# State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAEC 8:60 and 12:130)

**Name of Building Owner/Operator (2)**
Sharbell Development Corp

**Street Address**
One Washington Boulevard Suite 9

**City, State, Zip Code**
Robbinsville, NJ 08691

**Name of Contact**
Paul

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Former Kepner-Trego, Inc. Facility

**City (5)**
Montgomery Township

**County (6)**
Somerset

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

**Square Feet**
40,000

**Sof Floors**
1

**Bldg. Age**
50+

**Current Use (Prior if being demolished)**
Abandoned for Demolition

**Name of Monitoring Firm HIred by Building Owner (8)**
ASCN No.
n/a

**Telephone No.**
n/a

**License No.**
01255

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

**Street Address**
360 Palisade Ave.

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

---

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

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

<table>
<thead>
<tr>
<th>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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>9x9 Floor Tile</td>
<td>7,300 SF</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td>Mastic</td>
<td>7,300 SF</td>
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<tr>
<td>x</td>
<td></td>
<td></td>
<td>Textured Plaster On Columns</td>
<td>200 SF</td>
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<tr>
<td>x</td>
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<td></td>
<td>Vibration Damper</td>
<td>12 LF</td>
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</table>

**Name of Registered Waste Hauler**
TBD

**NJDEP Waste Hauler ID No.**
TBD

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
TBD

**Disposal Date**
TBD

**City, State**
TBD

**Completed by**
E. Citroic

**Title**
Secretary

**Signature**

**Date**
1-29-2018

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1)
1/29/2018

Name of Building Owner/Operator (2)
Chas R & Shirley Cox

Agency Notified
✓ EPA
✓ DEP
✓ DOL
✓ DOH
✓ DCA

Type Notification
X Initial
X Amended

Street Address
100 N Garden Blvd
City, State, Zip Code
Beverly, NJ 08010

Name of Contact
Andrew Ricco

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Vacant SFD
Street Address
100 N Garden Blvd
City (5)
Beverly
County (6)
Burlington
Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Ricco Construction Corp
Street Address
282 Creek Road
City, State, Zip Code
Bellmawr, NJ 08031
Project Manager for Monitoring Firm

Telephone No.
856.466.64552
License No.
01339
Start Date (10)
1/29/2018
Scheduled Completion Date (11)
1/29/2018

Occupancy Status During Abatement (Check Only One)
X Facility Closed/Vacated During Entire Period of Abatement
Other — Describe:

Scope of Work (Check All That Apply)

✓ ≥ 3 sf or ≥ 3 lf
✓ ≥ 160 sf or ≥ 260 lf
X Renovation
✓ Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Exterior Transite Siding 400 SF

Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No.
28909

Cubic Yards of Waste
1

Name of Registered Landfill
Salem County

Disposal Date
TBD
City, State
Alloway, NJ

Completed by
Andrew Ricco
Title Owner

Signature Date
1/29/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
01/29/2018  

Asbestos Control & Licensing  

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
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<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code  
Short Hills, NJ 07076  

Name of Building Owner/Operator (2)  
Richard Helmar  

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

Square Feet  
N/A  

N/A  

County Code (7)  
(State Use Only)  

Bldg. Age  
N/A  

Current Use (Prior if being demolished)  
House  

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

ASCN No.  

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

Street Address  
11 Rosengren Avenue  

City, State, Zip Code  
Totowa, NJ 07512  

License No.  
01311  

Project Manager for Monitoring Firm  

Telephone No.  
973-345-8885  

Start Date (10)  
02/07/2018  

Scheduled Completion Date (11)  
02/08/2018  

Occupy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other - Describe: Occupied  

Scope of Work (Check All That Apply)  

x ≥23  

x ≥160 ≤ ≥260  

x Renovation  

x Demolition  

x Full Containment with Negative Pressure  

x Mini-Enclosure  

x Glovebag Procedure  

x Non-Exempted (1) and Non-Friable Procedure  

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

In Facility (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, VAM, or other miscellaneous)  

Pipe Insulation  

Amount (Specify SF or LF)  
145 LF  

Abatement Type  

Removal  

Repair  

Encapsulate  

Dispose  

Endoscope  

Endoscope  

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

NJDEP Waste Hauler ID No.  
20986  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Waste Management of PA  

City, State  
Totowa, NJ  

Disposal Date  
TBD  

City, State  
Moorestown, PA  

Completed by  
Oliver Hegedus  

Title  
Project Manager  

Signature  

Date  
01/26/2018  

* 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 12:120)

---

### Name of Building Owner/Operator

- **Robert Ilarina**

---

### Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

---

### Street Address

- [Redacted]

---

### City, State, Zip Code

- Madison, NJ 07940

---

### Name of Contact

- Robert Ilarina

---

### Telephone Number

- [Redacted]

---

### Name of Facility Where Abatement is Taking Place

- **House**

---

### Street Address

- [Redacted]

---

### City (5)

- Madison

---

### County (6)

- Morris

---

### County Code (7)

- N/A

---

### Current Use (Prior if being demolished)

- House

---

### Name of Monitoring Firm Hired by Building Owner

- N/A

---

### ASCM No.

- [Redacted]

---

### Name of Abatement Contractor

- D&S Abatement, Inc.

---

### Street Address

- 11 Rosengren Avenue

---

### City, State, Zip Code

- Totowa, NJ 07512

---

### Project Manager for Monitoring Firm

- [Redacted]

---

### Telephone No.

- 973-345-5685

---

### License No.

- 01311

---

### Start Date (10)

- 02/06/2018

---

### Scheduled Completion Date (11)

- 02/07/2018

---

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

- Facility Closed/Vacated During Entire Period of Abatement

---

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

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfaceing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>VAT</td>
<td>380 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>VAT</td>
<td>150 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

### Name of Registered Waste Hauler

- D&S Abatement, Inc.

---

### NJDEP Waste Hauler ID No.

- 20996

---

### Cubic Yards of Waste

- TBD

---

### Name of Registered Landfill

- Waste Management of PA

---

### City, State

- Totowa, NJ

---

### Disposal Date

- TBD

---

### City, State

- Moonsville, PA

---

### Completed by

- [Redacted]

---

### Title

- Project Manager

---

### Signature

- [Redacted]

---

### Date

- 01/26/2018

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification (1)**
01/26/2018

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Glen Ridge, NJ 07028

**Name of Contact**
Jodi Bedagiacca

**Telephone Number**

---

**FACILITY INFORMATION**

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

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

**ASCM No.**
N/A

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

**Street Address**
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8885

**License No.**
01311

**Start Date (10)**
02/08/2018

**Scheduled Completion Date (11)**
02/09/2018

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

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

---

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

**In Facility**

| Basement | Pipe Insulation | 200 LF | X |

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

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

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Tonow, NJ

**Disposal Date**
TBD

**Moorisville, PA**

**Completed by**
Ned Joksimovic

**Title**
Project Manager

**Signature**

**Date**
01/26/2018

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 01/26/2018

Name of Building Owner/Operator (2) Donna VanLitten

EPA
DEP
DOL
DOH
DCA

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

Street Address [Redacted]

City, State, Zip Code Hawthorne, NJ 07506

Name of Contact Donna VanLitten

FACILITY INFORMATION

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

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

ASCM No.

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

Street Address

11 Rosengren Avenue

City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 973-345-8685

License No. 01311

Start Date (10) 02/05/2018

Scheduled Completion Date (11) 02/06/2018

Name of OSHA Monitor D&S Abatement, Inc.

Street Address

11 Rosengren Avenue

City, State, Zip Code Totowa, NJ 07512

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Facility Performing Outside of Normal Facility Hours

Other - Describe: Occupied

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-Friendly 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)

Basement X Pipe Insulation 80 LF

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

NJDEP Waste Hauler ID No. 20986

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ

Disposal Date TBD

City, State Moonachie, PA

Completed by Oliver Hegedus Title Project Manager

Signature [Signature]

Date 01/26/2018

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

Date of Notification (1)
01-30-2018

Name of Building Owner / Operator (2)
Linden Enterprise Associates, LLC & Grand Linden Apartments LP

Agencies Notified Type Notification
☐ EPA
☐ DEP ☑ Initial
☐ DOL ☑ Amended
☐ DOH ☑ Emergency
☐ DCA ☑ Cancellation

Street Address
PO Box 644
City, State & Zip Code
Englewood, NJ 07631

Name of Contact
Robert Schneider

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Apartment Bldg

Street Address
56 E. Linden Avenue

City (5) County (6) County Code (7)
Englewood, NJ Bergen

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

Square Feet
10,621

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
Resource Management Group, LLC

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

ASCM No.

Street Address
P.O. Box 365
2115 Hamilton Ave, Suite 202

City, State & Zip Code
Berlin, NJ 08809

License Number
01185

Telephone Number
856-452-1311

Telephone Number
609-914-4279

Project Manager for Monitoring Firm
Mr. Jim Proctor

Scheduled Start Date (10)
2-12-2018

Scheduled Completion Date (11)
2-23-2018

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed during Normal Hours:
Describe: 8:30am - 5:00pm

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maintenance or 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)

Boiler room ☐ Pipe wrap insulation 66 LF

Storage Room ☐ Pipe wrap insulation 162 LF

Storage Room A ☐ Pipe wrap insulation 102 LF

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No.
0033218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ 08619

Disposal Date TBD

Completed By (Print or Type)
Mr. Brian Haney

Title
President

Signature

Date
1-30-2018
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01-30-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Linden Enterprise Associates, LLC &amp; Grand Linden Apartments LP</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 644</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Englewood, NJ 07631</td>
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<tr>
<td>Name of Contact</td>
<td>Robert Schneider</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-763-4122</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Apartment Bldg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>60 E. Linden Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Englewood, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Services</td>
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<tr>
<td>Street Address</td>
<td>P.O. Box 365</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Berlin, NJ 08009</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Mr. Jim Proctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>888-452-1311</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>2-12-2018</th>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-23-2018</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed during Normal Hours:</td>
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<tr>
<td>Describe: 8:30am - 5:00pm</td>
<td></td>
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<tr>
<td>Facility Occupied During Abatement</td>
<td></td>
</tr>
</tbody>
</table>

| Scopes of Work (Check all that apply) | |
|--------------------------||
| Renovation | |
| Demolition | |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<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>Garage 13</td>
<td>Yes</td>
<td>Pipe wrap insulation</td>
<td>194 LF</td>
<td></td>
</tr>
<tr>
<td>Garage 10</td>
<td>No</td>
<td>Pipe wrap insulation</td>
<td>140 LF</td>
<td></td>
</tr>
<tr>
<td>Garage 5</td>
<td>No</td>
<td>Pipe wrap insulation</td>
<td>133 LF</td>
<td></td>
</tr>
<tr>
<td>Garage 2</td>
<td>No</td>
<td>Pipe wrap insulation</td>
<td>130 LF</td>
<td></td>
</tr>
<tr>
<td>Resident Manager Storage room</td>
<td>No</td>
<td>Pipe wrap insulation</td>
<td>253 LF</td>
<td></td>
</tr>
<tr>
<td>Boiler room Storage</td>
<td>No</td>
<td>Pipe wrap insulation</td>
<td>301 LF</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste Disposal Date (TBD)</th>
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<tbody>
<tr>
<td>Resource Management Group, LLC</td>
<td>0035218</td>
<td></td>
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<tr>
<td>City, State</td>
<td>Trenton, NJ 08619</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1-30-2018</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Brian Haney</td>
<td>President</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1)**
01-30-2018

**Name of Building Owner / Operator (2)**
Linden Enterprise Associates, LLC & Grand Linden Apartments LP

**Street Address**
PO Box 644

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

**Name of Contact**
Robert Schneider

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
60 E. Linden Avenue

**City (5)**
Englewood, NJ

**County (6)**
Bergen

**County Code (7)**

**Square Feet (8)**
14,036

**# of Floors (9)**
2

**Bldg. Age (10)**
50

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

**Type of Facility (4)**

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

---

**Name of Abatement Contractor (9)**
Resource Management Group, LLC

**Street Address**
2115 Hamilton Ave, Suite 202

**City, State & Zip Code**
Trenton, NJ 08619

**Telephone Number**
809-914-4279

**License Number**
01185

**Name of OSHA Monitor**
J&S Environmental Laboratories, Inc.

**Street Address**
2333 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
- [X] Abatement Performed during Normal Hours:
  - Describe: 8:30am - 5:00pm
- [ ] Facility Occupied During Abatement

---

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

- [ ] [X] Renovation
- [ ] [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] 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 or Custodial Staff? (12)**

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

---

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

**Amount (Specify SF or LF)**

---

**Name of Registered Waste Hauler**
Resource Management Group, LLC

**Cubic Yards of Waste**
TBD

**Disposal Date**
TBD

**Name of Registered Landfill**
Grows Landfill

**City, State**
Trenton, NJ 08619

**Completed By (Print or Type)**
Mr. Brian Haney

**Title**
President

**Signature**

---

**Date**
1-30-2018
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/8/2019</td>
<td>Ventnor, N.J.</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>8400 Ventnor Ave.</td>
<td>Atlantic, N.J.</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Ventnor Food Property</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>1</td>
<td>50</td>
<td>Staunton Gardens</td>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>ASCM</td>
<td>Ace Insulation Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Atlantic, N.J.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732-941-1117</td>
<td>00829</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
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<tbody>
<tr>
<td>1/31/2017</td>
<td>2/19/2018</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In (2)</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>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Personal</td>
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<tr>
<td>Equipment</td>
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<table>
<thead>
<tr>
<th>Amount of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 sq ft</td>
<td>Egg Harbor, N.J.</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>
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<tbody>
<tr>
<td>Ace Insulation Inc.</td>
<td>12063</td>
<td>2000</td>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/18/2018</td>
<td>Egg Harbor, N.J.</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pat McGinn</td>
<td>Secretory/Treasurer</td>
<td>1/31/2018</td>
<td></td>
</tr>
</tbody>
</table>

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

**Date of Notification:** 1 / 30 / 18  
**Name of Building Owner/Operator:** Trustees of Princeton / Job #1801-5252 Check #8638/8637/9919  
**Street Address:** Trustees of Princeton University E.A. MacMillan Bldg.  
**City, State, Zip Code:** Princeton, NJ 08544  
**Name of Contact:** Robert Ortego, P.E.  
**Facility Code:** 200000  
**Telephone Number:** 609-265-2107  

### FACILITY INFORMATION  
**Name of Facility Where Abatement Is Taking Place:** Princeton University – Firestone Library Phase 6B-6D—PG1  
**Street Address:** One Washington Road  
**City:** Princeton  
**County:** Mercer  
**Square Feet:** 1,000,000  
**# of Floors:** 8  
**Bldg. Age:** 72  
**Name of Monitoring Firm Hired by Building Owner:** ATC Associates  
**ASCN No.:** 00098  
**Name of Abatement Contractor:** AbateTech, Inc.  
**Street Address:** 30 Maple Ave. PO Box 25  
**City, State, Zip Code:** Lumberton, NJ 08048  
**Project Manager for Monitoring Firm:** Michael R. Keehn  
**Telephone No.:** 609-386-8800  
**Name of OSHA Monitor:** EMSL Analytical  
**Occupancy Status During Abatement:** 200 Route 130 North  
**City, State, Zip Code:** Cinnaminson, NJ 08077  

**Start Date:** 2 / 21 / 18  
**Scheduled Completion Date:** 9 / 30 / 18  

Scope of Work (Check all that apply)  
- [ ] > 3 sf or > 3 If  
- [ ] > 160 sf or > 250 lf  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**  
**Is Location Normally Used Solely by Maintenance/Custodial Staff?** Yes  
**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**  
**Amount (Specify SF or LF):**  

<table>
<thead>
<tr>
<th>Phases</th>
<th>Description</th>
<th>Amount (LF or SF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6B-6D- Levels 1 &amp; 2</td>
<td>Pipe Insulation</td>
<td>1,145 LF</td>
</tr>
<tr>
<td>6B-6D- Levels 1 &amp; 2</td>
<td>Floor tile &amp; Mastic</td>
<td>3,775 SF</td>
</tr>
<tr>
<td>6B-6D- Levels 1 &amp; 2</td>
<td>Acoustical Ceiling Plaster</td>
<td>5,395 SF</td>
</tr>
<tr>
<td>6B-6D- Levels 1 &amp; 2</td>
<td>Spline ceiling tiles</td>
<td>56</td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** AbateTech, Inc.  
**NJDEP Waste Hauler ID No.:** 18750  
**Cubic Yards of Waste:** 40  
**Name of Registered Landfill:** G.R.O.W.S. Landfill  
**City, State:** Lumberton, NJ  
**Disposal Date:** 9/30/18  
**City, State:** Tullytown, PA  

**Completed By (Print or Type):** Gwendolyn Trumbetti  
**Title:** Operations Coordinator  
**Signature:**  
**Date:** 30/18  

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

Date of Notification (1)  
1 / 30 / 18

Name of Building Owner/Operator (2)  
Trustees of Princeton / Job #801-5252 - Check #8836/8837/9919

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

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

Street Address  
Trustees of Princeton University E.A. MacMillan Bldg.

City, State, Zip Code  
Princeton, NJ 08544

Name of Contact  
Robert Ortega, P.E.

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Princeton University – Firestone Library Phase 6B-6D--- PG2

Street Address  
One Washington Road

City (5)  
Princeton

County (6)  
Mercer

County Code (7)(STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
ATC Associates

ASCM No.  
00098

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
3 Terri Lane

City, State, Zip Code  
Burlington, NJ 08016

Project Manager for Monitoring Firm  
Michael R. Keehn

Telephone No.  
609-386-8800

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

Square Feet  
1,000,000

# of Floors  
8

Bldg. Age  
72

Current Use (Prior if being demolished)  
University Library

Name of Monitoring Firm Hired by Building Owner (8)  

ATC Associates

ASCM No.  
00098

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Michael R. Keehn

Telephone No.  
609-386-8800

License No.  
609-265-2107

Name of OSHA Monitor  
EMSL Analytical

Start Date (10)  
2 / 21 / 18

Scheduled Completion Date (11)  
9 / 30 / 18

Name of OSHA Monitor  
EMSL Analytical

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

Time of Abatement: AM-PM/ PM-AM

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

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

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
40

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

City, State  
Lumberton, NJ

Disposal Date  
9/30/18

City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti

Title  
Operations Coordinator

Signature  

Date  
1 / 30 / 18

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

**Date of Notification (1)**

1 / 31 / 18

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

Verizon Communications / Check #: PG1 of 3

**Street Address**

100 Greenwood Avenue

**City, State, Zip Code**

Jenkintown, PA 19046

**Name of Contact**

Alex Baylor

**Telephone Number**


**FACILITY INFORMATION**

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

Verizon Market CO

**Street Address**

95 William Street

**City (5)**

Newark

**County (6)**

Essex

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


**Type of Facility (4)**

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

**Square Feet**


**# of Floors**


**Bldg. Age**


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

Offices

**Name of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

30 Maple Ave. PO Box 25

**City, State, Zip Code**

Lumberton, NJ 08048

**Name of OSHA Monitor**

EMSL Analytical

**Name of OSHA Monitor**


**Street Address**

200 Route 130 North

**City, State, Zip Code**

Cinnaminson, NJ 08077

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

☑ ≥3 sf or ≥3 If
☑ ≥160 sf or ≥260 If

☒ Renovation
☒ Demolition

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

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

IN Facility

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

Yes ☒ No ☐ N/A ☐

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

Removal ☐ Repair ☐ Encapsulate ☐ Endorse ☐

**Please see attached**

Please see attached

**Basement**

☐ ☒ ☐ Tank Insulation

75 SF

**Basement**

☐ ☒ ☐ Pipe Fittings

25 total

**1st to 3rd Floor Pipe Chase**

☐ ☒ ☐ Pipe Fittings

45 total

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NJDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

40

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

Tullytown, PA

**Disposal Date**

3/30/18

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

GMT

**Date**

13/11/15

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>1 / 31 / 18</td>
<td>Verizon Communications / Job # Check # / PG2 of 3</td>
</tr>
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</table>

**FACILITY INFORMATION**

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

Street Address
95 William Street

City (5)
Newark

County (6)
Essex

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

Name of Abatement Contractor (9)
AbateTech, 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

# of Floors

Bldg. Age

Offices

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Telephone No.
215-365-5810

Start Date (10)
8 / 25 / 17

Scheduled Completion Date (11)
3 / 30 / 18

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: 7AM-3:30PM/5PM-2AM

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

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

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type
|--------------------------|-------------------------------------------------|-----------------|---------------------|
| Yes                      | Pipe Fittings                                   | 10 total        | Removal
| No                       | Exterior brick façade/black mastic              | 2,569 SF        | Repair
| N/A                      | Pipe Fitting Insulation                         | 88 LF           | Encapsulation
|                           | Caulking and Glazing                            | 3 windows       | Endorse

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
3/30/18

City, State
Tullytown, PA

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

Signature

Date

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Verizon Communications</th>
<th>Job #</th>
<th>Check #</th>
</tr>
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<tbody>
<tr>
<td>1 / 31 / 18</td>
<td>Alex Baylor</td>
<td></td>
<td></td>
<td>9673</td>
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**Agency Notified**
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

**Type Notification**
- [x] Initial
- [x] Amended
- [x] Amendment #3
- [x] Emergency (including justification)
- [x] Cancellation

**Street Address**
100 Greenwood Avenue
Jenkintown, PA 19046

**City, State, Zip Code**
Jenkintown, PA 19046

**Name of Contact**
Alex Baylor

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
Verizon Market CO

**Street Address**
95 William Street
Newark
Essex

**County Code (STATE USE ONLY)**

**Name of Monitoring Firm Hired by Building Owner**
USA Environmental

**ASCM No.**

**Name of Abatement Contractor**
AbateTech, Inc.

**Street Address**
8436 Enterprise Ave.
Philadelphia, PA 19153

**City, State, Zip Code**
Philadelphia, PA 19153

**Telephone No.**
215-365-5810

**License No.**
609-265-2107

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
30 Maple Ave. PO Box 25
Lumberton, NJ 08048

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

**Telephone No.**
200 Route 130 North
Cinnaminson, NJ 08077

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

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
40

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

**Disposal Date**
3/30/18

**City, State, Zip Code**
Tullytown, PA

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**

---

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

Date of Notification (1)
1 / 31 / 18

Name of Building Owner/Operator (2)
JCP&L/FirstEnergy Company / Job #1708-5221 - Check #3708

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

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

Street Address
10 Legion Place- Building A

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
John Greco

Telephone Number

FACILITY INFORMATION

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

Street Address
300 Madison Ave.

City (5)
Morristown, NJ 07960

County (6)
Morris

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Substation

Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & health, Inc.

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
140 S. Village Ave. Suite 130

City, State, Zip Code
Exton, PA 19341

Project Manager for Monitoring Firm
Brian Hovendon

Telephone No.
610-524-5525

Start Date (10)
9 / 25 / 17

Scheduled Completion Date (11)
3 / 30 / 18

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: 3AM-3:30PM-12AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ 160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Min-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?

Is Location
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

3rd Floor Plenum Area
☐ ☐ ☐ Sprayed on material 4200 SF

Microwave Room Basement
☐ ☐ ☐ Pipe Insulation 3 LF

Fire Control Panel Room- Basement
☐ ☐ ☐ Pipe Insulation 10 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 20

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

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwen Trumbetti

Title
Operations Coordinator

Signature

Disposal Date
3/30/18

City, State
Tullytown, PA

Date

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 29 / 18</td>
<td>JCP&amp;L/FirstEnergy Company / Job #1801-5257-Check #9996</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified (3)</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address (4)</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Legion Place- Building A</td>
<td>Morristown, NJ 07960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact (5)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Greco</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (6)</th>
<th>Type of Facility (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCP&amp;L- Substation</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 and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (8)</th>
<th>County Code (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (10)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Source Safety &amp; health, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (11)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>610-524-5525</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (12)</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>140 S. Village Ave. Suite 130</td>
<td>Exton, PA 19341</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm (13)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Hovenden</td>
<td>609-265-2107</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (14)</th>
<th>Scheduled Completion Date (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 31 / 18</td>
<td>1 / 31 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Time of Abatement: AM-PM-AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>8 AM-5 PM-8 AM</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>N/A</td>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior (18)</th>
<th>Asbestos containing conduit pipe</th>
<th>12 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (19)</th>
<th>NJDEP Waste Hauler ID No. (20)</th>
<th>Cubic Yards of Waste (21)</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
<td>6</td>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State (22)</th>
<th>Disposal Date (23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumberton, NJ</td>
<td>1/31/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
<td>Operations Coordinator</td>
<td>[Signature]</td>
<td>1/29/18</td>
</tr>
</tbody>
</table>

* 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) 2/1/2018
Name of Building Owner/Operator (2) Wenzel

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

Street Address
City, State, Zip Code
Pennington, NJ 08534

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

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

Square Feet
5000
# of Floors
2
Bldg. Age
125+/

County (6)
Mercer
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
MECS
ASCM No.
Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.
Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgarber
Telephone No.
609 298-4070

Start Date (10) 2/12/2018
Scheduled Completion Date (11) 2/16/2018

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

Scope of Work (Check All That Apply)
- ≥30 sf or ≥3 If
- ≥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)

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

Basement

Thermal Pipe Insulation
16 If

Basement

Duct Insulation
6 sf

Crawl Space

Thermal Pipe Insulation
10 If

Name of Registered Waste Hauler
Stevens Environmental Services
NJDEP Waste Hauler ID No. 18292

Disposal Date
2/16/2018

City, State
Allentown, NJ

Completed by
Mahlon E. Stevens
Title
Project Manager

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

Date
2/2/18

* 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)

Check # 25669

Date of Notification (1) 2/1/2018

Name of Building Owner/Operator (2) Penta

Agencies Notified

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

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

Street Address

City (5) Highland, NJ 07732

County (6) Monmouth

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

ASCM No.

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

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm

Telephone No. 609 259-9688

License No. 00493

Start Date (10) 2/12/2018

Scheduled Completion Date (11) 2/23/2018

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

Name of OSHA Monitor

MECS

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td>X</td>
</tr>
</tbody>
</table>

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 Stevens Environmental Services

Waste Hauler ID No.

18292

Cubic Yards of Waste

5

Name of Registered Landfill Fairless Landfill

City, State

Allentown, NJ

Morrisonville, PA

Completed by

Mahlon E. Stevens
Project Manager

Signature

Date 2/1/18

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

Check # 25523

Date of Notification (1)
1/25/2018

Name of Building Owner/Operator (2)
St. Peters University Hospital

Name of Facility Where Abatement is Taking Place (3)
St. Peters University Hospital

Type of Facility (4)

Street Address
254 Easton Ave.

City, State, Zip Code
New Brunswick, NJ 08901

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

County (6)
Middlesex

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished) 100+/-

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

ASCM No. ______

Name of OSHA Monitor
MECS

Street Address
64 Broad Street

City, State, Zip Code
Matawan, NJ 07747

Project Manager for Monitoring Firm
Thomas Geiger

Telephone No. 732 290-2217

Start Date (10) 2/2/2018

Scheduled Completion Date (11) 2/2/2018

Occupy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 5 pm to 1 am

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes No N/A

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) 42

Abatement Type

Endorse

Remove

Repair

Endorse

Endorse

Name of Registered Waste Hauler
Stevens Environmental Services

NJ/DEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date 2/2/2018

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens
Title Project Manager

Signature

Date 1/25/18

Print Form

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

State of New Jersey

(Pursuant to NJAC 8:86 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/25/2018</th>
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</thead>
<tbody>
<tr>
<td>Agency(ies) Notified</td>
<td>EPA, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification), Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator:
St. Peter's University Hospital

Street Address:
254 Easton Avenue
New Brunswick, NJ 08901

Name of Facility Where Abatement is Taking Place:
St. Peter's University Hospital

Street Address:
254 Easton Avenue
City (5):
New Brunswick, NJ 08901

County (6):
Middlesex

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

Name of Abatement Contractor:
Stevens Environmental Services, Inc.

Street Address:
PO Box 322
City, State, Zip Code:
Allentown, PA 18101

Project Manager for Monitoring Firm:
Thomas Goggin
Telephone No.:
732-290-2217

Name of OSHA Hierarchy:
MECS

Scheduled Completion Date:
2/2/2018

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Fittings Insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):
42 LF

Abatement Type:
X

Name of Registered Waste Hauler:
Stevens Environmental Services

City, State:
Allentown, NJ

Completed by:
Marion E. Stevens
Title:
Project Manager

Date:
1/25/18

Signature:

*Do not use this firm or asbestos licensees attempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:55 and 12:60)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/24/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Occupier (2)</td>
<td>Passaic Rubber Company</td>
</tr>
<tr>
<td>Street Address</td>
<td>45 Demarest Dr.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>James Leach</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>45 Demarest Dr.</td>
</tr>
<tr>
<td>City</td>
<td>Wayne</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>A.M.A.C. No</td>
</tr>
<tr>
<td>Street Address</td>
<td>135 Midland Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/23/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/31/18</td>
</tr>
<tr>
<td>Name of OSHA Mgr.</td>
<td>Omega Environmental Services Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-282-5541</td>
</tr>
<tr>
<td>License No.</td>
<td>00155</td>
</tr>
</tbody>
</table>

**Facility Details**

- **Occupancy Status During Abatement (Check Only One):**
  - 1. Facility Closed/Abated During Entire Period of Abatement
  - 2. Abatement Performed Outside of Normal Facility Hours

- **Scope of Work (Check All That Apply):**
  - 1. Demolition
  
**Abatement Type**

(Continued on the following page...)
### Notification of Asbestos Abatement

**State of New Jersey**

**Certificate Number:** CIK1046

**Status:** PAID

**Notification Type:** Revised

**Date of Notification:** 1/23/18

**Name of Building Owner/Occupant:** [Redacted]

**Address:** [Redacted]

**City:** South River, NJ

**Telephone Number:** [Redacted]

**Facility Information:**
- **Type of Facility:** Residence
- **Square Feet:** [Redacted]
- **Floors:** 2

**Name of Monitoring Firm:** [Redacted]

**Address:** 165 Midland Ave

**City:** Midland Park

**State:** NJ

**Zip Code:** 07432

**Telephone Number:** 201-262-3841

**Name of asbestos removal contractor:** [Redacted]

**Address:** 280 Huyler St

**City:** Hackensack

**State:** NJ

**Zip Code:** 07601

**Types of asbestos to be abated:**
- Base Heat Pipe Insulation

**Amount:** [Redacted]

**Abatement Type:** Repair

**Signature:** [Redacted]

**Date:** 1/23/18

**Certificate Number:** [Redacted]
State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) January 25, 2018

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

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

City, State, Zip Code
PISCATAWAY, NJ 08854 ASBESTOS CONTROL & LICENSING

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
OLSON HALL, BLDG# 7229

Street Address
NEWARK CAMPUS

City (5)
NEWARK

County (6)
ESSEX

County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC Group Services LLC

ASCM No.
00098

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNEY
Telephone Number
609-386-8800

License Number
973-492-0477 00840

Scheduled Start Date (10)
02/03/18

Scheduled Completion Date (11)
02/12/18

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)

\[X\geq3 \text{sf or } \geq 3 \text{lf} \]
\[\geq 160 \text{sf or } \geq 260 \text{lf} \]

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glove bag Procedure / Wrap & Cut

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

Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)

Abatement Type
Remove, Repair Encap, Enclose

ROOM 009 MER

TSI - Pipe Insulation

<9 LF

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

Cubic Yards of Waste: 5 CY

Disposal Date
02/12/2018


Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER
Signature
Raymond C. Pedalino
Date
January 25, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 24945

Date of Notification (1)
01-28-18

Name of Building Owner/Operator (2)
Verizon Communication

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

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

Street Address
700 Hidden Ridge

City, State, Zip Code
Irving, TX 75038

Name of Contact
Rafael Leonardo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
588 Atlantic City Boulevard

City (5)
Bayville

County (6)
Ocean

County Code (7)

Current Use (Prior if being demolished)
Commercial

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

Square Feet
30,000

# of Floors
3

Bldg. Age
1952

Name of Monitoring Firm Hired by Building Owner (8)
ESIS Health, Safety & Environmental

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm
Johnny De Los Santos

Telephone No.
(347) 886-6714

License No.
00756

Telephone No.
201-939-6565

Name of OSHA Monitor
Even-Air Inc.

Start Date (10)
02-06-18

Scheduled Completion Date (11)
03-06-18

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

Scope of Work (Check All That Apply)
☐ ≥36 sf or ≥36 if
☒ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

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

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

Amount (Specify SF or LF)
160SF

Abatement Type
Remove
Repair
Encapsulate
Endure

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ 07105

Disposal Date
TBD

City, State
Pen Argyl, PA 18072

Completed by
Joseph Patrick

Title
Project Manager

Signature

Date
01-26-18

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

Date of Notification [1]: January 31, 2018
Name of Building Owner/Operator [2]: NJ Transit

Agencies Notified
☑ EPA  ☐ Initial
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment #: 1
☐ DOH  ☐ Emergency (including Justification)
☐ DCA  ☐ Cancel

Street Address: 1 Penn Plaza East
City, State, Zip Code: Newark, NJ 07105
Name of Contact: Renzo Sosa
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place [3]: NJ Transit Hoboken Terminal & Yards Ferry Terminal

Street Address: 1 Hudson Plaza
City [5]: Hoboken
County [6]: Hudson County
County Code [7]: 0021

Name of Monitoring Firm Hired by Building Owner [8]: Matrix New World Engineering, P.C.
ASCM No.: 00121

Name of Abatement Contractor [9]: Unicorn Contracting Corp.

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

Square Feet: 150,000
呉 [呉]: 1907

Current Use (Prior to being demolished): Bus Terminal

Scheduled Completion Date [11]: December 29, 2018

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 07:00am to 3:30pm

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

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

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal  Complete  Exposed

See Attached

Name of Registered Waste Hauler: Newark Carting, Inc.
NJDEP Waste Hauler ID No.: 04509
Cubic Yards of Waste: TBD
Name of Registered Landfill: MIES Bethlehem Landfill
City, State: Bethlehem, PA
Disposal Date: TBD

Completed by: Dimo Golcev
Title: General Manager
Signature:

Date: 01/31/2018
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Plaster Ceiling</td>
<td>3,393 SF</td>
</tr>
<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Decorative Ceiling Plaster</td>
<td>150 SF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Wall Plaster</td>
<td>330 SF</td>
</tr>
<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Double Layer Vinyl Floor Tile</td>
<td>30 SF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Triple Layer Vinyl Floor Tile</td>
<td>4,900 SF</td>
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<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Interior Caulk</td>
<td>120 LF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>Assumed ACM - Pipe</td>
<td>718 LF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>ACM - Wall Plaster</td>
<td>1,260 SF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>Assumed ACM - Floor Composite</td>
<td>40 SF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>Assumed ACM - Built Up Roofing</td>
<td>200 SF</td>
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<tr>
<td>Throughout Project Area</td>
<td>X</td>
<td>Assumed ACM - Contaminated Plaster</td>
<td>175 SF</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60B and 12:1-20)

Date of Notification (1)
1/30/18

Name of Building Owner/Operator (2)
Anthony Ellenbogen Private Home

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

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

Street Address
Harvey Cedars NJ 08008

City, State, Zip Code
Harvey Cedars NJ 08008

Name of Contact
Mike

FACILITY INFORMATION

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

Street Address
Harvey Cedars NJ 08008

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

Square Feet
1000 +

# of Floors
2

Bldg. Age
35+

County Code (7) (STATE USE ONLY)
Ocean

Current Use (Prior if being demolished)
House

Name of Abatement Contractor (9)
Pernaco Inc.

ASCM No.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/31/18

Scheduled Completion Date (11)
2/2/18

Name of OSHA Monitor
Same

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

Other – Describe:

Scope of Work (Check All That Apply)

☒ ≥300 sf or ≥300 l.f.
☒ ≥160 sf or ≥280 l.f.
☒ ≥10 sf or ≥160 l.f.

Renovation
Demolition

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

In Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Location of
Removal
Repair
Encapulate
Enclosure

Asbestos-Containing Material (ACM)

Exterior Siding  upper part of house

Yes
No
N/A

1200

Non-Exempted (*) and Non-Frangible Procedure

Non-Exempted

Non-Frangible

Glovebag Procedure

Vapor Barriers

Location of Waste Hauler
NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Morrisville PA 19067

Disposal Date
2/3/18

Completed by
Anthony T Perna

Title
President

Signature

Date
1/30/18

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

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/24/18</td>
<td></td>
</tr>
</tbody>
</table>

**Agency Notified:**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DOA

**Name of Facility Where Abatement is Taking Place:**

- [ ] Residence
- [ ] Commercial
- [ ] Industrial

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (18)</th>
<th>ASCM No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
<td>00188</td>
</tr>
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</table>

**Address of Building:**

- Street Address: [Redacted]
- City, State, Zip Code: [Redacted]

**Date of Completion (11):**

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>1/30/18</th>
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</thead>
<tbody>
<tr>
<td>Actual Completion Date (11)</td>
<td>2/1/18</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement:**

- [ ] No occupants
- [ ] Yes
  - [ ] K-12
  - [ ] Non-K-12

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

- [ ] Yes
  - [ ] Temporary
  - [ ] Permanent

**Other Descriptive:**

- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mill-Evap (EVap)
- [ ] Glovebox Procedure
- [ ] Non Rinsable, Non-Transferable/Labile Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM in Building (19)</th>
<th>In Location Normally Used by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, serpentines, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 2ND FLOOR</td>
<td>[ ] Yes</td>
<td>VAT</td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
<td>VAT</td>
</tr>
<tr>
<td></td>
<td>[ ] NA</td>
<td>[ ]</td>
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<td>[ ] [ ]</td>
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**Name of Registered Waste Handler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NJDEP Waste House/ID No.</th>
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</thead>
<tbody>
<tr>
<td>Newark Carting Inc.</td>
<td>NJDEP Waste House/ID No. 04509</td>
</tr>
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</table>

**Disposal Date:**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/25/18 ON</td>
<td>PA, 19072</td>
</tr>
</tbody>
</table>

**Signature:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos exposure-related activities.*
Date of Notification (1) | 01 / 30 / 18
---|---
Name of Building Owner/Operator (2) | PC Guthrie
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 | Brick, NJ 08724
Name of Contact | PC Guthrie
Telephone Number | 

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | Residence
---|---
Street Address | [Redacted]
City (5) | Toms River Twp.
County (6) | County Code (7) [STATE USE ONLY]
Ocean | 
Name of Monitoring Firm Hired by Building Owner (8) | ASCM No.
N/A | Guardian Contracting, Inc.
Street Address | 1889 Route 9, Unit 61
City, State, Zip Code | Toms River, New Jersey 08755
Project Manager for Monitoring Firm | Telephone No.
Telephone No. | 732-349-9932
License No. | 00624
Start Date (10) | 02 / 12 / 18
Scheduled Completion Date (11) | 02 / 13 / 18
Occupy Status During Abatement (Check only one) | 
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM - __PM/ __PM - __AM

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>exterior</td>
<td>[ ]</td>
<td>[ ]</td>
<td>asbestos siding</td>
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<tr>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
<td>1200 sf</td>
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</tbody>
</table>

Name of Registered Waste Hauler | NJ/DEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill
---|---|---|---
Guardian Contracting, Inc. | 20223 | 3 | T.R.R.F.

City, State | Disposal Date | City, State | Date
Toms River, New Jersey | 02/13/18 | Tullytown, Pennsylvania | 1/30/18

Completed By (Print or Type) | Title | Signature
Nicholas Fennicola | Project Manager | [Signature]

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 30 / 2018</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bryon Castellanos</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DOLWD</td>
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<tr>
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<td>DOH</td>
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<tr>
<td></td>
<td>DCA (NJAC 5:23-8)</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<td>Amended</td>
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<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South River, NJ 08882</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bryon Castellanos</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>South River</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>[STATE USE ONLY]</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-9932</td>
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<tr>
<td>Start Date (10)</td>
<td>2 / 1 / 2018</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2 / 2 / 2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
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<tr>
<td>Time of Abatement:</td>
<td>AM PM AM PM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>≥3 sf or ≥3lf</td>
</tr>
<tr>
<td></td>
<td>≥160 sf or ≥260 lf</td>
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<td>Renovation</td>
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<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>
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<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>150 LF</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Encapsulation</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
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<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
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<tr>
<td>Disposal Date</td>
<td>2/2/2018</td>
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<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
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<tr>
<td>Completed By (Print or Type)</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
01 / 26 / 18

Name of Building Owner/Operator (2):
Bryce Roberts

Type Notification:
[] Initial
[ ] Amended
[ ] Reissue

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

Private house

Street Address:

City, State, Zip Code:

Name of Monitoring Firm Hired by Building Owner (5):
ASCM No.:

Name of Abatement Contractor:
Gr Tech LLC

Street Address:
576 Valley Rd #283
Wayne, NJ 07470

License No.:
01127

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

Time of Abatement:
[ ] AM
[ ] PM

Scope of Work (Check all that apply):
[ ] 3-5 stories
[ ] >3 stories

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

First Floor-Mud Room

Name of Registered Waste Hauler:
Gr Tech LLC

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used Solely by Maintenance</th>
<th>ACM Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>by Management Staff</td>
<td></td>
</tr>
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</table>

Amount (Specifying SLP or LF):
20LF

Abatement Type:
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Other

* Do not use this form for asbestos-related non-removal activities.
Date of Notification (1) | January 26, 2018
---|---
Name of Building Owner/Operator (2) | Residential Dwelling

AGENCIES NOTIFIED
- EPA
- DEP
- DOL
- DOH
- DCA

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

STREET ADDRESS
- Collingswood, New Jersey 08108

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
- Residence

NAME OF MONITORING FIRM Hired by Building Owner (8)
Quality Environmental Concepts

ASCM No. | None

NAME OF ABATEMENT CONTRACTOR (9)
Quality Environmental Concepts

Quality Environmental Concepts

STREET ADDRESS
- 1053 North Tuckahoe Road

City, State, Zip Code | Williamstown, New Jersey 08094

NAME OF OSHA Monitor
Quality Environmental Concepts

START DATE (10) | 02-06-2018

SCHEDULED COMPLETION DATE (11) | 02-10-2018

CURRENT USE (Prior if being demolished)
- Residence

SQUARE FEET | 2435

# OF FLOORS | 2.5

Bldg. Age | 70 yrs

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
</tr>
</tbody>
</table>

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

LOCATION OF

<table>
<thead>
<tr>
<th>Basement</th>
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<tbody>
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<td>Ductwork Joints</td>
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<td>Air-Filter Insulation</td>
</tr>
<tr>
<td>+Cement Joints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crawlspace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ductwork Joints</td>
</tr>
</tbody>
</table>

NAME OF REGISTERED WASTE HAULER
- Quality Environmental Concepts

Quality Environmental Concepts

WASTE HAULER ID No. | 18710

Cubic Yards of Waste | 4cy

NAME OF REGISTERED LANDFILL
- Salem County Solid Waste Complex

Disposal Date | TBD

City, State | Alloway, NJ

Name of Contact | Linda Cristalli

Telephone Number | 856-629-1166

Completed by | Edward Knorr

Title | Vice President

Signature | Edward Knorr

Date | 01-26-2018

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1): January 29, 2018

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

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

City, State, Zip Code: PISCATAWAY, NJ 08854

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): DOUGLASS BIOLOGY, BLDG# 8304

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

Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC OFFICES

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

Street Address: 3 TERRI LANE

City, State, Zip Code: BURLINGTON, NJ 08016

Project Manager for Monitoring Firm: BRIAN R. KEARNEY

Telephone Number: 609-386-8800

Scheduled Start Date (10): 02/09/18

Scheduled Completion Date (11): 02/12/18

Occupancy Status During Abatement (Check only one):
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe:
□ Other - Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

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
□ Glove bag Procedure / Wrap & Cut
□ Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) YES NO NA

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Description</th>
<th>Amount (Sft, LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOM 001</td>
<td>VAT</td>
<td>440 SF</td>
<td></td>
</tr>
<tr>
<td>ROOM 006</td>
<td>VAT</td>
<td>10 SF</td>
<td></td>
</tr>
<tr>
<td>ROOM 206</td>
<td>VAT</td>
<td>10 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Req. Waste Hauler: See Hauler Below #1 & 2

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

Cubic Yards of Waste: 20 CY

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

Disposal Date: 02/12/2018

City, State: 100 New Ford Mill Rd. Morrisville, Pa 19067 215-786-1700

Completed by (Print or Type):

Raymond C. Pedalino
Title: SENIOR PROJECT MANAGER

Signature: Raymond C. Pedalino
Date: January 29, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)  
- 2.16.18

Name of Building Owner/Operator (2)  
PINE LAKES CONSTRUCTION

Address Notification (3)  
Type Notification  
- Initial

Name of Building Owner/Operator (2)  
PINE LAKES CONSTRUCTION

Name of Abatement Contractor (3)  
KLEIMCO INC

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

Location Where Abatement is Taking Place (5)  
RESIDENCE

Square Feet  
1500

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

Floors  
1

Street Address  
300 77th ST

Bldg Age  
50+

City (5)  
SEA ISLE CITY

Current Use (Prior to being demolished)  
N/A

County (6)  
CLAY MARY

License No.  
00444

County Code (7)  
STATE USE ONLY

Name of OSHA Monitor  
N/A

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

Telephone No.  
856-779-0472

ASCM No.  
N/A

Name of Abatement Contractor (3)  
KLEIMCO INC

Street Address  
369 S. SPRUCE AVE

Telephone No.  
856-779-0472

City, State, Zip Code  
CLAY MARY NJ 08052

Name of Abatement Contractor (3)  
KLEIMCO INC

City, State, Zip Code  
CLAY MARY NJ 08052

Start Date (10)  
2.5.18

Telephone No.  
856-779-0472

Scheduled Completion Date (11)  
2.12.18

License No.  
00444

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

Name of OSHA Monitor  
N/A

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

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

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
- TRANSITE 3000 SF

Amount (Specify SF or LF)  
3000 SF

Name of Registered Waste Hauler  
KLEIMCO INC

Abatement Type  
- Encapsulation
- Removal
- Repair
- Endcaps

Name of Registered Landfill  
C.M.C.M.N.J.

Cubic Yards of Waste  
17900

Disposal Date  
1.26.18

City, State  
CLAY MARY NJ 08052

Name of Registered Landfill  
C.M.C.M.N.J.

Completed By  
MICHAEL KLEIMAN

Title  
SUP

Signature  
MICHAEL KLEIMAN

Date  
1.26.18

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

(Pursuant to NJAC 5:060 and 5:16)

Date of Notification (1)
01 / 29 / 18

Name of Building Owner/Operator (2)
Miccors Holdings, LLC

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

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

Street Address
6316 Benbrooke Overlook, NW

City, State, Zip Code
Acworth, GA 30101

Name of Contact
Michael Baskin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Foote and Jenks Corporation

Street Address
1420 Crestmont Avenue

City (5)
Camden

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

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

Square Feet
10,000

# of Floors
2

Bldg. Age
80

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Factory

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
609-238-4070

License No.
00942

Name of OSHA Monitor
EMSL Analytical, Inc.

Start Date (10) 02 / 07 / 18
Scheduled Completion Date (11) 02 / 12 / 18

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

Scope of Work (Check all that apply)
- >300 sf or >3 If
- >100 sf or >200 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

Boiler Room
Pipe Fittings
12 LF

Boiler Room
Pipe Insulation
6 LF

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
155993

Cubic Yards of Waste
1

Name of Registered Landfill
GROWS North Landfill

City, State, Zip Code
City, State
Freehold, NJ
Morrisville, PA

Disposal Date
02/12/2018

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
1/29/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:59 and 5:16)

**Date of Notification (1) 01 / 29 / 18**

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

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

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
  Amendment #______

**Emergency (including justification)**  
- [ ] Yes  
- [ ] No  
- [ ] N/A

**Amendment Cancellation**  
- [ ] Yes  
- [ ] No  
- [ ] N/A

**Street Address**  
601 Miller Road

**City, State, Zip Code**  
Wyckoff, NJ 07481

**Name of Contact**  
Marilyn Vadon

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**  
Seaside Park

**County (6)**  
Ocean

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

**Square Feet**
2200 sf

**# of Floors**
2

**Bldg. Age**
65

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

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

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

**ASCM No.**

**Street Address**
1889 Route 9, Unit 81

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

**Project Manager for Monitoring Firm**

**Telephone No.**  
732-349-8932

**ID No.**
00824

---

**Start Date (10) 02 / 09 / 18**

**Scheduled Completion Date (11) 02 / 12 / 18**

---

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

---

**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

---

**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)**

- asbestos siding 2300 sf

---

**Name of Registered Waste Hauler (13)**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**  
20223

**Cubic Yards of Waste (14)**
4

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

**City, State**
Toms River, New Jersey

**Disposal Date**
2/12/18

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

**City, State**
Toms River, New Jersey

**Completed By (Print or Type)**
Nicholas Fennicola

**Title**
Project Manager

**Signature**

**Date**
1/29/18

---

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

**Date of Notification (1)**
01 / 29 / 18

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

**AGENCIES NOTIFIED**
- [X] EPA
- [X] DOLWD
- [X] DOH
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Barnegat, NJ 08005

**Name of Contact**
Victor

**Telephone Number**

---

**FACILITY INFORMATION**

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

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

**ASCM No.**
Guardian Contracting, Inc.

**Street Address**
1889 Route 9, Unit 61

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

**Project Manager for Monitoring Firm**

**Telephone No.**
732-349-9932

**License No.**
00624

**Start Date (10)**
02 / 08 / 18

**Scheduled Completion Date (11)**
02 / 09 / 18

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

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

**SCHEDULE**

**Scope of Work (Check all that apply)**
- [ ] 25 sf or < 260 sf
- [X] 260 sf or > 250 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**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>exterior-house</td>
<td>Yes</td>
<td>asbestos siding</td>
<td>1000 sf</td>
<td>Demolition</td>
</tr>
<tr>
<td>exterior-garage</td>
<td>No</td>
<td>asbestos siding</td>
<td>450 sf</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.**
20223

**Cubic Yards of Waste**
3

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

**City, State**
Toms River, New Jersey

**Disposal Date**
2/9/18

**Completed By (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

**Date** 1/29/18

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION FOR ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:123)

Date of Notification (1)
JAN. 30, 2018
Name of Building Owner/Operator (2)
WILLIAM MAY

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

Street Address
[Redacted]
City, State, Zip Code
NORTH PORT, FL 34286-7119

Name of Contact
WILLIAM MAY

FACILITY INFORMATION

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

Street Address
[Redacted]
City (5)
KEYPORT
County (6)
MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8)
N/A
Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc

ASCM No.

Street Address
17 Thompson Street
City, State, Zip Code
West Long Branch, NJ 07764

Project Manager for Monitoring Firm N/A
Telephone No.
Telephone No. 732-222-6372
License No. 00040

Start Date (10)
FEB. 12, 2018
Scheduled Completion Date (11)
FEB. 16, 2018
Name of OSHA Monitor
N/A

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
☐ ≤150 sf or ≤250 if
☐ ≥3 sf or ≥3 if
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Basement
Yes

No

N/A

TSI

65 LF

x

Basement
x
decontaminate contents of Bsmt.
100sf
x

Basement
x
dispose of contaminated items
150sf
x

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc
NJDEP Waste Hauler ID No. 12058
Cubic Yards of Waste
3 CY

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
WEST LONG BRANCH, NJ
Disposal Date
2/16/18

Completed by
JOSEPH P. MILLER
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)

Date of Notification (1)
01/24/2018

Name of Building Owner/Operator (2)
Residence

Agencies Notified

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

City, State, Zip Code
Colonia, N.J. 07067

Name of Contact
Elise Israel

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Colonia

County (6)
Middlesex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354

City, State, Zip Code
South Orange, N.J. 07079

Square Feet
1,989

# of Floors
2

Bldg. Age
68

Current Use (Prior if being demolished)

Name of Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Start Date (10)
02/05/2018

Scheduled Completion Date (11)
02/09/2018

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- x≥3 sf or ≥3 lf
- ≥160 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor Back Room</td>
<td>Yes</td>
<td>Floor Tiles</td>
<td>253 SF</td>
<td>X</td>
</tr>
<tr>
<td>Front Foyer</td>
<td>Yes</td>
<td>Floor Tiles</td>
<td>55 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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, NJ

Completed by
Alison Lamers
Title
Office Manager
Signature
Date
01/24/2018

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

**State of New Jersey**

**Notification to:** NJAC 6:16 and 12:13A

---

**Date of Notification:** 3/19

**Name of Building Owner/Operator:** Ms. LINDA LEONE

**Address:**

- **City:** FAIR LAWN
- **County:** BERGEN

**Name of Facility Where Abatement & Taking Place:**

- **Name:** Ms. LINDA LEONE

**Type of Property:**

- **Location:** Residential

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

- **Name:** Best Removal Inc

**Street Address:** 450 South River Street

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

**Project Manager for Monitoring Firm:** Omega Environmental

**Telephone Number:** 201-378-1499

**No. of Stories:** 2

**Rig Age:** 1940

**Start Date:** 2/2/18

**Scheduled Completion Date:** 2/6/19

**Confined Space during Abatement (Check Only One):**

- **Closed:** Yes

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

- **Location:** BASEMENT

**Description of Abatement Type:**

- **Type:** GLOP

---

**Name of Registered Waste Handler:**

- **Name:** Best Removal Inc

**Identification No:** 17109

**Disposal Date:** 2/5/19

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

**Signature:** 1/3/19

**Title:** Estimator

---

**Notes:**

- The document is a notification of asbestos abatement, detailing the location, type of property, and abatement details.

- The notification is directed to Ms. LINDA LEONE, who is the building owner/.operator.

- The abatement is scheduled to take place in the basement of the property.

- The abatement type is identified as GLOP.

- The notification includes contact information for the monitoring firm and the waste handler.

- The document is signed by an estimator on 1/3/19.

---

**Footer Notes:**

- The document includes footer notes about asbestos handling and exemptions.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:129)

Date of Notification (1)
1/31/18

Name of Building Owner/Operator (2)
Ed Pontier Private Home

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

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

Street Address [Redacted]
City, State, Zip Code Surf City NJ 08008

Name of Contact
Ed
Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]
City (5)
Surf City NJ 08008
County (6)
Ocean
County Code (7)

Square Feet
1000 +

# of Floors
2

Bldg. Age
35+

Current Use (Prior if being demolished)
House

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329
City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800
License No.
00727

Start Date (10)
2/9/18

Scheduled Completion Date (11)
2/15/18

Name of OSHA Monitor
Same

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

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

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

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Endorse

Exterior Transite Bottom of house [Redacted]
Exterior Siding
800 SF

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State

City, State

City, State

City, State

Disposal Date
2/15/18

Completed by
Anthony T Perna
Title
President
Signature

Date
1/31/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification:** 01/31/18

**Name of Building Owner/Operator:** Audrey Loyer

**Street Address:** [Redacted]

**City, State, Zip Code:** South River, NJ 08882

**Name of Contact:** Audrey Loyer

**Telephone Number:** [Redacted]

---

**FACILITY INFORMATION**

**Private House**

**Name of Facility Where Abatement is Taking Place:** South River, NJ 08882

**County:** Middlesex

**County Code:** [Redacted]

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

**Square Feet:** [Redacted]

**# of Floors:** [Redacted]

**Bldg. Age:** [Redacted]

---

**Name of Monitoring Firm Hired by Building Owner:** [Redacted]

**ASCM No.:** [Redacted]

**Name of Abatement Contractor:** 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 OSHA Monitor:** Envirosion Consultants, Inc

**Street Address:** 20-21 Wagarsown Road, Bldg # 35E

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

---

**Start Date:** 01/31/18

**Scheduled Completion Date:** 02/01/18

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

**Time of Abatement:** AM AM PM PM AM

---

**Scope of Work:**
- [X] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**IN Facility**

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

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

**Amount (Specify SIF or LF):** 40 LF

**Abatement Type:**
- [ ] Removal
- [ ] Encapsulate
- [ ] Enclose

---

**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

**Disposal Date:** TBD

**City, State:** Tullytown, PA

**Complanted By (Print or Type):** N. Jevtic

**Title:** Owner

**Signature:** [Redacted]

**Date:** 01/31/18

---

*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 8:69 and 12:120)

**Date of Notification:** Jan 31, 2018  
**Name of Building Owner/Operator:** Mark Van BuziK

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

**Street Address:**  
**City, State, Zip Code:** New Brunswick, NJ 08901

**Name of Facility Where Abatement is Taking Place:** Single Family Dwelling  
**County:** Middlesex  
**Current Use (Prior to being demolished):** 75 +

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies Inc.</td>
<td>P.O. Box 337</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

**Telephone No.:** 609 758-3365  
**License No.:** 00394

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-12-18</td>
<td>2-13-18</td>
</tr>
</tbody>
</table>

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

**Occupancy Status During Abatement:** X

**Scope of Work (Check All That Apply):**
- X ≥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:**

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Normal Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td></td>
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</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies  
**Waste Management of PIA:** Waste Management of PIA

**Disposal Date:** 2-13-18  
**City, State:** Moonsville, PA

**Completed by:** Steve Schenker  
**Title:** President  
**Signature:**

---

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

Date of Notification (1) 01 / 27 / 18

Name of Building Owner/Operator (2)
Messercola Excavating Co., Inc.

St. Address
549 East 3rd Street

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Fernando Messercola

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Barn

Street Address
314 Route 12

City (5)
Raritan

County (6)
Hunterdon

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

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

Telephone No.

License No.
732-349-9932
00624

Start Date (10) 1 / 29 / 18
Scheduled Completion Date (11) 02 / 02 / 18

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

Time of Abatement: AM, PM, AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☒ ≥ 160 sf or ≥ 260 If
☐ Renovation
☒ Demolition

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

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

Yes No N/A

exterior

□ asbestos wall panels
3034 sf sf

□□□□

□□□□

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
4

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

City, State
Toms River, New Jersey

Disposal Date
02/02/18

City, State
Tullytown, Pennsylvania

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

Signature

Date 12/7/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 17 / 18</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Verizon Communications</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial</td>
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<td></td>
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<td>Amended</td>
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<td></td>
<td></td>
<td>Amendment #1-1/30/18</td>
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<td></td>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>25-34 3rd Avenue</th>
<th>City, State, Zip Code</th>
<th>Long Branch, NJ, 07740</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Alex Baylor</td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Long Branch Central Office</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1253 North Church Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

| Telephone No. | 609-313-8218 |
| License No.   | 215-788-6040 |
| Name of OSHA Monitor | BRISTOL ENVIRONMENTAL, INC |

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>Verizon</th>
</tr>
</thead>
</table>

## Project Manager for Monitoring Firm

- **Name:** TTI Environmental Inc
- **ASCM No.**
- **Street Address:** 1123 BEAVER STREET
- **City, State, Zip Code:** BRISTOL, PA 19007
- **Telephone No:** 609-313-8218
- **License No:** 215-788-6040
- **Name of OSHA Monitor:** BRISTOL ENVIRONMENTAL, INC

### Start Date (10)

- **Date:** 1 / 31 / 18

### Scheduled Completion Date (11)

- **Date:** 2 / 8 / 18

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Abated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

| Abatement Performed Outside of Normal Facility Hours - Describe |
| Time of Abatement: AM-PM/5:00AM-2:00AM |

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

- ☑ 3 sf or 3 if
- ☑ 180 sf or 280 sf
- ☑ Demolition
- ☑ Renovation

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>350 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Basement Generator Area (16)</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>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

### Name of Registered Waste Hauler

- **Name:** SERVICE TRANSPORT GROUP, INC.
- **NUDEP Waste Hauler ID No:** 20990
- **Cubic Yards of Waste:**
- **Name of Registered Landfill:** MINERVA LANDFILL

<table>
<thead>
<tr>
<th>City, State</th>
<th>NEW CASTLE, DE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH</td>
</tr>
</tbody>
</table>

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

- **Name:** Dillan DeCaro
- **Title:** Estimator
- **Signature:** Dillan DeCaro JFD
- **Date:** 1/30/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 17 / 18</td>
<td>Verizon Communications</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [x] EPA 2540
- [x] DOLDW 32820
- [x] DOH 2533
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**
28-34 3rd Avenue
Long Branch, NJ, 07740

**City, State, Zip Code**
Long Branch, NJ, 07740

**Name of Contact**
Alex Baylor

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Verizon Long Branch Central Office

**Street Address**
28-34 3rd Ave
Long Branch

**County (6)**
Monmouth

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

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

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

**Square Feet**
19,500

**# of Floors**
2

**Bldg. Age**
+50

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

**Street Address**
1123 BEAVER STREET
BRISTOL, PA 19007

**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

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

**Street Address**
1123 BEAVER STREET

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

**License No.**
216-788-6040
00508

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

**Street Address**
1253 North Church Street
Mooresville, NC 28057

**Name of Monitoring Firm**
Kristopher Smith

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

**Scheduled Completion Date (11)**
2 / 8 / 18

**Start Date (10)**
1 / 31 / 18

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

**Time of Abatement:**
AM-PM/5:00PM-2:00AM

**Scope of Work (Check all that apply)**
- [ ] 280 s or 210 sf
- [ ] 280 s or 210 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Encapsulation
- [ ] Glovebag Procedure
- [ ] Non-Exempted (C) and Non-Friable Procedure

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

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

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

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

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

**Basement Generator Area**

**Pipe Insulation**
350 LF

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

**NJDEP Waste Hauler ID No.**
20980

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE

**Disposal Date**
TBD

**City, State**
WAYNESBURG, OH

**Completed By (Print or Type)**
Dillan DeCaro
**Title**
Estimator
**Signature**
Dillan DeCaro

**Date**
1-17-18

* Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/25/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>David Wetzel</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>■ EPA</td>
<td>□ Initial</td>
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<td>□ DOL</td>
<td>□ Amendment #</td>
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<td>□ Emergency (including justification)</td>
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<td>□ DCA</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td>Type of Facility (4)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Wetzel's Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>County Code (7)</td>
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<tr>
<td>Bergen</td>
<td></td>
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<tr>
<td>County (6)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm HIred by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
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<tr>
<td>Start Date (10)</td>
<td>Scheduled Completion Date (11)</td>
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<tr>
<td>2/9/2018</td>
<td>2/29/2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>City, State, Zip Code</td>
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<tr>
<td>Facilty Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>■ ≥3 sf or ≥3 ft</td>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ ≥150 sf or ≥220 ft</td>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Renovation</td>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>In Facility (13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Disposal Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td>Title</td>
</tr>
<tr>
<td>Darko Raloski</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 01 / 30 / 18
Name of Building Owner/Operator (2) Zawa-Deptford, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
415 Poinssett Avenue
City, State, Zip Code
Pitman, NJ 08071

Name of Contact
Nick Aspras
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Freeway Diner

Facility Address
1215 Hufferville Road

City (5)
Deptford
Counties
Gloucester County Code (7) [STATE USE ONLY]

Former Use (Prior if being demolished)
Former Diner

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

ASC&M No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
500 Horizon Drive, Suite 540

City, State, Zip Code
Robbinsville, NJ 08691

License No.
00842

Project Manager for Monitoring Firm
Rafael Torres

Telephone No.
609-890-7277

Telephone No.
856-755-0099

Name of OSHA Monitor
EMSL Analytical Inc.

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Start Date (10)
01 / 15 / 18

Scheduled Completion Date (11)
02 / 23 / 18

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

Name of Registered Waste Hauler
Freehold Cartage

Name of Registered Landfill
GROWS North Landfill

City, State
Freehold, NJ

Disposal Date
02/23/2018

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature
1/30/18

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

*Must be submitted 10 days prior to the beginning of work. Please type or print legibly.*

## I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>01 / 31 / 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Amended</td>
</tr>
<tr>
<td>Type of Work:</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

## II. BUILDING INFORMATION

- **Name of Building Owner/Operator:** PTSI Managed Services, Inc.
- **Street Address:** 955 L’Enfant Plaza N, SW
- **City:** Washington
- **State:** DC
- **Zip:** 20024
- **Name of Contact:** Thomas Lee
- **Telephone No.:** 202-404-3878

## III. FACILITY INFORMATION

- **Name of Facility Where Work Activity is to Take Place:** QC4 Remote Communications Link Repeater Site
- **Describe Facility Use:** Government Building
- **Street Address:** 128 Emley’s Hill Road
- **City:** Cream Ridge
- **State:** NJ
- **Zip:** 08514
- **County Name:** Monmouth
- **County Code (State Use Only):**
- **Scheduled Start Date:** 02 / 06 / 2018
- **Scheduled Completion Date:** 02 / 09 / 2018
- **Occupancy Status During Activity (check only one):**
  - Facility Closed/Vacated During Entire Activity
  - Activity Performed Outside Normal Facility Hours—Describe:
  - Other—Describe:
- **Scope of Work (check all that apply):**
  - Floor Tile: 156 SF
  - Mastic: 156 SF
  - Percentage Asbestos: 12%
  - Percentage Asbestos: 0%

## IV. CONTRACTOR INFORMATION

- **Company Name:** Shada Environmental, LLC
- **Telephone No.:** 856-755-0099
- **Street Address:** 623 Cutler Avenue
- **City:** Maple Shade
- **State:** NJ
- **Zip:** 08052
- **New Jersey Asbestos License Number (if applicable):** 00842
- **Monitoring Firm (if applicable):** Environmental Connection, Inc.
- **Telephone No.:** 609-392-4200

## V. SIGNATURE

- **Completed By:** Christina Lynch
- **Title:** Vice President of Operations
- **Signature:**
- **Date:** January 31, 2018
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>01 / 31 / 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>✔️ Amended</td>
</tr>
<tr>
<td></td>
<td>Cancelation</td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
</tr>
</tbody>
</table>

Type of Work: ✔️ Demolition

II. BUILDING INFORMATION

Name of Building Owner/Operator: PTSI Managed Services, Inc.
Street Address: 955 L’Enfant Plaza N, SW
City: Washington
State: DC
Zip: 20024
Name of Contact: Thomas Lee
Telephone No.: 202-484-3676

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: QC6 Remote Communications Link Repeater Site
Describe Facility Use: Government Building
Street Address: 32 Autumn Lane
City: East Brunswick
State: NJ
Zip: 08816
County Name: Middlesex
Scheduled Start Date: 02 / 06 / 2018
Scheduled Completion Date: 02 / 09 / 2018

Occupancy Status During Activity (check only one):
✔️ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe:
☐ Other—Describe:

Scope of Work (check all that apply):
✔️ Floor Tile
  Square Footage: 150 SF
  Percentage Asbestos: 5%
  ✔️ Mastic
  Square Footage: 150 SF
  Percentage Asbestos: 0%

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC
Street Address: 623 Cutler Avenue
City: Maple Shade
State: NJ
Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Environmental Connection, Inc.
Telephone No.: 609-392-4200

V. SIGNATURE

Completed By:
(type or print legibly):
Christina Lynch
Title:
Vice President of Operations
Signature:
Date: January 31, 2018
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
1/29/18

Name of Building Owner/Operator (2)
Devimy Equities

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

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

Street Address
701 Cross St
City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Robert

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
1287 NJ 35

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

City (5)
Middletown

County Code (7)
Monmouth

County (6)

Square Feet
Current Use (Prior if being demolished)
retail store

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
2/8/18

Telephone No.
732-663-9078

License No.
1200

Scheduled Completion Date (11)
2/15/18

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

City, State, Zip Code
LAKEWOOD, NJ 08701

Street Address
6 WHITE DOVE COURT

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)

□ 23 sf or ≥ 23 if
□ 160 sf or ≥ 260 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebox Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
Abatement Type

Exterior
Roofing
3000SF

Exterior

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
15

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
2/15/18

City, State
BETHLEHEM PA

Completed by

JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

ASB-41 (12-06-08)

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

Date of Notification (1):
01 / 29 / 18

Name of Building Owner/Operator (2):
L & L Property Enterprises LLC

Agencies Notified

☐ EPA
☒ DOLWD
☐ DHA
☒ DCA
☐ NJAC 5:23-6

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

Address

1030 Saint George Ave. #302

City, State, Zip Code
Avenel, NJ 07001

Name of Contact
Khayyum Islam

Telephone Number

FACILITY INFORMATION

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

Street Address
45 West Main Street

City (5)
Denville, NJ 07834

County (6)
Morris

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
02 / 07 / 18

Scheduled Completion Date (11)
02 / 12 / 18

Name of OSHA Monitor
Envirovision Consultants, Inc

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

City, State, Zip Code
Fair Lawn, NJ 07410

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

Scope of Work (Check all that apply)

☒ >3 sf or >3 If
☒ ≥ 160 sf or ≥ 260 sf
☐ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN FACILITY (13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

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

Roof

☐ ☐ ☒ Roof flushing

Storage room

☐ ☒ ☒ VAT floor tiles

Name of Registered Waste Hauler
Gr Tech LLC

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

City, State
Tullytown, PA

TBD

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
01/29/18

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


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

Date of Notification (1)  
1/29/2018

Name of Building Owner/Operator (2)  
Jason and Elisabeth Williams

Agencies Notified  
[X] EPA
[X] DEP
[X] IDOL
[X] IDOH
[ ] IDC

Type Notification  
[X] Initial Notification

Street Address  
[Redacted]

City, State, Zip Code  
Maplewood, NJ, 07040

Name of Contact  
Jason and Elisabeth Williams

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Jason and Elisabeth Williams

Street Address  
[Redacted]

City (5)  
Essex

County (6)  
Essex

County Code (7)  
N/A

Square Feet  
N/A

Current Use (Prior if being demolished)  
N/A

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

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

Street Address  
86 Christopher St.

City, State, Zip Code  
Montclair, NJ 07042

Name of OSHA Monitor  
N/A

License Number  
00371

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

Other - Describe:  
N/A

Scope of Work (Check all that apply)  
[X] Renovation
[X] Demolition

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

Description of Asbestos-Containing Material (ACM)  
(Insulation, surfacing, etc.)

Amount (Specify SF or LF)  
N/A

Abatement Type  
[X] Full Containment with Negative Pressure

Location Normally Used Solely by Maintenance/Custodial Staff  
Yes

Cubics Yards of Waste  
0.5

Name of Registered Waste Hauler  
AZTECH MANAGEMENT, INC.

City, State  
Montclair, NJ 07042

Basement  
X

Crawl Space  
20 LF

X

Completed By (Print or Type)  
Constantine Vivian

Title  
President

Signature  
[Signature]

Date  
1/29/2018

Name of Registered Landfill  
Minerva Enterprise INC

City, State  
Waynesburg, Ohio 44688

Disposal Date  
02/13/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1388

Name of Building Owner/Operator (2)
First Presbyterian Church at Caldwell
326 Bloomfield Avenue
Caldwell, NJ 07006

Name of Contact
Dr. Richard Sommers

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Church

Street Address
471 Pleasant Valley Way
West Orange, NJ 07052

County (5)
Essex

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Project Manager for Monitoring Firm
Jeremy Hassett 215-712-2700

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

Scope of Work (Check All That Apply)
[X] 3,360 sf or ≥600 sf

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

church

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

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

Location
church

Abatement Type

Amount (Specify SF or LF)
pipe fittings 220 LF
window caulk 800 LF

Name of Registered Waste Hauler
Newark Carting
4509

Name of Registered Landfill
Minerva Landfill

Completed by
James Kelly
President

ASB-41 (R-05-06)

* 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)
1/23/18

Name of Building Owner/Operator (2)
Atlantic City Electric

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

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

Street Address
30 Goshen Rd.

City, State, Zip Code
Cape May Court House NJ 08210

Name of Contact
George Samuelson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Atlantic City Electric

Street Address
30 Goshen Rd.

City (5)
Cape May Court House NJ 08210

County (6)
Cape May

County Code (7)

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

Square Feet
600 +

# of Floors
1

Bldg. Age
35+

Current Use (Prior if being demolished)
Storage Shed

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
2/9/18

Scheduled Completion Date (11)
2/16/18

Name of OSHA Monitor
Same

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
☒ ≥192 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

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

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

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Exterior Transite Panels

Exterior Transite Panels
863 SF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

Cubic Yards of Waste
10

Name of Registered Landfill
Cape May County MUA

City, State
Egg Harbor NJ

Disposal Date
2/16/18

City, State
Woodbine NJ 08270

Completed by
Anthony T Perna

Title
President

Signature

Date
1/29/18

ASB-41 (R:06-08)

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

Date of Notification (1) 1 / 22 / 18

Name of Building Owner/Operator (2)
New Jersey Schools Development Authority

Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-8)
Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #3
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
32 E. Front St.

City, State, Zip Code
Trenton, NJ 08625-0991

Name of Contact
Andrew Oakley

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Camden High School

Street Address
1700 Park Blvd.

City (5)
Camden

County (6)
Camden

County Code (?)(STATE USE ONLY)

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

Square Feet
175,000

# of Floors
3

Bldg. Age
+/- 50

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff Environmental Services Inc.

ASCM No.

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
1805 Atlantic Avenue

City, State, Zip Code
Manasquan NJ 08736

Project Manager for Monitoring Firm
Gary Fleming

Telephone No.
732-223-2225

Telephone No.
215-365-5810

License No.
001156

Start Date (10)
05/10/17

Scheduled Completion Date (11)
05/26/18

Name of OSHA Monitor
USA Environmental Management, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

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

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

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

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

Amount (Specify SF or LF)

Boiler Room
Interior Lining (Small & Large Boilers)
800 SF

Boiler Room
Fire Stop Patch
15 SF

Boiler Room (Roof Top Mech. Rm)
Gaskets
160 Each

Main Building Connector
Transite
600 SF

Name of Registered Waste Hauler
Service Transport Group
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
210

Name of Registered Landfill
Minerva Landfill

City, State
Minerva, OH

Disposal Date
4/26/18

Completed By (Print or Type)
Kevin Meldrum
Title
Project Manager
Signature

Date
1-22-16

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

**Name of Building Owner/Operator (2)**  
New Jersey Schools Development Authority

**Name of Facility Where Abatement is Taking Place (3)**  
Former Camden High School

**Street Address**  
1700 Park Blvd.

**City**  
Camden

**County (5)**  
Camden

**Name of Monitoring Firm Hired by Building Owner (8)**  
Brinkerhoff Environmental Services Inc.

**ASCM No.**  
Name of Abatement Contractor (9)

USA Environmental Management, Inc.

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

**Street Address**  
1805 Atlantic Avenue

**City, State, Zip Code**  
Manasquan NJ 08736

**Project Manager for Monitoring Firm**  
Gary Fleming

**Telephone No.**  
732-223-2225

**Telephone No.**  
215-365-5810

**License No.**  
001156

**Name of OSHA Monitor**  
USA Environmental Management, Inc.

**Start Date (10)**  
10 / 05 / 17

**Scheduled Completion Date (11)**  
04 / 26 / 18

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

**Time of Abatement**  
7:00 AM - 5:30 PM

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Air Cell Insulation Debris</td>
<td>40,000 SF</td>
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<tr>
<td>Air Cell Pipe Insulation</td>
<td>180 LF</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Building</td>
<td>Yes</td>
<td>(12)</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Chase</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Main Building Chase</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler Service Transport Group**  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill

Minerva Landfill

**Completed By (Print or Type)**  
Kevin Meldrum  
Title  
Project Manager

**Signature**  
* Meld

**Date**  
1-22-16

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

**NOTIFICATION OF ASPEROS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 22 / 18</th>
</tr>
</thead>
</table>

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

New Jersey Schools Development Authority

**FACILITY INFORMATION**

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

Former Camden High School

**Street Address**

1700 Park Blvd.

**City (5)**

Camden

**County (6)**

Vacant

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

Brinkerhoff Environmental Services Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**

USA Environmental Management, Inc.

**Street Address**

1805 Atlantic Avenue

**City, State, Zip Code**

Manasquan NJ 08736

**Telephone No.**

732-223-2225

**License No.**

001156

**Start Date (10)**

10 / 05 / 17

**Scheduled Completion Date (11)**

04 / 26 / 18

**Type of Facility (4)**

School (K-12)

**Name of OSHA Monitor**

USA Environmental Management, Inc.

**Street Address**

8436 Enterprise Avenue

**City, State, Zip Code**

Philadelphia, PA 19153

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

- [ ] 33 ft or 33 ft
- [ ] 160 ft or 260 ft
- [ ] 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)**

- [ ] Exteriro Doors & Windows
- [ ] Caulking
- [ ] 25,760 LF

- [ ] Roof (302, parapet, coping, tar patch)
- [ ] Caulking
- [ ] 3,162 LF

- [ ] Sinks (102 & 104)
- [ ] Mastic Under Coating
- [ ] 10 Each

- [ ] Underground Trench
- [ ] Transite Pipe
- [ ] 200LF

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

Minerva Landfill

**Cubic Yards of Waste**

210

**Name of Registered Landfill**

Minerva Landfill

**Completed By (Print or Type)**

Kevin Meldrum

**Title**

Project Manager

**Signature**

1-2-18

---

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

Date of Notification (1)
2/1/18

Name of Building Owner/Operator (2)
Jane Chang

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

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

Street Address

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Bob Kinch

Telephone Number


FACILITY INFORMATION

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

Street Address

City (5)
Wayne

County (6)
Passaic

County Code (7)
(State Use Only)

Square Feet
2300

# of Floors
2

Bldg. Age
65+/-

Current Use (Prior if being demolished)
Residential Home

Type of Facility (4)

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

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.7

Name of Abatement Contractor (9)
All Stages Abatement

Street Address
280 N. Midland Ave

City, State, Zip Code
Saddle Brook, NJ 07663

Project Manager for Monitoring Firm

Telephone No.
201-600-3184

License No.
01305

Start Date (10)
2/2/18

Scheduled Completion Date (11)
2/7/18

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)

☐ 23 sf or 23 ft
☒ 160 sf or 160 ft
☐ 260 sf or 260 ft

☐ Demolition
☒ Renovation

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

N/A

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

VAT

Amount (Specify SF or LF)
821 SF

Abatement Type
Full Containment with Negative Pressure

Removal
Encapsulate
Endorse

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

Cubic Yards of Waste
2 CU

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol
Title
President

Signature

Date
2/1/18

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

CITY OF CAMDEN

Name of Building Owner/Operator (2)  
KEVIN KILEEN

Facility Information

Name of Facility Where Abatement is Taking Place (3)  
OUTSIDE BRIDGEWAY  
Address  
RIVER ROAD AND MAIN STREET  
City (5)  
CAMDEN  
County (6)  
CAMDEN

Name of Monitoring Firm Hired by Building Owner (6)  
HEALTH AND SAFETY SERVICES  
ASCM No.  

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

Street Address  
P.O. BOX 365  
City, State, Zip Code  
BERLIN, NJ 08009

Project Manager for Monitoring Firm  
JIM PROCTOR  
Telephone No.  
609-839-2432

License No.  
01166

Start Date (10)  
2-4-18  
Scheduled Completion Date (11)  
2-4-18

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)  
\( \geq 25 \text{ sf or } \geq 250 \text{ If} \)  
\( \geq 160 \text{ sf or } \geq 260 \text{ If} \)  
Renovation  
Demolition  

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

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)  
35 LF

Abatement Type  
X

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  
MINERVA LANDFILL  
City, State  
NEW CASTLE, DE  
WAYNESBURG, OH

Completed by  
DENISE M. NIVEN  
Title  
ADMINISTRATIVE ASSISTANT  
Signature  
Date  
2-2-18

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

**Date of Notification (1)**
02/02/2018

**Name of Building Owner/Operator (2)**
[Redacted]

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

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

**Street Address**
670 Myrtle Ave Suite 450
City, State, Zip Code
Brooklyn, NY 11205

**Name of Contact**
Jay Blau

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Newark

**County (6)**
Essex

**County Code (7)**

**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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
02/11/2018

**Scheduled Completion Date (11)**
02/16/2018

**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: 8:00 am - 5:00 pm

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

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

**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)**
3000 SF

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endoscope

**Name of Registered Waste Hauler**
Atlantic Carting LLC

**NJDEP Waste Hauler ID No.**
482012PAE

**Cubic Yards of Waste**
8

**Name of Registered Landfill**
GROWS North

**City, State**
Wayne, NJ

**Disposal Date**
TBD

**Morrisville, PA**

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

**Signature**
[Signature]

**Date**
02/02/2018

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

**NOTIFICATION OF ASPEROS ABATEMENT**

(Pursuant to NJAC 8:6 and 5:16)

**Date of Notification (1)**

1 / 8 / 18

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

7 Esterbrook, LLC

**Type of Notification**

☑ Initial  ☐ Amended  ☐ Amendment #1

**Street Address**

1000 East Park Avenue

**City, State, Zip Code**

Maple Shade, NJ 08052

**Name of Contact**

Bob Neitzel

**Telephone Number**

**FACILITY INFORMATION**

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

Stonhard

**Street Address**

7 Esterbrook Lane

**City (5)**

Cherry Hill

**County (6)**

Camden

**Square Feet**

180,000

**Type of Facility (4)**

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

**# of Floors**

1

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

Vacant

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

30 +/-

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

Horizon Environmental

**ASCM No.**

**Name of Abatement Contractor (9)**

Asbestos and Mold Services, Corp.

**Street Address**

PO Box 316

**City, State, Zip Code**

Thorofare, NJ 08086

**Telephone No.**

856-848-0800

**License No.**

00862

**Name of OSHA Monitor**

EMSL Analytical, Inc.

**Street Address**

3859 Sylion Boulevard

**City, State, Zip Code**

Hainesport, NJ 08036

**Name of Project Manager for Monitoring Firm**

Dave Flannigan

**Start Date (10)**

1 / 10 / 18

**Scheduled Completion Date (11)**

2 / 8 / 18

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

☑ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM - AM

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

☐ ≥ 3 sf or ≥ 3 if

☐ ≥ 160 sf or ≥ 260 if

☑ Renovation  ☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure  ☐ Glovebag Procedure

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

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

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

Yes  ☐ No  ☐ N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**

☐ Removal  ☐ Repair  ☐ Encapsulate

**Location**

Floor Tile & Mastic

23,719

**Name of Registered Waste Hauler**

**Name of Registered Landfill**

Grand Central

**Disposal Date**

2/9/18

**City, State**

Lafayette, NJ

Penn Argyle, PA

**Completed By (Print or Type)**

Kimberly A. Trumbetti

**Title**

Office Coordinator

**Signature**

**Date**

1-31-18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / 29 / 18</td>
<td>A&amp;H Partnership, LLC/Job #1612-2144 Chk. NA - Courtesy Notification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Kirk Harpell</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
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<tr>
<td>DHSS</td>
<td>Amendment #1</td>
<td></td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency</td>
<td></td>
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<td></td>
<td>(including</td>
<td></td>
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<tr>
<td></td>
<td>justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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</thead>
<tbody>
<tr>
<td>69 King Street</td>
<td>Dover, NJ 07801</td>
<td>Kirk Harpell</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Commercial Property</td>
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<tr>
<td>Street Address</td>
</tr>
<tr>
<td>69 King Street</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Dover</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Morris</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>Criterion Laboratories</td>
</tr>
<tr>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>3370 Progress Drive, Suite J</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Bensalem, PA 19020</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Mike Panepresso</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>215-244-1300</td>
</tr>
<tr>
<td>Start Date (10)</td>
</tr>
<tr>
<td>1 / 30 / 18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
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<tr>
<td>1 / 30 / 18</td>
</tr>
<tr>
<td>Enter Date (12)</td>
</tr>
<tr>
<td>1 / 30 / 18</td>
</tr>
<tr>
<td>Description of Abatement</td>
</tr>
<tr>
<td>Time of Abatement: AM 9:00 PM / PM 2:00 AM</td>
</tr>
</tbody>
</table>

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

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| IN Facility (13) |
| Bookstore & Hallway |
| Pipe Runs |
| TBD |

<p>| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| Normally Used Solely by Maintenance/Custodial Staff? |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
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</tbody>
</table>

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

| Name of Registered Landfill |
| Grand Central |

| City, State |
| Lafayette, NJ |
| Penn Argyle, PA |

| Disposal Date |
| 1/30/18 |

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

| Signature |
|          |

| Date |
| 1-29-18 |

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