# Notification of Asbestos Abatement

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>2/24/17</th>
</tr>
</thead>
</table>

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

**Type of Notification**
- Initial
- Amended
- Amendment 
- Emergency (Including justifications)
- Cancellation

**City, State, Zip Code**
- PRINCETON, N.J.

**Name of Building Owner/Operator**
- PMETRO
- 98 PETRO

**Name of Facility Where Abatement is Taking Place**
- PRINCETON, N.J.

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

**Square Feet**
- 2,500

**# of Floors**
- 2

**Bldg. Age**
- 50

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

**Name of Monitoring Firm Hired by Building Owner**
- NOSATECH

**ASCM No.**
- 116

**Name of Abatement Contractor**
- NOSATECH

**Telephone No.**
- 732-232-7500

**License No.**
- 00-806

**Street Address**
- P.O. BOX 914

**City, State, Zip Code**
- OLD BRIDGE, N.J. 08857

**Project Manager for Monitoring Firm**
- NOSATECH

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

**Scope of Work (Check All That Apply)**
- 1<=30 sq ft or 31 to 80 sq ft
- 1<=160 sq ft or 161 to 260 sq ft
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**
<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage</td>
<td>X TRANSIT TILE</td>
<td>460 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- NOSATECH

**NUDEP Waste Hauler ID No.**
- 18501

**Cubic Yards of Waste**
- 5

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

**City, State**
- OLD BRIDGE, N.J. 08857

**Disposal Date**
- 3/31/17

**City, State**
- MAGNOLIA, PA

**Completed by**
- CARLOS ALMEIDA

**Title**
- President

**Signature**
- [Signature]

**Date**
- 3/24/17

*Do not use this form for asbestos licensure exempted activity.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/24/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>FERRO BUILDERS /MR. PAT FERRO</td>
</tr>
<tr>
<td>Street Address</td>
<td>35 High St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CRANFORD, N.J. 07016</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>H2 FERRO</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Westfield, N.J. 07090</td>
</tr>
<tr>
<td>County</td>
<td>Union</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732 238-7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00 806</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Novatech Inc</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732 238-7500</td>
</tr>
<tr>
<td>License No.</td>
<td>00 806</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>House</td>
</tr>
</tbody>
</table>

**ASBESTOS CONTROL & LICENSING**

| Project Manager for Monitoring Firm |  |
| Telephone No. |  |
| License No. |  |

**ASBESTOS ABATEMENT INFORMATION**

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>x 23 sf or x 32 if</td>
<td></td>
</tr>
<tr>
<td>x 160 sf or x 260 if</td>
<td>x</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED (18) |  |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |  |
| Amount (Specify SF or LF) |  |

| Basement + 1st Floor | x |  |
| Dock Wrap Insulation | 250 YR | X |

| Name of Registered Waste Hauler | Novatech Inc |
| MDEP Waste Hauler ID No. | 18501 |
| Cubic Yards of Waste | 3 |
| Name of Registered Landfill | C.R.O.W.S. |
| City, State | Old Bridge, N.J. 08857 |
| Disposal Date | 3/31/17 |
| City, State | Harrisville, P.A. |
| Completed by | Carlos AyJeda |
| Title | President |
| Signature |  |
| Date | 2/24/17 |

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

**Date of Notification:** 1/31/2017

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DOA

**Type of Notification:**
- Initial
- Amended
- Amendment
- Emergency (notifying)
- Cancellation

**Name of Building Owner/Operator:** Mike Qiao

**Street Address:**
- City, State, Zip Code: Morristown, NJ 07960

**Name of Contact:** Mike Qiao

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

**City:** Morristown

**County:** Morris

**Name of Monitoring Firm Hired by Building Owner:**
- GSC Services Corp.

**Street Address:**
- 1465 Route 23 South #111

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

**Project Manager for Monitoring Firm:**
- EnviroVision Consultants

**Start Date:** 2/1/17

**Scheduled Completion Date:** 2/2/17

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

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

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

**Scope of Work:**
- A+ S or A+ II

**Location of Asbestos-Containing Material (ACM) to be Abated:**
- Lower Level/Basement

**Description of ACM:**
- VAT

**Amount (Specify SF or LF):** 500sf

**Name of Registered Waste Hauler:**
- GSC Services Corp.

**NDEP Waste Hauler ID No.:** 0036309

**Name of Registered Landfill:**
- TRRF

**City, State:** Wayne, NJ

**Diagnosis Date:**
- City, State: Tullytown, PA

**Completed by:**
- Owner

**Signature:**
- 1/31/17

**Receiving Authority:**
- DOL - 10 Day

**Waiver Approved:**
- FEB 28 2017

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*Do not use this form for asbestos removal exempted activities.*
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 02/22/2017

Agencies Notified
( ) USEPA
( ) NJDEP
( ) NJDOL
( ) NJDOH
( ) NJDCA

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

Name of Building Owner/Operator (2)
Ana Vila

Street Address
Newark, NJ 07105

City, State, Zip Code
Newark, NJ 07105

Name of Contact
Ana Vila

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

City (to) Newark
County Code (7)
Essex
(State Use Only)

ASECM No.
N/A

Name of Contractor (9)
Industrial Safety & Environmental Solutions, Inc.

Street Address
3300 Hudson Avenue
Union City, NJ

City, State, Zip Code
Union City, NJ 07087

Project Manager for Monitoring Firm
David Camacho

Telephone Number
201 325-0055

Scheduled Start Date (10)
02/24/2017

Scheduled Completion Date (11)
02/28/2017

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/ Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -
( X ) Other - Describe: work area in basement will be vacated

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure with Negative Pressure
( ) Glove-bag Procedure or Wrap and cut procedure
( ) Non-Exempt (*) and Non-Friable Procedure

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

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

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

Amount
(Specify SF or LF)

Abatement Type
Removal Repair Encapsulation Endorse

Basement area
X

TSI on pipes

~ 30 LFT
X

Name of Reg. Waste Hauler
Atlas Disposal Options, Inc.

NJDEP Waste Hauler ID #
50452

Cubic Yards of Waste
~ 1

Name of Reg. Landfill
Grand Central Sanitation
1983 Pen Argyl Road

City, State
Dover, NJ 07801

Disp. Date
02/28/2016

Completed by (Print or Type)
David Camacho
Title
Project Supervisor

Signature

Date
02/22/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/24/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MR. HERBERT LETKOWITZ</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>FAIRLAWN, NJ. 07410</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MR. LETKOWITZ</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MR. HERBERT LETKOWITZ</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>FAIRLAWN</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
<td>3500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1945</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
</tr>
</tbody>
</table>

**Project Information**

- **Start Date (10):** 3/13/17
- **Scheduled Completion Date (11):** 3/20/17
- **Occupancy Status During Abatement (Check Only One):**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours
- **Other - Describe:** 8:00AM TO 5:00PM
- **Scope of Work (Check All That Apply):**
  - 3+ sf or 3+ ft
  - 160 sf or 160 ft
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
  - In Facility
- **Existing Location Normally Used Solely by Maintenance/Custodial Staff:**
  - Yes
- **Description of Asbestos Containing Material (ACM):**
  - i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous
- **Amount (Specify SF or LF):**
- **Abatement Type:**
  - Removal
  - Repair
  - Encapsulate
  - Enclosure

**Name of Registered Waste Hauler:**
- **Best Removal Inc**
- **NIIDP Waste Hauler ID No.:** 17109
- **Cubic Yards of Waste:** 1275
- **Name of Registered Landfill:** Minverva Enterprises, LLC
- **City, State:** Waynesburg, OH 44688
- **Disposal Date:** 3/20/17
- **Completed by:** J. Maiorano
- **Title:** Estimator
- **Signature:**
- **Date:** 2/24/17

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

Date of Notification (1)
02/22/17

Name of Building Owner/Operator (2)
Bevin Irvine Builders, Inc.

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

Street Address
1807 Flinderne St.

City, State, Zip Code
Oakhurst, NJ 07755

Name of Contact
Bevin Irvine

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Whitfield Hotel

Street Address
18 Surf Ave

City (5)
Ocean Grove

County (6)
Monmouth

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
n/a

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

Square Feet

# of Floors

Bldg. Age
25+

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

ASCN No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

License No.
01172

Health & Safety Services, Inc.

Street Address
6626 Delilah Road

City, State, Zip Code
Egg Harbor Township, NJ 08234

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

Start Date (10)
2/23/17

Scheduled Completion Date (11)
2/24/17

Scope of Work (Check All That Apply)
☐ ≥ 3 ft or ≥ 3 sf
☐ ≥ 150 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, VA1, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Site Enterprises Inc.

NJDEP Waste Hauler ID No. 0039220

Cubic Yards of Waste 20 cy

Name of Registered Landfill Tullytown Landfill

City, State 6626 Delilah Road Egg Harbor Township, NJ

Disposal Date 2/24/17

City, State Bristol, PA

Completed by
Eric Keys

Title OM

Signature ________________________________

Date 2/22/17

* 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)

Date of Notification (1)
February 24, 2017

Name of Building Owner/Operator (2)
The Valley Hospital

Agencies Notified

☐ EPA
☐ DCA
☐ DOH
☐ NDEP
☐ DOH

Notification Type
Initial Notification
X Amendment # 4
Emergency (including justification)

Name of Facility Where Abatement Is Taking Place (3)
The Valley Hospital
Cheel Wing - Orthopedic Replacement

Street Address
223 North Van Dien Avenue

City (5) County (6) County Code (7)
Ridgewood Bergen

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

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

Street Address
28 Washington Street

License Number
973-492-0477

City, State, Zip Code
Butler, NJ 07405

Name of GSHA Monitor
EMSL inc

Street Address
1056 Stelton Road

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: Phase 1- September 19- 30th Day Shift
Phase 2- November 7- 13th Day Shift
Phase 3- January 3, 2017 - January 12, 2017
Phase 4- February 20, 2017- March 3, 2017
Phase 5- April 10, 2017 - April 22, 2017
Cheel 4th Fl Rm Rm# 4127 & 4128 & Cheel BsmntJanuary 16, 2017-Jan 23, 2017
New Work: Cheel Bsmnt-Rm # B-23, Clinical Support Rm & Storage & Hallway

Name of Project Manager for Monitoring Firm
Jim Miodes

Telephone Number
347.435.3551

Scheduled Start Date (10)
September 19, 2016

Scheduled Completion Date (11)
August 30, 2017

Source of Work (Check all that apply)

☐ > 3 sf or > 3 if
☐ > 160 sf or > 260

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Patient Rooms

Patient Rooms -4127 & 4128
Cheel Bsmnt-Rm # B-3, & Storage
Rm&Hallway

Name of Reg. Waste Hauler

See Hauler Below # 1 & 2
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste

100

Disposal Date
August 30, 2017

City, State, Zip Code
Route 2, Box 88
Bridgeton, NJ 08302

Name of Registered Landfill

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12561

Hauler #2) Newark Carting, Inc. - Newark, NJ 07105, NJ DEP # 19551

Complied by: [Print or Type]
Marin Graure
Title
SENIOR PROJECT MANAGER
Signature
Marin Graure
Date
February 24, 2017

GAC # 2016-581-Please Note: Amendment # 4--Additional Asbestos Material Quantities: Cheel Wing Bsmnt-Rm # B-23, Clinical Support Rm, Storage Rm & Hallway Starts: March 3, 2017 to March 11, 2017
State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)
February 24, 2017

Name of Building Owner/Operator
Bloomfield College

Street Address
467 Franklin Street

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Jack McGarre

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bloomfield College - Schweitzer Hall

Street Address
18 Austin Place

City (5)
Bloomfield

County (6)
Essex

County Code (7)
ASCM No.

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

Type of Facility (4)
☐ School (K-12)
☒ Subchapter 8 (other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: 2,000  # of Floors: 4  Bldg. Age: 50+ years

Current Use (prior if being demolished):

Name of Contractor (6)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
511 MAIN STREET

City, State, Zip Code
Butler, NJ 07405

Telephone Number
973-636-9145

License Number
00840

EMSL Inc.

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, NJ 08854

Source of Work (Check all that apply)

Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure

Tent/Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Remove, Repair, Encap, Enclose

2nd Floor Closet

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
1

Name of Registered Landfill
Meadowfill Landfill

Disposal Date
March 12, 2017

City, State, Zip Code
Route 2, Box 68, Bridgeport, WVA 304-842-2784

Completed by (Print or Type)
Marin Graure

Title
SENIOR PROJECT MANAGER

Signature
Marin Graure

Date
February 24, 2017

GAC # 2017-595
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1): February 23, 2017

Agencies Notified:
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type:
- Initial Notification
- Amended Notification #3
- Add Phase, Work Areas & Quantities
- Emergency (including justification)
- Cancelled

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

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
PISCATAWAY, NJ 08854

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
LIPMAN HALL, BLDG# 6025

Street Address:
COOK CAMPUS

City (5):
NEW BRUNSWICK

County (6):
MIDDLESEX

County Code (7): ASCM No.
(State Use Only): 0098

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

Street Address:
3 TERRI LANE
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm:
BRIAN KARNEY

Telephone Number:
609-386-8800

Scheduled Start Date (10):
02/03/17

Scheduled Completion Date (11):
03/06/17

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe:
  - Schedule: 8AM - 5PM (24 HOURS & WEEKENDS AS NEEDED)
  - Phase I Room 309 - 2/3 & 2/5 Phase I Rooms 318 & 321 Suites 2/24 & 2/25, Phase III Rooms 328 & 331 - TBD

Scope of Work (Check all that apply):
- > 3 sf cr ≥ 3 if
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Location Normally Used Solely by Maint/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>308, 328, 331</td>
<td>YES</td>
<td>NA</td>
<td>1200 SF</td>
<td>X</td>
</tr>
<tr>
<td>318 &amp; 321 Suites</td>
<td>NO</td>
<td>NA</td>
<td>1300 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Req. Waste Hauler:

See Hauler Below #1 & 2

NJDEP Waste Hauler ID #:
See Below

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

Hauler #2: Newark Carting, Inc., Newark, NJ 07106
NJ DEP # 4509

Cubic Yards of Waste: 30 CY

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

Disposal Date:
03/06/2017

City, State:
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Completed by (Print or Type):
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature:
Raymond C. Pedalino

Date:
February 23, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17
Date of Notification (1)
February 3, 2017

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

Name of Contractor
GREENWOOD ABATEMENT CONSULTANTS, INC.

Name of Facility Where Abatement is Taking Place (3)
LIPMAN HALL, BLDG# 6025

Street Address
COOK CAMPUS

City (5)
NEW BRUNSWICK

County (6)
MIDDLESEX

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

ASCM No.
0098

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-366-8800

Scheduled Start Date (10)
02/03/17

Scheduled Completion Date (11)
03/06/17

Occcupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours -
Describe
Other - Describe:
Schedule: 5PM– 5AM (24 HOURS & WEEKENDS AS NEEDED)
Phase I Room 309 - 2/3 - 2/6 Phase II Rooms 328 & 331 - TBD

Scope of Work (Check all that apply)

Renovation
Demolition

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

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

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

Amount (Specify SF or LF)

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

Rooms 309, 328, 331
VAT

1200 SF

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

Cubic Yards of Waste: 15 CY
Name of Registered Landfill G.R.O.W.S. North Landfill

Disposal Date
03/06/2017

City, State
100 New Ford Mill Rd, Morrisville, PA 19067
215-735-1700

Completed by (Print or Type)
RAHAYL C. PEDALINO
Title SENIOR PROJECT MANAGER

Signature Raymond C. Pedalino
Date February 3, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith
and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17
Date of Notification (1) January 27, 2017

Agencies Notified
- EPA
- DCA
- DOL
- DEP- No Longer REQUIRED
- DOH

Notification Type
- Initial Notification
- Amended Notification #1
- New Start & Completion Dates
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
LIPMAN HALL, BLDG# 6025
Street Address
COOK CAMPUS
City (5)
NEW BRUNSWICK County (6)
MIDDLESEX County Code (7)
(State Use Only)

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address
268 MAIN STREET
City, State, Zip Code
BURLINGTON, NJ 08016

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

Scheduled Start Date (10)
02/03/17
Scheduled Completion Date (11)
02/06/17

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Described: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)
- > 3 sf or ≥ 3 f
- > 150 sf or ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (12)
Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA
Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Rooms 309,328,331
VAT
1200 SF

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

Cubic Yards of Waste: 15 CY
Name of Registered Landfill
G.R.O.W.S. North Landfill

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

Disposal Date
02/06/2017
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
Raymond C. Pedalino
Date
January 27, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**Notification of Asbestos Abatement**

**State of New Jersey - Notification of Asbestos Abatement**
*(Pursuant to N.J.A.C. 8:68-7 and 12:120-7)*

**GAC Project # 060-17**

**Date of Notification (1):** January 17, 2017

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

**Street Address:** ENVIRONMENTAL HEALTH & SAFETY DEPT, 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code:** PISCATAWAY, NJ 08854

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

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** LIPMAN HALL, BLDG# 6025

**Street Address:** COOK CAMPUS

**City:** NEW BRUNSWICK **County:** MIDDLESEX **County Code:** (State Use Only) ASCM No. 0098

**Type of Facility (4):**
- Subchapter B (other than K-12)
- Subchapter C (private & commercial buildings, etc.)
- Other (i.e. thermal systems insulation, etc.)

**Sq. Feet:** N/A **# of Floors:** 1 **Bldg. Age:** 80+ years

**Current Use (prior if being demolished):** ACADEMIC

**Name of Contractor (5):** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 20-21 WARGAROW ROAD

**City:** FAIRLAWN, NJ

**Project Manager for Monitoring Firm:** BRIAN KEARNY

**Phone Number:** 609-386-8800

**Occupancy Status During Abatement (Check only one):**
- School (K-12)
- Subchapter B (other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)
- Other - Describe: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work (Check all that apply):**
- 3 sf or ≤ 3 sf
- 160 sf or ≤ 200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

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

**Is Location Normally Used Solely by Maint/Custodial Staff (12):** YES

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, etc.):** VAT

**Rooms 309,328,331:** VAT

**Cubic Yards of Waste:** 15 CY

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

**Disposal Date:** 1/27/2017

**Hauler #1:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405

**NJ DEP # 12561**

**Hauler #2:** Newark Cartage, Inc., Newark, NJ 07109

**NJ DEP # 4509**

**Complied by (Print or Type):** RAYMOND C. PEDALINO **Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino **Date:** January 17, 2017

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearny
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:62 and 12:120)

**Data of Notification (1)** 2/15/2017

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

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

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

**Name of Contact** JAMES MCCABE
**Telephone Number**

**Name of Monitoring Firm Hired by Building Owner (5)** ENVIRONMENTAL TACTICS
**ASCM No.** 0045
**Name of Abatement Contractor (9)** UNIQUE SYSTEMS OF AMERICA
**Street Address** 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm** TOM GEIGER
**Telephone No.** 732-290-2217
**Telephone No.** 732-432-8350
**License No.** 01111
**Name of OSHA Monitor** UNIQUE SYSTEMS OF AMERICA
**Street Address** 396 WHITEHEAD AVE.
City, State, Zip Code SOUTH RIVER, NJ 08882

**Start Date (10)** 2/15/2017
**Scheduled Completion Date (11)** 3/31/2017

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
</table>
| Yes | No | N/A
| Roof | X | ACM Roofing Material | ACM Roofing Material | 7000 SF | X |

**Name of Registered Waste Hauler** WASTE MANAGEMENT
**Waste Management**
**Registered Waste Hauler ID No.** 1125
**Cubic Yards of Waste** 80
**Disposal Date** TBD

**Name of Registered Landfill** GROWS NORTH
**City, State** ELIZABETH, NJ
**City, State** MORRISVILLE, PA

**Completed by** CAROL RAIMO
**Title** OFFICE MANAGER
**Signature** Carol Raimo
**Date** 2/15/2017

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

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

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

Name of Contact:
JAMES McCABE

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

City (5):
BOUND BROOK

County (3):
SOMERSET

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

ASCM No.:
0045

Name of Abatement Contractor (5):
UNIQUE SYSTEMS OF AMERICA

Street Address:
64 BROAD STREET
City, State, Zip Code:
MATAWAN, NJ 07747

Project Manager for Monitoring Firm:
TOM GEIGER
Telephone No.:
732-290-2217

Start Date (10):
2/13/2017
Scheduled Completion Date (11):
2/16/2017

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Roofing Material</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF): 3300 SF

Abatement Type:

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
WASTE MANAGEMENT

Waste Management:
NJDEP Waste Hauler ID No. 1125
City, State:
ELIZABETH, NJ

Disposal Date:
TBD

Completed by:
CAROL RAIMO
Title:
OFFICE MANAGER

Signature:
Carol Raimo
Date: 1/25/2017

* 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) 2/23/2017

Name of Building Owner/Operator (2) 91 Beach Avenue, LLC

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

Street Address  
P.O. Box 7800

City, State, Zip Code  
Hillsborough, NJ 08844

Name of Contact  
Al Sharback  
Telephone Number

FACILITY INFORMATION

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

Street Address  

City (5)  
Bridgewater

County (8)  
Somerset

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9) Unicorn Contracting Corp.

Street Address  
32 Willow Way

City, State, Zip Code  
Woodland Park, NJ 07424

Project Manager for Monitoring Firm  
Telephone No.  

Name of OSHA Monitor  
Enirovision Consultants, Inc.

Street Address  
20-21 Wagaw Rd., Bldg. 35-E

City, State, Zip Code  
Fair Lawn, NJ 07410

Start Date (10) 3/6/17  

Scheduled Completion Date (11) 3/6/17

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

Scope of Work (Check All That Apply)  
[ ] ≥ 500 sf or ≥ 3 floor  
[ ] 160 sf or ≥ 280 sf  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (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): Asbestos Siding/Transite Shingles

Amount (Specify SF or LF) 2,900 SF

Abatement Type  

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

Exterior Walls  

Cubic Yards of Waste  

7+

Name of Registered Waste Hauler  
Unicorn Contracting Corp.

Waste Hauler ID No. 0035844

Disposal Date  
TBD

Name of Registered Landfill  
Fairless Landfill

City, State  
Morrisville, PA

Completed by  
Dimo Golcev  
Title  
General Manager  
Signature  
Date 2/23/2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:53 and 12:129)

Date of Notification (1)
2/27/17

Name of Building Owner/Operator (2)
Avery Koen Residence

Agency/Agency (3)
EPA

Type Notification
Initial

Streel Address

City, State, Zip Code

Name of Contact
Lucy C. L.

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
Avery Koen Residence

Street Address

City (4)
Alenhurst

County (6)
Monmouth

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Licenses No.
732 294 1757 00029

Start Date (10)
3/17/17

Scheduled Completion Date (11)
3/10/17

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:
2/27/17

Scope of Work (Check All That Apply)

Renovation
Demolition

Full Containment with Negative Pressure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Location Normally Used Solely by Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

Amount
(Specify SF or LF)

Abatement Type

Yes
No
N/A

X

8 CF

Crop

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

Waste Hauler ID No.
12086

Cubic Yards of Waste

Name of Registered Landfill
Chirns Landfill

City, State
Colts Neck, New Jersey

Disposal Date
3/17/17

City, State
Easton, PA

Completed by
Bree McGuire

Signed
Secretary Treasurer

* 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)
02/24/17

Name of Building Owner/Operator (2)
Lee Barnes

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

Street Address
City, State, Zip Code
Millington, NJ 09746

Name of Contact
Lee Barnes

FACILITY INFORMATION

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

Street Address

City (5)
Millington

County (6)
Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Competent Supervisor

ASCM No.

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-832-4244

License No.
01155

Start Date (10)
03/07/17

Scheduled Completion Date (11)
03/14/17

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥2260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
120 LF

Abatement Type
Removal
Repair
Encapsulate
Encourage

Name of Registered Waste Hauler
Academy Construction Inc.

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
02/24/17

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

**Date of Notification:** 2/25/17

**Name of Building Owner/Operator:** Mr. Bart Reucki

**Name of Facility Where Abatement is Taking Place:** Mr. Reucki

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

**Square Foot:** 2000

**Number of Floors:** 2

**Building Age:** 1940

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

**ASCM No.:**

**Name of Abatement Contractor:** Best Removal Inc

**Street Address:** 450 South River Street

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

**Telephone No.:** 201-329-7444

**License No.:** 00388

**Name of OSHA Monitor:** Omega Environmental

**Street Address:** 280 Huyler Street

**City, State, Zip Code:** South Hackensack, NJ 07606

**Scope of Work:**
- Full Containment with Negative Pressure
- Demolition
- Glue/Package Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- **Basement:**
  - Thermal Systems Insulation: 1074SF

**Name of Registered Waste Hauler:** Best Removal Inc

**NDDEP Waste Hauler ID No.:** 17109

**Name of Registered Landfill:** Minerva Enterprises, LLC

**Cubic Yards of Waste:**

**Disposal Date:** 3/14/17

**City, State:**
- Hackensack, NJ 07601
- Minerva Enterprises, LLC, Waynesburg, OH 44688

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:**

**Date:** 2/25/17

*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)
02/24/2017

Name of Building Owner/Operator (2)
PMG DPN, LLC

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

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

Street Address
2359 Research Court

City, State, Zip Code
Woodbridge, CA 22192

Name of Contact
Rod Richardson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Gas station (vacant)

Street Address
401 Rl 15 North

City (5)
Wharton

County Code (7)
Morris

County Code (7)
(MORRIS)

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.
973-225-8400

License No.
00104

Start Date (10)
03-07-2017

Scheduled Completion Date (11)
03-09-2017

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

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

Scope of Work (Check All That Apply)
☐ x 3 sf or x 23 sf
☐ x 100 sf or x 2250 sf
☐ x Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)
3,200 SF

Abatement Type

Name of Registered Waste Hauler
Atlantic Carting, Inc

NJDEP Waste Hauler ID No.
75422

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

Disposal Date

City, State
Morrisville, PA

Completed by
Adriana Olejarova

Title
President

Signature

Date
02/24/2017

* 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)
2/25/17

Name of Building Owner/Operator (2)
Jeff and Patty Pines

ASBESTOS CONTROL & LICENSING

Name of Contact
Paul

FACILITY INFORMATION

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

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

City (5)
Bernardsville

Subchapter 8 (Other Than K-12)

County (6)
Somerset

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

Name of Monitoring Firm Hired by Building Owner (8)

County Code (7) (STATE USE ONLY)

ASCM No.

Name of Abatement Contractor (9)
Ace Insulation Co., Inc

Street Address
95 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey

Licenses No.
00029

License No.
722 394 1757

Telephone No.

Telephone No.

Start Date (10)
3/6/17

Scheduled Completion Data (11)
3/10/17

Name of OSHA Monitor

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

Start Date

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)
23 sf or 23 if
≥160 sf or ≥260 if

Renovation

Demolition

Full Containment with Negative Pressure

Mist-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes

No

N/A

Description of Asbestos Containing Material (ACM)

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

Name of Registered Waste Hauler
Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.
12086

Cubic Yards of Waste

Name of Registered Landfill
Chirns Landfill

Disposal Date
3/10/17

City, State
Easton, PA

Completed by
Bree McGuire

Title
Secretary Treasurer

Signature

Date
3/25/17

* 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:** 2-23-17

**Name of Building Owner Operator:** KPMG, Inc.

**Name of Contact:**

**Street Address:**

**City, State, Zip Code:** Montvale, NJ 07645

**Telephone Number:**

### FACILITY INFORMATION

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

75 Chestnut Ridge Road

**City:** Montvale

**County:** Bergen

**County Code:** 0717E

**Type of Facility:**

- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [ ] Other (ie private & commercial buildings, homes, etc)

**Square Feet:**

35,000

**# of Floors:**

3

**Bldg. Age:**

60 yrs.

**Current Use (Prior of being demolished):**

vacant

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

Whitestone Associates, Inc.

**ASCN No.:**

**Name of Abatement Contractor:**

Plymouth Environmental Co., Inc.

**Street Address:**

923 Haws Avenue

**City, State, Zip Code:** Norristown, PA 19401

**Telephone No.:** 610-239-9920

**License No.:** 00398

**Start Date:**

2-25-17

**Scheduled Completion Date:**

3-10-17

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other

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

- [ ] 23 sf or 23 ft
- [x] 250 sf or 250 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag Procedure
- [ ] Non-Exempted, 1% and Non-Erasable Procedures

### ASCN INFORMATION

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

<table>
<thead>
<tr>
<th>Location of ACM To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff?</th>
<th>Description of ACM (ie thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>VAT &amp; mastic</td>
<td>750 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement &amp; First Floor</td>
<td>x</td>
<td>Ceramic tile &amp; mastic</td>
<td>2,040 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>Roof flashing</td>
<td>180 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Newark Carting

**NJDEP Waste Hauler ID No:**

4509

**Cubic Yards of Waste:**

5

**Name of Registered Landfill:**

Minerva Landfill

**City, State:**

Newark, NJ

**Disposal Date:**

3-10-17

**City, State:**

Waynesburg, OH

**Complied by:**

James Kelly

**Title:**

President

**Date:**

2-23-17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/22/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lynn Karash 973-809-2012</td>
</tr>
<tr>
<td>Street Address</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rozanna Lockman</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Private House</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paramus, NJ 07652</td>
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<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
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<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (9)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Towaco, NJ 07082</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>BL Contracting, Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-901-0153</td>
</tr>
<tr>
<td>License Number</td>
<td>01265</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>03/04/17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>03/07/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Other - Describe</td>
<td></td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥ 3 sf or ≥ 3 df</td>
<td>☐</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 sf</td>
<td>☐</td>
</tr>
<tr>
<td>Renovation</td>
<td>☐</td>
</tr>
<tr>
<td>Demolition</td>
<td>☐</td>
</tr>
<tr>
<td>Non Exempted and Non Friable Procedure</td>
<td>☐</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>☐</td>
</tr>
<tr>
<td>Glove bag Procedure</td>
<td>☐</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>☐</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>YES NO NA</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>200 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Remove, Repair, Enclose</td>
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<tr>
<td>Name of Reg. Waste Hauler</td>
<td>NUSD Electric Waste Haulers, Inc.</td>
</tr>
<tr>
<td>Waste Management of Pennsylvania</td>
<td>0036784</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>03/07/17</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>Nedo Vasilic</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Nedo Vasilic</td>
</tr>
<tr>
<td>Date</td>
<td>02/22/17</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):**  
2/23/2017

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

**Street Address:**  
4000 HADLEY ROAD

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

**Name of Contact:** JAMES MCCABE

**Telephone Number:**

**Facility Information**

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

- **Square Feet:** 3300
- **# of Floors:** 1
- **Bldg. Age:** 40+ 50-70+
- **Current Use (Prior if being demolished):** Golf Pro Shop

**ENVIRONMENTAL TACTICS**

- **Name of Monitoring Firm Hired by Building Owner (8):** ASGM No. 0045
- **Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA

- **Street Address: 64 BROAD STREET**
- **City, State, Zip Code:** MATAWAN, NJ 07747
- **Telephone No.: 732-290-2217**
- **License No.: 01111**

**Start Date (10):** 2/13/2017  
**Scheduled Completion Date (11):** 2/23/2017

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

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

- **Location normally Used Solely by Maintenance/Custodial Staff? (12):** No
- **Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** ACM roofing material
- **Amount (Specify SF or LF):** 7000 SF
- **Abatement Type:** Full Containment with Negative Pressure Encapsulate

**Name of Registered Waste Hauler:**

- **Name of Registered Landfill:** GROWS NORTH
- **Disposal Date:** TBD

**Completed by:** CAROL RAIMO  
**Title:** OFFICE MANAGER  
**Signature:**

---

*Do not use this form for asbestos licensure exempted activities.*
### Date of Notification (1)
2/23/17

### Name of Building Owner / Operator (2)
VERIZON COMMUNICATIONS

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

### Type Notification
- **Initial**
- **Amended**
- **Emergency**
- **Cancellation**

### Street Address
15 East Maple Avenue

### City, State & Zip Code
Merchantville, New Jersey

#### Name of Contact
ALEX BAYLOR

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Merchantville Central Office

#### Street Address
15 East Maple Avenue

#### City (5)
Merchantville

#### County (6)
Camden

#### 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
33100

#### # of Floors
4

#### Bldg. Age
70

### Current Use (Prior if being demolished)

#### Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

#### Street Address
1123 BEAVER STREET

#### City, State & Zip Code
BRISTOL, PA 19007

#### Project Manager for Monitoring Firm
MARK JENKINS

#### Telephone Number
215-365-5810

#### Scheduled Start Date (10)
March 17, 2017

#### Scheduled Completion Date (11)
March 21, 2017

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

#### Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition

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

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

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

#### Amount (Specify SF or LF)
- 28 LF
- 5 SF

#### Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

### Name of Registered Waste Hauler
SERVICETRANSPORT GROUP, INC.

#### NJDEP Waste Hauler ID No.
20990

#### Cubic Yards of Waste
2

#### Name of Registered Landfill
MINERVA LANDFILL

#### City, State
WAYNESBURG, OH 44683

#### Disposal Date
TBD

#### Completed By (Print or Type)
PATRICK T. DeCARO

#### Title
Estimator

#### Signature
Patrick T. DeCaro /J

#### Date
2/23/17

PD17014
Date of Notification (1) 2/23/17

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

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

Street Address
789 Wayside Avenue

City (5)
Neptune

County (6) County Code (7)
Monmouth

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

Square Feet 24910 # of Floors 2 Bidg. Age 70

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
MARK JENKINS

Telephone Number 215-365-5810

Scheduled Start Date (10) March 13, 2017

Scheduled Completion Date (11) March 24, 2017

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 PM - 1:30 AM)
□ Facility Occupied During Abatement

Scope of Work (Check all that apply)

□ ≥ 3 sf or ≥ 3 if
□ ≥ 160 sf to ≥ 280 sf
□ Demolition
□ Renovation

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?

<table>
<thead>
<tr>
<th>Name of Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Mechanical Room #1</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Vat/mastic</td>
<td>450 SF</td>
</tr>
<tr>
<td>Basement Mechanical Room #2</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Vat/mastic</td>
<td>500 SF</td>
</tr>
<tr>
<td>Basement Stairwell</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Vat/mastic</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste 10

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date TBD

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type) PATRICK T. DeCARO

Title Estimator

Signature Patrick T. DeCARO

Date 2/23/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 02 / 24 / 17

Name of Building Owner/Operator (2)
Public Service Electric and Gas Company

Street Address
80 Park Plaza
City, State, Zip Code
Newark, NJ 07102

Name of Contact
Ronald Meloski
Telephone Number

FACILITY INFORMATION

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

Street Address
319 Knickerbocker Avenue
City (5)
Hillsdale
County (6)
Bergen
County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Omega Environmental Services
ASCM No. 00120

Name of Abatement Contractor (9)
Unipro, Inc.

Street Address
280 Huiler Street
City, State, Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo
Telephone No. 201-489-8700

License No. 00615

Start Date (10) 03 / 06 / 17
Scheduled Completion Date (11) 05 / 31 / 17

Occuancy 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)

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Floor- Dojo A,B and D</td>
<td>Yes</td>
<td>VAT</td>
<td>3,000 SF</td>
<td>Removal</td>
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<tr>
<td>1st Floor- Back Storage Room</td>
<td>No</td>
<td></td>
<td>400SF</td>
<td>No</td>
</tr>
<tr>
<td>1st Fl- Command Radio &amp; Laurel</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>1,200 SF</td>
<td>No</td>
</tr>
<tr>
<td>1st Fl. Command Radio Space</td>
<td>No</td>
<td>Spray-on Fireproofing</td>
<td>500 SF</td>
<td>No</td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler
Horwitz Trucks, Inc.
NJDEP Waste Hauler ID No.
PA-AH0176
Cubic Yards of Waste As Needed
Grows North Landfill

City, State
Northampton, PA
Disposal Date
TBD

Completed By (Print or Type)
David Tolchin
Title
President
Signature
David Tolchin
Date
2-24-17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13)</th>
<th>319 Knickerbocker Avenue</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>1st Floor- Boiler Room/Bathroom</td>
<td>X Transite Pipe</td>
<td>40 LF</td>
</tr>
<tr>
<td>Upper and Lower Roof</td>
<td>X Roof Flashing</td>
<td>530 SF</td>
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<tr>
<td>Garage Roof</td>
<td>X Roofing Material/Flashing</td>
<td>1,032 SF</td>
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<tr>
<td>2nd Floor- Dojo Room B &amp; D</td>
<td>X Tar Vapor Barrier</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>2nd Floor- Dojo Room C</td>
<td>X VAT</td>
<td>2,500 SF</td>
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</tbody>
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Completed by: (Print or type)  
David Tolchin  
Title: President  
Signature:  
David Tolchin  
Date: #####  

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 AND 12:120  
7)  
CONTINUATION SHEET  
ASBESTOS CONTROL & LICENSING  
FEB 28 2017  
RECEIVED
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 02 / 24 / 17

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

**Address:**
East State Street
City, State Zip Code: Trenton, NJ 08611

**Name of Contact:**
Eric Carroll

## FACILITY INFORMATION

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

**Street Address:**
241 3rd Street

**City (5):**
Trenton

**County (6):** Mercer

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

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**ACSM No.:**

**Name of Abatement Contractor (9):**
ALL PRO MANAGEMENT LLC

**Street Address:**
27 Outwater Lane

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

**Telephone No.:** 973-494-3762

**License No.:** 973-928-4888

**Name of OSHA Monitor:**
ALL PRO MANAGEMENT LLC

**Street Address:**
27 Outwater Lane

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

**Telephone No.:**
973-928-4888

**License No.:** 1188

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

### Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 360 sf
- ≥ 150 sf or ≥ 2600 sf or ≥ 10,000 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normaly Used Solely by Maintenance/Custodial Staff? (12)</th>
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</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Yes</td>
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<tr>
<td>Main Floor</td>
<td>No</td>
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### Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing Material (Unsafe)</td>
<td>5,000 SF</td>
<td>Cured</td>
</tr>
<tr>
<td></td>
<td>500 LF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>ATC</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SW-24310</td>
<td>As Needed</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

**City, State:**
Waynesburg, OH

**Disposal Date:**
TBD

**Title:**
Project Manager

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

**Signature:**

**Date:** 2 / 24 / 17

---

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

Date of Notification (1)
01/12/17

Name of Building Owner/Operator (2)
CAROL VAN HOUTEN

Street Address

City, State, Zip Code
BLOOMFIELD, NJ, 07003

Name of Contact
CAROL VAN HOUTEN

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
CAROL VAN HOUTEN

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

ASCM No.

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

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

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
03/13/17

Sched. Completion Date (11)
03/24/17

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: NORMAL HOURS

Scope of Work (check all that apply)
□ >2 sf or >2 ft
□ Renovation
□ >160 sf or >260 ft
□ 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)

Amount (Specify SF or LF)

Removal
Repair
Enclosure
Enclosure

BASEMENT
PIPE INSULATION
88.1 ft

BASEMENT
chimney thimble packing
2 sq ft

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

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
03/14/17

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Date
02/21/2017
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
**(Pursuant to NJAC 8:60 and 12:120)**

**Date of Notification (1):** 2/21/2017

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

**Residence:**

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

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

**Street Address:**

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

**Name of Contact:**

**Telephone Number:**

---

## FACILITY INFORMATION

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

**Residence:**

**City (5):** Union

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

**Square Feet:** 1300

**# of Floors:** 2

**Bldg. Age:** 90

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

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

---

## Name of Monitoring Firm HIRED by Building Owner (8): A. Seine Lighthouse Solutions

**ASCM No.:**

**Name of Abatement Contractor (9): Brinks Tank Services**

**Street Address:** 1256 Liberty Avenue

**City, State, Zip Code:** Hillside, NJ 07205

**Telephone No.:** 844-462-7465

**License No.:** 01316

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:** South Orange, NJ 07079

---

**Start Date (10):** 3/7/2017

**Scheduled Completion Date (11):** 3/14/2017

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

---

**Scope of Work (Check All That Apply):**
- [x] ≥ 3 sf or ≥ 3 if
- [ ] ≥160 sf or ≥280 if
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility (12):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>X</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>pipe - elbows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50lf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Newark Carting

**NJD& Whitney Waste Hauler ID No.:** 04509

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

Waste Management Landfill

**City, State:** Penn Argyle, PA

**Disposal Date:**

**Completed by:**

Allison Lemers

**Title:** Office Manager

**Signature:**

**Date:** 2/21/2017

---

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

Date of Notification (1):
02/12/17

Name of Building Owner/Operator (2):
Leslie Sullivan

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

Type Notification:
- Initial
- Amendment:
- Emergency
- Cancellation

City, State, Zip Code:
WESTFIELD, N.J. 07090

Name of Building Owner/Operator:
Leslie Sullivan

Facility Information:

Name of Facility where Abatement is Taking Place (3):
Leslie Sullivan

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

Current Use (Prior if being demolished):

Square Feet:

# of Floors:

Bldg. Age:

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

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

Project Manager for Monitoring Firm:

Start Date (10):
03/06/17

Scheduled Completion Date (11):
03/20/17

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>PIPE INSULATION</td>
<td>27 ft</td>
</tr>
<tr>
<td>BASEMENT crawl</td>
<td></td>
<td>PIPE INSULATION</td>
<td>28 ft</td>
</tr>
<tr>
<td>BASEMENT bare</td>
<td></td>
<td>BARE HEATING PIPES</td>
<td>50 ft</td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID:
13506

Cubic Yards of Waste:
12 yds

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
Paterson, NJ 07503

Disposal Date:
03/07/17

Compieted By (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
02/22/17

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

Date of Notification (1)
0 12/1 1/17

Name of Building Owner/Operator (2)
DAVID WASSERMAN

Cities, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
DAVID WASSERMAN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

DAVID WASSERMAN

Street Address

City (5) County (6) County Code (7) (State use only)
Fair Lawn BERGEN

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

Telephone Number
973-345-8020

License Number
01169

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10) Sched. Completion Date (11)
03/15/17 03/31/17

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: NORMAL HOURS

Scope of Work (check all that apply)

□ ≥3 sf or ≥2 if Renovation
□ ≥160 sf or ≥260 if Demolition

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

Yes No N/A Description of asbestos-containing material (ACM)
Amount (Specify SF or LF)

Location
PIE INSULATION 9 LF
BASEMENT rec. RM
PIE INSULATION 12 LF
BASEMENT BY BOILER
PIPE FITTING INSULATION 8 ELBOWS

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506
Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
03/16/17

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
03/16/17

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/23/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 2/23/17

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Agencies Notified

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

Type Notification

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

Street Address

125 W. South Orange Avenue

City, State & Zip Code South Orange, New Jersey

Name of Contact ALEX BAYLOR

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

South Orange Central Office

Street Address

125 W. South Orange Avenue

City (5) South Orange

County (6) Essex

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 36260

# of Floors 4

Bldg. Age 70

Current Use (Prior if being demolished)

COMMUNICATIONS

Name of Monitoring Firm Hired by Building Owner (8)

USA ENVIRONMENTAL MANAGEMENT, INC.

ASCM No.

Name of Abatement Contractor (9)

BRISTOL ENVIRONMENTAL 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

License Number

00509

Name of OSHA Monitor

BRISTOL ENVIRONMENTAL INC

Street Address

1123 BEAVER STREET

City, State & Zip Code

BRISTOL, PA 19007

Scheduled Start Date (10)

March 23, 2017

Scheduled Completion Date (11)

April 7, 2017

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 PM - 1:30 AM)

[ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)

[ ] ≥3 sf or ≥3 ft

[ ] ≥160 sf ≥260 ft

[ ] Renovation

[ ] Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Basement Battery Room

Basement Janitors Storeroom

1st Floor Frame (columns 17 & 20)

Vat/mastic

Vat/mastic

Vat/mastic

Vat/mastic

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste 25

Name of Registered Landfill

MINERVA LANDFILL

City, State

NEW CASTLE, DE 19720

Disposal Date TBD

City, State

WAYNESBURG, OH 44688

Completed By (Print or Type)

PATRICK T. DeCARO

Title

Estimator

Signature

Patrick T. DeCaro

Date 2/23/17
**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>02 / 24 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NY Major Constroction</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1736 55th Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brooklyn, NY 11204</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Sam</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Warehouse |
| Street Address | 300 Hoyt Street |
| City (5) | Kearny |
| County (6) | Hudson |
| County Code (?)(STATE USE ONLY) | |
| Current Use (Prior if being demolished) | Warehouse |
| Square Feet | 25,000 |
| # of Floors | 2 |
| Blgd. Age | 80 |

| Name of Monitoring Firm Hired by Building Owner (6) | Guardian Contracting, Inc. |
| ASCM No. | |
| Name of Abatement Contractor (9) | Guardian Contracting, Inc. |
| Street Address | 1889 Route 9, Unit 61 |
| City, State, Zip Code | Toms River, New Jersey 08755 |

| Project Manager for Monitoring Firm | Nicholas Fernicola |
| Telephone No. | 732-349-9932 |

| Start Date (10) | 02 / 27 / 17 |
| Scheduled Completion Date (11) | 03 / 24 / 17 |

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

| Scope of Work (Check all that apply) | |
| ≥23 sf or ≥3 if | |
| ≥160 sf or ≥260 if | |
| Renovation | |
| Demolition | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exempted (*) and Non-Friable Procedure | |

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

| 1st & 2nd floor | |
| 1st & 2nd floor | |
| boiler room | |
| boiler room | |

| Name of Registered Waste Hauler | Guardian Contracting, Inc. |
| NJDEP Waste Hauler ID No. | 20223 |
| Cubic Yards of Waste | 80 |
| Name of Registered Landfill | T.R.R.F. |
| City, State | Toms River, New Jersey |

| Completed By (Print or Type) | Nicholas Fernicola |
| Title | Project Manager |
| Signature | |
| Date | 2/24/17 |

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf City Ocean</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SafeWay Abatement LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>128 Bartlett Ave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Creek, NJ 08092</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-618-5955</td>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
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</thead>
<tbody>
<tr>
<td>01319</td>
</tr>
</tbody>
</table>

## Scope of Work (Check All That Apply)

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

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1520 SF</td>
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## Waste Management

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timster Trucking Inc</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>21079</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Mears</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Owner- Safeway</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/24/17</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1) February 24, 2017
Name of Building Owner / Operator (2)
AtlantiCare Regional Medical Center – Mainland Division

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment #2
☐ Cancellation

Street Address
65 West Jimmie Leeds Road

City, State & Zip Code
Pomona, NJ 08240

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AtlantiCare Regional Medical Center – Mainland Division

Street Address
65 West Jimmie Leeds Road

City (5)
Pomona, NJ

County Code (7) USE ONLY
Atlantic

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
1600 Route 22 East, Ste 107

City, State & Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Stephen Chernogury

Telephone Number
609-868-7800

License Number
00817

Scheduled Start Date (10) February 13, 2017
Scheduled Completion Date (11) April 10, 2017

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

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 50 if
☒ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

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

IN Facility (13)

Is Location Normally Used Solely by Maintenance 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)

| First Floor | X | Floor Tile | 1,600 SF | X |
| Endo Suite | X | Floor Tile | 4,000 SF | X |

Name of Registered Waste Hauler
Synatech, Inc.

Name of Registered Landfill
NJDEP Waste Hauler ID No. 2642

Cubic Yards of Waste 30

Disposal Date April 11, 2017

City, State
Fairless Hills

Little Egg Harbor, NJ 08087

Completed By
Diane Aioa

Title Executive Administrator

Signature

Date February 24, 2017

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>AtlantiCare Regional Medical Center – Mainland Division</td>
<td>Other (i.e., private &amp; commercial buildings, home, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 West Jimmie Leeds Road</td>
<td></td>
<td></td>
<td>42 Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pomona, NJ</td>
<td>Atlantic</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor**

- Synatech, Inc.

**Project Manager for Monitoring Firm**

- Stephen Cherepany

**Scheduled Start Date**

- February 13, 2017

**Scheduled Completion Date**

- April 10, 2017

**Occupancy Status During Abatement**

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

**Scope of Work**

- Renovation
- Demolition

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

- **IN Facility (13)**
  - First Floor
  - Endo Suite

**Is Location Normally Used Solely by Maintenance or Custodial Staff?**

- Yes
- No
- N/A

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Floor</td>
<td>Floor Tile and Mastic</td>
<td>1,600 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Endo Suite</td>
<td>Floor Tile</td>
<td>4,000 SF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- Synatech, Inc.

**Cubic Yards of Waste**

- 30

**Name of Registered Landfill**

- Fairless Hills

**City, State**

- Little Egg Harbor, NJ 08087

**Disposal Date**

- April 11, 2017

**Completed By**

- Diane Aloia

**Title**

- Executive Administrator

**Signature**

- [Signature]

**Date**

- February 22, 2017

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

**Name of Facility Where Abatement is Taking Place**
- AtlanticCare Regional Medical Center – Mainland Division

**Street Address**
- 66 West Jimmie Leeds Road

**City, State & Zip Code**
- Pomona, NJ 08040

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

**Square Feet**
- 42 Years

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

**Name of Monitoring Firm Hired by Building Owner**
- Hillmann Consulting, Inc.

**Name of Abatement Contractor**
- Synatech, Inc.

**Name of OSHA Monitor**
- Synatech, Inc.

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

**Schedule Start Date**
- February 15, 2017

**Scheduled Completion Date**
- March 13, 2017

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>(i.e., thermal systems, insulation, surfacing, VAT or other miscellaneous)</td>
<td>1,600 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- Synatech, Inc.

**Cubic Yards of Waste**
- 12

**Name of Registered Landfill**
- Fairless Hills

**Disposal Date**
- March 14, 2017

**City, State**
- Morrisville, PA

**Completed By**
- Executive Administrator

**Signature**
- Diane Aloia

**Date**
- February 1, 2017

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:89 and 12:120)

Date of Notification (1): 01/23/2017
Name of Building Owner/Operator (2): Margaret Lesniak

Agencies Notified: [ ] EPA [ ] DEP [ ] DOH [ ] DOL [ ] DCA
Type Notification: [ ] Initial [ ] Amended [ ] Amendment #
[ ] Emergency (Including Justification) [ ] Cancellation

City, State, Zip Code: Summit, NJ 07901
Name of Contact: Margaret Lesniak
Telephone Number: 

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence
Original Address: 
City: (9) Summit
County: (8) Union
County Code (7): (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.
N/A
Name of Abatement Contractor (9): Lilich Corporation
Street Address: 606 McBride Ave
City, State, Zip Code: Woodland Park, NJ 07424

Project Manager for Monitoring Firm: Telephone No.

Start Date (10): 03/13/2017
Scheduled Completion Date (11): 03/14/2017

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

Scope of Work (Check All That Apply):
[ ] 25 sf or 3 sf
[ ] 190 sf or 260 sf
[ ] Renovation
[ ] Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12): 
[ ] Yes [ ] No [ ] N/A
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
pipe insulation
Amount (Specify SF or LF): 100 LF

Name of Registered Waste Hauler: Lilich Corporation
NJDEP Waste Hauler ID No.: 18724
Cubic Yards of Waste:
Name of Registered Landfill: GROWS Landfill
Disposal Date: 
City, State: Morrisville, PA

Completed by: Adriana Olejarova
Title: President
Signature: 
Date: 02/23/2017

Print Form

CH#H590

Receiv

ASBESTOS CONTROL & LICENSING

* 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 (1):
02 / 24 / 17

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

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

Name of Building Owner/Operator (2):
Cate Wright
Street Address

City, State, Zip Code:
Boonton, NJ 07005
Name of Contact:
Cate Wright
Telephone Number

Name of Facility Where Abatement is Taking Place (3): Private house
Street Address

City (5):
Boonton, NJ 07005
County (6):
Morris

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.
Name of Abatement Contractor (9):
Gr Tech LLC
Address
576 Valley Rd #283
Wayne, NJ 07470
Telephone No.
973-638-1777
License No.
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc
Street Address
20-21 Wagabog Road, Bldg. #35E
City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10):
03 / 07 / 17
Scheduled Completion Date (11):
03 / 08 / 17

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

Scope of Work (Check all that apply):
- >3 sf or >3 ft
- >160 sf or >260 ft
- Renovation
- Demolition
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Examined (*) and Non-Removable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):
Basement
Pipe insulation
95 LF

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

Completed By (Print or Type):
N Jevtic
Title: Owner

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

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

Date of Notification (1): February 24, 2017

Name of Building Owner/Operator (2): Bloomfield College

Agency Notified:
- X EPA
- X DCA
- X DEP

Notification Type:
- X Initial Notification
- Amended Certification
- □ Emergency (including justification)
- □ Cancelled

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Bloomfield College - College Hall

Street Address:
171 Liberty Street

City, County Code, (State Use Only):
Bloomfield, Essex

Name of Monitoring Firm Hired to Bldg. Owner (8):
Envirosion, Inc.

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

City, State, Zip Code:
Fairlawn, NJ 07410

Project Manager for Monitoring Firm:
Fred Larson

Telephone Number:
973-636-9145

Scheduled Start Date (10):
March 7, 2017

Occupancy Status During Abatement (Check only one):
Non-Occupied

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

Rooms # 108 & 109

Name of Registered Landfill:
Meadowfil Landfill

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

Abatement Type:
Remove, Repair, Encap, Enclose

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12561

Hauler #2: Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type):
Marin Graue

Title:
SENIOR PROJECT MANAGER

Signature:
Marin Graue

Date:
February 24, 2017

GAC # 2017-595
**State of New Jersey**

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

**Project #**

**Check #** 3708

**Date of Notification (1)**
02/20/2017

**Name of Building Owner/Operator (2)**
National Guard Armory

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

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

**Street Address**
2001 Grove St

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

**Name of Contact**
Ted

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

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

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

**Name of Monitoring Firm HIred by Building Owner (8)**
TTI

**ASCM No.**

**Name of Abatement Contractor (9)**
Nick Restoration LLC

**Street Address**
1253 North Church St

**City, State, Zip Code**
Moorstown, NJ 08057

**Project Manager for Monitoring Firm**

**Start Date (10)**
02/24/2017

**Scheduled Completion Date (11)**
02/27/2017

**Name of OSHA Monitor**
IRIS

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

**Scope of Work (Check All That Apply)**
- 23 sf or 23 ft
- 180 sf or 2260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebox Procedure
- Non-Exempted (*) and Non-Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>✗</td>
<td>TSI</td>
<td>45 LF</td>
<td>✔</td>
</tr>
<tr>
<td>Restroom/Shower</td>
<td>✗</td>
<td>TSI</td>
<td>205 LF</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Nick Restoration LLC

**NJDEP Waste Hauler ID No.**
33782

**Cubic Yards of Waste**
TBD

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

**City, State**
Randolph, NJ 07869

**Disposal Date**
TBD

**Completed by**
Elvira Maida

**Title**
President

**Signature**

**Date**
02/20/2017
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAD 9:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/13/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>National Guard Armory</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ted</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>National Guard Armory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2001 Grove St</td>
</tr>
<tr>
<td>City (8)</td>
<td>Cherry Hill, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Nick Restoration LLC</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1253 North Church St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Moorestown, NJ 08057</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No. (856)840-8800</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>02/24/2017</td>
</tr>
<tr>
<td>Schedued Completion Date (11)</td>
<td>02/27/2017</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>-23 sf or 23 ft</td>
<td>Renovation</td>
</tr>
<tr>
<td>&gt;=100 sf or 2260 ft</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>TSI</td>
<td></td>
</tr>
<tr>
<td>Restroom/Shower</td>
<td>TSI</td>
<td>45 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Nick Restoration LLC</td>
<td></td>
</tr>
<tr>
<td>N.J. DEP Waste Hauler ID No:</td>
<td>33782</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Randolph, NJ 07869</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
<td></td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elvira Mrda</td>
<td>President</td>
<td></td>
<td>02/13/2017</td>
</tr>
</tbody>
</table>

### Type of Facility (4)

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

### Square Feet | # of Floors | Bldg. Age

- 01133

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