**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1)**  
January 31, 2019

**Name of Building Owner/Operator (2)**  
134 Bay Street, LLC

**Street Address**  
95 Christopher Colombus Drive

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

**Name of Contact**  
Joseph Maurillo  
Telephone Number  
201-217-6626

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Former Manischewitz Warehouse/Factory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>134 Bay Street</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>Jersey City, NJ</td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td>Hudson</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></td>
<td>Vertex Environmental</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td>02/14/2019</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>03/25/2019</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check Only One)</strong></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td><strong>Scope of Work (Check All That Apply)</strong></td>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td>In Facility (13)</td>
</tr>
<tr>
<td><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>Yannuzzi Group, Inc.</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Kinnelon, NJ</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Kinnelon, NJ 07405</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td>03/26/2019</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td><strong>Completed by</strong></td>
<td>John Mucha</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>AHERA Project Mgr.</td>
</tr>
</tbody>
</table>

**ASB-41 (R-06-03)**

**Do not use this form for asbestos licensure exempted activities.**
<table>
<thead>
<tr>
<th>Space/Area</th>
<th>Material Description</th>
<th>Estimated Quantity</th>
<th>Friable (Y/N)</th>
<th>Condition (G/F/P)</th>
<th>Debris (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor, throughout</td>
<td>Pipe insulation/fittings</td>
<td>225 LF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>1st floor, men's restroom</td>
<td>9&quot; tan floor tile</td>
<td>200 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>1st floor, area outside restrooms</td>
<td>9&quot; green floor tile/mastic</td>
<td>120 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>1st floor, main shaft</td>
<td>Pipe insulation/debris</td>
<td>60 CF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>1st floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>P</td>
<td>N</td>
</tr>
<tr>
<td>2nd floor, throughout</td>
<td>Pipe insulation/fittings</td>
<td>225 LF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>2nd floor, medical office area</td>
<td>Fume hood (assumed)</td>
<td>125 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>2nd floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>3rd floor, throughout</td>
<td>Pipe insulation/fittings</td>
<td>350 LF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>3rd floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>F</td>
<td>Y</td>
</tr>
<tr>
<td>4th floor, throughout</td>
<td>Pipe insulation/fittings</td>
<td>550 LF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>4th floor, perimeter areas</td>
<td>Residual 9&quot; floor tile/mastic</td>
<td>200 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>4th floor, locker room</td>
<td>9&quot;x9&quot; floor tile/mastic</td>
<td>800 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>4th floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>5th floor, east side</td>
<td>Duct insulation</td>
<td>1,800 SF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, east side</td>
<td>Pipe insulation/fittings</td>
<td>700 LF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, east side</td>
<td>Oven insulation</td>
<td>6,000 SF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, east side</td>
<td>Exhaust breaching stacks</td>
<td>1,000 SF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, east side</td>
<td>Floor debris</td>
<td>9,000 SF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, restroom and machine shop</td>
<td>9&quot; floor tile/mastic</td>
<td>350 SF</td>
<td>N</td>
<td>F</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, office area</td>
<td>12&quot; blue and white floor tile</td>
<td>850 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>5th floor, office area</td>
<td>12&quot; wood pattern floor tile (top layer)</td>
<td>200 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>5th floor, west side</td>
<td>Electrical wiring</td>
<td>200 LF</td>
<td>Y</td>
<td>F</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>F</td>
<td>Y</td>
</tr>
<tr>
<td>5th floor, over mechanical equipment, east side</td>
<td>Drywall partition</td>
<td>600 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Space/Area</td>
<td>Material Description</td>
<td>Estimated Quantity</td>
<td>Frangible (Y/N)</td>
<td>Condition (G/F/P)</td>
<td>Debris (Y/N)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>6th floor, throughout</td>
<td>Pipe insulation/fittings</td>
<td>530 LF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>6th floor, SE corner</td>
<td>Duct insulation</td>
<td>100 SF</td>
<td>Y</td>
<td>F</td>
<td>N</td>
</tr>
<tr>
<td>6th floor, restroom</td>
<td>9&quot; gray floor tile/mastic</td>
<td>220 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>6th floor, elevator lobby</td>
<td>9&quot; black and brown floor</td>
<td>100 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>6th floor, locker room</td>
<td>Mastic as/w 12&quot; tan floor</td>
<td>200 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>6th floor, throughout</td>
<td>Window glazing</td>
<td>T/O</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Main shaft</td>
<td>Pipe insulation</td>
<td>360 LF</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
</tr>
<tr>
<td>Roof - elevator mechanical room south side</td>
<td>Roof field (bottom layer)</td>
<td>220 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – center, north and west penthouses</td>
<td>Roof field (middle and bottom layers)</td>
<td>1,900 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – center elevator penthouse</td>
<td>Roof field</td>
<td>140 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – center elevator penthouse</td>
<td>Tar sealer</td>
<td>T/O</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – center elevator penthouse (exposed and within shaft)</td>
<td>Transite exhaust stack</td>
<td>50 LF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – southwest</td>
<td>Roof field (bottom layer)</td>
<td>600 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – southwest</td>
<td>Perimeter flashing (bottom layer)</td>
<td>200 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – southwest (parapet wall)</td>
<td>Capping stone tar</td>
<td>100 LF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – northwest</td>
<td>Roof field (middle and bottom layers)</td>
<td>3,000 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – northwest</td>
<td>Perimeter flashing (bottom layer)</td>
<td>900 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – northwest (parapet wall)</td>
<td>West stairwell exterior mastic/sealer (on brick)</td>
<td>900 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – east</td>
<td>Roof field (top and middle layers)</td>
<td>8,500 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – east</td>
<td>Perimeter flashing</td>
<td>1,500 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Roof – east</td>
<td>Parapet wall sealer</td>
<td>1,000 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>On conduit, penetrations,</td>
<td>Tar sealer</td>
<td>T/O</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Space/Area</td>
<td>Material Description</td>
<td>Estimated Quantity</td>
<td>Friable (Y/N)</td>
<td>Condition (G/F/P)</td>
<td>Debris (Y/N)</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>mounts, corrugated panels, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>Door caulk</td>
<td>T/O</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Exterior, rear wall</td>
<td>Tar sealer</td>
<td>150 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Exterior, lower roof</td>
<td>Roof field (assumed)</td>
<td>600 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
<tr>
<td>Exterior, lower roof</td>
<td>Roof tar sealer (assumed)</td>
<td>100 SF</td>
<td>N</td>
<td>G</td>
<td>N</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
02 / 01 / 2019

Name of Building Owner/Operator (2)
FEDERAL REALTY INVESTMENT TRUST

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
ELLISBURG CIRCLE SHOPPING CENTER

Street Address
22 NJ RT 70

City (5)
CHERRY HILL

County (6)
CAMDEN

Name of Monitoring Firm Hired by Building Owner (8)
VERTEX COMPANIES

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
700 TURNER INDUSTRIAL WAY

City, State, Zip Code
ASTON, PA 19014

Telephone No.
610-787-0402

License No.
01166

Start Date (10)
02 / 11 / 2019

Scheduled Completion Date (11)
02 / 15 / 2019

Name of OSHA Monitor

Scope of Work (Check all that apply)
- 243 sf or ≥ 260 sf
- 1 ≥ 180 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)

Space 29

Mastic

3,000 SF

Abatement Type

Amount (Specify SF or LF)

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA

Disposal Date

City, State
NEW CASTLE, DE

LIBSON, OH

Completed By (Print or Type)
JENNIFER NIVEN

Title
DIR OF OPERATIONS

Signature

Date
2-1-19

* 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) 01 / 31 / 19

Name of Building Owner/Operator (2) Verizon

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

Street Address 773 Summit Avenue
City (5) Jersey City, NJ 07307

County (6) Hudson

County Code (7) STATE USE ONLY 1040

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.

ASCM No. 

Name of Abatement Contractor (9) JVN Restoration Inc

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 3

Bldg. Age 50

Current Use (Prior if being demolished) 

Start Date (10) 02 / 01 / 19

Scheduled Completion Date (11) 02 / 03 / 19

License No. 00774

Name of OSHA Monitor Testor Tech

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/6:00PM-1:30AM

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

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

Amount (Specify SF or LF) 4 LF

Abatement Type

□ Removal

□ Repair

□ Encapsulation

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

Yes No N/A

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

Basement 

Pipe Fittings 4 LF

2nd Floor 

Pipe Insulation and Fittings 70 LF

Name of Registered Waste Hauler Newark Carting

NJDEP Waste Hauler ID No. NJ-586

Cubic Yards of Waste 5

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

City, State Hackettstown, NJ

Disposal Date 02/10/19

City, State Morrisville, PA

Completed By (Print or Type) Ralph Barnhardt
Title Project Manager

Signature 

Date 01-31-2019

* 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 8:60 and 8:16**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 31 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Verizon Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Basking Ridge, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph Hanley</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>334-502-6112</td>
</tr>
</tbody>
</table>

**Facility Information**

| Name of Facility Where Abatement is Taking Place (3) | Verizon |
| Street Address | 773 Summit Avenue |
| City (5) | Jersey City, NJ 07307 |
| County (6) | Hudson |
| County Code (7)/STATE USE ONLY (8) | | |
| Current Use (Prior if being demolished) | |

| Name of Monitoring Firm Hired by Building Owner (9) | USA Environmental Management, Inc. |
| ASCN No. | | |
| Name of Abatement Contractor (5) | JVN Restoration Inc |
| Street Address | 47 Foster Road |
| City, State, Zip Code | Staten Island NY 10309 |
| Telephone No. | 718-805-8259 |
| License No. | | |

**Project Manager for Monitoring Firm**

| Mark Jenkins |

**Scheduled Completion Date (11) | 02 / 01 / 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: 9AM-4PM, 1-7PM

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

- □ More than 200 sq ft or 2000 sq ft
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Wet-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>IN Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td></td>
</tr>
</tbody>
</table>

**Other**

- □ Pipe Fittings
- □ Pipe Insulation and Fittings

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Newark Carding</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler's D No.</td>
<td>NJ-848</td>
</tr>
<tr>
<td>Custody Docket of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.W.B., Inc.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>02/10/19</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

**Completed By** (Print or Type)

| Ralph Barnhardt |

**Title** | Project Manager |

**Signature** | | |

**Do not use this form for asbestos licensure exempted activities.**
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/19</td>
<td>HS. Beverly SPOONER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS. SPOONER</td>
<td>BSEE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST ORANGE</td>
<td>ESSEX</td>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>Hackensack, NJ 07601</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/19</td>
<td>2/1/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSICAL INSULATION</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>removal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>2/1/19</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Requesting Organizer</th>
<th>Hazardous Material Disposal Permit WHT No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises, LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Matarone</td>
<td>1/30/19</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:28-2.12)

Date of Notification (1): 1/23/19

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

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

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

Street Address:
600 Billingsport Rd

City, State, Zip Code:
Paulsboro, NJ 08066

Name of Contact:
Ravi Jarecha
Tel. Number:
856-224-4444

FACILITY INFORMATION

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

Street Address:
800 Billingsport Rd

City (5):
Paulsboro
County (6):
Gloucester
County Code (7) (State Use Only):

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

Sq. Feet: N/A
# of Floors: N/A
Bldg. Age: N/A
Current Use (prior if being demolished): Oil Refinery

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

Street Address:

Project Manager for Monitoring Firm:

Telephone Number:

Scheduled Start Date (10):
2/5/19
Scheduled Completion Date (11):
2/8/19

Occupancy Status During Abatement (Check only one):
- ( ) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours -
- (X) Other - Describe - Removal of ACM within restricted work area in outside area

Source of Work (Check all that apply):
- ( ) Demolition
- (X) Renovation
- ( ) Large Proj. (>180 LF or >260 LF ACM) (X) SM Proj. >25<160 LF or >10<260 LF ACM)
- ( ) Minor Proj. (<25 LF or <10 LF ACM)
- ( ) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- (X) Glovebag Procedure

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
- ( ) YES
- (X) NO

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

Amount (Specify SF or LF)
~20 LF

Abatement Type
- Rem
- Rep.
- Encap
- Enclose

Pipe Insulation Steam Lines
TBA Warehouse
X

Name of Reg. Waste Hauler:
Waste Management, Inc.
NJDEP Waste Hauler ID #:
17273

Cubic Yards of Waste:
<3 CY

Name of Reg. Landfill:
Gloucester County Landfill

City, State:
South Harrison, NJ
Disp. Date:
Various

Completed by (Print or Type):
ANDREW GREEN
Title:
MANAGER - Mansfield Industrial, Inc

Signature:
Site Operations Supervisor
Date:
1-23-19

Mail to:
NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-984-6620
C:\WORD\MYDOCS\ASBESTOS
9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):**
1 / 30 /19

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

**Name of Building Owner/Operator (2):**
HACKENSACK UNIVERSITY MEDICAL CENTER

**Street Address:**
30 PROSPECT AVENUE

**City, State, Zip Code:**
HACKENSACK, NEW JERSEY 07601

**Name of Contact:**
DONALD FARRELL
Telephone Number: 551-956-3778

**Name of Facility Where Abatement is Taking Place (3):**
HACKENSACK UNIVERSITY MEDICAL CENTER

**Street Address:**
30 PROSPECT AVENUE

**City (5):**
HACKENSACK
**County (6):** BERGEN
**County Code (7):** ASCM No. 99

**Name of Monitoring Firm Hired by Building Owner (8):**
LANGAN ENGINEERING & ENVIRONMENTAL

**Type of Abatement Contractor (9):**
PAR ENVIRONMENTAL CORPORATION

**Street Address:**
313 SPOOK ROCK ROAD

**City, State, Zip Code:**
SUFFERN, NEW YORK 10901

**Abbreviation:**
HOSPITAL

**Square Feet:**
200,000

**# of Floors:**
5

**Bldg. Age:**
80

**Expected State Date (10):**
12 / 13 /18

**Sched. Completion Date (11):**
5 / 30 /19

**Month:**

**Day:**

**Year:**

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

**Type of Facility (4):**
- School (K-12)
- Subchapter 8 (Other than K-12)

**Square Feet:**
200,000

**# of Floors:**
5

**Bldg. Age:**
80

**Type of Work (Check all that apply):**
- Demolition
- >35SF OR LF
- >180 SF OR 260 LF
- Renovation
- Non-Friable Procedure
- Glovebag Procedure (X)
- Wrap & Cut
- Full Containment with Negative Pressure
- Mini-Endo

**Location of Asbestos-containing Material (ACM):**

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>3RD FLOOR MAIN BUILDING</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>2100 SF</td>
<td>X</td>
</tr>
<tr>
<td>ST. JOHNS BUILDING BASEMENT</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>COMPLETE</td>
<td>4000 SF</td>
</tr>
<tr>
<td>ST. JOHNS BUILDING BASEMENT</td>
<td>X</td>
<td>GLUE &amp; CEILING TILE</td>
<td>COMPLETE</td>
<td>740 SF</td>
</tr>
<tr>
<td>ADDITION TO SCOPE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3RD FLOOR MAIN BUILDING</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler:**
NEWARK CARTING
369 RAYMOND BLVD.

**Cubic Yards of Waste:**
80

**Name of Registered Landfill:**
GRAND CENTRAL SANITARY LANDFILL

**Name of Registered Landfill:**
GRAND CENTRAL SANITARY LANDFILL

**Disposal Date:**
12/13-2/30/19

**City, State:**
PLAINFIELD TOWNSHIP, PA

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

**Name of Registered Landfill:**
GRAND CENTRAL SANITARY LANDFILL

**Complated by (Print or Type):**
BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 1/30/19
<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>HACKENSACK UNIVERSITY MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>30 PROSPECT AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, NEW JERSEY 07601</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>5</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>PAR ENVIRONMENTAL CORPORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>313 SPOOK ROCK ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SUFFER, NEW YORK 10901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tel. No.</th>
<th>845-369-7500</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.</td>
<td>1101</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>QUALITY ENVIRONMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1376 ROUTE 9</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WAPPINGER FALLS, NY 12590</td>
</tr>
</tbody>
</table>

**Expected State Date (10)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>/3</td>
<td>/18</td>
</tr>
</tbody>
</table>

**Sched. Completion Date (11)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>/30</td>
<td>/19</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one):**
- X Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-SATURDAY 8AM-4:30PM
- Other - Describe: |

**Scope of Work (Check all that apply):**
- X Demolition
- X Renovation
- Full Containment with Negative Pressure
- Mini Enclos.
- Glovebag Procedure
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>3RD FLOOR MAIN BUILDING</th>
<th>X</th>
<th>VAT &amp; MASTIC</th>
<th>2,100 SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. JOHNS BUILDING BASEMENT</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>COMPLETE</td>
<td>4,000 SF</td>
</tr>
<tr>
<td>ST. JOHNS BUILDING BASEMENT</td>
<td></td>
<td>BLUE &amp; CEILING TILE</td>
<td>COMPLETE</td>
<td>760 SF</td>
</tr>
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</table>

**Name of Registered Waste Hauler:**

- NEWARK CARTING
- 369 RAYMOND BLVD.
- City, State: NEWARK, NEW JERSEY 07105

**Cubic Yards of Waste:**

- 80

**Name of Registered Landfill:**

- GRAND CENTRAL SANITARY LANDFILL

**Disposal Date:**

- 12/13/5/30/19

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

- BENJAMIN SANCHEZ
- Title: DIRECTOR OF OPERATIONS

**Signature:**

- /s/
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-2)  

Date of Notification: 12/26/18  

Name of Building Owner/Operator: HACKENSACK UNIVERSITY MEDICAL CENTER  
Street Address: 30 PROSPECT AVENUE  
City, State, Zip Code: HACKENSACK, NEW JERSEY 07601  

Name of Facility Where Abatement is Taking Place: HACKENSACK UNIVERSITY MEDICAL CENTER  
Street Address: 30 PROSPECT AVENUE  
City, State, Zip Code: HACKENSACK, NEW JERSEY 07601  

Name of Monitoring Firm Hired by Building Owner: LANAGAN ENGINEERING & ENVIRONMENTAL  
County Code: BERGEN  
County: BERGEN  
ASCM No.: 99  

Type of Facility: HOSPITAL  
Square Feet: 200,000  
Current Use: HOSPITAL  

Abatement Contractor: PAR ENVIRONMENTAL CORPORATION  
Street Address: 313 SPOCK ROCK ROAD  
City, State, Zip Code: SUFFERN, NEW YORK 10901  
Telephone Number: 845-368-7500  
License Number: 1101  

Name of OSHA Monitor: QUALITY ENVIRONMENTAL  
Street Address: 1375 ROUTE 9  
City, State, Zip Code: WAPPINGERS FALLS, NY 12590  

Occupancy Status During Abatement:  
X Facility Closed/Vacated During Entire Period of Abatement  
X Abatement Performed Outside of Normal Facility Hours - Describe:  
MONDAY - FRIDAY 4 PM-12 AM  
SATURDAY 4PM-12AM  

Scope of Work:  
X Demolition  
X Renovation  
X >160 SF OR 260 LF  
X Full Containment with Negative Pressure  
X Mini-Enclosure  
X Glovebag Procedure  
X Non-Friable Procedure  

Amount (Square Feet or LF):  
X 2,100 SF  
X 4,000 SF  
X 740 LF  

Abatement Type:  
X REMOVAL  
X REPAIR  
X ENCLOSURE  
X ENSCAPULSATION  

Location of Asbestos-containing Material (ACM) TO BE ABATED:  
3RD FLOOR MAIN BUILDING  
ST. JOHNS BUILDING BASEMENT  
ST. JOHNS BUILDING BASEMENT  

Is Location normally used solely by Maintenance/Custodial Staff:  
Yes No  
X /N/A  

Description of Asbestos-Containing Material (ACM):  
VAT & MASTIC  
VAT & MASTIC  
GLUE & CEILING TILE  

Cubic Yards of Waste:  
80  

Name of Registered Waste Hauler: NJ DEP Waste Hauler ID No.:  
NEWARK CARTING  
369 RAYMOND BLVD.  
CUBIC YARDS OF WASTE 80  

City, State: HACKENSACK, NEW JERSEY 07601  
Disposal Date: 12/13-6/30/19  

Name of Registered Landfill: GRAND CENTRAL SANITARY LANDFILL  
City, State: PLAINFIELD TOWNSHIP, PA  

Signature:  
Date: 2/26/18  
Completed by: (Print or Type) BENJAMIN SANCHEZ  
Title: DIRECTOR OF OPERATIONS
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #2</td>
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<tr>
<td>X</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X</td>
<td>On Hold</td>
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<tr>
<td>DOH</td>
<td>EMERGENCY NOTIFICATION</td>
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</table>

Name of Building Owner/Operator (2)
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
DONALD FARRELL
Telephone Number
551-996-3778

Name of Facility Where Abatement is Taking Place (3)
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

Name of Monitoring Firm Hired by Building Owner (6)
LANGAN ENGINEERING & ENVIRONMENTAL

Expected State Date (10)

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</thead>
<tbody>
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<td>12 / 13</td>
<td>/18</td>
<td></td>
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Sched. Completion Date (11)

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 30</td>
<td>/19</td>
<td></td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one)

| X | Facility Closed/Vacated During Entire Period of Abatement |
| X | Other - Describe: MONDAY -FRIDAY, 4 PM-12 AM SATURDAY 4PM-12AM |

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Demolition</th>
<th>Renovation</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Location of Asbestos-containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3RD FLOOR MAIN BUILDING X VAT &amp; MASTIC 2,100 SF X</td>
</tr>
<tr>
<td>ST. JOHNS BUILDING BASEMENT X VAT &amp; MASTIC 4,000 SF X</td>
</tr>
<tr>
<td>ST. JOHNS BUILDING BASEMENT X GLUE &amp; CEILING TILE 740 SF X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature: [Signature] Date: 12-21-18
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:220-7)

**Date of Notification:** 11/21/2018

**Name of Building Owner/Operator:**
HACKENSACK UNIVERSITY MEDICAL CENTER

**Street Address:** 50 PROSPECT AVENUE

**City, State, Zip Code:** HACKENSACK, NEW JERSEY 07601

**Name of Contact:** DONALD FARRELL
**Telephone Number:** 551-998-3778

**Name of Facility Where Abatement is Taking Place:**
HACKENSACK UNIVERSITY MEDICAL CENTER

**Street Address:** 30 PROSPECT AVENUE

**City, State, Zip Code:** HACKENSACK, BERGEN, NEW JERSEY 07604

**Name of Monitoring Firm Hired by Building Owner:**
SARC ENGINEERING & ENVIRONMENTAL

**Street Address:** 300 KIMBALL DRIVE

**City, State, Zip Code:** PARSIPPANY, NEW JERSEY 07054

**Project Manager for Monitoring Firm:**
VUJAY PATHEL
**Telephone Number:** 973-560-4983

**Expected State Date (10/11/2018):**
- **Month:** 11
- **Day:** 26
- **Year:** 2018

**Sched. Completion Date (11/19/2019):**
- **Month:** 11
- **Day:** 30
- **Year:** 2019

**Occupancy Status During Abatement (Check only one):**
- [X] Fully Occupied During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours - Describe:**
- [X] Monday-Friday 7am-3:30pm

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

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

<table>
<thead>
<tr>
<th>3RD FLOOR MAIN BUILDING</th>
<th>ST. JOHNS BUILDING BASEMENT</th>
<th>ST. JOHNS BUILDING BASEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>X VAT &amp; MASTIC</td>
<td>X VAT &amp; MASTIC</td>
<td>X GLUE &amp; CEILING TILE</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):**
- 2,100 SF
- 4,000 SF
- 740 SF

**Abatement Type:**
- [X] REMOVAL

**Location of Registered Waste Hauler:**
NEWARK CARTING
369 RAYMOND BLVD.

**Cubic Yards of Waste:**
- 80

**Name of Registered Landfill:**
GRAND CENTRAL SANITARY LANDFILL

**Disposal Date:** 11/26/2019

**Completed by:**
**Title:** DIRECTOR OF OPERATIONS
**Signature:**

**Date:** 11/21/18
# Table: Asbestos-Containing Material (ACM) Abatement Statement

<table>
<thead>
<tr>
<th>Facility</th>
<th>Asbestos-containing Material (ACM)</th>
<th>Description of Abatement Procedure</th>
<th>Amount of ACM Removed (lb)</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Central Station</td>
<td>-</td>
<td>-</td>
<td>200</td>
<td>-</td>
</tr>
<tr>
<td>GRAND CENTRAL SANITARY LANDFILL</td>
<td>-</td>
<td>-</td>
<td>740</td>
<td>-</td>
</tr>
<tr>
<td>Newark New Jersey 07105</td>
<td>-</td>
<td>-</td>
<td>4,000</td>
<td>-</td>
</tr>
<tr>
<td>Newark New Jersey 07105</td>
<td>-</td>
<td>-</td>
<td>2,100</td>
<td>-</td>
</tr>
</tbody>
</table>

**Location of ACM**: Location of ACM (Check all that apply)
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001

**Location of ACM (R)**: Location of ACM (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001

**Asbestos-containing Material (ACM)**: Asbestos-containing Material (ACM) (Def.) 2001
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001
- [X] in Building (R) (Def.) 2001

**Removal Process**
- [X] Removal
- [ ] Repair
- [ ] Encapsulation

**Date of Notification**
- [ ] 11/15/01

**Amended Notification**
- [ ] Yes

**Date of Completion**
- [ ] 11/15/01

**Name of Building Owner**
- Hackensack University Medical Center

**Street Address**
- 30 Cube Avenue

**City**
- Hackensack

**State**
- New Jersey

**Zip Code**
- 07601

**Phone Number**
- 201-460-3778

**Type of Facility**
- Hospital (Def.) 2001

**Date of Completion**
- 11/15/01

**Amount of ACM Removed (lb)**
- 200

**Name of ACM Abatement Contractor**
- Parisi & Company

**Address**
- 30 Cube Avenue

**City, State, Zip Code**
- Hackensack, New Jersey, 07601
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 01/30/19

Name of Building Owner/Operator (2): Asbury Memorial Parkway LLC

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 901 Mattison Avenue

Street Address: 901 Mattison Avenue

City (5): Asbury Park

County (6): Monmouth

Name of Monitoring Firm Hired by Building Owner (6): ASCM No.

Name of Abatement Contractor (9): AAA LEAD PROFESSIONALS

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

Square Feet: 
# of Floors: 
Bldg. Age: 

Current Use (Prior if being demolished): 

Occupancy Status During Abatement (Check Only One):
- [x] 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] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥260 if
- [x] Renovation
- [x] Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12):
- [x] Yes
- [x] No
- [NA]

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

Amount (Specify SF or LF): 

Abatement Type:
- [x] Removal
- [x] Repair
- [x] Encapsulation
- [x] Enclosure

INTERIOR

PIPE INSULATION

BASEMENT TILE

115LF

192SF

Name of Registered Waste Hauler: NEWARK CARTING

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste: 10

Name of Registered Landfill: IESI

City, State: NEWARK, NJ

Disposal Date: 02/17/19

Completed by: JOSEPH PERLSTEIN

Title: OWNER

Signature: 

Date: 01/30/19

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/31/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MS. MARIE SOKERS</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SOUTH ORANGE, NJ 07079</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. SOKERS</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | MS. MARIE SOKERS |
| Type of Facility (4) |  |
| Square Feet | 2000 |
| # of Floors | 2 |
| Bldg. Age | 1950 |
| Current Use (Prior to being demolished) | RESIDENCE |
| Name of Abatement Contractor (9) | Best Removal Inc. |
| Street Address | 450 South River Street Hackensack, NJ 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Name of OSHA Monitor | Omega Environmental |
| Street Address | 280 Huylar Street |
| City, State, Zip Code | Hackensack, NJ 07606 |

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

<table>
<thead>
<tr>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) | Basement |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | THERMAL SYSTEM INSULATION |
| Amount (Specify SF or LF) | 250 LF |

| Name of Registered Waste Hauler | Best Removal Inc |
| WDEP Waste Hauler ID No. | 17109 |
| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Hackensack, NJ 07601 |
| Disposal Date | 2/13/19 |

Signature: [signature]

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

**Date of Notification:** 02/01/19

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

**Type of Notification:**
- [X] Initial

**Street Address:** (Redacted)

**City, State, Zip Code:** Rahway, NJ

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

**Telephone Number:** 917-359-5727

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

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

**Square Feet:** (Redacted)

**# of Floors:** (Redacted)

**Bldg. Age:** (Redacted)

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

**Name of Abatement Contractor:** AAA LEAD PROFESSIONALS

**Telephone No.:** 732-668-9078

**License No.:** 1200

**Name of OSHA Monitor:** AAA LEAD PROFESSIONALS

**Street Address:** 6 WHITE DOVE COURT

**City, State, Zip Code:** LAKEWOOD, NJ 08701

**Start Date:** 02/11/19

**Scheduled Completion Date:** 02/14/19

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

**Renovation**

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

**In Facility:**

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

**Description of Asbestos-Containing Material (ACM):**
- [ ] Amount (Specify SF or LF)

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

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

**Location:**

- [ ] Interior
- [ ] Piping

**Amount:** 90LF

**Abatement Type:**

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

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

**NJDEP Waste Hauler ID No.:** 04509

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** IESI

**City, State:** BETHLEHEM PA

**Disposal Date:** 02/14/19

**Completed by:** JOSEPH PERLSSTEIN

**Title:** OWNER

**Signature:** (Redacted)

**Date:** 02/01/19

---

*Do not use this form for asbestos license exempted activities.*
Name of Facility Where Abatement Is Taking Place (3)
PRIVATE

Street Address

City (5)
WEST NEW YORK NJ. 07093

County (6)
HUDSON

Name of Monitoring Firm Hired by Building Owner (6)
EMPIRE ENVIRONMENTAL LTD.

Start Date (10)
02/04/2019

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>437 LF</td>
<td>X</td>
</tr>
<tr>
<td>VAT. FLOOR TIE 9X9</td>
<td>6,550. SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
TRI STATE

Completed by
CARLOS ESQUIVEL

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

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

**Date of Notification (1)**
01/31/2019

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Union, NJ 07083

**Name of Contact**
Wendy

**Type of Facility (4)**
[X] 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)**
ASCM No.

**Name of Abatement Contractor (9)**
Removal Safety LLC

**Street Address**
8 Crosby Ave

**City, State, Zip Code**
Paterson, NJ 07502

**Telephone No.**
973-400-8711

**License No.**
01332

**Start Date (10)**
02/11/2019

**Scheduled Completion Date (11)**
02/14/2019

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

**Abatement Performed Outside of Normal Facility Hours**
No

**Other – Describe:**
6:00 - 16:30

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>25 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Removal Safety LLC

**City, State**
Paterson, NJ

**Waste Hauler ID No.**
0037007

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
GROWS North

**City, State**
Morrisville, PA

**Disposal Date**
TBD

**Completed by**
Lasko Veskov
**Title**
President

**Signature**
[Signature]

**Date**
01/31/2019

*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)  
01/31/2019

Name of Building Owner/Operator (2)  
The Port Authority of New York & New Jersey

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

Type Notification  
- Initial  
- Amended  
- Amendment #01  
- Emergency (including justification)  
- Cancellation

Street Address  
70 Brewster Road

City, State, Zip Code  
Newark, NJ 07114

Name of Contact  
Michael DaCosta

Telephone Number  
973-961-6380

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Newark Airport

Street Address  
350 Scargo Earhart Drive

City (5)  
Newark

County (6)  
Union

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  
N/A

# of Floors  
N/A

Bldg. Age  
35+

Current Use (Prior if being demolished)  
Underground Fuel Piping

Name of Monitoring Firm Hired by Building Owner (8)  
Matrix New World Engineering

ASCM No.  

Name of Abatement Contractor (9)  
Brandenburg Industrial Service Company

Street Address  
2217 Spillman Drive

City, State, Zip Code  
Bethlehem, PA 18015

Telephone No.  
610-691-1800

License No.  
00721

Project Manager for Monitoring Firm  

Start Date (10)  
02/11/2019

Scheduled Completion Date (11)  
04/12/2019

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

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

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)  
Black Tar Mastic/Paper 4000 LF

Abatement Type  

Full Containment with Negative Pressure

Mini-Enclosure

Glovetag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
Brandenburg Industrial Service Co

NJ/DEP Waste Hauler ID No.  
21838

Cubic Yards of Waste  
500

Name of Registered Landfill  
Minerva Landfill

City, State  
Bethlehem, PA

Disposal Date  
2/12/19-4/28/19

City, State  
Waynesburg, OH

Completed by  
Stephen Carne

Title  
Environmental Manager

Signature  

Date  
01/31/2019

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

Date of Notification (1) 01 / 31 / 19

Name of Building Owner/Operator (2) Rekha Karnik

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

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

Street Address [Redacted]

City, State, Zip Code Westwood, NJ 07675

Name of Contact Frank Pinto

Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) Oradell

County (6) Bergen

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

Square Feet

# of Floors

Bldg. Age

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

ASCM No.

Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane

City, State, Zip Code Garfield, NJ 07026

Telephone No. 973-928-4888

License No. 1188

Name of OSHA Monitor

ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane

City, State, Zip Code Garfield, NJ 07026

Project Manager for Monitoring Firm Rick Eustaquio

Telephone No. 973-494-3762

Start Date (10) 02 / 09 / 19

Scheduled Completion Date (11) 02 / 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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 ft
☒ ≥ 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

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

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

Name of Registered Waste Hauler Century Waste, LLC

NJDEP Waste Hauler ID No. 32797

Cubic Yards of Waste As Needed

Name of Registered Landfill GROWS North Landfill/ Fairless Landfill

Disposal Date TBD

City, State Morrisville, PA

Completed By (Print or Type) Allen Monchik

Title Project Manager

Signature Allen Monchik

Date 1/31/19

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

Date of Notification (1)
01/11/19

Name of Building Owner/Operator (2)
kim maris

Agencies Notified
- DOL (Emergency)
- DOH (Emergency)
- DCA (Cancellation)

Type Notification
- Initial
- Amended
- Emergency

Amendment #: Cancellation (including justification)

City, State, Zip Code
verona, nj 07044

Name of Contact
kim maris

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
kim maris

Street Address

City (5)
verona

County (6)
essex

County Code (7) (State use only)

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

ASCM No.

Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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)
01/30/19

Sched. Completion Date (11)
02/15/19

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe: NORMAL HOURS

Scope of Work (check all that apply)
- >3 sf or >3 lf
- >160 sf or >260 lf
- Demolition

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm)</th>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>Encl</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>311 ft</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement crawl space</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>151 ft</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td>X</td>
<td>bare heating pipes</td>
<td>601 ft</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
01/31/19

Name of Registered Landfill

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
01/28/19
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 01/11/2019

Name of Building Owner/Operator (2): eric rosen

Type of Notification: Emergency

Amendment #:

Agencies Notified:

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

Amendment #: Emergency  
(including justification)

Street Address: cranford, nj 07016

City, State, Zip Code: cranford, nj 07016

Name of Contact: eric rosen

Telephone Number:

FACILITY INFORMATION

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

- eric rosen

Street Address:

City (5): cranford

County (6): union

County Code (7) (State use only):

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

ASCN No.:

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

Current Use (Prior if being demolished):

Square Feet: [ ]

# of Floors: [ ]

Bldg. Age: [ ]

Occupancy Status During Abatement (Check only one):

- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours-
  Describe: NORMAL HOURS

Other-Describe:

Scope of Work (check all that apply):

- [x] >3 sf or >3 lf
- [ ] >160 sf or >260 lf
- [ ] Demolition

- Renovation
- [ ] Full Containment w/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>Basement 3 locations</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>EncL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>90.1 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste: 1 yd

Name of Registered Landfill:

TULLYTOWN, RESOURCE RECOVERY

City, State:

PATerson, NJ 07503

Disposal Date: 02/04/19

Completed by (Print or Type):

BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 01/28/19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 01/30/19
Name of Building Owner/Operator (2) East Newark Town Center LLC

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Amendment # 1
DOH Emergency (including justification)
DCA Cancellation
Street Address 900 Passaic Ave
City, State, Zip Code Newark, New Jersey

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Building # 54

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

City (5)
East Newark

Square Feet
25,000

Bldg. Age
50+

County (6)
Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Commercial Space

Name of Monitoring Firm Hired by Building Owner (8)
n/a

Name of Abatement Contractor (9)
Harmony Contracting Inc

ASCM No. n/a

Telephone No.

License No.
01255

Street Address 360 Palisade Ave

City, State, Zip Code Garfield, NJ 07026

Project Manager for Monitoring Firm n/a

Telephone No. 973460.6026

Name of OSHA Monitor Harmony Contracting Inc

Start Date (10) 12/14/18

Scheduled Completion Date (11) 03/31/19

Occupancy Status During Abatement (Check Only One)
[i] Facility Closed/Vacated During Entire Period of Abatement
Other – Describe: Scheduled for Demo

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

Amount (Speary SF or LF)

Abatement Type

Racic Transport

Rovic Transport

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste TBD

Name of Registered Landfill ISEI Landfill

City, State Riverdale, NJ

Disposal Date TBD

City, State Bethlehem, PA

Completed by E. Cirovic

Signature

Title Secretary

Date 01/30/19

* 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>01/30/19</td>
<td>East Newark Town Center LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Newark, New Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>900 Passaic Ave</td>
<td>City</td>
<td>Essex, NJ</td>
</tr>
<tr>
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<td>DOL</td>
<td>Amendment # 1</td>
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<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

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<th>Building # 39</th>
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<th>Current Use (Prior to being demolished)</th>
<th>Commercial Space</th>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>Harmony Contracting Inc</td>
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<th>License No.</th>
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<tbody>
<tr>
<td>n/a</td>
<td>973460.6026</td>
<td>01255</td>
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<th>Telephone No.</th>
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<table>
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<td>Garfield, NJ 07026</td>
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<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>11/26/18</td>
<td>03/31/19</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
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<tbody>
<tr>
<td>Harmony Contracting Inc</td>
<td>360 Pallisade Ave</td>
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<thead>
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<th>City, State, Zip Code</th>
<th>Street Address</th>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥280 ft</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>
</tr>
<tr>
<td>Other – Describe: Scheduled for Demo</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/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</td>
<td>X</td>
<td>Floor Tile</td>
<td>300 SF</td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td>X</td>
<td>Floor Tile</td>
<td>170 SF</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>
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</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
<td></td>
<td>TBD</td>
<td></td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>TBD</td>
<td>Bethlehem, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Cirovic</td>
<td>Secretary</td>
<td>Cerrie</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>01/30/19</th>
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</thead>
</table>

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

**Pursuant to NJAC 5:60 and 12:120**

**Date of Notification (1)**
01/30/19

**Name of Building Owner/Operator (2)**
East Newark Town Center LLC

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

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

**Street Address**
900 Passaic Ave

**City, State, Zip Code**
Newark, New Jersey 07105

**Name of Contact**

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Building # 21

**Street Address**
900 Passaic Ave

**County (6)**
Essex

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

**Square Feet**
50,000

**# of Floors**
5

**Bidg. Age**
50+

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

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

**ASCM No.**
n/a

**Name of Abatement Contractor (9)**
Harmony Contracting Inc

**Street Address**
360 Palisade Ave

**City, State, Zip Code**
Garfield, NJ 07026

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**
n/a

**License No.**
973460.6026

**Start Date (10)**
11/8/18

**Scheduled Completion Date (11)**
03/31/19

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>VAT</td>
<td>600 SF</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>x</td>
<td>VAT</td>
<td>660 SF</td>
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<tr>
<td>3rd Floor</td>
<td>x</td>
<td>VAT</td>
<td>400 SF</td>
</tr>
<tr>
<td>4th Floor</td>
<td>x</td>
<td>VAT</td>
<td>350 SF</td>
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**Name of Registered Waste Hauler**
Rovic Transport

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
ISEI Landfill

**City, State, Zip Code**
Riverdale, NJ

**Disposal Date**
TBD

**City, State, Zip Code**
Bethlehem, PA

**Completed by**
E. Cirovic

**Title**
Secretary

**Signature**

**Date**
01/30/19

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  01/30/19

Name of Building Owner/Operator (2)  East Newark Town Center LLC

Street Address  900 Passaic Ave

City, State, Zip Code  Newark, New Jersey

Name of Contact  Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Building # 64

Street Address  900 Passaic Ave

City (5)  East Newark

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

Name of Monitoring Firm Hired by Building Owner (8)  n/a

ASCM No.  n/a

Name of Abatement Contractor (9)  Harmony Contracting Inc

Street Address  380 Palisade Ave

City, State, Zip Code  Garfield, NJ 07026

Telephone No.  973460.6026  License No.  01255

Name of OSHA Monitor  Harmony Contracting Inc

Street Address  380 Palisade Ave

City, State, Zip Code  Garfield, NJ 07026

Start Date (10)  12/19/18  Scheduled Completion Date (11)  04/30/19

Occupancy Status During Abatement (Check Only One)

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

Other – Describe:  Scheduled for Demo

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)

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

Yes  No  N/A

Pipe Insulation  37 LF

Floor Tile  780 SF

Name of Registered Waste Hauler  Rovic Transport

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  TBD

Name of Registered Landfill  ISEI Landfill

Disposal Date  TBD

City, State  Bethlehem, PA

Completed by  E. Cirovic  Title  Secretary  Signature  Date  01/30/19

* 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)**
01/30/19

**Name of Building Owner/Operator (2)**
East Newark Town Center LLC

**Address**
900 Passaic Ave
Newark, New Jersey

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Building # 18</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>900 Passaic Ave</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>East Newark</th>
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<tr>
<th>County (6)</th>
<th>Essex</th>
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<tr>
<th>County Code (7) (STATE USE ONLY)</th>
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**Name of Monitoring Firm Hired by Building Owner (8)**
n/a

**Name of Abatement Contractor (9)**
Harmony Contracting Inc

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<th>Street Address</th>
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<tr>
<th>City, State, Zip Code</th>
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**Project Manager for Monitoring Firm**
n/a

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
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<th>No</th>
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<tbody>
<tr>
<td>2nd Floor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Floor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Floor</td>
<td>x</td>
<td></td>
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**Description of Asbestos-Containing Material (ACM)**
- (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

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<th>Abatement Type</th>
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<td>370 SF</td>
<td>&lt;</td>
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<tr>
<td>4,540 SF</td>
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<tr>
<td>40 SF</td>
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**Name of Registered Waste Hauler**
Rovic Transport

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Landfill**
ISEI Landfill

**City, State**
Bethlehem, PA

**Completed by**
E. Cirovic

**Title**
Secretary

**Signature**

**Date**
01/30/19

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

**State of New Jersey**

(Pursuant to NJAC 8:58 and 12:120)

**Date of Notification:** 01/30/2019

**Agency Notified:**
- BPA
- DEP
- DOL
- DOI
- DCA

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

**Name of Building Owner/Operator:** RJM Realty Group

**Street Address:** 515 West End Avenue

**City, State, Zip Code:** New York, New York 10024

**Name of Contact:** Harry Luevni

**Telephone Number:** 917-615-9385

---

**FACILITY INFORMATION**

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

**Square Feet:** 40,000

**No. of Floors:** 3

**Bldg. Age:** 50+

**County Code:** 87178

**Current Use (Prior to being demolished):** Residential Units

**Name of Monitoring Firm Hired by Building Owner (6):** AECM No.

**Project Manager for Monitoring Firm:** Anthony Valente

**Start Date:** 02/04/2019

**Scheduled Completion Date:** 02/07/2019

**Name of Asbestos Management Contractor:** Lillich Corporation

**Street Address:** 858 McBride Ave

**City, State, Zip Code:** Englewood, NJ 07631

**Name of OSHA Monitor:** Environmental Laboratories, LLC

**Street Address:** 12333 Route 22 West

**City, State, Zip Code:** Union, NJ 07083

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

**Schedules Of Work (Check All That Apply):**
- 23 of 23
- 24 of 24
- 25 of 25

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

**Amount (Exactly SF or LF):** 10 LF

---

**Name of Registered Waste Hauler:** Lillich Corporation

**City, State:** Woodland Park, New Jersey

**Name of Registered Landfill:** Parish Landfill

**City, State:** Monroeville, PA

**Disposal Date:** 02/07/2019

**Name of Party Responsible:** Adriana Olejarczyk

**Date:** 01/30/2019

---

*Disclaimer:* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

<table>
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<th>Date of Notification (1)</th>
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<td>RJM Realty Group</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>515 West End Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Harry Uvege</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(917) 915-5326</td>
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**FACILITY INFORMATION**

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<thead>
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<th>RJM Realty LLC</th>
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<td>City, State, Zip Code</td>
<td>Englewood, NJ 07631</td>
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<th>Residential Units</th>
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<th>ASCM Inc.</th>
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<tr>
<td>Street Address</td>
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<th>Type of Facility (4)</th>
<th>School (K-12)</th>
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<th>Square Feet</th>
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<tr>
<th>Name of OSHA Monitor</th>
<th>Iris Environmental Laboratories, LLC</th>
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<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ 07083</td>
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<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Other - Describe: Occupied</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 st or Rs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>x 180 ft or 4,200 ft</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Yes</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement</td>
<td>X</td>
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</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>N/A</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (15)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

<table>
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<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>
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<tbody>
<tr>
<td>Thermal System Pipe Insulation</td>
<td>15 LF</td>
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<tr>
<td>Duct insulation</td>
<td>120 SF</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No. 16724</th>
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<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, New Jersey</td>
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<th>Cubic Yards of Waste</th>
<th>2</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Fantasia Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mariaville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Adriana Olujarova</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>President</th>
</tr>
</thead>
</table>

[Signature] Date: 01/30/2019

*DO NOT USE THIS FORM FOR ASBESTOS LICENSE EXEMPTED ACTIVITIES.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1) 01/29/19

Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY

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

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

Street Address 1301 BACHARACH BLVD
City, State, Zip Code ATLANTIC CITY, NJ 06401

Name of Contact LOIS ANDERSON

Telephone Number 609-347-5390

FACILITY INFORMATION

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

Street Address

City (5) ATLANTIC CITY

County (6) ATLANTIC

Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS

ASCM No.

Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC

Street Address 1256 LIBERTY AVE
City, State, Zip Code HILLSIDE, NJ 07205

Telephone No. 201-349-2666

License No. 01316

Project Manager for Monitoring Firm SARAH CALANDRA

Scheduled Completion Date (11) 02/11/19

Start Date (10) 02/08/19

Square Feet

#!Floors Bldg. Age

Current Use (Prior if being demolished) PRIVATE RESIDENCE

Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Scope of Work (Check All That Apply)

- ≥ 3,000 sf or ≥30 ft
- ≥ 160 sf or ≥ 250 sf

Renovation

Demolition

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

Yes No N/A

In Facility (13)

BEDROOM #1 X 12" bottom layer blue floor tile 160 sf x 2 layer

BEDROOM #2 X 12" tan mottled floor tile 80 SF

ROOF X Black middle layer of roofing 510 SF

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

Endorse

Encapsulation

Repair

Removal

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Name of Registered Landfill WASTE MANAGEMENT LANDFILL

Disposal Date

City, State PENN ARDGE, PA

Completed by ALISON LAMERS

Title OFFICE MANAGER

Signature

Date 01/29/19

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

Name of Building Owner/Operator (2)
CITY OF ATLANTIC CITY

Street Address
1301 BACHARACH BLVD

City, State, Zip Code
ATLANTIC CITY, NJ 08401

Name of Contact
LOIS ANDERSON
Telephone Number
609-347-5390

FACILITY INFORMATION

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

Street Address

City (5)
ATLANTIC CITY

County (6)
COUNTY CODE (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
A. SEINE LIGHTHOUSE SOLUTIONS

Name of Abatement Contractor (9)
BRINKS TANK SERVICES, INC

Current Use (Prior to being demolished)
PRIVATE RESIDENCE

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 If
× ≥160 sf or ≥280 If

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

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

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

Endorse

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT LANDFILL

City, State
EAST ORANGE, NEW JERSEY

Disposal Date

City, State
PENN ARGYLE, PA

Completed by
ALISON LAMERS
Title
OFFICE MANAGER

Signature
Date
01/29/19

* 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)

Date of Notification (1)   01/29/19

Name of Building Owner/Operator (2)   CITY OF ATLANTIC CITY

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

City (5)   ATLANTIC CITY

Name of Monitoring Firm Hired by Building Owner (8)
A. SEINE LIGHTHOUSE SOLUTIONS

License No.   01316

Name of Abatement Contractor (9)
BRINKS TANK SERVICES, INC

Project Manager for Monitoring Firm
SARAH CALANDRA

Telephone No.   201-349-2686

Start Date (10)   01/29/19

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)

□ ≥3,000 sf or ≥3 if
□ ≥160 sf or ≥280 sf
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Endoscopy
□ 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)   512 SF x 2 layer

Abatement Type

Endorse

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste   0

City, State
EAST ORANGE, NEW JERSEY

Name of Registered Landfill
WASTE MANAGEMENT LANDFILL

Disposal Date

City, State
PENN ARGYLE, PA

Completed by
ALISON LAMERS
Title
OFFICE MANAGER
Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1) 02/12/19

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
CITY OF ATLANTIC CITY

Street Address
1301 BACHARACH BLVD

City, State, Zip Code
ATLANTIC CITY, NJ 08401

Name of Contact
LOIS ANDERSON

Telephone Number
609-347-6390

FACILITY INFORMATION

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

Street Address

City (5)
ATLANTIC CITY

County (6)
ATLANTIC

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
PRIVATE RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8)
A. SEINE LIGHTHOUSE SOLUTIONS

ASCM No.

Name of Abatement Contractor (9)
BRINKS TANK SERVICES, INC

Street Address
1256 LIBERTY AVE

City, State, Zip Code
HILLSIDE, NJ 07205

Telephone No.
844-462-7465

License No.
01316

Name of OSHA Monitor
A. SEINE LIGHTHOUSE SOLUTIONS

Street Address
PO BOX 354

City, State, Zip Code
SOUTH ORANGE, NJ 07079

Start Date (10) 02/08/19

Scheduled Completion Date (11) 02/10/19

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) 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>KITCHEN</td>
<td>X</td>
<td>GRAY FLUE PACKING</td>
<td>144 SF</td>
<td>x</td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
<td>BLACK ROOF FLASHING</td>
<td>96 LF</td>
<td>x</td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
<td>BLACK FELT PAPER</td>
<td>144 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJ DEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT LANDFILL

City, State
EAST ORANGE, NEW JERSEY

Disposal Date

Completed by
ALISON LAMERS
Title
OFFICE MANAGER
Signature

* 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)**
01-29-19

**Name of Building Owner/Operator (2)**
CITY OF ATLANTIC CITY

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

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

**Street Address**
1301 BACHARACH BLVD

**City, State, Zip Code**
ATLANTIC CITY, NJ 08401

**Name of Contact**
LOIS ANDERSON
**Telephone Number**
609-347-5390

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
ATLANTIC CITY

**County (6)**
ATLANTIC

**County Code (7)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
A. SEINE LIGHTHOUSE SOLUTIONS

**ASCM No.**

**Name of Abatement Contractor (9)**
BRINKS TANK SERVICES, INC

**Street Address**
1256 LIBERTY AVE

**City, State, Zip Code**
HILLSDALE, NJ 07205

**Project Manager for Monitoring Firm**
SARAH CALANDRA
**Telephone No.**
201-349-2866

**Start Date (10)**
02-09-19

**Scheduled Completion Date (11)**
03-09-19

**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 sf or ≥3 if
- ≥160 sf or ≥200 lf
  - Renovation
  - Demolition

**Location of Asbestos-Containing Material (ACM) To Be Abated (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>KITCHEN</td>
<td>X</td>
<td>brown/tan bottom layer linoleum</td>
<td>144 sf x 2 layer x</td>
<td></td>
</tr>
<tr>
<td>KITCHEN</td>
<td>X</td>
<td>WHILE FLUE PACKING</td>
<td>144 SF x</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
<td>BLACK ROOF TOP LAYER</td>
<td>512 sf x 2 layer x</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
<td>ROOF FLASHING</td>
<td>177 SF x</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING
NJDEP Waste Hauler ID No. 041309
Cubic Yards of Waste
Disposal Date
City, State
WASTE MANAGEMENT LANDFILL
PENN ARGYLE, PA

**Completed by**
ALISON LAMERS
Office Manager

**Signature**

**Date**
01-29-19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20-6 and 12:120)

Date of Notification (1)
1/31/19

Name of Building Owner/Operator (2)
Insurance Restoration Specialists, Inc.

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

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

Street Address
30 Abeel Road

City, State, Zip Code
Monroe, NJ 08831

Name of Contact
Charles Mullen

Telephone Number
702-713-4159

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Lawrence Township

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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.

Start Date (10)
2/11/19

Scheduled Completion Date (11)
3/11/19

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

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

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

to siding

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

Amount (Specify SF or LF)
800 SF

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Cumberland Landfill

Disposal Date
TBD

City, State
Newburg PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
1/31/19

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
1/31/19

Name of Building Owner/Operator (2)  
Insurance Restoration Specialists, Inc.

Address  
30 Abeel Road

City, State, Zip Code  
Monroe, NJ 08831

Name of Contact  
Charles Mullen

Telephone Number  
732-773-4159

FACILITY INFORMATION

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

Street Address  

City (5)  
Lawrence Township

County (6)  
Mercer

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

Start Date (10)  
2/11/19

Completed Completion Date (11)  
3/11/19

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 sf or ≥3 if  
≥160 sf or ≥260 if  

Renovation  
Demolition

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

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  
68

Current Use (Prior if being demolished)  
home

Name of Registered Waste Hauler  
Freehold Cartage

Disposal Date  
TBD

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Cumberland Landfill

City, State  
Freehold NJ

Completed by  
A. Scott Higgins

Title  
President

Signature  
Date  
1/31/19

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

ASB-41 (R-08-08)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/31/19

Name of Building Owner/Operator (2)
Paul Togno

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

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

Street Address
[Redacted]

City, State, Zip Code
Netcong, NJ 07857

Name of Contact
Paul Togno

Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Netcong

County (6)
Morris

County Code (7)
(STATE USE ONLY) _____

Current Use (Prior if being demolished)
home

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

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.
Telephone No.
973-764-2276

License No.
703

Start Date (10)
2/13/19

Scheduled Completion Date (11) 2/20/19

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

Amount (Specify SF or LT)
105 LF

Abatement Type
Full Enclosure

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Cumberland Landfill

City, State
Newburg PA

Completed by
A. Scott Higgins

Title
President

Signature

Date 1/31/19

ASB-41 (R-06-06)

* 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)**
1/30/19

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

**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>Home</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Street Address**
Trenton, NJ 08611-1341

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

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

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

<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>3rd floor (fire area)</td>
<td>wall plaster</td>
<td>50 SF</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>2nd floor</td>
<td>ceiling plaster</td>
<td>50 SF</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>2nd floor</td>
<td>hall ceiling plaster</td>
<td>50 SF</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td></td>
<td>walls</td>
<td>200 SF</td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**Freehold Cartage**

**Name of Registered Landfill**
Cumberland Landfill

**City, State**
Freehold, NJ

**City, State**
Newburg, PA

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

*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)

**Project #**
[Image: PAID]

**Check #** 4535

---

**Date of Notification (1)**

01/22/2019

---

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

Jonathan Pryor

---

**Agency Notified**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DOJ

---

**Type of Notification**

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

---

**Street Address**

City, State, Zip Code

---

**Name of Contact**

Jonathan Pryor

---

**Telephone Number**

---

**FACILITY INFORMATION**

---

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

Residence

- **City (5)**
  - Caldwell, NJ

---

**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

---

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

Name of Abatement Contractor (9)

ASCM No.

Nick Restoration LLC

---

**Name of ASCM No.**

**Street Address**

72 Brookside Rd

**City, State, Zip Code**

Randolph, NJ 07869

---

**Telephone No.**

**License No.**

973933-2550

01358

---

**Start Date (10)**

01/24/2019

**Scheduled Completion Date (11)**

01/25/2019

---

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

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

---

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

- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥2600 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Hauler’s Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-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?</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>Laundry Room</td>
<td>[ ] Yes  [ ] No  [ ] N/A</td>
<td>TSI</td>
<td>6LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Crawl space</td>
<td>[ ] Yes  [ ] No  [ ] N/A</td>
<td>TSI</td>
<td>34 LF</td>
<td>Removal</td>
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</tbody>
</table>

---

**Name of Registered Waste Hauler**

Nick Restoration LLC

---

**NJDEP Waste Hauler ID No.**

0033782

---

**Cubic Yards of Waste**

TBD

---

**Name of Registered Landfill**

G.R.O.W.S

---

**Disposal Date**

TBD

---

**City, State**

Randolph, NJ

---

**Completed by**

Nikica Mrda

**Title**

President

**Signature**

[Signature]

**Date**

01/22/2019
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**  
1/31/2019

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

**Street Address**  
Fotr Lee NJ 07024

**Name of Contact**  
Antoine Bullock

**Telephone Number**

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

**City**  
Demarest

**County**  
Bergen

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

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

**Square Feet**  
500

**# of Floors**  
3

**Bldg. Age**

**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

**Project Manager for Monitoring Firm**

AZTECH MANAGEMENT, INC.

**Telephone Number**

N/A

**Scheduled Start Date (10)**  
2-9-19

**Scheduled Completion Date (11)**  
2-12-19

**Month**  
X

**Day**  
9

**Year**

X

**Occupancy Status During Abatement (Check only one)**
[X] Facility Closed/Vacated During Entire Period

**Notes**

Abatement Performed Outside of Normal Facility Hours - Describe:  
[ ] Other - Describe: Other Occupancy Description

**Scope of Work (Check all that apply)**
[X] 3 sf or >3 lf  
[X] 160 sf or >260 lf

[X] Renovation  
[X] Demolition

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

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

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

**Amount (Specify SF or LF)**  
24000

**Abatement Type**

[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebox Procedure  
[ ] Non-Friable Procedure

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

[X] Siding  

[X] Transite siding  

1200SF

**Name of Registered Waste Hauler**

AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**

17040

**Cubic Yards of Waste**

4.0

**Name of Registered Landfill**

Tri - State

**City, State**

Montclair, NJ 07042

**Disposal Date**

2-13-19

**City, State**

Bronx, NY, 10474

**Completed By (Print or Type)**

Constantine Vivian

**Title**

President

**Signature**

Date  
1/31/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
01 / 30 / 19

Name of Building Owner/Operator (2)
Jacobs Demolition

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

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

Street Address
P O Box 9

City, State, Zip Code
Manasquan, NJ 08736

Name of Contact
Linda

Telephone Number
732-528-3800

FACILITY INFORMATION

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

Street Address
[ masked by redacted text ]

City (5)
Belmar

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
[ masked by redacted text ]

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

Street Address
1888 Route 9, Unit 61

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

Project Manager for Monitoring Firm
[ masked by redacted text ]

Telephone No.
732-349-9932

License No.
00624

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

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Start Date (10)
02 / 13 / 19

Scheduled Completion Date (11)
02 / 15 / 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 ≥30 cm
- ≥160 sf or ≥260 cm
- Demolition
- Renovation
- 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

exterior-house & 2 sheds
- No
- Yes
- N/A

asbestos siding
- Yes
- No
- N/A

Location of Asbestos-Containing Material (ACM)

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)
3600 sf

Abatement Type

Completed By (Print or Type)
Nicholas Fennocola

Title
Project Manager

Name of Registered Waste Hauler
Guardian Contracting, Inc.

N.J.DEP Waste Hauler ID No.
20223

Cubic Yards of Waste
4

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

Disposal Date
02/15/19

City, State
Tullytown, Pennsylvania

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
1/30/2019

Name of Building Owner/Operator (2)
PASSAIC COUNTY COMMUNITY COLLEGE

Agency Notified

EPA  
DEP  
DOL  
DOH  
DCA

Type Notification

Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Street Address
ONE COLLEGE BOULEVARD

City, State, Zip Code
PATERSON, NJ 07505

Name of Contact
BRIAN EGAN

Telephone Number
973-694-5999

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER FIREHOUSE

Street Address
113-119 COLLEGE BLVD.

City (5)
PATERSON

County Code (6)
PASSAIC

Current Use (Prior if being demolished)

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

ASCM No.
00100

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

Street Address
1805 ATLANTIC AVENUE

City, State, Zip Code
MANASQUAN, NJ 08736

Telephone No.
732-223-2225

License No.
00494

Start Date (10)
2/11/2019

Completion Date (11)
4/12/2019

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Scope of Work (Check All That Apply)

≥3,000 sf or ≥3,000 sf

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

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

BASEMENT & 2ND FL

PIPE INSULATION
20 LF

THROUGOUT BUILDING

PLASTER
13,000 SF

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDIP Waste Hauler ID No.
18743

Cubic Yards of Waste
200

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

City, State
TOTOWA, NJ

Disposal Date
4/12/2019

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
1/30/2019

* Do not use this form for asbestos linings or associated activities.
**Emergency PAID**

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N/JAC 8:180 and 12:138)

Date of Notification: Jan 30 2019
Name of Building Owner/Operator: Tony Lamon

**Facility Information**

- Name of Facility Where Abatement is Taking Place: Single Family Dwelling
- Street Address: North Plainfield, NJ 07060
- City: North Plainfield
- County: Union

**EPC Technologies**

- ASCM No.: N/A
- Name of Abatement Contractor: EPC Technologies Inc.
- P.O. Box 337 New Egypt, NJ 08533
- Telephone No.: 609-759-3365
- License No.: 06.0394

Start Date: 2-1-19
Scheduled Completion Date: 2-1-19

**Scope of Work**

- Description: Baseline Encasement
- Material: Pipe Insulation
- Type: 201F

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

- Year: 2019
- Location: Basement Encasement

**Waste Management**

- Contractor: EPC Technologies
- Waste Management: Waste Management of PA
- City: New Egypt
- State: NJ

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

Date of Notification (1)
1 / 29 / 19

Name of Building Owner/Operator (2)
St Francis Medical Center

Street Address
601 Hamilton Ave

City, State, Zip Code
Trenton, NJ 08629

Name of Contact
Rita Gelli

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St Francis Medical Center

Street Address
601 Hamilton Ave

City (5)
Trenton

County (6)

County Code (7)(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
70,000

# of Floors
3

Bidg. Age
60+

Current Use (Prior to being demolished)
Hospital

Type 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)

Renovation
Demolition

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

Nursing School Boiler Room

Nursing School Boiler Room

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

Cubic Yards of Waste
1 Cu Yd

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
FAIRLESS HILLS, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature

Date
1-29-19

* 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:** 1/28/2019

**Name of Building Owner/Operator:** MOH PERSAUD

**Address:**
- **Street Address:** [Redacted]
- **City:** LINDEN, NJ
- **Zip Code:** 07036

**Facility Information:**
- **Type of Facility:** School (K-12)
- **Square Feet:** 100x50
- **# of Floors:** 2
- **Bldg. Age:** 50 Years
- **Current Use:** EMPTY

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

**Name of Abatement Contractor:** ALL SOLUTIONS CONTRACTING

**Abatement Description:**
- **Location of Asbestos-Containing Material (ACM):**
  - **Basement:** PIPE INSULATION 60LF
  - **Outside Around the House:** SIDING TRANSITE 2000SF

**Name of Registered Waste Hauler:** ATLANTIC CARTING

**Name of Registered Landfill:** GRAND CENTRAL

**Completed by:**
- **Date:** 1/28/2019

---

*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)
1-29-19

Name of Building Owner/Operator (2)
GIRL SCOUTS OF CENTRAL N.J.

Type of Notification
Initial

Street Address
71 POWELL PL. RD

City, State, Zip Code
TAPENACKE, NJ 08088

Name of Contact
H. L. RAMSAY

Telephone Number
609-351-9370

Name of Facility Where Abatement is Taking Place (3)
GIRL SCOUTS OF CENTRAL N.J.

Type of Facility (4)

Name of Monitoring Firm Hired by Building Owner (6)
ATLAS ENV. INSPECTIONS

Name of Abatement Contractor (9)
FRYMAR CONSTRUCTION INC.

ASCM No.

Street Address
P.O. BOX 11645

City, State, Zip Code
PHILA, PA 19116

Project Manager for Monitoring Firm
JASON

Telephone No.
267-784-4583

License No.
01276

Start Date (10)
1-31-19

Scheduled Completion Date (11)
2-1-19

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

Scope of Work (Check All That Apply)
≥2 sf or ≥2 if
≥160 sf or ≥260 if
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes No N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
FRYMAR CONSTRUCTION

City, State
PHILA, PA

Complied by
GERARD DUA

Title
V. PRES

Signature

Date
1-29-19

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

Date of Notification (1): 01/29/2019

Name of Building Owner/Operator (2): Gary Hickey

Agencies Notified: EPA, DEP, DOH

Type Notification: Initial

Street Address:

City, State, Zip Code: Hackensack, NJ 07601

Name of Contact: Gary Hickey

Telephone Number:

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

Street Address:

City (6): Hackensack

County (6): Bergen

County Code (7): N/A

Current Use (Prior to being demolished): House

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

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

Street Address:

City, State, Zip Code: Totowa, NJ 07512

License No.: 01311

Name of OSHA Monitor: D&S Abatement, Inc.

Street Address:

City, State, Zip Code: Totowa, NJ 07512

Occuancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Start Date (10): 02/08/2019

Scheduled Completion Date (11): 02/09/2019

Scope of Work (Check All That Apply):

3 sf or >3 sf

≥100 sf or ≥260 sf

Renovation

Demolition

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

Encapsulate

End Stage

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler:

D&S Abatement, Inc.

NJDEP Waste Hauler ID No.: 20696

Cubic Yards of Waste:

TBD

Name of Registered Landfill:

Fairless Landfill

City, State: Morristown, PA

Disposal Date:

TBD

Completed by:

Ned Joksimovic

Title: Project Manager

Signature

Date: 01/29/2019

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SPRINGFIELD CENTER URBAN RENEWAL CO</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Mr. Joseph Torig</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-469-2800</td>
</tr>
<tr>
<td>Address</td>
<td>275 Morris Ave, 706 Lot #12</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SPRINGFIELD, NJ 07080</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
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<td>License No.</td>
<td>00388</td>
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<tr>
<td>SCOPE OF WORK (Check All That Apply)</td>
<td></td>
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<tr>
<td>□ ≥ 2,500 ft² or ≥ 50 ft²</td>
<td></td>
</tr>
<tr>
<td>□ ≥ 160 sf or ≥ 600 sf</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
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<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>
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<tr>
<td>□ Glovebox Procedure</td>
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<tr>
<td>□ Non-Enclosed (X) and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated</th>
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</thead>
<tbody>
<tr>
<td>Roof</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
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<tbody>
<tr>
<td>Roofing Material</td>
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<table>
<thead>
<tr>
<th>Amount of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>4,000 sq ft</td>
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<table>
<thead>
<tr>
<th>Commission Type</th>
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</thead>
<tbody>
<tr>
<td>Repair</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tbody>
<tr>
<td>3-13-19</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mayor/Estimator</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiolo</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) 1/29/19

Name of Building Owner/Operator (2)
Edmonds Contracting, Inc.

Street Address
58 Ware Road

City, State, Zip Code
Upper Saddle River, NJ 07458

Name of Contact
Rob Tito
Telephone Number
201-538-3604

FACILITY INFORMATION

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

Street Address
62-64 Main Street

City (5)
Hackensack

County (6)
Bergen

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

County Code (7)
STATE USE ONLY

Current Use (Prior if being demolished)
building

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

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Telephone No.
973-764-2276
License No.
703

Name of OSHA Monitor

Project Manager for Monitoring Firm

Start Date (10)
2/9/19

Scheduled Completion Date (11)
2/28/19

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 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition

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

In Facility

Yes No N/A

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

Roof

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

Roof

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

Cubic Yards of Waste
TBD

Amount (Specify SF or LF)
2,700 SF
500 SF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Endorsement

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Newark, NJ
Pen Argyl, PA

Completed by
A. Scott Higgins
Title
President
Signature
Date 1/29/19

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

Date of Notification (1)  
1/29/19

Name of Building Owner/Operator (2)  
Accurate Builders & Developers

Street Address  
742 Ocean Avenue

City, State, Zip Code  
Lakewood, NJ 08701

Name of Contact  
Aaron Weinberg  
Telephone Number  
848.210.1555

FACILITY INFORMATION

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

Street Address  
309B West Elizabeth Avenue

City (5)  
Linden

County (6)  
Union

County Code (7)  
STATE USE ONLY

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.

Telephone No.  
973-764-2276

License No.  
703

Name of OSHA Monitor  

Start Date (10)  
2/11/19

Scheduled Completion Date (11)  
3/1/19

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 if  
[ ] ≥160 sf or ≥280 if  

[ ] Renovation  
[ ] Demolition  

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

<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>Roof</td>
<td>No</td>
<td>roof duct</td>
<td>50 SF</td>
<td>x</td>
</tr>
<tr>
<td>&quot; &quot;</td>
<td>No</td>
<td>roof flashing</td>
<td>600 SF</td>
<td>x</td>
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<tr>
<td>&quot; &quot;</td>
<td>No</td>
<td>roof field</td>
<td>6,000 SF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting  
NJ/DEP Waste Hauler ID No. 04509

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Newark, PA

Disposal Date  
TBD

City, State  
Pen Argyl, PA

Completed by  
A. Scott Higgins  
Title  
President  
Signature  
1/29/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/29/19

Agency/ies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
Accurate Builders & Developers
Street Address
742 Ocean Avenue
City, State, Zip Code
Lakewood, NJ 08701
Name of Contact
Aaron Weinberg
Telephone Number
848.210.1555

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
building (building #) - warehouse
Street Address
309 West Elizabeth Avenue
City (5)
Linden
County (6)
Union
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418
Telephone No.
973-764-2276
License No.
703
Name of OSHA Monitor

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

Square Feet
14,000
# of Floors
1
Bidg. Age
73
Current Use (Prior to being demolished)
building

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 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)

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

Yes | No | N/A
--- | --- | ---

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endorsement

Roof

roof field
14,000 SF

roof flashing
1,800 SF

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill
Disposal Date
TBD

City, State
Newark, NJ

Completed by
A. Scott Higgins
Title
President
Signature
Date
1/29/19

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

**State of New Jersey**

**(Pursuant to NJAC 8:60 and 5-16)**

**MO#25131067830 PAID**

**FEB 4 2019**

**Date of Notification (1)**

01 / 30 / 19

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

Robert Andersen

**Street Address**

[Redacted]

**City, State, Zip Code**

Livingston, NJ 07039

**Name of Contact**

Robert Andersen

**Telephone Number**

[Redacted]

**FACILITY INFORMATION**

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

Private house

**Street Address**

[Redacted]

**City (5)**

Livingston, NJ 07039

**County (8)**

Essex

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

[Redacted]

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

[Redacted]

**Type of Facility (4)**

Subchapter 6 (Other than K-12)

[Redacted]

**Square Feet**

[Redacted]

**# of Floors**

[Redacted]

**Bldg. Age**

[Redacted]

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

ASCM No.

Gr Tech LLC

**Street Address**

576 Valley Rd #283

**City, State, Zip Code**

Wayne, NJ 07470

**Telephone No.**

973-638-1777

**License No.**

01127

**Name of Abatement Contractor (9)**

Envirovision Consultants, Inc

**Street Address**

20-21 Wagaw Road, Bldg. # 35E

**City, State, Zip Code**

Fair Lawn, NJ 07410

**Project Manager for Monitoring Firm**

[Redacted]

**Telephone No.**

[Redacted]

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

[Redacted]

**Abatement Performed Outside of Normal Facility Hours - Describe**

[Redacted]

**Time of Abatement:**

AM-PM-PM-AM

**Start Date (10)**

02 / 08 / 19

**Scheduled Completion Date (11)**

02 / 09 / 19

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

[Redacted]

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

[Redacted]

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

[Redacted]

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

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

**Amount (Specify SF or LF)**

85 LF

**Abatement Type**

[Redacted]

**Name of Registered Waste Hauler**

Gr Tech LLC

**NDEP Waste Hauler ID No.**

0033785

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

**City, State**

Wayne, NJ 07470

**Disposal Date**

TBD

**Completed By (Print or Type)**

N. Jevtic

**Title**

Owner

**Signature**

[Redacted]

**Date**

01/30/19

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

**Date of Notification (1): December 07, 2018**

**Name of Building Owner/Operator (2): NJ Turnpike Authority**

**Name of Facility Where Abatement is Taking Place (3): New Jersey Turnpike Interchange 14B, Toll Plaza Canopy Replacement**

**City (5): Jersey City**

**County (6): Hudson**

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

**ASCM No.: 117**

**Name of Abatement Contractor (9): B&N&K Restoration Co., Inc.**

**Street Address:**
- Po Box 365
- Berlin, NJ 08009

**Project Manager for Monitoring Firm:**
- Jim Proctor
- 609-839-2432

**Start Date (10): December 17, 2018**

**Scheduled Completion Date (11): April 30, 2019**

**Occupancy Status During Abatement (Check only one):**
- X 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):**
- [ ] ≥ 3 sf or ≥ 3 if
- [X] ≥ 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):**

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

**Location of Asbestos Roof:**

**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):**

| Canopy Roof | Tar Waterproofing on metal deck | 4080 sq ft |

**Name of Registered Waste Hauler:**

**B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.**

**ID No.: 12895 / 2A456**

**Cubic Yards of Waste:**

| 3 |

**Name of Registered Landfill:**

**Cumberland County Landfill or Minerva Enterprises, Inc.**

**Disposal Date:**

**12/18/2018 - 04/30/2019**

**City, State:**

| Newburg, PA or Waynesburg, OH |

**Completed by:**

**G. Roger Woodman**

**Title:**

**Project Manager**

**Signature:**

**Date:**

1/29/2019

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>December 07, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJ Turnpike Authority</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 5042</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodbridge, NJ 07095</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Michael J. Grzeskowiak, PE</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-396-2226</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>New Jersey Turnpike Interchange 14B, Toll Plaza Canopy Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Jersey City</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Toll Plaza</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Safety Services, Inc.</td>
<td>117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>B&amp;N&amp;K Restoration Co., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>223 Randolph Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07011</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-478-4681</td>
</tr>
<tr>
<td>License No.</td>
<td>100120</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>McCabe Environmental Services, L.L.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>464 Valley Brook Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lyndhurst, NJ 07071</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>December 17, 2018</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>April 30, 2019</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≥ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td></td>
<td>≥ 150 sf or ≥ 260 sf</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>YES X</th>
</tr>
</thead>
<tbody>
<tr>
<td>(13)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
</tr>
<tr>
<td></td>
<td>YES X</td>
</tr>
<tr>
<td>(12)</td>
<td></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></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td></td>
<td>4080 sq ft</td>
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</tbody>
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<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>12895 / 2A455</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Enterprises, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>12/7/2018</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westmoreland, OH</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

**ASB-41**

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 8:18)

Name of Building Owner/Operator (2)
Chris Mutaik
Street Address
[Redacted]
City, State, Zip Code
Middletown, NJ 07746
Name of Contractor
Chris Mutaik
Telephone Number

FACILITY INFORMATION
Type of Facility (4)
☐ Sobeo (K-12)
☐ Other (e.g., private and commercial buildings, homes, etc.)
Name of Facility Where Abatement is Taking Place (3)
Renee House
Street Address
[Redacted]
City (5)
Middletown, NJ 07746
County (6)
Middlesex
County Code (7)
EMERGENCY (Including Justification)

Name of Monitoring Firm Hired by Building Owner (4)
ABCM No.
Name of Abatement Contractor (9)
Gr Tech LLC
Street Address
176 Valley Rd #293
City, State, Zip Code
Wayne, NJ 07470
Project Manager for Monitoring Firm
Telephone No.
License No.
973-639-1777
041127

Start Date (10)
01/01/19
Scheduled Completion Data (11)
02/05/19

Occupancy Blanks During Abatement (Check Only One)
☐ Facility Closed/Moored During Entire Period of Abatement

Name of OSHA Monitor
Environmental Consultants Inc
Spekl Address
20-21 Wayzata Road, Bldg #35E
City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)
☐ > 8 ft or > 2 ft
☐ 8 ft or < 2 ft
☐ 4 ft or < 2 ft
☐ No Asbestos-containing Material (ACM) in Location Normally Used Safely by Mandatory Custodial Staff

Location of Asbestos-Containing Material (ACM) TO BE ABATED
1st floor-living room
1st floor-living room
1st floor-bedroom

Name of Registered Waste Handler
Gr Tech LLC
City, State
Wayne, NJ 07470

Complied By (Print or Type)

Owner

Comments:

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

Date of Notification (1)
1/29/2019 check #0137

Name of Building Owner/Operator (2)
JIM PIOMBINO

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency (Including justifications)
☐ Cancellation

Street Address

City, State, Zip Code
FAIR LAWN, NJ 07410

Name of Contact
JIM PIOMBINO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
50X100

# of Floors
2

Bldg. Age
50 YEARS

County Code (7)
BERGEN

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
ALL SOLUTIONS CONTRACTING INC

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ, 07407

Telephone No.
201 873-9418

License No.
01301

Project Manager for Monitoring Firm

Name of OSHA Monitor
ALL SOLUTIONS CONTRACTING INC

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ, 07407

Start Date (10)
02/11/2019

Scheduled Completion Date (11)
02/12/2019

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 TO 3:30 PM

Scope of Work (Check All That Apply)
☐ ≥ 100 sf or ≥ 10 ft
☐ ≥ 160 sf or ≥ 20 ft
☐ ≥ 260 sf or ≥ 250 ft
☐ Renovation
☐ Demolition

Amount (Specify SF or LF)
350SF

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

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

In Facility

Yes
No
N/A

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

Name of Registered Waste Hauler
ATLANTIC CARTING

NUDEP Waste Hauler ID No.

Cubic Yards of Waste
TDB

Name of Registered Landfill
GRAND CENTRAL

Disposal Date
TDB

City, State
PEN ARGYLA, PA

Completed by
LUIS ARCILLA
Title
PRESIDENT

Signature
Date
1/29/2019

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:50 AND 12:120)

**Date of Notification**: 1/29/19

---

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

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

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**: Glen Ridge Central School

**Street Address**: 5 High St.
**City**: Glen Ridge **County**: Essex
**County Code**: (State Use Only)

**Name of Monitoring Firm HIred by Bldg. Owner**: T&M Associates
**ASCM No.**: 00145

**Street Address**: 11 Tindall Road
**City, State, Zip Code**: Middletown, NJ 07748

**Project Manager for Monitoring Firm**: Kevin Burns
**Telephone Number**: 732-671-6400

**Scheduled Start Date**: 2/9/2019
**Scheduled Completion Date**: 2/13/2019

**Occupancy Status During Abatement**: Occupied by other trades

---

### TYPE OF FACILITY

- [X] School (K-12)

---

### CONTRACTOR INFORMATION

**Name of Contractor**: MTM Metro Corporation
**Street Address**: 135-137 McBride Ave
**City State, Zip Code**: Paterson, NJ 07501
**Telephone Number**: 973-742-5030
**License Number**: 00809

**Name of OSHA Monitor**: MTM Metro Corporation
**Street Address**: 135-137 McBride Avenue
**City, State, Zip Code**: Paterson, NJ 07501

---

### Source of Work (Check all that apply)

- [X] > 3 sf or > 3 if
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Non-Exempted(*) & Non-Friable Procedure
- [ ] Glovebag Procedure

---

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

- [X] Ground floor term/entry area

**Is Location Normally Used Solely by Maint/Custodial Staff?**: Yes
**Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)**: Pipe insulation / radiant method

**Amount (Specify SF or LF)**: 120 LF

---

**Name of Reg. Waste Hauler**: MTM Metro Corporation
**NJDEP Waste Hauler ID #**: 26552
**Cubic Yards of Waste**: 3

**Disp. Date**: 2/14/19
**Name of Reg. Landfill**: Tullytown, PA

---

**Completed by (Print or Type)**

- **Title**: Proj. Manager
- **Signature**: Mike Damevski
- **Date**: 1/29/19

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 1/30/2019

Name of Building Owner/Operator (2): SPRINGFIELD CENTER URBAN RENEWAL CO

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

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

Street Address: 711 COMMERCE RD

City, State, Zip Code: LINDEN, NJ. 07036

Name of Contractor: MR. JOSEPH IORIO

Telephone Number: 908-469-2900

Name of Facility Where Abatement is Taking Place (3): SPRINGFIELD CENTER URBAN RENEWAL CO

Street Address: 259 MORRIS AVE BLOCK 706 LOT #14

City (5): SPRINGFIELD

County (6): UNION

Name of Monitoring Firm Hired by Building Owner (8): ASCM No. 3

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

Square Feet: 6200

# of Floors: 1

Bldg. Age: 70 yrs

Name of Abatement Contractor (9): BEST REMOVAL INC

Street Address: 450 SO RIVER ST

City, State, Zip Code: HACKENSACK, NJ. 07601

License No.: 201329-7444 00388

Name of OSHA Monitor: OMEGA ENVIRONMENTAL

Street Address: 280 HUYLER ST

City, State, Zip Code: SO HACKENSACK, NJ. 07606

Start Date (10): 3/7/19

Scheduled Completion Date (11): 3/27/19

Occupancy Status During Abatement (Check Only One):  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other — Describe: 7:00 AM TO 5:00 PM

Scope of Work (Check All That Apply):  
- ≥3 sf or ≥3 lft
- ≥160 sf or ≥200 lft
- 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) [ROOT]

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): ROOFING MATERIAL 6200 SF

Amount: Specify SF or LF

Abatement Type: 
- Removal
- Repair
- Encapsulate

Name of Registered Waste Hauler: NEWARK CARTING

NDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste: 40CF

Name of Registered Landfill: IESI BETHLEHEM LANDFILL

City, State: BETHLEHEM, PA

Disposal Date: 3/27/19

Completed by: J. MALDONADO

Title: ESTIMATOR

Signature: J. MALDONADO

Date: 1/30/19

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Contact (2)</th>
<th>Name of Building Contractor (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/19</td>
<td>RALPH MEYER</td>
<td>A. Mac Contracting</td>
</tr>
</tbody>
</table>

**Abatement Details**
- **Type of Building**: Abatement
- **Location of Abatement**: basement
- **Present Use**: 100.00
- **Square Footage**: 1,850
- **Current Use**: 100.00
- **Use if Abatement is Lifted**: 100.00

**Owner/Contact Information**
- **Name**: RALPH MEYER
- **Address**: RICKER WOOD, NJ 07844
- **City**: RICKER WOOD
- **County**: BERGEN

**Building Information**
- **Building Code**: 125.00
- **Building Type**: Multi-Family
- **Building Materials**: Stone, Glass, Wood

**Contractor Information**
- **Name**: A. Mac Contracting Inc.
- **Address**: 195 Wanchin Ave.
- **City**: RICKER WOOD
- **State**: NJ
- **Zip Code**: 07844

**Abatement Certificate**
- **Certificate No.**: 04509

**Renovation/Remodeling**
- **Location**: Basement
- **Type of Work**: Renovation
- **Description**: Addition

**Waste Disposal**
- **Name of Registered Waste Holder**: R. McDonald
- **Address**: GRAND CENTRAL SANITARY LANDFILL
- **City**: NEWARK
- **State**: NJ
- **Zip Code**: 07106

**Date of Notification**: 1/12/19

---

*Do not use this form for asbestos removal remediation activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Name of Building/Operator:** VICTOR AMOS

**Name of Facility:** RESIDENCE

**Type of Facility:** RESIDENTIAL

**City:** WEST NEW YORK

**Facility Owned/Operated During Abatement:**

**Name of CSHA Monitor:** Omega Environmental Services Inc.

**Street Address:** 280 Huyler Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Scope of Work:**

- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Madison Procedure
- [ ] Non-Enclosed Trenching
- [ ] Non-Private Procedure

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

- [ ] 2nd Floor

**Amount (Square Feet or Lb):** 6025

**Name of Registered Waste Handler:** Newark Carting Inc.

**City, State:** Newark, NJ 07105

**R. McFORMER**

**Title:** President

**Signature:**

**Date:** 1/28/19

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SPRINGFIELD CENTER URBAN RENEWAL CO</td>
</tr>
<tr>
<td>Street Address</td>
<td>711 COMMERCE RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LINCOLN, NJ. 07036</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. JOSEPH TORIO</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-469-2900</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | SPRINGFIELD CENTER URBAN RENEWAL CO |
| Street Address | 265 MORRIS AVE BLOCK 706 LOT 113 |
| City (5) | SPRINGFIELD |
| County (6) | UNION |
| ASCM No. | Name of Abatement Contractor (9) | BEST REMOVAL INC |
| Telephone No. | Telephone Address | 250 S. RIVER ST |
| City, State, Zip Code | HACKENSACK, NJ. 07601 |
| Name of Monitoring Firm Hired by Building Owner (8) | OMEGA ENVIRONMENTAL |
| Street Address | 280 HUY LET ST |
| City, State, Zip Code | HACKENSACK, NJ 07606 |

**Scheduled Completion Date (11) | 3/1/19**

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: 7AM TO 5PM

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
</tr>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LFP)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>WASTE CARTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</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)  
1/24/19

Name of Building Owner/Operator (2)  
COUNTRY CLASSICS/MONTGOMERY

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

Street Address  
36-BROWER LANE

City, State, Zip Code  
HILLSBOROUGH, NJ 08884

Name of Contact  
DOMINIQUE MARCHIE

Telephone Number  
908-359-3276

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
10-RAILEDGE ROAD

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

Square Feet  
100

# of Floors  
1

Bldg. Age  
±50

Current Use (Prior if being demolished)  
SHED

County Code (7)  
STATE USE ONLY

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

Name of Abatement Contractor (9)  
DINAGO CORP.

Street Address  
339-LAFAYETTE STREET

City, State, Zip Code  
NEWARK, NJ 07105

Project Manager for Monitoring Firm  
Telephone No.

Telephone No.  
973-491-0877

License No.  
01240

Start Date (10)  
2/2/19

Scheduled Completion Date (11)  
2/4/19

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 ≥33 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>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHED</td>
<td>☒</td>
<td>EXTERIOR SIDING</td>
<td>140SF.</td>
<td>x</td>
</tr>
<tr>
<td>SHED</td>
<td>☒</td>
<td>ROOF</td>
<td>120SF.</td>
<td>x</td>
</tr>
</tbody>
</table>

Amount of Waste  
Cubic Yards of Waste

Name of Registered Landfill  
ISES Bethlehem Landfill

Name of Registered Waste Hauler  
NEWARK CARTING

City, State  
PO BOX 5760, NEWARK, NJ

Completed by  
CARLOS GOMES

Title  
PRESIDENT

Signature  
Date  
1/24/19

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