State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 5:16)

Date of Notification (1) 22 / 19

Name of Building Owner/Operator (2)
The College of New Jersey / Job #1810-5392 Check #11093

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

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

Street Address
PO Box 7718

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number
609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The College of New Jersey - Forcina Hall

Street Address
2000 Pennington Road

City (5)
Ewing

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

College

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
1805 Atlantic Avenue

City, State, Zip Code
Manasquan, NJ 08736

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Christopher Glowacki

Telephone No.
732-859-0766

Start Date (10) 3 / 11 / 19

Scheduled Completion Date (11) 3 / 29 / 19

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 200 If
- Renovation
- Demolition

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

Yes
No
N/A

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

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

SEE ATTACHED

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SEE ATTACHED

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
10

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

City, State
Lumberton, NJ

Disposal Date
3/29/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
2-22-19

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

Name of facility where abatement is taking place (3)

<table>
<thead>
<tr>
<th>christian delouisa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>clark</td>
</tr>
<tr>
<td>union</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg Owner (8) ASCM No.</td>
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</table>

Type of Facility (4)

| School (K - 12) |
| Subchapter 8 (Other than K-12) |
| Other (Private/Commercial Bldgs./Homes, etc) |

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

| Full Containment w/negative pressure |
| Mini-enclosure |
| Glovebag procedure |
| Non-Exempted (*) and Non-Exempted procedure |

Scope of Work (check all that apply)

| >10 ft or >50 sf |
| Renovation |
| Demolition |

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

| DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM) |
| Amount (Specify SF or LF) |
| Remove Repair Encap |
| X boiler insulation 24 sq ft |

Registered Waste Hauler

| Name of Registered Landfill |
| TULLYTOWN, RESOURCE RECOVERY |

| Cubic Yards of Waste |
| 1 yd. |

Completed by (Print or Type)

| Name of Registered Landfill |
| TULLYTOWN, RESOURCE PA |

| Disposal Date |
| 02/26/19 |

**State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<td>DOH</td>
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<td>DCA</td>
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<table>
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<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

| Name of Building Owner/Operator (2) |
| christian delouisa |
| Street Address |
| clark, nj 07066 |
| Name of Contact |
| clark, nj 07066 |

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
</table>

**ASBESTOS CONTAMINATION**

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

**Notification** (Pursuant to NJAC 860 and 12:120)

**State of NJ**

**Date of Notification (1)**

- [ ] 01/1/11
- [ ] 01/12/11
- [ ] 01/19/11

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

- liam hollander

**Agencies Notified**

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

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

**Address**

- City, State, Zip Code
  - verona, nj 07044

**Telephone Number**

- [blank]

**FACILITY INFORMATION**

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

- liam hollander

**Street Address**

- [blank]

**City (5)**

- verona

**County (6)**

- ccsx

**County Code (7)**

- [State use only]

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

**Type of Facility (4)**

- [ ] School (K - 12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

- [blank]

**# of Floors**

- [blank]

**Bldg. Age**

- [blank]

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

- [ASCM No.]

**Name of Abatement Contractor (9)**

- D & S RESTORATION, INC.

**Street Address**

- 20 California Ave.

**City, State, Zip Code**

- Paterson, NJ 07503

**License Number**

- 973-345-8020 01169

**Name of OSHA Monitor**

- D & S Restoration, Inc.

**Street Address**

- 20 California Avenue

**City, State, Zip Code**

- Paterson, NJ 07503

**Start Date (10)**

- 03/04/19

**Sched. Completion Date (11)**

- 03/29/19

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

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

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

- [ ] >3 sf or >3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [ ] Non-Exempted (*) and Non-Friable procedure

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

- [ ] ground floor kitchen

**Description of asbestos-containing materials (ACM)**

- [ ] duct INSULATION

**Amount (Specify SF or LF)**

- 24 sq ft

**Registered Waste Hauler**

- D & S RESTORATION, INC.

**Registered Waste Hauler ID#**

- 13506

**Cubic Yards of Waste**

- [1 yd.]

**Disposal Date**

- 15

**Name of Registered Landfill**

- TULLYTOWN, RESOURCE RECOVERY

**City, State**

- TULLYTOWN, PA

**Completed by (Print or Type)**

- BOGDAN JOLDZIC

**Title**

- PRESIDENT

**Signature**

- [blank]

**Date**

- 02/21/19

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

Check # 9162

Date of Notification (1)  
12/12/18

Name of Building Owner/Operator (2)  
Tiger Roholt

Street Address  
City, State, Zip Code  
Montclair, NJ 07042

Name of Contact  
Tiger Roholt

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Tiger Roholt

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
Residential

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

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-8869

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check one only)  
Facility closed/vacated during entire period of abatement.

Scope of Work (Check all that apply)  
Renovation

Location of asbestos-containing material to be abated in facility (13)  
Yes  No  N/A

Description of asbestos-containing material (ACM)  
Amount (Specify SF or LF)  
Removal  Repair

Registered Waste Hauler  
B & G Restoration, Inc.

Cubic Yards of Waste  
2

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
03/09/2019

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Date  
02/26/2019
NOTIFICATION OF ASBESTOS ABATEMENT

Pursuant to NJAC 8:60 and 12:120

Date of Notification: 2/26/19

Name of Building Owner/Operator: FEDERAL REALTY INVESTMENT TRUST

Federal Realty Investment Trust, 1626 East Jefferson Street, Rockville, MD 20852

Name of Contact: RIC WOODIE

Telephone Number: 301-998-8286

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: ELLISBURG CIRCLE SHOPPING CENTER

Street Address: 22 NJ RT 70

City: CHERRY HILL

County: CAMDEN

Square Feet: 20,000

Current Use (Prior if being demolished): STORE

Type of Facility: K-12 School

Name of Abatement Contractor: PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address: 2251 Fraley Street

City, State, Zip Code: PHILADELPHIA, PA 19137

Telephone No.: 215-533-5155

License No.: 01166

Name of OSHA Monitor: VERTEX COMPANIES

Start Date: 2/13/19

Scheduled Completion Date: 3/31/19

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours: Yes

Scope of Work: Demolition

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

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

Mastic

Amount (Specify SF or LF): 3,000 SF

Abatement Type: Removal

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.: N/A

Cubic Yards of Waste:

Name of Registered Landfill: MINERVA

City, State: LIBSON, OH

Disposal Date:

Completed by: JENNIFER NIVEN

Title: DIR. OF OPERATIONS

Signature: 2/26/19

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 8:56E)

State of New Jersey

FEB 27 2019

Date of Notification (1)

2 / 22 / 19

Name of Building Owner/Operator (2)
The College of New Jersey / Job #1810-5392 Check #11093

Name of Facility Where Abatement is Taking Place (3)
The College of New Jersey - Forcina Hall

Street Address
2000 Pennington Road

City (5)
Ewing

County (6)
Mercer

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
1805 Atlantic Avenue

City, State, Zip Code
Manasquan, NJ 08736

License No.
00529

End Date (11)
3 / 29 / 19

Name of OSHA Monitor
EMSL Analytical

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement

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

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

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if

- ≥160 sf or ≥260 if

- Renovation

- Demolition

- Full Containment with Negative Pressure

- Mini-Enclosure

- Glovebag Procedure

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

Encourage

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
10

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

City, State
Lumberton, NJ

Disposal Date
3/29/19

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
2-22-19

SEE ATTACHED

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<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Est. Quantity</th>
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</thead>
<tbody>
<tr>
<td>Basement Mechanical Room</td>
<td>Tank Insulation</td>
<td>300 SF</td>
</tr>
<tr>
<td>Basement Mechanical Room</td>
<td>Tank Insulation</td>
<td>60 SF</td>
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<td>Basement Mechanical Room</td>
<td>Tank Insulation</td>
<td>120 SF</td>
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<tr>
<td>Basement Mechanical Room</td>
<td>Tank Insulation</td>
<td>60 SF</td>
</tr>
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<td>Basement Mechanical Room</td>
<td>Tank Insulation</td>
<td>60 SF</td>
</tr>
<tr>
<td>Basement Mechanical Room</td>
<td>Exhaust Pipe Wrap</td>
<td>60 LF</td>
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<td>Basement Mechanical Room</td>
<td>Gaskets</td>
<td>90 Pieces</td>
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<tr>
<td>Basement Mechanical Room</td>
<td>Black Pipe Sealant</td>
<td>5 SF</td>
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ASBESTOS ABATEMENT IN OCCUPIED BUILDINGS

028214- 20