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

Date of Notification (1): 1/28/17

Name of Building Owner/Operator (2): M.S. Pritha Gopalan

Name of Facility Where Abatement is Taking Place (3): M.S. Pritha Gopalan

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

Square Feet: 2000

# of Floors: 2

Bldg. Age: 1995

Name of Abatement Contractor (9):
- Best Removal Inc

Street Address:
450 South River Street
Hackensack, NJ 07601

License No.: 00388

Name of Registered Waste Hauler:
- Best Removal Inc

Name of Registered Landfill:
- Minvera Enterprises, LLC

Cubic Yards of Waste: 21/20

City, State, Zip Code:
Hackensack, NJ 07601

Disposal Date: 1/11/17

City, State:
Waynesburg, OH 44688

Completed by:
J. Maiorano

Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM)</th>
<th>Room/Location</th>
<th>ACM Asbestos Identified &amp; Quantified</th>
<th>ACM Asbestos Identified &amp; Quantified</th>
<th>ACM Asbestos Identified &amp; Quantified</th>
<th>ACM Asbestos Identified &amp; Quantified</th>
</tr>
</thead>
</table>
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:120)

**Name of Building Owner/Operator:** Greater Egg Harbor Regional High School

**Address:** 1824 Dr. Dennis Foreman Drive

**City:** Mays Landing NJ 08330

**Name of Contact:** Thomas Grossi

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Oakcrest High School

**Street Address:** 1824 Dr. Dennis Foreman Drive

**City:** Mays Landing NJ 08330

**County:** Atlantico

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

**Square Feet:** 1000+

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

**Type of Abatement Contractor:** Pernaco Inc.

**Street Address:** PO Box 329

**City:** Hammonton NJ 08037

**Telephone No.:** 609-820-9312

**License No.:** 00727

---

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

- **Wet Wrap & Cut**
- Full Containment With Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

**Room 419**

**Description:** Elbow insulation

**Amount (Specify SF or LF):** 6 ft

**Abatement Type:** Wet Wrap & Cut

---

**Name of Registered Waste Hauler:** Pernaco Inc.

**Waste Hauler ID No.:** 21787

**Cubic Yards of Waste:** .5

**Name of Registered Landfill:** Egg Harbor TWP NJ 08334

**Disposal Date:** 12/20/16

**City:** West Berlin NJ

**State:** NJ

**Completed by:** Anthony T Pema

**Title:** President

**Signature:**

**Date:** 12/28/16

---

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

Date of Notification (1) 12/27/16
Name of Building Owner/Operator (2) Dubin Contracting

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

Type Notification Street Address
31 Birch St
City, State, Zip Code
Lakewood, NJ 08701

Name of Contact Mr. Dubin
Telephone Number

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

Street Address [redacted]
City (5) [redacted]
County (6) MONMOUTH
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS

Current Use (Prior if being demolished) home

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

Square Feet 1000  # of Floors 1  Bldg. Age

Project Manager for Monitoring Firm Telephone No.
732-668-9078
License No.

Start Date (10) 01/06/17  Scheduled Completion Date (11) 01/09/17

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)
☐ ≤ 23 sf or ≤ 3 if  ☑ ≥ 160 sf or ≥ 2600 if
☐ Renovation  ☑ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal  ☐ Repair  ☑ Encapsulate  ☐ Enclosure

INTERIOR

Floor Tile 740SF

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

Cubic Yards of Waste 6
Name of Registered Landfill IESI

Disposal Date 01/09/17
City, State NEWARK, NJ BETHLEHEM PA

Completed by JOSEPH PERLSTEIN Title OWNER

Signature Date

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

Date of Notification (1) 12 / 27 / 16
Name of Building Owner/Operator (2) Daniel Vitale

Agencies Notified
☑ EPA
☑ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #____
☐ Emergency (including justification)
☐ Cancellation
Street Address
City, State, Zip Code
Toms River, NJ 08755

Name of Contact
Daniel Vitale
Telephone Number

FACILITY INFORMATION

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

Street Address
Lavallette

City (8)
County (8)
Ocean
County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8) N/A
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
Telephone No.
732-349-9932
License No.
00524

Start Date (10) 12 / 28 / 16
Scheduled Completion Date (11) 12 / 29 / 16
Name of OSHA Monitor
E.M.S.L. Analytical

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

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥23 sf
☒ ≥160 sf or ≥260 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

exterior
asbestos siding 1450 sf

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223
Disposal Date 12/30/16
Name of Registered Landfill T.R.R.F.
City, State
Toms River, New Jersey
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola
Title
Project Manager
Signature

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
12 / 27 /16  

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

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

Type Notification  
- Initial Notification  
- Amended Notification  
- On Hold  
- EMERGENCY NOTIFICATION  

Street Address  
CASTLE POINT ON HUDSON  

City, State, Zip Code  
HOBOKEN, NEW JERSEY 07030  

Name of Contact  
DAVID FERNANDEZ  

Telephone Number  

FACILITY INFORMATION  

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

Street Address  
1 CASTLE POINT TERRACE  
HOBOKEN, NEW JERSEY 07030  

City (5)  
County (6)  
County Code (7)  
(HOSON)  

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

Square Feet  
20,000  

# of Floors  
1  

Bldg. Age  
60  

Current Use (Prior if being demolished)  
Pharm. Lab. COLLEGE/UNIVERSITY  

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION  

Street Address  
313 SPOOK ROCK ROAD  
PARSIPPANY, NEW JERSEY 07054  

City, State, Zip Code  
SUFFERN, NEW YORK 10901  

License Number  
1101  

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL  

Street Address  
1376 ROUTE 9  
WAPPINGERS FALLS, NY 12590  

City, State, Zip Code  

Telephone Number  
845-369-7500  

License Number  
1101  

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL  

Street Address  
1376 ROUTE 9  
WAPPINGERS FALLS, NY 12590  

City, State, Zip Code  

License Number  
1101  

Telephone Number  
845-369-7500  

Quality Environmental  
WAPPINGERS FALLS, NY 12590  

Street Address  
1376 ROUTE 9  
WAPPINGERS FALLS, NY 12590  

City, State, Zip Code  

License Number  
1101  

Telephone Number  
845-369-7500  

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

Scope of Work (Check all that apply)  
- Demolition  
- >3SF OR LF  
- >100 SF OR LF  

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

Is Location normally used solely by Maintenance/Custodial Staff (12)  
Yes  
No  
N/A  

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

Amount (Specify SF or LF)  

Abatement Type  
REMOVAL  
ENCAPSULATION  

1ST FL. POWERHOUSE  
X  
BOILER BREECING  
2,100 SF  
X  

1ST FL. POWERHOUSE  
X  
PIPE INSULATION  
165 LF  
X  

1ST FL. POWERHOUSE  
X  
PIPE FITTING  
100 LF  
X  

1ST FL. POWERHOUSE  
X  
TANK INSULATION  
510 SF  
X  

1ST FL. POWERHOUSE  
X  
PIPE FLANGE GASKET  
25 SF  
X  

EXTERIOR POWERHOUSE  
X  
BOILER BREECING  
200 SF  
X  

TRENCH-EXTERIOR POWERHOUSE  
X  
PIPE INSULATION  
165 LF  
X  

ROOF-POWERHOUSE  
X  
BUILT UP ROOFING  
650 SF  
X  

ROOF-POWERHOUSE  
X  
ROOF MASTIC  
600 SF  
X  

POWERHOUSE EXTERIOR WALL  
X  
FOUNDATION SEAL CAULK  
45 LF  
X  

POWERHOUSE THROUGHOUT  
X  
PIPE INSULATION  
35 LF  
X  

Name of Registered Waste Hauler  
NU DEP Waste Hauler ID No. 22147  

Cubic Yards of Waste  
160  

Name of Registered Landfill  
GROW'S LANDFILL / TULLY TOWN RESOURCE  

City, State  

Disposal Date  

City, State  

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:60-7 and 12:120-7)

FACILITY INFORMATION

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

Address Information
  1 CASTLE POINT TERRACE
  HOBOKEN, NEW JERSEY 07030

Size Information
  Square Feet 20,000
  # of Floors 1
  Bldg. Age 60

Current Use
  Pharm. Lab. COLLEGE/UNIVERSITY

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

Name of Contact  
DAVID FERNANDEZ  
Telephone Number

Abatement Information

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

Expected State Date (10)  
6 / 3 / 16

Expected Sched. Completion Date (11)  
12 / 30 / 16

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

Scope of Work
  X Demolition
  X Renovation
  X Full Containment with Negative Pressure
  X Mini-Enclosure
  X Glovebag Procedure
  X Wrap and Cut
  X 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>
<th>Is Location normally used solely by Maint/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>1ST FL. POWERHOUSE</td>
<td>X Boiler breeching</td>
<td>2,100 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>X Pipe insulation</td>
<td>165 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>X Pipe fitting</td>
<td>100 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>X Tank insulation</td>
<td>510 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>X Pipe flange gasket</td>
<td>25 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>EXTERIOR POWERHOUSE</td>
<td>X Boiler breeching</td>
<td>200 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>TRENCH-EXTERIOR POWERHOUSE</td>
<td>X Pipe insulation</td>
<td>150 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ROOF - POWERHOUSE</td>
<td>X Built up roofing</td>
<td>650 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>ROOF - POWERHOUSE</td>
<td>X Roof mastic</td>
<td>600 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>POWERHOUSE EXTERIOR WALL</td>
<td>X Foundation seam caulking</td>
<td>45 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>POWERHOUSE THROUGHOUT</td>
<td>X Pipe insulation</td>
<td>35 LF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
NJ DEP Waste Hauler ID No. 22147

Disposal Date  
GROWS LANDFILL / TULLYTOWN RESOURCE
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Name of Building Owner/Operator (2)**
The Trustees of Stevens Institute of Technology

**Street Address**
CASTLE POINT ON HUDSON

**City, State, Zip Code**
HOBOKEN, NEW JERSEY 07030

**Name of Contact**
DAVID FERNANDEZ

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
1 CASTLE POINT TERRACE

**City (5)**
HOBOKEN

**County (6)**
HUDSON

**County Code (7)**
99

**Type of Facility (4)**
College/University

**Square Feet**
20,000

**# of Floors**
1

**Bldg. Age**
60

**Current Use** (Prior to being demolished)
Pharm. Lab.

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

**Street Address**
313 SPOOK ROCK ROAD

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

**Project Manager for Monitoring Firm**
VIJAY PATEL

**Telephone Number**
201-398-4544

**Telephone Number**
845-369-7500

**License Number**
1101

**Expected State Date (10)**
6 / 3 / 16

**Scheduled Completion Date (11)**
12 / 30 / 16

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

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

**Scope of Work**

<table>
<thead>
<tr>
<th>Demolition</th>
<th>Renovation</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

**TO BE ABATED**

<table>
<thead>
<tr>
<th>1ST FL. POWERHOUSE</th>
<th>BOILER BREECHING</th>
<th>2,100 SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>PIPE INSULATION</td>
<td>165 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>PIPE FITTING</td>
<td>100 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>TANK INSULATION</td>
<td>510 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FL. POWERHOUSE</td>
<td>PIPE FLANGE GASKET</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR POWERHOUSE</td>
<td>BOILER BREECHING</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>TRENCH-EXTERIOR POWERHOUSE</td>
<td>PIPE INSULATION</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>ROOF-POWERHOUSE</td>
<td>BUILT UP ROOFING</td>
<td>650 SF</td>
<td>X</td>
</tr>
<tr>
<td>ROOF-POWERHOUSE</td>
<td>ROOF MASTIC</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>POWERHOUSE EXTERIOR WALL</td>
<td>FOUNDATION SEAL GAULK</td>
<td>45 LF</td>
<td>X</td>
</tr>
<tr>
<td>POWERHOUSE-THROUGHOUT</td>
<td>PIPE INSULATION</td>
<td>35 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
699 WASHINGTON STREET

**Cubic Yards of Waste**
160

**Name of Registered Landfill**
GROWS LANDFILL / TULLYTOWN RESOURCE

---

**Note:** The document contains a table with detailed information about the asbestos abatement project, including the type of facility, square footage, number of floors, building age, current use, name of the abatement contractor, project manager, telephone numbers, license number, expected state date, scheduled completion date, scope of work, and locations of asbestos-containing material to be abated. The table also includes the name of the registered waste hauler, cubic yards of waste, and name of the registered landfill.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)** 12/27/16

**Name of Building Owner / Operator (2)** Gloucester Township Public Schools

**Street Address** 1000 Davistown Road

Blackwood, NJ 08012

**Name of Contact** Sani Umar

---

**FACILITY INFORMATION**

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

**City (5)** Blackwood

County (6) Warminster

**County Code (7)**

**Street Address** 17 Erle Road

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

---

**Name of Monitoring Firm Hired by Building Owner (8)** Pennoni Associates, Inc.

**Street Address** 515 Grove St.

Haddon Heights, NJ 08035

**City, State & Zip Code**

**Telephone Number** 856-656-2875

**Name of Abatement Contractor (9)** Bristol Environmental, Inc.

**Street Address** 1123 Beaver Street

Bristol, PA 19007

**City, State & Zip Code**

**Telephone Number** (215)788-6040

**License Number** 00509

**Name of OSHA Monitor** Bristol Environmental Inc.

**Street Address** 1123 Beaver Street

Bristol, PA 19007

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – Describe: 10:00 AM - 11PM
- Facility Occupied During Abatement

---

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**1st Floor Hallway and Offices**

- Floor tile

- 950 SF

---

**Name of Registered Waste Hauler** Service Transport Inc.

**NJDEP Waste Hauler ID No.** 20990

**Cubic Yards of Waste** 3 Cu Yd

**Name of Registered Landfill** Minerva Landfill

**City, State**

New Castle, Delaware

**Disposal Date** 12/29/16

**City, State** Waynesburg, OH

**Completed By (Print or Type)** Gino Pizzigoni

**Title** Project Manager

**Signature**

**Date** 12/27/16
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification: 12 / 26 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator: Julia Smith</td>
</tr>
<tr>
<td>Agencies Notified: EPA, DOLWD, DHSS</td>
</tr>
<tr>
<td>Type Notification: Initial</td>
</tr>
<tr>
<td>Street Address: [redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code: Mountain Lakes, NJ 07046</td>
</tr>
<tr>
<td>Name of Contact: Gery Toricello</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**
- Name of Facility Where Abatement is Taking Place: Private house
- Square Feet: [blank]
- # of Floors: [blank]
- Blg. Age: [blank]

<table>
<thead>
<tr>
<th>City: Mountain Lakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Morris</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner: [blank]</td>
</tr>
<tr>
<td>ASCM No: [blank]</td>
</tr>
<tr>
<td>Name of Abatement Contractor: Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address: 576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code: Wayne, NJ 07470</td>
</tr>
<tr>
<td>Telephone No: 973-638-1777</td>
</tr>
<tr>
<td>License No: 01127</td>
</tr>
<tr>
<td>Name of OSHA Monitor: Envirovision Consultants, Inc</td>
</tr>
<tr>
<td>Street Address: 20-21 Wagarow Road, Bldg. #35E</td>
</tr>
<tr>
<td>City, State, Zip Code: Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm:** [blank]  
**Telephone No:** [blank]

| Start Date: 01 / 04 / 16 |
| Scheduled Completion Date: 01 / 06 / 16 |

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bedroom-third floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Ceiling plaster</td>
</tr>
</tbody>
</table>

| Description of Asbestos Containing Material (ACM) |
| i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous |
| Amount (Specify SI or LF) |
| Abatement Type |
| [ ] Removal |
| [ ] Repair |
| [ ] Encapsulate |
| [ ] Enclose |

| Name of Registered Waste Hauler: Gr Tech LLC |
| USEP Waste Hauler ID: 0033785 |
| Cubic Yards of Waste: TBD |
| Name of Registered Landfill: T.R.R.F. Inc |
| City, State: Wayne, NJ 07470 |
| Disposal Date: TBD |
| City, State: Tullytown, PA |

**Completed By:** N. Jevtic  
**Title:** Owner  
**Signature:** [signature]  
**Date:** 12/26/16

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

**Date of Notification (1)**
11-12-17

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

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

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

**Street Address**
[redacted]

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

**Name of Contact**
kevin culilinane

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
[redacted]

**City (5)**
UNION

**County (6)**
UNION

**County Code (7)**
(State use only)

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

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

**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

**Name of OSHA Monitor**

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Scope of Work (check all that apply)**
- [x] 1-3 ft
- [ ] >100 ft or >2600 ft
- [x] Demolition
- [x] Renovation

**Occupancy Status During Abatement (Check only one)**
- [x] Normal Hours
- [ ] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours -
  Describe:

**Start Date (10)**
12/28/16

**Scheduled Completion Date (11)**
01/20/16

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

<table>
<thead>
<tr>
<th>BASEMENT BOILER Rm.</th>
<th>PIPE INSULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] Location normally used solely by maintenance/custodial staff
- [x] Yes
- [ ] No
- [ ] N/A

**Amount (Specify SF or LF)**

**Removal**

**Repair**

**Encapsulation**

**Enclosure**

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NUDEP Hauler ID#**
13356

**Cubic Yards of Waste**
1 yd.

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

**City, State**
PATerson, NJ 07503

**Disposal Date**
12/29/16

**Completed by (Print or Type)**
BOGDAN IOLDZIC

**Title**
PRESIDENT

**Signature**

**Date**
12/28/16
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)  
12/27/16

Name of Building Owner/Operator (2)  
Jared Cumming

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

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

Street Address: [redacted]
City, State, Zip Code: Garwood, NJ
Name of Contact: Jared Cumming

FACILITY INFORMATION

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

City (5)  
Garwood
County (6)  
Union
Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)  
ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive
City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  
Telephone No.  
973-764-2276
License No.  
703

Start Date (10)  
1/5/17
Scheduled Completion Date (11)  
2/2/17

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)  
☑ √30 sf or √30 ft²  
☑ √160 sf or √280 ft²  
☑ √400 sf or √700 ft²  
☑ Renovation  
☑ Demolition  
☑ Full Containment with Negative Pressure  
☑ Mini-Enclosure  
☑ Glovebag Procedure  
☑ Non-Exempted (*) and Non-Friable Procedure

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

Yes  No  N/A  Description of  
Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation,  
surfacing, VAT, or other miscellaneous)

Amount  
(Specify  
SF or LF)
Abatement  
Type

Name of Registered Waste Hauler  
Freehold Cartage  
NJ DEP Waste Hauler ID No.  
15939  
Cubic Yards of Waste  
TBD  
Name of Registered Landfill  
Western Berks Landfill

City, State  
Freehold, NJ  
Disposal Date  
TBD  
City, State  
Birdsboro, PA  
Date  
12/27/16

Completed by  
A. Scott Higgins  
Title  
President  
Signature  

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

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
<th>kevin culmane</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Site</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility where abatement is taking place (3)</th>
<th>kevin culmane</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>County Code (7) (State use only)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Square Feet # of Floors</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (8) | ASBM No. | Name of Abatement Contractor (9) |
| D & S RESTORATION, INC. | | |
| 20 California Ave. | Paterson, NJ 07503 |
| Telephone Number | 973-345-8020 |
| License Number | 01169 |
| Name of OSHA Monitor | D & S Restoration, Inc. |
| Address | 20 California Avenue Paterson, NJ 07503 |
| Telephone Number | 973-345-8020 |

**Start Date (10):** 12/28/16  
**Sched. Completion Date (11):** 01/20/16

- Facility disassembled during entire period of abatement.
- Abatement performed outside of normal facility hours.

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

- Demolition
- Demolition

**Location of asbestos-containing material (ACM) to be located in facility (13):**

- Yes
- No
- N/A

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>451 sq ft</td>
</tr>
</tbody>
</table>

**BASEMENT BOILER ROOM:**

- X

**Registered Waste Handler:**

- D & S RESTORATION, INC.  
- HSED Permit No: 15396  
- Code Type of Waste: 1 lyd

**Name of Registered Handler:**

- TULLY TOWN, RESOURCE RECOVERY

**City, State:**

- TULLY TOWN, PA

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

- BOGDAN J. HOLZEC

**Signature:**

- 12/28/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
12 / 30 / 16

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Landmark Health Care Facilities, LLC

Street Address
839 N. Jefferson Street - Suite 600

City, State, Zip Code
Milwaukee, WI 53262

Name of Contact
William Kemlo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Deborah Heart & Lung - Elichman Pavilion

Street Address
200 Trenton Road

City (5)
Browns Mills

County (6)
Burlington

County Code (7)/STATE USE ONLY

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

Square Feet
30,000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Health Care

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

ASCM No.
102

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

License No.
00647

Telephone No.
215 542 7000

Name of OSHA Monitor
CES

Project Manager for Monitoring Firm
Matthew Z. Kersell

Telephone No.
856 547 0050

Start Date (10)
01 / 10 / 17

Scheduled Completion Date (11)
03 / 10 / 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: 7:00AM-7:00PM/___PM-___AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☐ >150 sf or >260 if
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Window Glazing

☐ ☐ ☐ Exterior Windows

60 LF

Roofing

☐ ☐ ☐ Exterior Roof

25,000

Name of Registered Waste Hauler
Hilltop Enterprises

NDEP Waste Hauler ID No.
3175

Cubic Yards of Waste
60 Yards

Name of Registered Landfill
GROWS Tullytown

City, State
Spring House, PA 19477

Disposal Date
3/1/2017

City, State
Tullytown, PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature
Date

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>12/27/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Ms. Garilyn Piegel</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lynnhurst, NJ 07071</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Residence</td>
</tr>
<tr>
<td>City</td>
<td>Lynnhurst</td>
</tr>
<tr>
<td>County</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7) (STA72 USA code)</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td>12/28/2016</td>
</tr>
<tr>
<td>End Date</td>
<td>12/28/2016</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Abatement, Demolition</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</td>
<td>Yes No NA</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>Basement, 1st Floor, Attic</td>
</tr>
<tr>
<td>Transat Live Pipe</td>
<td>14 LF</td>
</tr>
<tr>
<td>Name of Registered Waste Handler</td>
<td></td>
</tr>
<tr>
<td>Service Transport Group</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>New Castle, DE 19720</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/29/2016</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos-abatement exempted activities.*
## Date of Notification
12 / 27 / 16

## Name of Builder/Operator
Lisa Carco & Jeff Bewkes

## Street Address
City, State, Zip Code
Princeton, NJ 08540

## Name of Contact
Lisa Carco

### FACILITY INFORMATION

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

**Street Address**
100-102 Elm Road

**City (5)**
Princeton

**County (9)**
Mercer

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

**AsCM No.**

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

**Street Address**
3859 Sylon Boulevard

**City, State, Zip Code**
Hainesport, NJ 08036

**Project Manager for Monitoring Firm**
Dave Flanigan

**Telephone No.**
856-848-0800

**License No.**
00862

**Vacant**

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

**Time of Abatement:**

- AM
- PM

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

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

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

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

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

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

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endosulf

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**City, State**
Penn Argyle, PA

**Disposal Date**
1/17/17

**Completed By**
Kimberly A. Trumbetti
Office Coordinator

**Signature**

**Date**
1/27/16

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

| 12 / 30 / 16 |

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

NJSDA

** Agencies Notified**

- [x] EPA
- [x] DOLWD
- [x] DOH
- [ ] DCA (NJAC 5:23-B)

**Type Notification**

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

**Street Address**

32 E Front St
Trenton, NJ 08608

**City, State, Zip Code**

Trenton, NJ 08608

**Name of Contact**


**FACILITY INFORMATION**

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

Abandoned Residential - slated for Demo

**Street Address**

22 S 5th Street

**City (5)**

Harrison

**County (6)**

Hudson

**Square Feet**

3,500

**# of Floors**

3

**Bldg. Age**

50+

**Type of Facility (4)**

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

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

Abandoned Residential Structures - Demo

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

Louis Berger Group

**Name of Abatement Contractor (9)**

ASCN No.

Controlled Environmental Systems

**Street Address**

412 Mt Kemble
Morristown, NJ 07962-1946

**City, State, Zip Code**

Morristown, NJ 07962-1946

**Project Manager for Monitoring Firm**

Bruce Lockwood

**Telephone No.**

201-247-8907

**Telephone No.**

215 542 7000

**License No.**

00847

**Start Date (10)**

1 / 18 / 17

**Scheduled Completion Date (11)**

2 / 28 / 17

**Name of OSHA Monitor**

CES

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/_____PM-_____AM

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

- [x] 23 sf or 23 if
- [x] 160 sf or 2260 if
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag 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/Custodial Staff? (12)**

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

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

Pipe Insulation & Elbows

150 LF

Roofing - Non Friable Exterior

100 SF

**Name of Registered Waste Hauler**

Champion Waste removal

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

2

Name of Registered Landfill

GROWS Tullytown

City, State

City, State

Disposal Date

2/28/2017

Morgantown, PA

**Completed By** (Print or Type)

Patricia Visco

**Title**

Office Manager

**Signature**

**Date**

12/30/2016

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:08-1 and 5:18)

Date of Notification (1) 12 / 29 / 16
Name of Building Owner/Operator (2) NJSDA

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-3)
Type Notification
- Initial
- Amended
- Amendment #______
- Emergency (including justification)
- Cancellation

Street Address 32 E Front St
City, State, Zip Code Trenton, NJ 08609
Name of Contact

Facility Information
Name of Facility Where Abatement is Taking Place (3)
- Abandoned Residential - slated for Demo

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

Square Feet 3,500
# of Floors 3
Bldg. Age 60+

County Code (?)(STATE USE ONLY)
Current Use (Prior to being demolished)
- Abandoned Residential Structures - Demo

Name of Monitoring Firm Hired by Building Owner (5)
Louisa Berger Group

ASCN No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address 1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code Spring House, PA 19477

Project Manager for Monitoring Firm Bruce Lockwood
Telephone No. 201-247-8907

License No. 00547

Start Date (10) 1 / 18 / 17
Scheduled Completion Date (11) 2 / 28 / 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: 7:00AM-5:00PM FM- AM

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

Scope of Work (Check all that apply)
□ 3 sf or 3 ft
□ 160 sf or 200 ft
□ Renovation
□ Demolition

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

□ Yes
□ No
□ N/A

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

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler
Champion Waste Removal

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
GROWS Tullytown
City, State
Disposal Date 2/28/2017
City, State
Morgantown, PA

Completed By (Print or Type) Patricia Visco
Title Office Manager
Signature
Date 12/30/2016

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 8:18)

**Date of Notification (1)**: 12 / 30 / 16  
**Name of Building Owner/Operator (2)**: NJSDA

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

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

**Street Address**: 32 E Front St  
**City, State, Zip Code**: Trenton, NJ 08608

**Name of Contact**: 
**Telephone**: 

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**:  
**Abandoned Residential - slated for Demo**

**Street Address**: 26th S 5th Street  
**City**: Harrison  
**County**: Hudson

**Square Feet**: 3,000  
**# of Floors**: 3  
**Bldg. Age**: 50+

**Name of Monitoring Firm Hired by Building Owner (8)**: Louis Berger Group  
**ASCM No.**:  
**Name of Abatement Contractor (9)**: Controlled Environmental Systems

**Street Address**: 1121 N. Bethlehem Pike - Suite 60  
**City, State, Zip Code**: Spring House, PA 19477

**Project Manager for Monitoring Firm**: Bruce Lockwood  
**Telephone No.**: 201-247-8907

**Start Date (10)**: 1 / 18 / 17  
**Scheduled Completion Date (11)**: 2 / 28 / 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: 7:00 AM - 5:00 PM ( ) PM ( ) AM

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

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Roof</td>
<td>[ ]</td>
<td>Roof Tar</td>
<td>100 SF</td>
</tr>
<tr>
<td>Porch Roof</td>
<td>[ ]</td>
<td>Roofing</td>
<td>100 SF</td>
</tr>
<tr>
<td>Shed Roof</td>
<td>[ ]</td>
<td>Roofing</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: 
**Champion Waste Removal**

**Disposal Date**: 2/28/2017  
**City, State**: Morgantown, PA

**Completed By (Print or Type)**: Patricia Visco  
**Signature**: 

---

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

**Date of Notification:** 12/27/16

**Name of Building Owner/Operator:** PSE&G

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

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

**Street Address:**
- **4000 Hadley Road**
- **City, State, Zip Code:**
- **South Plainfield, NJ 07080**

**Name of Contact:**
- **Dawn Neville**
- **Telephone Number:**

### Facility Information

- **Name of Facility Where Abatement is Taking Place:** Bayway Switching Station
- **Street Address:** 602 Trenton Ave
- **City:** Elizabeth, NJ 07202
- **County:** Union
- **County Code:** N/A
- **Square Feet:** N/A
- **# of Floors:** N/A
- **Building Age:** N/A

**Name of Monitoring Firm Hired by Building Owner:**
- **AGCM No.:** N/A
- **Name of Abatement Contractor:** WRS Environmental Services, Inc.

**Street Address:**
- **17 Old Dock Road**
- **City, State, Zip Code:** Yaphank, NY 11980

**Project Manager for Monitoring Firm:** N/A

**Start Date:** 5/2/16

**Scheduled Completion Date:** 7/31/17

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

- **Other - Describe:** Work performed during ongoing construction

- **Scope of Work (Check All That Apply):**
  - [X] 23,000 ft or 23,000 sf
  - [ ] 160,000 sf or 25,000 sf

### Asbestos Material

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>26KV Switching Yard</td>
<td>X</td>
<td>Transite Pipe (Encased conduit)</td>
<td>2000 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

### Other Information

- **Name of Registered Waste Hauler:**
- **Waste Management Services**
- **N/DEP Waste Hauler ID No.:** 17273
- **Cubic Yards of Waste:** 200

**Name of Registered Landfill:**
- **GROWS Landfill North**

**City, State:** Newark, NJ 07114

**Disposal Date:** TBD

**City, State:** Morrisville, PA 19067

**Completed by:**
- **Pedro Guerra**
- **Title:** Supervisor
- **Signature:**

**Date:** 12/27/16

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>4/16/16</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 Hadley Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dawn Neville</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Bayway Switching Station</td>
</tr>
<tr>
<td>Street Address</td>
<td>602 Trenton Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elizabeth, NJ 07202</td>
</tr>
<tr>
<td>County</td>
<td>Union</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>n/a</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>n/a</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>5/2/13</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/31/13</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>23 ft or 23 ft</td>
<td>x</td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>2KV Switching Yard</td>
<td>x</td>
</tr>
<tr>
<td>Transatel pipe(ancosed conduit)</td>
<td>2000 LF</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated In Facility</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 17273</td>
</tr>
<tr>
<td>Waste Management Services</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>200</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWB Landfill North</td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael DiMarie</td>
</tr>
<tr>
<td>Title</td>
<td>Proj Mgr/Site Supervisor</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4/16/16</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/27/2016</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Barnard Gross</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>DOL</td>
</tr>
<tr>
<td>DEP</td>
<td>DOH</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Op-tech Environmental Services, Inc.</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Former Midland Ross site</td>
</tr>
<tr>
<td>Street Address</td>
<td>Highland Park</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Highland Park NJ 08904</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom Fizzano</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Square Feet | 30,000 |
| # of Floors | N/A |
| Bldg. Age | N/A |
| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Tactics |
| ASCM No. | 0045 |
| Street Address | 64 Broad Street Matawan N.J. 07747 |
| City, State, Zip Code | Matawan N.J. 07747 |
| Project Manager for Monitoring Firm | Thomas P. Gieger |
| Telephone No. | 732-290-2217 |
| Start Date (10) | 12/29/2016 |
| Scheduled Completion Date (11) | 1/20/2016 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Other – Describe: | |
| Scope of Work (Check All That Apply) | Renovation Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes No N/A |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 4760 lf |
| Abatement Type | |
| Expansion Joints in Foundation slab | Expansion joint compound (nf) |

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 27 / 16</td>
<td>MERCK SHARP &amp; DOHME CORP.</td>
<td>128 E. LINCOLN AVENUE, P.O. BOX 2000, RY281-244</td>
<td>RAHWAY, NEW JERSEY 07065</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
<td>Sandra M. Schenk</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCK SHARP &amp; DOHME CORPORATION</td>
<td></td>
<td>7,500</td>
<td>1</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAHWAY</td>
<td>UNION</td>
<td></td>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.</td>
<td>104</td>
<td>PAR ENVIRONMENTAL CORPORATION</td>
<td>313 SPOOK ROCK ROAD</td>
<td>SUFFERN, NEW YORK 10901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
<th>License Number</th>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM S. KERBEL, CIH</td>
<td>973-729-5949</td>
<td>1101</td>
<td>AMERISCI LABORATORIES INC</td>
<td>117 EAST 30TH STREET</td>
<td>NEW YORK, NEW YORK 10016</td>
</tr>
</tbody>
</table>

Expected State Date (Completion Date): 6 / 15 / 17

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>X Renovation</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclo</th>
<th>Glovebag Procedure</th>
<th>Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility</td>
<td>1ST FLOOR - THROUGHOUT</td>
<td>DUCT WORK FLANGES</td>
<td>X</td>
<td>800 LN. FT.</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR - THROUGHOUT</td>
<td>COVE BASE MOLDING</td>
<td>200 LN. FT.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
FREEHOLD, NEW JERSEY

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15</td>
<td>1/8/17-6/15/2017</td>
</tr>
</tbody>
</table>

Completed by (Print or Type): BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature: 
Date: 12/27/16
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
12 / 27 / 16

Agency Notified
☐ EPA
☐ DOLWD
☐ DHS8
☐ DCA (NJAC 5:23-6)

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

Name of Building Owner/Operator (2)
A&H Partnership, LLC

Name of Contact
Kirk Harpell

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Commercial Property

Street Address
69 King Street

City, State, Zip Code
Dover, NJ 07801

Square Feet
217,500
No. of Floors
4
Sld. Age
107

Current Use (Prior to being demolished)
Warehouse

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

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

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Telephone No.
609-702-0400

License No.
00862

Name of Attesting Person
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
1 / 10 / 17

Scheduled Completion Date (11)
1 / 25 / 17

Name of Monitoring Firm (8)
Criterion Laboratories

ASCM No.

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm (8)
Criterion Laboratories

ASCM No.

Scope of Work (Check all that apply)
☐ ≥ 300 sf or ≥ 300 sf
☐ ≥ 1600 sf or ≥ 2600 sf
☐ Renovation
☐ Demolition

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

1st Floor & 2nd Floor - Center

Sections of building
1st Floor & 2nd Floor - Center

Sections of building

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Enclosure

Name of Registered Waste Hauler
N.J. DEP Waste Hauler ID No. 17273

Waste Management

City, State
Lafayette, NJ

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
12-27-2016

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

Date of Notification (1):
12 / 28 / 16

Name of Building Owner/Operator (2):
Levin Management Corporation

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

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

Street Address:
975 US Highway 22 West
North Plainfield, NJ 07080

Name of Contact:
David Tolchin

Telephone Number:

FACILITY INFORMATION

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

Square Feet:


# of Floors:


Bldg. Age:

County Code (7)(STATE USE ONLY):

Current Use (Prior if being demolished):

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

ASCM No.:

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

Street Address:
P.O. Box 1224
Union, NJ

Telephone No.:
973-494-3762

License No.:
1188

Name of OSHA Monitor:

ALL PRO MANAGEMENT LLC

Street Address:
27 Outwater Lane
Garfield, NJ 07026

City, State, Zip Code:
Garfield, NJ 07026

Start Date (10):
01 / 07 / 16

Scheduled Completion Date (11):
01 / 21 / 16

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):
- 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>Layer</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>First Floor</td>
<td>No</td>
<td>Wall Board Joint Compound</td>
<td>3,528 SF</td>
<td>X</td>
</tr>
<tr>
<td>First Floor</td>
<td>X</td>
<td>Mastic</td>
<td>1,100 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No. SW-24310

Cubic Yards of Waste As Needed:

Name of Registered Landfill:
Minerva Enterprises

City, State:
Waynesburg, OH

Disposal Date:
TBD

City, State:
Shirley, NY

Completed By (Print or Type):
Allen Monchik

Title:
Project Manager

Signature:

Date:
12/29/16

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

**Date of Notification (1)**
12-27-2016

**Name of Building Owner/Operator (2)**
Northern Valley Regional High School District

**Street Address**
162 Knickerbocker Road

**City, State, Zip Code**
Demarest, NJ 07627

**Name of Contact**
Tom Mullen

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
150 Knickerbocker Rd

**City (5)**
Demarest

**County Code (7)**
(Bergen)

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

**Square Feet**
40,000 +

**# of Floors**
2

**Bldg. Age**
50+

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

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

**ASCM No. (2)**
00127

**Name of Abatement Contractor (9)**
GL Group, Inc

**Street Address**
140 Hamburg Tpke

**City, State, Zip Code**
Bloomingdale, NJ 07403

**License No.**
01084

**Telephone No.**
(201) 710-9725

**Type of Work (Check All That Apply)**
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditorium Air Handler</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Auditorium Air Handler</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Supply Room Basement</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Fittings</td>
<td>39 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>50 SF</td>
</tr>
<tr>
<td>Asbestos Elbows</td>
<td>16 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
GL Group, Inc

**NJDEP Waste Hauler ID No.**
0033034

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Grand Central Sanitary Landfill

**City, State, Zip Code**
Bloomingdale, NJ

**Completed by**
Elena Solakov

**Title**
President

**Signature**

**Date**
12-27-2016

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:98 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>11 / 28 / 2016</td>
<td>ERE Property Trust</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOH</td>
<td>Amended Amendment # 1</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runyon Property</td>
<td>Unoccupied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Building Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1581 Route 22</td>
<td>1545 Route 22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinton</td>
<td>Hunterdon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>Unoccupied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kleinfelder</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terra Contracting Services, LLC</td>
<td>5100 West Michigan Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(856)-877-0727</td>
<td>01205</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 12 / 2016</td>
<td>12 / 22 / 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Time of Abatement: AM PM PM AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td>8 AM for Thermostat Cleaning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Full Containment with Negative Pressure</td>
<td>2060 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Demolition</td>
<td>Mini-Enclosure</td>
<td>3,995 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>X</td>
<td>Glovebag Procedure</td>
<td>140 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>X</td>
<td>Non-Exempted (1) &amp; Non-Fireable Procedure</td>
<td>256 LF</td>
<td>X X X X X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building &amp; Garage Exterior</td>
<td>Yes</td>
<td>Transite</td>
<td>2060 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>First &amp; Second Floor</td>
<td>No</td>
<td>Joint Compound</td>
<td>3,995 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>No</td>
<td>Floor Tile</td>
<td>140 SF</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Basement/Exterior Windows</td>
<td>No</td>
<td>Air Cell Pipe Insulation/Window Glazing</td>
<td>256 LF</td>
<td>X X X X X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hezmat Environmental Group</td>
<td>1665</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Tons</td>
<td>High Acres Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/21/2016</td>
<td>Fairport, NY</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory G. Moe</td>
<td>Director of Abatement</td>
<td>12/21/2016</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>12 / 22 / 15</th>
</tr>
</thead>
</table>

**Name of Building/Operator:** Ocean Bay Developers  
Job #:1612-2143  
 chk. #:4574

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

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

**Street Address:** 1605 Route 22 West  
**City, State, Zip Code:** Bridgewater, NJ  
**Name of Contact:** Steven Biddle  
**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:** Residential Property

**Street Address:** 119 West Sea Way  
**City:** Lavallette  
**County:** Ocean  
**Square Feet:** 1000  
**# of Floors:** 1  
**Bldg. Age:** 50  
**Current Use (Prior if being demolished):** Vacant

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

**Name of Abatement Contractor:** Asbestos and Mold Services, Corp.

**Street Address:** 3859 Sylon Boulevard  
**City, State, Zip Code:** Hainesport, NJ 08036  
**Telephone No.:** 609-702-0400  
**License No.:** 00862

**Start Date:** 1 / 16 / 17  
**Scheduled Completion Date:** 1 / 17 / 17

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

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

---

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

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

**Extterior**  
- [x] Transite Siding  
- [ ] 600 SF

**Name of Registered Waste Hauler:** Waste Management  
**NJDEP Waste Hauler ID No.:** 17273  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** Grand Central

**City, State:** Lafayette, NJ  
**Disposal Date:** 1/17/17  
**City, State:** Penn Argyle, PA

**Completed By:** Kimberly A. Trumbetti  
**Title:** Office Coordinator  
**Signature:**  
**Date:** 12-28-17

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

Date of Notification (1)
12/29/16

Name of Building Owner/Operator (2)
Township of Wayne

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

Street Address
10 West Rd.

City (5)
Wayne

County (6)
Passaic

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

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

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

Square Feet
1500

Currently Use (Prior if being demolished)
Abandoned

# of Floors
1

Bldg. Age
50+

Name of Registered Waste Hauler
Yannuzzi Group

City, State, Zip Code
Wayne, NJ 07470

City, State, Zip Code
Kinnelon, NJ 07405

License No.
01228

Name of OSHA Monitor
Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Phone No.
908-218-0880

License No.
01228

Name of OSHA Monitor
Yannuzzi Environmental Services

City, State, Zip Code
Kinnelon, NJ 07405

Telephone No.
908-218-0880

License No.
01228

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

Other - Describe:

Search scope (Check All That Apply)
[ ] ≥3 sf or ≥3 if
[ ] ≥180 sf or ≥260 if
[ ] Renovation
[ ] Demolition

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

In Facility (13)

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

Serial No.
NJDEP Waste Hauler ID No. 17467

Cubic Yards of Waste
20

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclose

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

[ ] Roofing
[ ] Flashing

500 sf

50 sf

Name of Registered Landfill
Grows

Disposal Date
1/13/17

City, State
Morrisville PA

Completed by
John Mucha

Title
Project Manager

Signature:

Date
12/29/16

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Township of Wayne</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/29/16</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>475 Valley Rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Wayne, NJ 07470</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Contact: Elaine Kuca</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Abandoned House</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<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>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Environmental Services</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>908-219-0880</td>
</tr>
<tr>
<td>License No.</td>
<td>01228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 2.3 sf or ≥ 2 lf</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 2260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Basement</td>
</tr>
<tr>
<td>Exterior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yannuzzi Group</td>
</tr>
<tr>
<td>NUDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill Grows</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Mucha</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/29/16</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 12/29/16

Name of Building Owner/Operator (2) Gateway Family YMCA

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

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

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

Street Address 1491 Campbell St

City (5) Rahway, NJ

County (6) Union

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

Name of Abatement Contractor (9) Yannuzzi Environmental Services

Street Address 135 Kinnelon Rd suite 102

City, State, Zip Code Kinnelon, NJ 07405

License No. 01228

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 1/16/17

Scheduled Completion Date (11) 1/31/17

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

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥ 31 if
- ≥ 100 sf or 2260 sf

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

Location Normally Used Solely by Maintenance/ Custodial Staff

- Yes
- No

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

Endure

Endure

5 x

45 LF

1167 sf

320 LF

7830 sf

Full Containment with Negative Pressure

Glovebag Procedure

Non-Exempted (*) and Non-Firetile Procedure

Name of Registered Waste Hauler Yannuzzi Group

NJDEP Waste Hauler ID No. 17467

X Cubic Yards of Waste 100

Name of Registered Landfill

Grows City, State

Kinnelon NJ

Completed by John Mucha

Title Project Manager

Signature

Date 10/17/16

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

Date of Notification (1)
12/27/16

Name of Building Owner/Operator (2)
Borough of Raritan

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

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

Streer Address
1 Municipal Dr

City, State, Zip Code
Flemington, NJ 08822

Name of Contact
Robert Bogart

Telephone Number

FACILITY INFORMATION

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

Street Address
401 Tillman St.

City (6)
Raritan NJ

County (6)
Hunterdon

Square Feet
1600

# of Floors
1 1/2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned

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

Name of Abatement Contractor (9)
Yannuzzi Environmental Services

Street Address
135 Kinnelon Rd suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
1/3/17

Scheduled Completion Date (11)
1/6/17

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)
☐ ≥23 sf or ≥3 ft
☒ ≥160 sf or ≥250 ft
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mist-End Focus
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

ENTIRE STRUCTURE

ENTIRE STRUCTURE

Amount (Specify SF or LF)

Description of Asbestos Containing Material (ACM)

Entire Structure

Abatement Type

Endorse

Name of Registered Waste Hauler
Yannuzzi Group

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
100

Name of Registered Landfill
Grows

City, State
Kinnelon NJ

Completed by
John Mucha

Title
Project Manager

Signature

Date
1/6/17

Ass-41 (R-06-06)

Do not use this form for asbestos licensure exempted activities.