X

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc.
NJDEP Waste Hauler ID No. 12658

Cubic Yards of Waste
5 CY

Name of Registered Landfill
TRRF LANDFILL

City, State
WEST LONG BRANCH, NJ 07764

Disposal Date
1/10/17

City, State
TULLYTOWN, PA

Completed by
JOSEPH P. MILLER
Title
PRESIDENT

Signature
Date
12/21/16

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

Date of Notification (1) 12 / 20 / 16
Name of Building Owner/Operator (2)
NJ DPMC/ Job # 1509-4949 Check #8785

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

Street Address
PO Box 034
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Scott Fertig

Facility Information

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

Street Address
1 State Street
City (5)
Jamesburg, NJ

County (6)
Middlesex
County Code (7) (STATE USE ONLY)

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

Square Feet

Current Use (Prior to being demolished)
Training School

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

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

Street Address
120 North Warren Street
City, State, Zip Code
Trenton, NJ 08608

Telephone No.
609-392-4200
License No.
00529

Start Date (10) 12 / 22 / 16
Scheduled Completion Date (11) 12 / 23 / 16

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-PM/ AM

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lt
- ≥160 sf or ≥280 lt
- 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
- Encapsulate
- Enclosure

Exterior Trench
- Pipe Insulation 20 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste 6

Name of Registered Landfill
G.R.O.W.S. Landfill
Disposal Date 12/23/16

City, State
Lumberton, NJ

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

Signature
Date 12/20/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 12 / 22 / 16

Name of Building Owner/Operator (2) GSA Public Bldg. Service / Job #1612-5093 Check #8788

Agencies Notified
- EPA
- DOHWD
- DSHS
- DCA (NJAC 5:23-8)

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

Street Address
20 North 8th Street

City, State, Zip Code
Philadelphia, PA 19107

Name of Contact
Jim Papagno

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
USMS Space Alterations

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

City (5)
Trenton, NJ 08608

Square Feet

# of Floors

Bldg. Age

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)
Health & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlín, NJ 08009

Telephone No.
609-839-2432

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Jim Proctor

Street Address
30 Maple Ave. PO Box 25

License No.
00529

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

Start Date (10)
1 / 9 / 17

Scheduled Completion Date (11)
1 / 13 / 17

Name of Registered Waste Hauler
AbateTech, 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 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclose

4th Floor
Floor Tile
2,608 SF

4th Floor
Double Layer Floor Tile
370 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NUDEP 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
1/13/17

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
12/22/16

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

Date of Notification (1) 12 / 20 / 16
Name of Building Owner/Operator (2)
Resorts International Casinos /Job#1801-4984 Check#7870 PG.1 of 2

Agencies Notified
☐ EPA
☐ DOHWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
1133 Boardwalk
City, State, Zip Code
Atlantic City, NJ 08401-7329

Name of Contact
Kathy Chamberlin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resorts Hotel & Casino- Ocean Tower

County (6) Atlantic
County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Project Manager for Monitoring Firm
James Proctor
Telephone No.
856-452-1311

Name of OSHA Monitor
EMSL Analytical

Start Date (10) 1 / 18 / 16
Scheduled Completion Date (11) 2 / 28 / 17
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)
☐ 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 Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor- 59 Bathrooms (30 SF per bathroom)</td>
<td>☐ ☑ ☑</td>
<td>Mastic Associated with ceramic tile 1,770 SF total</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>3rd Floor- 56 Bathrooms (30 SF per bathroom)</td>
<td>☐ ☑ ☑</td>
<td>Mastic Associated with ceramic tile 1,680 SF total</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4th Floor- 60 Bathrooms (30 SF per bathroom)</td>
<td>☐ ☑ ☑</td>
<td>Mastic Associated with ceramic tile 1,800 SF total</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5th Floor- 56 Bathrooms (30 SF per bathroom)</td>
<td>☐ ☑ ☑</td>
<td>Mastic Associated with ceramic tile 1,740 SF total</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750

Disposal Date 2/29/17

Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Lumberton, NJ

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

Signature
Date 12/20/11

* 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) 12/20/16
Name of Building Owner/Operator (2) Resorts International Casinos /Job#1601-4984 Check#7870 PG.2 of 2

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA
☐ DCNJAC 5:23-8
Type Notification
☐ Initial
☒ Amended
☐ Amendment #5
☐ Emergency (including justification)
☐ Cancellation

Street Address 1133 Boardwalk
City, State, Zip Code Atlantic City, NJ 08401-7329
Name of Contact Kathy Chamberlin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Resorts Hotel & Casino- Ocean Tower

Street Address 1133 Boardwalk
City (5) Atlantic City
County (6) Atlantic

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

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

Start Date (10) 1/18/16
Scheduled Completion Date (11) 2/29/17

Occupy 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)

6th Floor- 57 Bathrooms (30 SF per bathroom)
7th Floor- Room 726
7th Floor- Room 727

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)

6th Floor- Mastic Associated with ceramic tile 1,710 SF total
7th Floor- Mastic Associated with ceramic tile 30 SF
7th Floor- Mastic Associated with ceramic tile 30 SF

Name of Registered Waste Hauler AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

Disposal Date 2/29/17

City, State Lumberton, NJ Tullytown, PA

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

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

Date 12/20/11

* 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 / 20 / 16

**Name of Building Owner/Operator (2):**
NJ DOT / Job # 1502-4876  Check # 7692

**Street Address:**
1035 Parkway Avenue

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

**Name of Contact:**
Yana Kost

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
Route 37 Mathis Bridge

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

**Street Address:**
Barnegat Bay

**City (5):**
Toms River, NJ

**County (6):**
Ocean

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

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

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

**ASCM No.:**

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

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

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

**Name of OSHA Monitor:**
EMSL Analytical

**Street Address:**
200 Route 130 North

**City, State, Zip Code:**
Cinnaminson, NJ 08077

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

**Start Date (10):**
11 / 9 / 15

**Scheduled Completion Date (11):**
27 / 29 / 17

**Scope of Work (Check all that apply):**
- [ ] 3% or ≥3 if
- [ ] ≥160 sf of ≥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>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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>East House</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>Window Caulk</td>
<td>[ ]</td>
</tr>
<tr>
<td>South Safety Walk</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>Transite</td>
<td>[ ]</td>
</tr>
<tr>
<td>Beneath Bridge South Side E. Pier</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Pipe Conduct</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**
- East House: 150 LF
- South Safety Walk: 4,600 LF
- Beneath Bridge South Side E. Pier: 65 LF

**Name of Registered Waste Hauler Service Transport:**

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

**Disposal Date:**
12/23/17

**City, State:**
Tullytown, PA

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

**Signature:**

**Date:**
12/20/14

---

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

State of New Jersey

Date of Notification (1) 12 / 20 / 16

Name of Building Owner/Operator (2) PSEG / Job #1607-5043 Check #8456

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

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

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Greg Marone

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG & G Roseland

Street Address
13 Eisenhower Parkway

City (5)
Roseland, NJ 07086

County (6)
Essex

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

Current Use (Prior if being demolished)

Substation

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO BOX 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

License No.
00529

Start Date (10)
8 / 15 / 16

Scheduled Completion Date (11)
2 / 29 / 17

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 - AM

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mink-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, VAE, or other miscellaneous)

Abatement Type

Transformer Repair Room
- No - Pipe Insulation

200 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

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

City, State
Camden, NJ

Disposal Date
2/29/17

Name of Registered Landfill
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 12/20/16

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

Date of Notification (1)
12 / 20 / 16

Name of Building Owner/Operator (2)
Federal Aviation Administration/Job #1606-5020 Check #3608

Street Address
FAA Technical Center

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

Name of Contact
Peter
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J. Hughes Tech Center
Street Address
Hangar B301
City (5)
Atlantic City
County (6)
Atlantic
County Code (?)(STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Technical Center

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

Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Jim Giulardi
Telephone No.
609-314-1683

Telephone No.
609-265-2107
License No.
00529

Start Date (10)
8 / 29 / 16
Scheduled Completion Date (11)
2 / 29 / 17

Name of OSHA Monitor
EMSL Analytical

Occuopy 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 lft
□ ≥160 sf or ≥260 lft

□ 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)
Abatement Type

Exterior
□ Roof Flashing
410 SF
□ Repair
□ Removal
□ Encapsulate

Exterior
□ Roof Mantic
115 SF
□ Non-Friable

Interior
□ Floor tile & Mantic
20 SF

Exterior
□ Roof Mantic
50 SF

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No.
18750
Cubic Yards of Waste

Name of Registered Landfill
Atlantic County Utilities Authority
City, State
Egg Harbor Township, NJ 08234
Disposal Date
2/29/17

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

Date
12/20/14

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12 / 20 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Federal Aviation Administration / Job #1608-5920 Check # 2 of 2</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>FAA Technical Center</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Atlantic City International Airport, NJ 08405</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Peter</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | William J. Hughes Tech Center |
| Street Address | Hangar B301 |
| City (5) | Atlantic City |
| County (6) | Atlantic |
| Name of Monitoring Firm Hired by Building Owner (8) | TTI Environmental |
| ASCM No. | |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | 1253 North Church Street |
| City, State, Zip Code | Moorestown, NJ 08057 |
| Project Manager for Monitoring Firm | Jim Giulardi |
| Telephone No. | 609-314-1683 |
| Start Date (10) | 8 / 29 / 16 |
| Scheduled Completion Date (11) | 2 / 29 / 17 |
| 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 >=280 sf | | |
| Renovation | | |
| Demolition | | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exempted (*) and Non-Friable Procedure | |

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Locations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roof Flashing</td>
<td>4 SF (24 SF total)</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

AbateTech, Inc.

| NJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 16 |
| Name of Registered Landfill | Atlantic County Utilities Authority |
| City, State | Egg Harbor Township, NJ 08234 |
| Disposal Date | 2/29/17 |
| Completed By (Print or Type) | Gwendolyn Trumbetti |
| Title | Operations Coordinator |
| Signature | GMT |
| Date | 12/20/17 |

*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) 12/22/2016

Name of Building Owner/Operator (2) Evan Toplow

Street Addresses [REDACTED]

City, State, Zip Westfield NJ 07090

Name of Contact Evan Toplow

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet 2,900.00

# of Floors two

Bldg. Age

County Code (7) (STATE USE ONLY)

County Code

Name of Abatement Contractor (9)

Pezo Inc

Street Address:
4 Beaverbrook Rd., #150

City, State, Zip Code
Lincoln Park, NJ 07035

License No 01141

Name of OSHA Monitor IRIS Environmental Laboratories

Street Address
2333 Route 22 West

City, State, Zip Code
Lincoln Park, NJ 07035

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 apply)

- > 3 sf or > 3 lf
- xx > 160 sf or > 260 lf

Location of

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

(13)

Description of

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

Abatement Type

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

Demolition

Location of

Asbestos-Containing material (ACM) TO BE ABATED IN Facility

(13)

Yes No N/A

Outside, Side Shingles x

Side Shingles

Eprox. 2,900SF x

Amount (Specify SF or LF)

Completed by

Ike Pezic
Title
President

Name of Registered Waste Hauler Pezo Inc.

NJDEP Waste Hauler CS 6224

Cubic Yards of Waste

Name of Registered Landfill Waste Management of Pennsylvania

Disposal Date 01/29/17

City, State Morrisville Pennsylvania

Completed by

Ike Pezic
Title
President

Signature [REDACTED]

Date 12/22/16

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

**Date of Notification (1):** 12 / 22 / 16

**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:**

### FACILITY INFORMATION

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

**Street Address:**
200 S Madison Ave.

**City (5):**
Dunellen

**County (6):** Middlesex

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

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

**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:**

**Bdg. Age:**

**Name of Monitoring Firm HIred by Building Owner (8):** TTI Environmental, Inc.

**ASCM No.:**

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

**Street Address:**
1123 BEAVER STREET

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

**Street Address:**
1123 BEAVER STREET

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

**Project Manager for Monitoring Firm:**

Harold Baldwin

**Telephone No.:** 856-840-8800

**License No.:** 00509

**Name of OSHA Monitor:**

BRISTOL ENVIRONMENTAL, INC.

**Street Address:**
1123 BEAVER STREET

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

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

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

**Time of Abatement:**

AM 6:00AM - PM 1:30AM

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

- ≥25 ft or ≥25 if
- ≥150 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) TO BE ABATED

**IN Facility:**

- Basement AC Room

**Location: Floor tile and mastic**

**Description:**

- Floor tile and mastic

**Amount (Specify SF or LF):** 1100 SF

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

**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:**
NEW CASTLE, DE 19720

**Disposal Date:**

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

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

**Title:** Estimator

**Signature:** Brian Seafiro

**Date:** 12/22/16

---

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

State of New Jersey

Name of Building Owner/Operator (2)
NJM Insurance Company

Job #1612-2140 
Chk #458

Date of Notification (1)
12 / 21 / 16

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

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

Name of Contact
Paul Rosenwinkel

Street Address
301 Sullivan Way
West Trenton, NJ 08628

City, State, Zip Code

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

Office Building

Name of Facility Where Abatement is Taking Place (3)
NJM Insurance
301 Sullivan Way
West Trenton
Mercer

County Code (7) (STATE USE ONLY)

Square Feet
498,000

# of Floors
4

Bldg. Age
50

Current Use (Prior if being demolished)

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

ASCM No.

Street Address
1600 Route 22 East, 1st Floor
Union NJ 07083

City, State, Zip Code

Project Manager for Monitoring Firm
Thomas Rubino
908-988-7800

Telephone No.

License No.
00882

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
3859 Sylon Boulevard
Hainesport, NJ 08036

City, State, Zip Code

Start Date (10)
1 / 6 / 17

Scheduled Completion Date (11)
1 / 8 / 17

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
1/8/17

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator

Signature

Date
12-21-2016

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
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

1st Floor Cafeteria - Under Radiator

Unite

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

Mastic

Amount (Specify SF or LF)
15 SF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)  
11 / 28 / 2016

Name of Building Owner/Operator (2)  
ERE Property Trust

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

Street Address  
1545 Route 22 East  
Annandale, New Jersey 07002

City (5)  
Clinton

County (6)  
Hunterdon  
County Code (7)/STATE USE ONLY  

Name of OSHA Monitor  
Analytical Testing & Consulting Services  
Kalamazoo, MI 49006

Street Address  
1340 Charwood Road, Suite I  
Hanover, MD 21076

Telephone No.  
(650-877-0727)

License No.  
01208

Type of Abatement Contractor (9)  
Terra Contracting Services, LLC

Name of Abatement Contractor (6)

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

Name of Registered Waste Handler

Hazmat Environmental Group  
NJDEP Waste Hauler ID No.  
1685

Cubic Yards of Waste  
20 Tons  
Name of Registered Landfill  
High Acres Landfill

City, State  
Buffalo, NY  
Fairport, NY

Completed By (Print or Type)  
Gregory G. Moe  
Title  
Director of Abatement

Signatures  

* 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)  12/22/16

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

Agency/Notified  [X] Initial  [ ] Amended  [ ] Amended Amendment #  [ ] Emergency (including justification)  [ ] Cancellation

Street Address  4000 HADLEY ROAD

City, State, Zip Code  SOUTH PLAINFIELD, NJ 07080

Name of Contact  KEITH LETTAS

FACILITY INFORMATION

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

Street Address  341 MOUNT PLEASANT AVE.

City (5)  WEST ORANGE

County (8)  ESSEX

Square Feet  7800  # of Floors  2  Bldg. Age  1964

Type of Facility (4)  [X] School (K-12)

Name of Abatement Contractor (9)  UNIQUE SYSTEMS OF AMERICA

Street Address  396 WHITEHEAD AVE.

License No.  01111

Project Manager for Monitoring Firm  TOM GEIGER

Telephone No.  732-290-2217

Name of OSHA Monitor  UNIQUE SYSTEMS OF AMERICA

Telephone No.  732-432-6350

Start Date (10)  1/6/2017  

Scheduled Completion Date (11)  2/28/2017

License No.  

Occupy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: ________________

☐ Necessary - Operations Only

Scope of Work (Check All That Apply)  

☐ 23 sf or 23 If

☐ 190 sf or 2260 if

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To Be Abated

In Facility  (13)

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, VLT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler  

WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  1125

Disposal Date  

Name of Registered Landfill  

GROWS NORTH

City, State  MORRISVILLE, PA

Completed by  CAROL RAIMO

Title  OFFICE MANAGER

Signature  

Date  12/22/16

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

Date of Notification (1):
12/09/2016

Name of Building Owner/Operator (2):
Michael Kaueler

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

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

Street Address:

City, State, Zip Code:
paterson, nj, 07524

Name of Contact:
Michael Kaueler

FACILITY INFORMATION

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

City (5):
Montclair

County (6):
Essex

County Code (7):

Current Use (Prior if being demolished):

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

Name of Abatement Contractor (9):
EHW ABATEMENT LLC

ASCM No.:

Street Address:

City, State, Zip Code:

Telephone No.:

License No.:
973-333-5144
01274

Start Date (10):
12/19/2016

Scheduled Completion Date (11):
12/20/2016

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

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 If
- ≥180 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox 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

BASEMENT

Pipe Insulation

80LF

BASEMENT

Floor Tile

130SF

Name of Registered Waste Hauler:
TRI STATE TRANSFER

NJ DEP Waste Hauler ID No.:
N/A

Cubic Yards of Waste:
N/A

Name of Registered Landfill:
MINERVA ENTERPRISES

City, State:
1199 RANDALL AVE BRONX NY

Disposal Date:
TBD

City, State:
900 MINERVA RD WAAYNESBURG O

Completed by:
VICTOR ESPRITU

Title:
PROJECT MANAGER

Signature:

Date:
12/09/2016

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