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

Date of Notification (1)
02-19-19

Name of Building Owner/Operator (2)
Caravella Demolition

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

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

Street Address
3091 Edwin Ave.

City (5)
Fort Lee

County (6)
Bergen

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

ASCM No.

Name of Abatement Contractor (9)
Della Contracting LLC.

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
02-20-19

Scheduled Completion Date (11)
03-22-19

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

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

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

Amount (Specify SP or LF)

Abatement Type

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

Name of Registered Waste Hauler
Caravella Demolition Inc

NJDEP Waste Hauler ID No.
35685

Cubic Yards of Waste
2000

Name of Registered Landfill
IESI

Disposal Date
02-28-19

City, State
Bethlehem, PA

Date
02-19-19

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

Date of Notification (1)
2/20/2019

Name of Building Owner/Operator (2)
Aaron Duff

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

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

Street Address

City, State, Zip Code
Bernardsville NJ 07924

Name of Contact
Marko Stankovic

Facility Information

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address

City (5)
Bernardsville

County (6)
Somerset

County Code (7)

Current Use (Prior if being demolished)
residence

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

Square Feet
1,458

# of Floors
1

Bldg. Age
1964

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Project Manager for Monitoring Firm

Telehone No.
973-570-2645

License No.
01334

Start Date (10)
2/21/2019

Scheduled Completion Date (11)
3/4/2019

Name of OSHA Monitor
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

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 sq 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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

first floor

joint compound associated with sheetrock

2,000 SF

transite

600 SF

Name of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.
12

Cubic Yards of Waste
12

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark NJ

Disposal Date
City, State
Pen Argyl, PA

Completed by
Corey Stankovic

Title
CEO

Signature

Date
2/20/2019

ASB-41 (R-06-38)

* 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>
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<tbody>
<tr>
<td>02 / 21 / 19</td>
<td>Muhlenberg Urban Renewal, LLC</td>
</tr>
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**Agencies Notified**  
- EPA  
- DOLWD  
- DOH  
- DCA (NJAC 5:23-8)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>2 Broad Street, Suite 400</td>
</tr>
<tr>
<td>Amended</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Amendment #1</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>Cancellation</td>
<td>Warren Sprake</td>
</tr>
<tr>
<td></td>
<td>Telephone Number 908-670-5711</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**  
  - Commercial  
  - 1200 Randolph Road - Building 14  
  - City (5)  
    - Plainfield  
  - County (6)  
    - County Code (7) (STATE USE ONLY)  
    - Current Use (Prior if being demolished)

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

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

- **Project Manager for Monitoring Firm**  
  - Rick Espaqui  
  - Telephone No. 973-494-3762

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 25 / 19</td>
<td>03 / 31 / 19</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 Time of Abatement: AM/PM/AM/PM

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

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

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

- **Exterior**

<table>
<thead>
<tr>
<th>Exterior</th>
<th>Weatherproofing</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weatherproofing</td>
<td>300 SF</td>
<td></td>
</tr>
</tbody>
</table>

- **Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 0283</td>
</tr>
<tr>
<td>Cubic Yards of Waste As Needed</td>
</tr>
<tr>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

- **City, State**

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
</tr>
</tbody>
</table>

- **Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
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<tr>
<td>TBD</td>
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</table>

- **Name of Registered Landfill**

<table>
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<tr>
<th>Name of Registered Landfill (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Pen Argyl, PA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td>Allen Monchik</td>
<td>2/21/19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
2/21/2019

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
The Arc of Bergen & Passaic

Street Address
223 Moore Street

City, State, Zip Code
Hackensack NJ 07601

Name of Contact
Joe Notare

Telephone Number
908-686-7777

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Arc of Bergen & Passaic

Street Address
231 Hillside Avenue

City (5)
Teaneck

County (6)
Bergen

County Code (7) (STATE USE ONLY) ___________

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

Type of Facility (4)

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

Square Feet
2,962

# of Floors
2

Bldg. Age
94

Current Use (Prior if being demolished) assisted living residence

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Telephone No.
Telephone No. 973-570-2845

License No.
01334

Name of OSHA Monitor
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Start Date (10)
2/22/2019

Scheduled Completion Date (11)
3/3/2019

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 if
☐ Renovation
☐ Demolition

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

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

Pipe insulation

20 LF

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endosulf

Location of Registered Waste Hauler

Newark Carting

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Grand Central Sanitary Landfill

Disposal Date

City, State
Pen Argyl, PA

Completed by
Corey Stankovic

Title
CEO

Signature

Date
2/21/2019

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/19/2019</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>The Arc of Bergen and Passaic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>223 Moore Street</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Bergen, NJ 07601</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Joe Natore</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>908-686-3401</th>
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</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>The Arc of Bergen and Passaic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>279 Lookout Avenue</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Hackensack</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Bergen</th>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
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<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
<th>assisted living</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Checkmark Industrial</th>
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</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>54 Morgan Dr</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Sparta, NJ 07871</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-570-2645</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>01334</th>
</tr>
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</table>

### Start Date (10) | 2/20/2019

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>3/1/2019</th>
</tr>
</thead>
</table>

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

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

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

- [X] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥250 sf if
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- **TO BE ABATED**
  - In Facility

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

### 9" x 9" floor tiles |

| 10 SF | x |

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Newark Carting</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
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</table>

### Name of Registered Landfill

<table>
<thead>
<tr>
<th>Grand Central Sanitary Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Newark, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State Pen Argyl, PA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Corey Stankovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>CEO</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>2/19/2019</th>
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</thead>
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* 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) 02/13/2019

Name of Building Owner/Operator (2)

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

Name of Contact MAX KROSSER

City, State, Zip Code LIVINGSTON NJ.

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5) LIVINGSTON NJ.

County (6) ESSEX

County Code (7) (STATE USE ONLY)

Square Feet 2000

# of Floors 2

Bldg. Age 79

Current Use (Prior if being demolished) YES

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

ASCM No.

Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC.

Street Address 1125 51 ST. STREET

City, State, Zip Code NORTH BERGEN NJ.

Project Manager for Monitoring Firm

Telephone No.

License No. 201-776-0642

Start Date (10) 02/16/2019

Scheduled Completion Date (11) 02/17/2019

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 ft

- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

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)

150 LF.

Abatement Type

Removal

Repair

Encapsulate

Endosulf

Abatement Type

Living room & bedroom

Joint compound

Reduction

Name of Registered Waste Hauler

TRI STATE

Waste Hauler ID No. 19951

Cubic Yards of Waste TBD

Name of Registered Landfill

MINERVA ENTERPRISE INC.

City, State BRONX NY.

Disposal Date TBD.

City, State WAYNESBURG OHIO

Completed by CARLOS ESQUIVEL

Title MANAGER

Signature

Date 02/13/2019

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

Date of Notification (1)  FEB 26 2019

Name of Building Owner/Operator (2) Mark Czarnecki

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

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

Street Address

City, State, Zip Code
Wallington, NJ 07057

Name of Contact
Mark Czarnecki

Telephone Number


FACILITY INFORMATION

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

Street Address

City (5)
Wallington

County (6)
Bergen County

Current Use (Prior if being demolished)
Residence

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Spes Contracting LLC

Street Address
164 Merline Avenue Unit C

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.
973-807-6330

License No.
01383

Start Date (10)
03.01.2019

Scheduled Completion Date (11)
03.02.2019

Name of OSHA Monitor
Spes Contracting LLC

Street Address
164 Merline Avenue Unit C

City, State, Zip Code
Woodland Park, NJ 07424

Scope of Work (Check All That Apply)
☐ 23 sf or 23.5 if
☐ 150 sf or 229 sf if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Transfereable Procedure

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

In Facility

(13)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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)
700SF

Abatement Type
☐ Removal  ☐ Encapsulation  ☐ Endorsement

Name of Registered Waste Hauler
Spes Contracting LLC

NJDEP Waste Hauler ID No.
0038075

Cubic Yards of Waste
2

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

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Branislav Pavlov

Title
project manager

Signature

Date
02.19.2019

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

#### Date of Notification
- **02/19/19**

#### Name of Building Owner/Operator
Liana Cossetti & Eric Minneci
Street Address: [redacted]

#### Agencies Notified
- [ ] EPA
- [ ] DOL/WIO
- [ ] DNSB
- [x] DOA (NJAC 5:23-8)

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

#### Name of Facility Where Abatement is Taking Place
- **Private House**
- City: [redacted]
- State: [redacted]
- Zip Code: [redacted]

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

#### Square Feet
- [ ] # of Floors
- [ ] # of Days

#### Current Use
- [ ] Prior if being demolished

#### Reason
Name of Monitoring Firm Hired by Building Owner: [redacted]
ASCM No.: [redacted]
Name of Abatement Contractor: [redacted]
Or Tech LLC

#### Start Date
- 02/19/19

#### Scheduled Completion Date
- 02/22/19

#### Location of Asbestos-Containing Material (ACM) to be Abated

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Yes, No, M/A, Pipe insulation, 20 LF</td>
</tr>
<tr>
<td>2nd floor-bedroom</td>
<td>Yes, No, VAT floor tiles, 120 LF</td>
</tr>
</tbody>
</table>

#### Type of Abatement
- [ ] Complete Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Water Removal
- [ ] Non-Exhausted (7) and Non-Fragile Procedure
- [ ] Other

#### Description of Asbestos Containing Material (ACM)
- [x] Insulation
- [ ] Roofing, VAT, or other miscellaneous

#### Abatement Type
- [ ] Repair
- [ ] Replacement
- [ ] Encapsulation
- [ ] Other

#### Name of Registered Waste Hauler
Gr Tech LLC
City: Wayne, NJ 07470

#### Disposal Date
TBD

#### Hook-up Hours
0033765

#### Cubic Yards of Waste
TBD

#### Name of Registered Landfill
Garfield Landfill

#### Mayor's Office
- [ ] thumbnails

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

Date of Notification (1)  
2-16-2019  

Name of Building Owner/Operator (2)  
Petrusic Plumbing & Heating, LLC  

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

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

Street Address  
217 Lafayette Avenue  
Cliffside Park, NJ 07010  

Name of Contact  
Malo Petrusic  
Telephone Number  
201-723-0054

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Private Building  
1555 Center Avenue  
Fort Lee, NJ 07024  

County Code (7)  
Bergen  

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

Square Feet  
30000  

# of Floors  
5  

Bldg. Age  
61+  

Current Use (Prior if being demolished)  

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

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

Street Address  
235 Virginia Avenue  
Jersey City, NJ 07304  

License No.  
01174  

Telephone No.  
201-333-8855  

Name of OSHA Monitor  
Green Environmental Services, LLC  

Street Address  
235 Virginia Avenue  
City, State, Zip Code  
Jersey City, NJ 07304

Project Manager for Monitoring Firm  

Telephone No.  

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)  
[ ] 33 sf or 33 lf  
[ ] ≥180 sf or ≥2800 lf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted () and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  

Boiler room  
Boiler insulation  
500 SF

Name of Registered Waste Hauler  
Green Environmental Services, LLC  
NJDEP Waste Hauler ID No.  
0034869  

Cubic Yards of Waste  
4  

Name of Registered Landfill  
Fairless Landfill  

Disposal Date  
2-17-2019  

City, State  
Jersey City, NJ  
Morrisonville, PA  

Completed by  
Liliana Serrano  
Title  
Office Manager  
Signature  
Date  
2-16-2019

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
2/19/2019  

Check #3328  

Name of Building Owner/Operator (2)  
All Saints Catholic Academy  

Agencies Notified  
Future Notification  

EPA  
DEP  
DOL  
DOH  
DCA  

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

Street Address  
19 West 13th Street  

City, State, Zip Code  
Bayonne, NJ 07002  

Name of Contact  
Sister Rita Fritzen  

Telephone Number  
201-443-8384  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
All Saints Catholic Academy  

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

Square Feet  
20,000  

# of Floors  
3  

Bldg. Age  
50+  

Current Use (Prior if being demolished)  
School  

County Code (?)  
(STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
ACSM No.  
N/A  

Name of Abatement Contractor (9)  
EA Services Corp  

Street Address  
426 69th Street  

City, State, Zip Code  
Guttenberg, NJ 07093  

Project Manager for Monitoring Firm  

Telephone No.  

License No.  
201-255-1700  01074  

Start Date (10)  
2/20/19  

Completion Date (11)  
2/21/2019  

Name of OSHA Monitor  
Same as above  

Occupancy Status During Abatement (Check Only One)  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours  
Other – Describe: Starting 4 PM  

Street Address  

City, State, Zip Code  

Scope of Work (Check All That Apply)  
≥3 sf or ≥6 sf  
≥160 sf or ≥260 sf  
Renovation  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Encapsulation  

Name of Registered Waste Hauler  

Tri-State Transfer Assoc  

NJ/DEP Waste Hauler ID No.  
18551  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Minerva Enterprises Inc  

City, State  
Waynesburg, OH  

Disposal Date  
TBD  

Completed by  
Gina Betances  
Title  
Office Manager  

Signature  

c  

Date  
2/19/2019  

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.S. 5A:28-20 and 12:53A-3)

**Date of Notification:** 8/20/19

**Name of Building Owner/Operator:**

**Address:**

**County Code:**

**Type of Property:** Commercial

**Type of Abatement:**

**Project Manager for Abatement:**

**Telephone No.:** 201-983-3841

**License No.:** 00166

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

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

**Description of ACM:**

**Amount:**

**Abatement Type:**

**Name of Registered Vendor:** Newark Catering, Inc.

**City, State:** Newark, N.J. 07105

**Date:** 8/20/19

**Signature:**

**Company:**

---

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

Date of Notification (1):

02 / 20 / 18

Name of Building Owner/Operator (2):

Mr. Micheal Shelton

Agencies Notified:

EPA
DOLWD
DHSS
DCA (NJAC 5:23-3)

Type Notification:

Initial
Amended
Amendment No. _____
Emergency (Including justification)
Cancellation

Street Address:

[Redacted]

City, State, Zip Code:

Pitman NJ 08071

Name of Contact:

Mr. Micheal Shelton

Telephone Number:

FACILITY INFORMATION

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

Resident

Type of Facility (4):

School (K12)
Subchapter 8 (Other than K12)
Other (i.e., private and commercial buildings, homes, etc.)

City (5):

Pitman NJ 08071

Square Feet:

1800

County (6):

Gloucester

County Code (7) (STATE USE ONLY):

Current Use (Prior to demolition):

Resident

Street Address:

958 Jackson Rd

City, State, Zip Code:

Mays Landing, NJ 08330

Telephone No.:

609-551-1901

Name of Abatement Contractor (9):

Graham-Tech Environmental Service, LLC.

Telephone No.:

Name of OSHA Monitor:

Graham-Tech Environmental Services, LLC.

Start Date (10):

02 / 21 / 19

Scheduled Completion Date (11):

02 / 22 / 19

Name of Monitoring Firms Hired by Building Owner (8):

ASCM No.:

Occupancy Status During Abatement (Check only one):

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

Time of Abatement: 7AM-11:30PM _____ PM-AM

Street Address:

958 Jackson Rd

City, State, Zip Code:

Mays Landing, NJ 08330

Scope of Work (Check all that apply):

Full Containment with Negative Pressure
≥3 sq ft or ≥3 if
Renovation
Removal
≥160 sq ft or ≥260 if
Demolition
Non-Exempted (*) and Non-Frisable Procedure

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

IN Facility

Location Normally Used Solely by Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF):

Abatement Type:

Removal
Repair
Encapsulate
Encourage

Yes
No
N/A

Basement

Asbestos Tape Insulation

SQFT

Location of Registered Waste Hauler:

Graham-Tech Environmental Service

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:

Name of Registered Landfill:

Pioneern Crossing
* Do not use this form for asbestos licensure exempted activities.
### Date of Notification
2 / 20 /19

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

- Initial Notification
- Amended Notification #5
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

### Name of Building Owner/Operator
THE VALLEY HOSPITAL

### Street Address
223 NORTH VAN DIEN AVENUE

### City, State, Zip Code
RIDGEWOOD, NEW JERSEY 07452

### Name of Contact
GEORGE GANCOS

### Telephone Number
201-447-8141

### Name of Facility Where Abatement is Taking Place
VALLEY HOSPITAL

### Street Address
570 WINTER AVENUE

### City (5) County (6) County Code (7)
PARAMUS BERGEN (STATE USE ONLY)

### Type of Facility
- School (K-12)
- Subchapter B (Other than K-12)
- Other (ie. private & communal, bldgs., homes, etc.)

### Square Feet
50,000

### # of Floors
1

### Bidg. Age
40+

### Current Use (Prior if being demolished)
ABANDONED

### Name of Abatement Contractor
PAR ENVIRONMENTAL CORPORATION

### Street Address
313 SPOOK ROCK ROAD

### City, State, Zip Code
SUFFERN, NEW YORK 10901

### Telephone Number
212-365-7500

### License Number
1101

### Name of OSHA Monitor
EMSL #11506

### Street Address
307 WEST 38TH STREET

### City, State, Zip Code
NEW YORK, NEW YORK

### Expected State Date (10)
6 / 7 / 18

### Sched. Completion Date (11)
30 / 19

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

### Scope of Work (Check all that apply)
- [X] Demolition
- [ ] Renovation
- [X] Full Containment
- [ ] Mini Enclo
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>JOINT COMPOUND</td>
<td>COMPLETE</td>
<td>25,000 SF</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 100 &amp; 101</td>
<td>CEILING TILES</td>
<td>COMPLETE</td>
<td>1,500 SF</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 101 &amp; 102</td>
<td>VAT &amp; MASTIC</td>
<td>COMPLETE</td>
<td>1,450 SF</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>BOILER INSULATION</td>
<td>COMPLETE</td>
<td>100 SF</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>BOILER BREECHING</td>
<td>COMPLETE</td>
<td>80 SF</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 180</td>
<td>ROOF HATCH TAR</td>
<td>COMPLETE</td>
<td>2 SF</td>
</tr>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>PIPE INSULATION</td>
<td>COMPLETE</td>
<td>136 LF</td>
</tr>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>FIBERGLASS CEILING INSULATION/GLUEDABS</td>
<td>COMPLETE</td>
<td>17,478 SF</td>
</tr>
</tbody>
</table>

### ADDITION TO SCOPE:
- [ ] 1ST FLOOR NORTH WEST CORNER
- [ ] ACM DEBRIS
- [ ] 500 SF
- [ ] X

### Name of Registered Waste Hauler
EARTHWATCH WASTE SYSTEMS

### NJ/DEP Waste Hauler ID No.
464 FRANKLIN STREET

### Cubic Yards of Waste
700

### Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL

### City, State
BUFFALO, NY 14202

### Disposal Date
6/07/18 - 12/30/18

### City, State
HARRISBURG, PA

### Completed by (Print or Type)
BENJAMIN SANCHEZ

### Title
DIRECTOR OF OPERATIONS

### Signature
[Signature]

### Date
02/26/19
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
10 / 5 / 2018

**Name of Building Owner/Operator (2)**
THE VALLEY HOSPITAL

**Street Address**
223 NORTH VAN DIEN AVENUE

**City, State, Zip Code**
RIDGEWOOD, NEW JERSEY 07452

**Name of Contact**
GEORGE GANCOS
**Telephone Number**
201-447-8141

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

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #4</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

**Square Feet**
50,000

**# of Floors**
1

**Bldg. Age**
40+

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

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

**ACSM No.**

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Square Feet**
50,000

**Project Manager for Monitoring Firm**
JIM MIADES

**Telephone Number**
347-435-3591

**License Number**
945-369-7500

**Sched. Completion Date (11)**
30 / 3 / 2019

**Month**
6 / 7 / 2018

**Year**
1101

**City, State, Zip Code**
NEW YORK, NEW YORK 10013

**Street Address**
131 VARICK STREET, SUITE 1022

**Expected State Date (10)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>2018</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>2019</td>
</tr>
</tbody>
</table>

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

**Street Address**
33 SPOOK ROCK ROAD

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

**Name of OSHA Monitor**
EMSL #11506

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

<table>
<thead>
<tr>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>&gt;3SF OR LF</td>
</tr>
<tr>
<td>X &gt;160 SF OR 260 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Is Location normally used solely by Maint/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>X JOINT COMPOUND</td>
<td>COMPLETE</td>
<td>25,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 100 &amp; 101</td>
<td>X CEILING TILES</td>
<td>COMPLETE</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 101 &amp; 102</td>
<td>X VAT &amp; MASTIC</td>
<td>COMPLETE</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>X BOILER INSULATION</td>
<td>COMPLETE</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>X BOILER BREEDING</td>
<td>COMPLETE</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 180</td>
<td>X ROOF HATCH TAR</td>
<td>COMPLETE</td>
<td>2 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>X PIPE INSULATION</td>
<td>COMPLETE</td>
<td>136 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>X FIBERGLASS CEILING INSULATION/GLUEDABS</td>
<td>COMPLETE</td>
<td>17,470 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>X ACM DEBRIS</td>
<td>COMPLETE</td>
<td>500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**ADDITION TO SCOPE:**

**Name of Registered Waste Hauler**
ASBESTOS TRANSPORTATION CO. INC.

**Hauler ID No.**
2 MOURCHES MIDDLE ISLAND ROAD

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

**Address**
SHIRLEY, NEW YORK 11967

**Disposal Date**
6/07/18 - 12/30/18

**City, State**
PLANKFIELD TOWNSHIP, PA

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
10/5/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
9 / 5 / 2018

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA
- [ ] Initial Notification
- [x] Amended Notification #3
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

**Name of Building Owner/Operator (2)**
THE VALLEY HOSPITAL

**Street Address**
223 NORTH VAN DIEN AVENUE

**City, State, Zip Code**
RIDGEWOOD, NEW JERSEY 07452

**Name of Contact**
GEORGE GANCSOS
**Telephone Number**
201-447-8141

**FACILITY INFORMATION**

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

**Street Address**
670 WINTER AVENUE

**City (5)**
PARAMUS
**County (6)**
BERGEN
**County Code (7)**
STATE USE ONLY ASCM No.

**Name of Monitoring Firm**
COLDEN CORPORATION

**Street Address**
131 VARICK STREET, SUITE 1022

**City, State, Zip Code**
New York, NEW YORK 10013

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUDDERN, NEW YORK 10901

**Project Manager for Monitoring Firm**
JIM MIADES
**Telephone Number**
347-435-3561

**Telephone Number**
845-359-7500

**License Number**
1311006

**Expected State Date (10)**
Month Day Year
6 / 7 / 2018

**Sched. Completion Date (11)**
Month Day Year
3 / 30 / 2018

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

**Scope of Work (Check all that apply)**
- [x] Demolition
- [ ] >3SF OR LF
- [x] >160 SF OR 260 LF
- [ ] Renovation

**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</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td><strong>X</strong> JOINT COMPOUND</td>
<td>25,000 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 100 &amp; 101</td>
<td><strong>X</strong> CEILING TILES</td>
<td>1,500 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 101 &amp; 102</td>
<td><strong>X</strong> VAT &amp; MASTIC</td>
<td>1,450 SF</td>
<td>X</td>
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</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td><strong>X</strong> BOILER INSULATION</td>
<td>100 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td><strong>X</strong> BOILER BREECHING</td>
<td>80 SF</td>
<td>X</td>
<td></td>
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<tr>
<td>1ST FLOOR ROOM 190</td>
<td><strong>X</strong> ROOF HATCH TAR</td>
<td>2 SF</td>
<td>X</td>
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<td>ADDITION TO SCOPE:</td>
<td></td>
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<td>136 LF</td>
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</table>

**Name of Registered Waste Hauler**
ASBESTOS TRANSPORTATION CO. INC.

**Hauler ID No.**
1A-371

**Cubic Yards of Waste (700)**

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

**Disposal Date**
6/07/18 - 12/30/18

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

**State of New Jersey**
**FEB 2 6 2019**

**City, State, Zip Code**
SHIRLEY, NEW YORK 11967

**Date**
9/15/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
8 / 1 / 2018

Name of Building Owner/Operator (2)
THE VALLEY HOSPITAL

Street Address
223 NORTH VAN DIEN AVENUE

Name of Contact
GEORGE GANCSOS
Telephone Number
201-447-8141

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
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<td>Cancellation</td>
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<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VALLEY HOSPITAL

Street Address
670 WINTER AVENUE

City (5) PARAMUS
County (6) BERGEN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
COLDEN CORPORATION

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Square Feet
50,000

# of Floors
1

Bldg. Age
40+

Current Use (Prior if being demolished)
ABANDONED

Expected State Date (10)
6 / 7 / 18

Sched. Completion Date (11)
3 / 30 / 19

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

Scope of Work (Check all that apply)

- Demolition
- Renovation
- Full Containment
- Mini Endo
- Glovebag Procedure
- Non-Firable 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 Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>X</td>
<td>JOINT COMPOUND</td>
<td>25,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 100 &amp; 101</td>
<td>X</td>
<td>CEILING TILES</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 101 &amp; 102</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>1,450 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>X</td>
<td>BOILER INSULATION</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 182</td>
<td>X</td>
<td>BOILER BREECHING</td>
<td>80 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR ROOM 180</td>
<td>X</td>
<td>ROOF HATCH TAR</td>
<td>2 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ASBESTOS TRANSPORTATION CO. INC.
2 MORICHES MIDDLE ISLAND ROAD

Cubic Yards of Waste
100

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
6/07/18

City, State
SHIRLEY, NEW YORK 11967

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

Signature

Date
8/27/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
6 / 7 / 2018

**Name of Building Owner/Operator (2)**
THE VALLEY HOSPITAL

**Street Address**
223 NORTH VAN DIEN AVENUE

**City, State, Zip Code**
RIDGEWOOD, NEW JERSEY 07450

**Name of Contact**
GEORGE GANCOS

**Telephone Number**
201-447-8141

### FACILITY INFORMATION

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

**Street Address**
670 WINTER AVENUE

**City (5) City Code (7)**
PARAMUS 10013

**County (8) County Code (7)**
BERGEN 10013

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

**Square Feet**
50,000

**# of Floors**
1

**Bldg. Age**
40+

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

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

**ASCIM No.**

**Name of Abatement Contractor (9)**
PARI ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

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

**Project Manager for Monitoring Firm**
JIM MAIDES

**Telephone Number**
845-369-7500

**License Number**
1101

**Expected State Date (10)**
6 / 7 / 18

**Sched. Completion Date (11)**
3 / 30 / 19

**Name of OSHA Monitor**

**EMLS #11506**

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

**Abatement Performed Outside of Normal Facility Hours - Describe:**
MONDAY - FRIDAY 7AM-3:30 PM

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

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF

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

### Is Location normally used solely by Maint/Custodial Staff (12)

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED</th>
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<tbody>
<tr>
<td>1ST FLOOR THROUGHOUT</td>
<td>Yes N/A</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 100 &amp; 101</td>
<td>X JOINT COMPOUND</td>
</tr>
<tr>
<td>1ST FLOOR ROOMS 101 &amp; 102</td>
<td>X CEILING TILES</td>
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<tr>
<td>1ST FLOOR ROOM 182</td>
<td>X ROOF HATCH TAR</td>
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</table>

**Name of Registered Waste Hauler**
NEWARK CARTING
360 RAYMOND BLVD

**Cubic Yards of Waste**
100

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

**City, State**
NEWARK, NEW JERSEY

**Disposal Date**
6/07/18 - 12/30/18

**Completed by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
6/7/18
Date of Notification (1) 5/1/2018

Name of Building Owner/Operator (2) THE VALLEY HOSPITAL

Street Address 223 NORTH VAN DIEN AVENUE
City, State, Zip Code RIDGEWOOD, NEW JERSEY 07452

Name of Contact GEORGE GANCOSIS Telephone Number 201-447-8141

Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL

Street Address 670 WINTER AVENUE
City, State, Zip Code PARAMUS, BERGEN, NEW JERSEY 07652

Name of Monitoring Firm Hired by Building Owner (4) GOLDEN CORPORATION

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

Square Feet 50,000
# of Floors 1
Bldg. Age 40+

Current Use (Prior if being demolished) ABANDONED

Name of Abatement Contractor (5) PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SUFFERN, NEW YORK 10901

TelephoneNumber 945-369-7500
LicenseNumber 1101

Name of OSHA Monitor EMSL #11506

Street Address 307 WEST 38TH STREET
City, State, Zip Code NEW YORK, NEW YORK

Expected State Date (10) 6/7/18
Sched. Completion Date (11) 3/30/19

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

Scope of Work (Check all that apply)
 Demolition
 >3SF OR LF
 >160 SF OR 260 LF
 Renovation
 Full Containment
 Mini Endo
 Glovebag Procedure
 Non-Firable Procedure

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

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<td>1ST FLOOR ROOM 180</td>
<td>X</td>
<td>ROOF HATCH TAR</td>
<td>2 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler HAULING CARTING
369 RAYMOND BLVD
Newark, NJ 07105

Cubic Yards of Waste 100

Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL

City, State NEWARK, NEW JERSEY

Disposal Date 6/07/18 - 12/30/18

Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature Date 9/15/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69-7 and 12:120-7)

<table>
<thead>
<tr>
<th>State of New Jersey</th>
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<tbody>
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<td>NOTIFICATION OF ASBESTOS ABATEMENT</td>
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<td>(Pursuant to NJAC 8:69-7 and 12:120-7)</td>
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</table>

**Date of Notification (1)**

2 / 21 / 19

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tr>
<td>X</td>
<td>On Hold</td>
</tr>
<tr>
<td>X</td>
<td>EMERGENCY NOTIFICATION</td>
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</tbody>
</table>

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

MERCK SHARP & DOHME CORP.

**Street Address**

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

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

PATRICIA JOHNSON

**Telephone Number**

732-594-7746

**FACILITY INFORMATION**

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- X Other (i.e., private & commcl. bldgs., homes, etc.)

**Square Feet**

8,900

**# of Floors**

1

**Bldg. Age**

39

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

RESEARCH LABORATORY AND OFFICE FACILI

**Name of Abatement Contractor (9)**

PAR ENVIRONMENTAL CORPORATION

**Street Address**

313 SPOOK ROCK ROAD

**City, State, Zip Code**

SUFFERN, NEW YORK 10901

**License Number**

645-395-7500

1101

**Name of OSHA Monitor**

AMERICI LABORATORIES INC

**Name of OSHA Monitor**

#11480

**Street Address**

117 EAST 30TH STREET

**City, State, Zip Code**

NEW YORK, NEW YORK 10016

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

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

**Expected State Date (10)**

2 / 21 / 19

**Month**

2

**Day**

15

**Year**

19

**Sched. Completion Date (11)**

2 / 21 / 19

**Month**

2

**Day**

21

**Year**

19

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

- Demolition
- x Renovation
- Full Containment with Negative Pressure
- Mini Enclo.
- Glovebag Procedure
- Non-Friable Procedure

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

**TO BE ABATED in Facility (13)**

1st FLOOR STORAGE CLOSET

**X DOORS**

**Cubic Yards of Waste**

1

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**Disposal Date**

02/15/2019

**City, State**

LYCOMING COUNTY RESOURCE MANAGEMENT SITE

447 ALEXANDER DRIVE/ROUTE 15

**Name of Registered Landfill**

MONTGOMERY, PA 17752

**Title**

DIRECTOR OF OPERATIONS

**Signature**

[Signature]

**Date**

2/21/19
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<td>ASCM No.</td>
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<tr>
<td>Square Feet</td>
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<tr>
<td># of Floors</td>
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<td>Current Use (Prior to being demolished)</td>
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<td>License Number</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
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<td>City, State, Zip Code</td>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<td>Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM</td>
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<td>Other - Describe:</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>WILLIAM S. KERBEL, CSH</td>
<td>973-729-5694</td>
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<thead>
<tr>
<th>Expected State Date (10)</th>
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<td>2 / 28 /19</td>
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<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>Demolition</td>
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<tr>
<td>&lt;300 SF OR LF</td>
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<td>&gt;1000 SF OR 200 LF</td>
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<tr>
<td>Renovation</td>
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<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini Endo</td>
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<tr>
<td>Glovebag Procedure</td>
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<tr>
<td>Non-Firable Procedure</td>
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<tr>
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<th>Location of Asbestos-containing Material (ACM)</th>
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<tr>
<td>FREEHOLD CARTAGE, INC.</td>
<td>TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td>825 HIGHWAY 33</td>
<td></td>
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<table>
<thead>
<tr>
<th>1st FLOOR STORAGE CLOSET</th>
<th>DOORS</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>L YC O MING COUNTY RESOURCE MANAGEMENT SE</td>
</tr>
<tr>
<td>447 ALEXANDER DRIVE/ROUTE 15</td>
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<table>
<thead>
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<th>Disposal Date</th>
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<td>1</td>
<td>02/15/2019</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tr>
<td>PATRICIA JOHNSON</td>
<td>732-594-7746</td>
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**Signature**

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

Name of Building Owner/Operator (2)
Douglas Fernandez

Name of Contact
Douglas Fernandez

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Douglas Fernandez

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Avenue

City, State, Zip Code
Clifton NJ 07011

License No.
01336

Telephone No.
201-899-9008

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<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>Yes</td>
<td>Vermiculite Insulation</td>
<td>350 SF</td>
</tr>
<tr>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

Abatement Type

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

Name of Registered Waste Hauler
TBD

City, State, Zip Code

Disposal Date
City, State
Morrisville, PA 19067

Completed by
Darko Raloski
Title
Project Manager

Signature
Date
2/15/2019

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-18**

**Date of Notification (1)**

- **February 20, 2019**

**Agencies Notified**

- EPA
- DCA
- DOH
- DEP - No Longer REQUIRED
- DOH

**Notification Type**

- **X** Initial Notification
- Amended Notification #
- Emergency (including justification)
- Canceled

**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**
  - Telephone Number: 848-445-2550

**FACILITY INFORMATION**

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

- MEDICAL SCIENCE BLDG, BLDG# 7257

**Street Address**

- **RBHS NEWARK CAMPUS**

- **City (5) **
  - **NEWARK**

- **County (6)**
  - **ESSEX**

- **County Code (7)**
  - **State Use Only**

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

- **ATC**
  - ASCM No.: 00098

**Street Address**

- **3 TERRI LANE**

**City, State, Zip Code**

- **BURLETON, NJ 08016**

**Project Manager for Monitoring Firm**

- **BRIAN R. KEARNEY**
  - Telephone Number: 609-386-8800

**Scheduled Start Date (10)**

- **03/01/2019**

**Scheduled Completion Date (11)**

- **03/04/19**

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - **X** Other - Describe: Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)

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

- **X** Renovation
- Demolition

- **X** Full Containment with Negative Pressure
- **X** Mini-Enclosure
- **X** Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Frisable Procedure

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

- **G506 B**
  - **X** VAT
  - 515 SF

**Name of Reg. Waste Hauler #1 & 2**

- **See Hauler Below #1 & 2**

**NJDEP Waste Hauler ID #**

- **See Below**

**Cubic Yards of Waste:**

- **10 CY**

**Name of Registered Landfill**

- **G.R.O.W.S. North Landfill**

**Disposal Date**

- **03/04/2019**

**City, State**

- **100 New Ford Mill Rd. Morrisville, Pa 19067 215-765-1700**

**Completed by (Print or Type)**

- **RAYMOND C. PEDALINO**
  - **Title**
    - **SENIOR PROJECT MANAGER**

**Signature**

- **Raymond C. Pedalino**

**Date**

- **February 20, 2019**

**Copies To:**

- Rutgers, REHS, Attn: Mike Smith
- ATC, Attn: Brian Kearney
# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:12-7)

## GAC Project # 060-18

### Date of Notification
February 20, 2019

### Name of Building Owner/Operator
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

### Telephone Number
848-445-2550

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
WOODBURY HALL, BLDG# 8329

### Street Address
DOUGLAS CAMPUS

### City (5)
NEW BRUNSWICK

### County (6)
MIDDLESEX

### County Code (7)
ASCM No.

### County Code (State Use Only)
00098

### Name of Monitoring Firm Hired by Bldg. Owner
ATC

### Street Address
3 TERRI LANE

### City, State, Zip Code
BURLINGTON, NJ 08016

### Project Manager for Monitoring Firm
BRIAN R. KEARNLEY

### Telephone Number
609-386-8800

### Telephone Number
973-482-0477

### License Number
00840

### Name of OSHA Monitor
ENVIROVISION, INC.

### Street Address
20-21 WARGARAW ROAD, BLDG# 35E

### City, State, Zip Code
FAIRLAWN, NJ 07410

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

### Sq. Feet
N/A

### # of Floors
2

### Bldg. Age
60+ years

### Current Use (prior if being demolished)
ACADEMIC

### Name of Contractor
GREENWOOD ABATEMENT CONSULTANTS, INC.

### Street Address
511 MAIN STREET

### City, State, Zip Code
BUTLER, NJ 07405

### Name of Reg. Waste Hauler
See Hauler Below #1 & 2

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

### Cubic Yards of Waste
5 CY

### Disposal Date
03/04/2019

### City, State
100 New Ford Mill Rd, Morrisville, Pa 19067

### 215-738-1700

### Completed by (Print or Type)
RAYMOND C. PEDALINO

### Title
SENIOR PROJECT MANAGER

### Signature

### Date
February 20, 2019

---

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1)  02/22/19

Name of Building Owner / Operator (2)  STEVENS INSTITUTE OF TECHNOLOGY

Street Address  1 CASTLE POINT ON HUDSON

City, State, Zip Code  HOBOoken, NJ 07030

Name of Contact  ROBERT MAFFIA

Telephone Number  201-216-3542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  STEVENS INSTITUTE OF TECHNOLOGY

Street Address  JACOBUS HALL

City (5)  HOBOoken

County (6)  HUDSON

County Code (7)  07030

Square Feet  50,000

Type of Facility (4)

□ School (K-12)

□ Subchapter B (Other than K-12)

□ Other (i.e., private & commercial bldgs., homes, etc.)

Building Age  40+

Current Use (Prior if being demolished)  MULTI PURPOSE

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

ASCM NO.  

Name of Abatement Contractor (9)  NORTHSTAR CONTRACTING GROUP, INC

Street Address  32 Williams Parkway

City, State, Zip Code  East Hanover, NJ 07936

Project Mgr. For Monitoring Firm  MIKE NEHLSEN

Telephone Number  908-668-7800

Sheduled Start Date (10)  03/15/19

Sched. Completion Date (11)  05/30/19

Telephone Number  973-884-8682

License Number  00660

Occupancy Status During Abatement (Check Only 1)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours - Describe:

□ Other - Describe: 8:00AM-6:00PM MON-FRI

Name of OSHA Monitor  NORTHSTAR CONTRACTING GROUP, INC

Street Address  32 Williams Parkway

City, State, Zip Code  East Hanover, NJ 07936

Scope of Work (Check All That Apply)

□ Demolition  □ Renovation  □ Full Containment with Negative Pressure

□ ≥3sf or ≥3fl  □ ≤300 sf or ≤300 ft

□ ≤100 sf or ≤100 ft  □ Mini - Enclosure  □ Glovebag Procedure

□ ≤100 sf or ≤100 ft  □ 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>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR</td>
<td>PIPE &amp; FITTING</td>
<td>R ✧ R ✧ E ✧ E ✧</td>
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<tr>
<td>2ND FLOOR RESTROOMS</td>
<td>MIRROR MASTIC</td>
<td>R ✧ R ✧ E ✧ E ✧</td>
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<td>2ND FLOOR</td>
<td>MASTIC</td>
<td>R ✧ R ✧ E ✧ E ✧</td>
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<tr>
<td>2ND FLOOR</td>
<td>VAT/MASTIC</td>
<td>R ✧ R ✧ E ✧ E ✧</td>
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</table>

Name of Registered Waste Hauler  NORTHSTAR CONTRACTING GROUP, INC

Waste Disposal Hauler ID No.  N.J.D.E.P. Waste Hauler Hauler ID No. 30534

Date of Waste Disposal  CITY OF EAST HANOVER

Name of Registered Landfill  FAIRLESS LANDFILL

City, State  MORRISVILLE, PA

Completed by (Print or Type)  STEVEN STILES  

Title  PROJECT MANAGER

Signature  

Date  02/22/19
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>2ND FLOOR</td>
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<td>☣</td>
<td>VAPOR BARRIER</td>
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<tr>
<td>1ST FLOOR</td>
<td>☣</td>
<td>☣</td>
<td>☣</td>
<td>PIPE &amp; FITTING</td>
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<tr>
<td>1ST FLOOR</td>
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<td>HEAT SHIELD</td>
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<td>1ST FLOOR</td>
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<td>VAPOR BARRIER</td>
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<tr>
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<td>PIPE &amp; FITTING</td>
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<td>☣</td>
<td>CEILING TILE/MASTIC</td>
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<td>☣</td>
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<td>TAR</td>
</tr>
</tbody>
</table>
Date of Notification: 06/07/18

Name of Building Owner / Operator: Mondelēz International
Street Address: 2211 Route 208 North
City, State, Zip Code: Fair Lawn, New Jersey, 07410
Name of Contact: PETER VILLANO
Telephone Number: 201-794-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Mondelēz International
Street Address: 2211 Route 208
City (6): Fair Lawn
County (6): Bergen
County Code (7):
Square Feet: 1,000,000
# Of Floors: 3
Building Age: 40 +
Current Use (Prior if being demolished): Bakery

Name of Monitoring Firm Hired by Bldg. Owner: ASCM NO
Project Mngr. For Monitoring Firm: Eric Houseknecht
Telephone Number: 908-218-1136

Occupancy Status During Abatement (Check Only 1):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Other - Describe: _MON-FRI_ 7:00AM - 3:30PM

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

Location of Asbestos Containing

TO BE ABATED

in Facility

(13)

<table>
<thead>
<tr>
<th>Location</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>2ND FLOOR OVEN#7</td>
<td>ROLLER GASKETS</td>
<td>80 SF</td>
</tr>
<tr>
<td>2ND FLOOR OVEN#7</td>
<td>TRANSITE</td>
<td>100 SF</td>
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<tr>
<td>2ND FLOOR OVEN#7</td>
<td>GASKET</td>
<td>4,000 SF</td>
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<tr>
<td>2ND FLOOR BAKE SHOP</td>
<td>PIPE &amp; FITTING</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJ DEP Waste Hauler ID No. 4509
Name of Registered Landfill: CROWS

City, State: Newark, NJ
City, State: Morrisville, PA 19067

Completed by (Print or Type): Steve Stiles
Title: Project Manager
Signature: 
Date: 02/22/19
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
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<td>PIPE &amp; FITTING</td>
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<td>DC WAREHOUSE</td>
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<td>☑</td>
<td>PIPE &amp; FITTING</td>
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<tr>
<td>1ST FLOOR BAKERY</td>
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<td>PIPE &amp; FITTING</td>
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<tr>
<td>BOILER ROOM</td>
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<td>☑</td>
<td>BOILER JACKET</td>
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<tr>
<td>DC CHARGING AREA</td>
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<td>PIPE &amp; FITTING</td>
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<tr>
<td>BOILER ROOM</td>
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<td>PIPE &amp; FITTING</td>
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<td>☑</td>
<td>PIPE &amp; FITTING</td>
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</tbody>
</table>
Date of Notification (1) 22 / 19
Name of Building Owner/Operator (2) Mr. Joseph Bascio / Job #1608-210

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

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

Street Address [redacted]
City, State, Zip Code Palmyra, NJ 08065
Name of Contact Nick Mullankey
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Property
Street Address [redacted]
City (5) Palmyra
County (6) Burlington

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

Square Feet 1700
# of Floors 2
Bldg. Age 85 +

Current Use (Prior if being demolished) Residential

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

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

Street Address 3859 Sylon Boulevard
City, State, Zip Code Hainesport, NJ 08036

License No. 00862

Phone No. 609-702-0400

Name of OSHA Monitor EMSL Analytical, Inc.

Project Manager for Monitoring Firm Dave Flanigan

Telephone No. 856-848-0800

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

Start Date (10) 3 / 4 / 19
Scheduled Completion Date (11) 3 / 6 / 19

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

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

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

Kitchen

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

Amount (Specify SF or LF)
200 SF

Abatement Type
- Removal
- Repair
- Encapsulation

Location of Registered Waste Hauler
Waste Management
NJDEP Waste Hauler ID No. 17273

Name of Registered Landfill GROWS Landfill

City, State Lafayette, NJ
Disposal Date 3/6/19
City, State Morrisville, PA 19067

Completed By (Print or Type) Kimberly A. Trumbetti
Title Office Coordinator
Signature
Date 2-22-19

ENCL.

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

Date of Notification (1)

2 / 22 / 19

Name of Building Owner/Operator (2)
NJTA / Job #1710-2243

Chk. #5282

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

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

Street Address
1 Turnpike Plaza

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Robert Womelsdorf

Telephone Number
732-442-8600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJTA MUB - E - Hightstown

Street Address
Milepost 67 S - NJ Turnpike

City (5)
East Windsor/Hightstown

County (6)
Mercer

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
20,000

# of Floors
1

Bldg. Age
unknown

Office & Shops

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
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Dave or Steve Flanagan

Telephone No.
856-848-0800

Start Date (10)
3 / 4 / 19

Scheduled Completion Date (11)
3 / 7 / 19

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

Time of Abatement:
AM PM AM PM

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥180 sf or ≥260 If
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Endorse

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

☐ Window Glazing

3 Windows-Whole Component Rem)

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
3/7/19

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kimberly Trumbetti

Title
Office Coordinator

Signature

Date
2-22-19

* Do not use this form for asbestos license exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 9160  
FEB 26 2019

<table>
<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Michaela Fizzari</td>
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<td>DOL</td>
<td>Amendment</td>
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<td>DOH</td>
<td>Cancellation</td>
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<thead>
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<th>City, State, Zip Code</th>
<th>Street Address</th>
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<td>Bloomfield, NJ 07003</td>
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<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tr>
<td>Michaela Fizzari</td>
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</tbody>
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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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</thead>
<tbody>
<tr>
<td>Michaela Fizzari</td>
<td>Other (Private/Commercial Blgs./Homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (7) (State use only)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>(973)696-6869</td>
<td>00378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th>Description of asbestos-containing material (AGM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>VAT &amp; mastic</td>
<td>400 sf</td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;160 sf or &lt;260 if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Containment w/negative pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glovebag procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-friable procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td>5</td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
<td>02/22/2019</td>
</tr>
</tbody>
</table>
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Check # 9161**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/12/2019</td>
<td>New Jersey Institute of Technology</td>
</tr>
</tbody>
</table>

<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></td>
</tr>
<tr>
<td>X DOH</td>
<td>Amendment</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Heights, 333 MLK Blvd.,</td>
<td>Newark, NJ 07102-1982</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew P. Christ, PE</td>
<td>(973) 596-5770</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)
NJIT - Faculty Memorial Hall (NON-Sub 8)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120-142 Bleeker Street</td>
<td>Essex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(973)696-6869</td>
<td>00378</td>
</tr>
</tbody>
</table>

Name of OSHA Monitor
B & G Restoration, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/04/2019</td>
<td>03/22/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>☐ Abatement performed outside of normal facility hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Renovation</td>
</tr>
<tr>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☒ &gt;10 sf or &gt;3 if</td>
</tr>
<tr>
<td>☒ &gt;160 sf or &gt;260 if</td>
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</table>

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>404</td>
<td>☒ VAT</td>
</tr>
<tr>
<td>405</td>
<td>☒ VAT</td>
</tr>
<tr>
<td>407</td>
<td>☒ VAT</td>
</tr>
<tr>
<td>415</td>
<td>☒ VAT</td>
</tr>
<tr>
<td>414 &amp; Room 414A</td>
<td>☒ VAT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Hauler ID</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>19563</td>
<td>03/04/19 - 03/23/19</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary/Treasurer</td>
<td>Gordana Luna</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/22/2019</td>
</tr>
</tbody>
</table>
Date of Notification (1) 2 / 22 / 19

Name of Building Owner/Operator (2)
Verizon Communications

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

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

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

Type of Facility (4)

Type of Notification
Initial
Amended
Emergency (including justification)
Cancellation

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

Amendment #______

Street Address
15 East Montgomery St
Pittsburgh, PA 15212

City, State, Zip Code

Name of Contact
Anthony Porta
Telephone Number
412-633-4021

FACILITY INFORMATION

County Code (7) [STATE USE ONLY]

County (6)
Ocean

Brick

Square Feet +20,800

# of Floors 2

Bldg. Age +50

Name of Monitoring Firm for Monitoring Firm
Kris Smith

Telephone No. 609-313-8218

Project Manager for Monitoring Firm

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: ___PM 5:00PM-1:00AM

Scope of Work (Check all that apply)

>3 sf or >3 if
>160 sf or >260 if
Renovation
Demolition

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

VAT/Mastic

526 SF

VAT/Mastic

120 SF

VAT/Mastic

10 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

NJ/DEP Waste Hauler ID No. 20990

Disposal Date TBD

City, State
WAYNESBURG, OH

Yardley, PA

Completed By (Print or Type)
Dillan DeCaro
Title Estimator

Signature Dillan DeCaro (Gr) Date 2-22-19

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

**GI 19044**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/22/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Twp of Woodbridge, Dept of Public Works</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 Smith Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Woodbridge, NJ 07095</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Dennis Henry</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-738-1311</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>31 Auth Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Iselin</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Environmental Connection</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Bristol Environmental, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>120 North Warren Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08610</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Dominick Dercole</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-392-4200</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 2/26/19 |
| Scheduled Completion Date (11) | 2/27/19 |
| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| Describe: | Facility Occupied During Abatement 7AM to 3:30 PM |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>yes</th>
<th>no</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 150 sq ft or ≥ 260 If</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Elevator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Exempted and Non-Friable Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
</tr>
<tr>
<td>Kitchen &amp; Living Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>Linoleum</td>
<td>250 SF</td>
<td></td>
</tr>
<tr>
<td>Glue Dot Mastic</td>
<td>800 SF</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Yardley, PA</td>
</tr>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>2 Cu Yd</th>
</tr>
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<tbody>
<tr>
<td>Disposal Date</td>
<td>2/27/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Gino Pizzigoni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Dennis Pizzigoni</td>
</tr>
<tr>
<td>Date</td>
<td>2/22/19</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) 2/22/19

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS
Street Address 502 Main Street
City, State & Zip Code Fort Lee, NJ 07024
Name of Contact Johnny De Los Santos
Telephone Number 347-886-6714

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Verizon - Leonia Central Office
Street Address 502 Main Street
City (5) Fort Lee
County (6) Bergen
County Code (7) 

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

Square Feet 20000
# of Floors 3
Bldg. Age

Current Use (Prior if being demolished)

COMMUNICATIONS
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007
Telephone Number 215-788-6040
License Number 00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

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

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

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

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

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

Amount (Specify SF or LF) 2,100 SF
Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
City, State YARDLEY, PA
Completed By (Print or Type) PATRICK T. DeCARO
Title Estimator

Name of Registered Landfill
MINERVA LANDFILL
City, State WAYNESBURG, OH
Disposal Date TBD

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Frangible Procedure

Signature Patrick T. DeCaro
Date 2/22/2019

PD19011
# Notification of Asbestos Abatement

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

**Date of Notification:** 2/22/2019

**Name of Building Owner / Operator:** VERIZON COMMUNICATIONS

**Street Address:** 386 Millburn Avenue

**City, State & Zip Code:** Millburn, NJ 07041

**Name of Contact:** Johnny De Los Santos  
**Telephone Number:** 347-886-6714

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**  
**Verizon - Millburn Central Office**

**Street Address:** 386 Millburn Avenue

**City:** Millburn  
**County:** Essex  
**County Code:** ASCM No.

**Name of Monitoring Firm Hired by Building Owner:** USA ENVIRONMENTAL MANAGEMENT, INC.

**Street Address:** 8436 ENTERPRISE AVE

**City, State & Zip Code:** PHILADELPHIA PA 19153

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

**Scheduled Start Date:** 4/3/2019  
**Scheduled Completion Date:** 4/16/2019

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED 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>Basement HSB/Store room</td>
<td>No</td>
<td>Vat/Mastic</td>
<td>195 SF</td>
<td>Enclose</td>
</tr>
<tr>
<td>Basement Boiler Room</td>
<td>Yes</td>
<td>Vat/Mastic</td>
<td>220 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Basement Air Dryer Room</td>
<td>Yes</td>
<td>Vat/Mastic</td>
<td>250 SF</td>
<td>None</td>
</tr>
<tr>
<td>Basement Ventilating Equip. Room</td>
<td>No</td>
<td>Vat/Mastic</td>
<td>532 SF</td>
<td>None</td>
</tr>
</tbody>
</table>

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

**City, State:** YARDLEY, PA  
**NJDEP Waste Hauler ID No.:** 20990

**Cubic Yards of Waste:** 11

**Name of Registered Landfill:** MINERVA LANDFILL

**City, State:** WAYNESBURG, OH

**Disposal Date:** TBD

**Completed By (Print or Type):** PATRICK T. DeCARO  
**Title:** Estimator  
**Signature:** [Signature]

**Date:** 2/22/2019