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

**Name of Building Owner/Operator**: Sharrone Lawrence  
**Street Address**:  
**City, State, Zip Code**: Jersey City, NJ 07306  
**Telephone Number**: Sharrone Lawrence

### FACILITY INFORMATION

**Name of Facility where Abatement is taking place**: Residential

**Street Address**: N/A

**City, State, Zip Code**:  

**Name of Monitoring Firm Hired by Bldg. Owner**: N/A

**ASCM No.**:  

**Name of Abatement Contractor**: 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.

**Street Address**: 20 California Avenue

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

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

**Start Date**: 01/09/2020  
**Sched. Completion Date**: 01/11/2020

**Scope of Work**: 
- >3 sf or >3 Lf  
- >160 sf or >260 Lf  

**Location of asbestos-containing material (acm) to be abated in facility**:  
- **basement**: Pipe insulation  
- **Cubic Yards of Waste**: 1 yds.

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

**City, State**: TULLYTOWN, PA

**Completed by (Print or Type)**: BOGDAN JOLDZIC  
**Title**: PRESIDENT  
**Signature**:  
**Date**: 01/06/2020

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:18)

---

**Date of Notification (1)**

01 / 07 / 20

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

Saint Barnabas Medical Center

**Address**

94 Old Short Hills Road

**City, State, Zip Code**

Livingston, NJ 07039

**Telephone Number**

908-208-3060

---

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

Saint Barnabas Medical Center

**Street Address**

94 Old Short Hills Rd.

**City (5)**

Livingston

**County (6)**

Essex

**ASCN No.**

N/A

**Name of Abatement Contractor (9)**

MAK-B Pro, Inc.

---

**Type of Facility (4)**

☑ School (K-12)

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

**Square Feet**

500,000

**# of Floors**

4

**Bidg. Age**

68 yrs.

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

Hospital

---

**Name of Monitoring Firm**

Environmental Tactics, Inc.

**Telephone No.**

732-290-2217

**Telephone No.**

973-831-3293

**License No.**

01385

---

**Start Date (10)**

06 / 15 / 19

**Scheduled Completion Date (11)**

06 / 10 / 20

**Name of OSHA Monitor**

Same as above

---

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

☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-4:00PM; PM-12:30AM

---

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

☑ ≥ 550 sf or ≥ 20 ft

☑ ≥ 1500 sf or ≥ 60 ft

☐ Renovation

☑ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

---

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

IN Facility (13)

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

Yes No N/A

---

**Grd. Floor Lab Chase**

☐ ☐ ☒

Pipe fittings

8 LF

---

**5th Floor Mechanical Rm.**

☐ ☐ ☒

Pipe Insulation

95 LF

---

**Ground Fl. - Old Mail Rm.**

☐ ☐ ☒

Pipe Insulation

85 LF

---

**Name of Registered Waste Hauler**

Newark Carting, Inc.

**Disposal Date**

Jan. 2020

**Name of Registered Landfill**

G.R.O.W.S., Inc.

City, State

Newark, NJ

City, State

Morrisville, PA

---

**Completed By (Print or Type)**

Kiril Nestorov

**Title**

Project Manager

**Signature**

[Signature]

**Date**

1-7-2020

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:18)

**State of New Jersey**

**Name of Facility Where Abatement is Taking Place (3)**
Saint Barnabas Medical Center

**Street Address**
94 Old Short Hills Rd.

**City (5)**
Livingston

**County (6)**
Essex

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

**Type of Facility (4)**
Hospital

**Name of Abatement Contractor (9)**
MAK-B Pro, Inc.

**Street Address**
104 Market Street

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

**License No.**
01365

**Telephone No:**
973-931-3293

**Type of Abatement**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (1) and Non-Friable Procedure

**Scope of Work (Check all that apply)**
- [x] ≥ 3 sft or ≥ 3 if
- [ ] ≥ 160 sft or ≥ 260 if
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Grd. Floor Lab Chase</th>
<th>5th Floor Mechanical Rm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pipe fittings</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 LF</td>
<td>95</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

- [ ] 1 LF
- [x] 8 LF
- [ ] 95 LF

**Name of Registered Waste Hauler**
Newark Carting, Inc.

**Cubic Yards of Waste**
1

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

**City, State**
Morrisville, PA

**Disposal Date**
Nov. 2019

**Completed By (Print or Type)**
Kirill Nestorov

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**Signature**

**Date**
11/15/19
# Notification of Asbestos Abatement

- **State of New Jersey**
- **Notification of Asbestos Abatement** (Pursuant to NJAC 8:60 and 5:16)

## Date of Notification
- **05 / 31 / 19**

## Name of Building Owner/Operator
- **Saint Barnabas Medical Center**

## Street Address
- **94 Old Short Hills Road, Livingston, NJ 07039**

## Name of Contact
- **Ron Carvalho as agent**

## Telephone Number
- **908-208-3060**

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
- **Saint Barnabas Medical Center**

### Type of Facility
- **Hospital**

### Square Feet
- **500,000**

### # of Floors
- **4**

### Bldg Age
- **88 yrs.**

### Project Manager for Monitoring Firm
- **Tom Geiger**

### Telephone No.
- **732-290-2217**

### License No.
- **01356**

### Name of OSHA Monitor
- **Same as above**

### Scope of Work
- **Pipe fittings**

### Abatement Type
- **Full Containment with Negative Pressure**

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

<table>
<thead>
<tr>
<th>Grd. Floor Lab Chase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pipe fittings</strong></td>
</tr>
</tbody>
</table>

### Description of Asbestos-Containing Material (ACM)
- **8 LF**

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pipe fittings</strong></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Newark Carting, Inc.**

### NJ DEP Waste Hauler ID No.
- **11222**

### Cubic Yards of Waste
- **1**

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

### City, State
- **Morrisville, PA**

### Disposal Date
- **6-20-19**

### Signature
- **Kirk Nestorov**

### Date
- **5-31-19**

*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) 01/07/2020

Name of Building Owner/Operator (2) Joshua Tuzman

Agencies Notified

<table>
<thead>
<tr>
<th>Agency/Department</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

City, State, Zip Code Franklin Lakes, NJ 07417

Name of Contact Joshua Tuzman

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Franklin Lakes

County (6)
Bergen County

Type of Facility (4)

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

Square Feet 4,500

# of Rooms 2

Bldg. Age

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (5)
N/A

ASCM No.

Name of Abatement Contractor (7)
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Telephone No.
973-389-0089

License No.
00693

Name of OSHA Monitor
DIA General Construction, Inc

Street Address
1360 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>Basement</td>
<td>Yes</td>
<td>VAT Tiles</td>
<td>120 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

Service Transport Group
Minerva Landfill
Waynesburg, OH 44688

Completed by
Milan Njegic

Title
Vice President

Signature

Date 01/07/2020

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

State of New Jersey

Date of Notification (1)
01 / 09 / 20

Name of Building Owner/Operator (2)
Santander Bank, N.A.

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

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

Street Address
75 State Street

City, State, Zip Code
Boston, MA

Name of Contact
Susan Peck

Telephone Number
617-757-5632

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Santander Bank

Street Address
8 South Main Street

City (5)
Marlboro, NJ 07746

County (6)
Middlesex

County Code (?)(STATE USE ONLY)

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

ASCM No.
62252

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1600 Route 22 East

City, State, Zip Code
Union NJ 07083

Project Manager for Monitoring Firm
Mark Perlmutter

Telephone No.
908-698-9855

License No.
718-605-6256

Start Date (10)
01 / 01 / 20

Scheduled Completion Date (11)
03 / 17 / 20

Name of OSHA Monitor
Testor Tech

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 7:00 PM - 7:00 AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 150 sf or ≥ 260 if

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Ground Floor
☐ ☒ ☐ Joint Compound

Ground Floor
☐ ☒ ☐ Covebase Adhesive

Basement HVAC Room

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
20

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Disposal Date
03/31/20

City, State
Pen Argyl, Pa

Completed By (Print or Type)
Ignatius Marraccino

Title
Project Manager

Signature

Date
1/9/2030

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
12 / 25 / 19

Name of Building Owner/Operator (2)
Santander Bank, N.A.

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment # (10)
☐ Emergency (including justification)
☐ Cancellation

Street Address
75 State Street
City, State, Zip Code
Boston, MA

Name of Contact
Susan Peck
Telephone Number
617-757-5632

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Santander Bank

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

Square Feet
2,500

City (5)
Marlboro, NJ 07746

# of Floors
1

County Code (7)/STATE USE ONLY
Middlesex

Bldg. Age
45

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

Current Use (Prior if being demolished)

ASCN No.
52252

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
1800 Route 22 East
City, State, Zip Code
Union NJ 07083

License No.
00774

Project Manager for Monitoring Firm
Mark Perlmutter

Telephone No.
908-696-8565

Street Address
47 Forster Road
City, State, Zip Code
Staten Island NY 10309

Telephone No.
718-505-5256

Start Date (10)
01 / 11 / 20

Name of OSHA Monitor
Testor Tech

Scheduled Completion Date (11)
02 / 09 / 20

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 8:00 PM 1:30 AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥100 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

LOCATION OF 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

Location
Removal
Repair
Encapsulate

Ground Floor
☐ ☐ ☐ Joint Compound 4,170SF

Ground Floor
☐ ☐ ☐ Covebase Adhesive 50LF

Basement HVAC Room
☐ ☐ ☐

Name of Registered Waste Hauler
Newark Carting

Cubic Yards of Waste
10

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Disposal Date
02/09/20

City, State
Pennsauken, NJ

Name of Registered Waste Hauler
NJDEP Waste
Hauler ID No.
NJ-565

Completed By (Print or Type)
Ignatius Marraccino

Title
Project Manager

Signature
Date
12/25/19

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

**State of New Jersey**

**Name of Building Owner/Operator (2):** Allen Kovalick  
**Date of Notification (1):** 1/6/20

## FACILITY INFORMATION

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

**Street Address:** Glen Rock, NJ 07452

**City, State, Zip Code:** Glen Rock, NJ 07452

**County Code (7):** Bergen

**County (6):** Bergen

**Type of Facility (4):** Residential Home

**Square Feet:** 2100

**No. of Floors:** 2

**Bidg. Age:** 65+/-

**Current Use:** Prior if being demolished

**Type of Abatement:** All Stages Abatement

**Date of Start (10):** 1/7/20

**Scheduled Completion Date (11):** 1/11/20

**Name of Contractor (9):** All Stages Abatement

**Name of OSHA Monitor:**

**Telephone No.:** 201-600-3184

**License No.:** 01305

**License Type:**

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>VAT</td>
<td>605 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 0036592

**Disposal Date:** TBD

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

**City, State:** Saddle Brook, NJ

**Completed by:** Richard Cristofol

**Title:** President

**Signature:**

**Date:** 1/6/20

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

State of New Jersey

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

**Date of Notification (1)**
1/9/20

**Agency Notified**
- Initial

**Type Notification**
- Initial
- Amended

**Name of Building Owner/Operator (2)**
MR. DAVID WIESEL

**Street Address**

**City, State, Zip Code**
TERSENC, N. J. 07662

**Name of Contractor**
MR. WIESEL

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Mr. David Wiesel

**Street Address**

**City (5)**
TERSENC

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

**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

**Beg. Age**
1945

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Best Removal Inc

**Street Address**
450 South River St

**City, State, Zip Code**
Hackensack, N.J. 07601

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

**License No.**
00388

**Name of OSHA Monitor**
Omega Environmental

**Street Address**
280 Buyler St

**City, State, Zip Code**
S. Hackensack, N.J. 07606

**Start Date (10)**
1/9/20

**Scheduled Completion Date (11)**
1/21/20

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: BIOLOGICAL 5:00AM

**Scope of Work (Check all that apply)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Midi-Enclosure
- Glovebag Procedure
- Non-Excavated (R) and Non-Fireable Procedure

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

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

**N/DEP Waste Hauler ID No.**
17109

**Cubic Yards of Waste**

**Name of Registered Landfill**
CUMBERLAND COUNTY LANDFILL

**Disposal Date**
1/22/20

**City, State**
NEWBURGH, PA. 17240

**Completed by**
J. MAIORANO

**Title**
Estimator

**Signature**

**Date**
1/9/20

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:560-7 and 12:120-7)

Date of Notification (1)
1/8/2020

Name of Building Owner/Operator (2)
Richard Taddeo

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

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

Street Address

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
All Kiswani

Telephone Number

FACILITY INFORMATION

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

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

xSq. Feet: #1600 of Floors:1 Bldg. Age: 51 years old

Current Use (prior if being demolished): House

City (5)
West Orange

County (6)
Essex

County Code (7)
(Rate Use Only)

Name of Monitoring Firm Hired by Bldg. Owner
Consulting Services of America Inc

ASCM No.

Name of Contractor (9)
BL Contracting Inc.

Street Address
5 Marguerite Lane
Towaco NJ 07082

Telephone Number
732-921-9223

License Number
01265

Project Manager for Monitoring Firm
Mike Chain

Scheduled Start Date (10)
01/18/2020

Scheduled Completion Date (11)
02/10/2020

Name of OSHA Monitoring

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours -
Describe: Monday-Sunday 7AM-4:30;00 PM

Other - Describe: Monday-Sunday 7AM-4:30;00 PM

Source of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if

☒ Renovation
☐ Demolition
☒ Mini-Enclosure
☒ Glove-bag Procedure
☒ Non-Friable Procedure

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

Is Location Normally Used Solely by Main/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

Remove Repair Encap Enduse

Location
Basement

Floor Tiles

750 SF

Name of Reg. Waste Hauler
BL Contracting Inc

NJDEP Waste Hauler ID #
0036784

Cubic Yards of Waste
6

Name of Registered Landfill
T.R.R.F

Disposal Date
1/22/2020

City, State
Tullytown, PA

Completed by (Print or Type)
Nedo Vasilic

Title
Project Manager

Signature

Date
01/08/2020
**Asbestos Abatement Notification**

**Jnv-17307**

**Date of Notification:** 1-6-20

**Name of Building Owner/Operator:** DAVE TASH REMOVAL

**Street Address:** 249 W BATE AVE

**City, State, Zip Code:** VILLAS, N.J. 08251

**Type of Facility:** RESIDENCE

**Name of Facility Where Abatement is Taking Place:** N/A

**County Code (7) (STATE USE ONLY):** 08004

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

**Current Use (Prior to being demolished):** N/A

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

**Name of Abatement Contractor (9):** KLEEMO INC.

**Street Address:** 369 S SPRUCE AVE

**City, State, Zip Code:** MAPLE SHADE, N.J. 08052

**Name of OSHA Monitor:** N/A

**Start Date:** 1-16-20

**Scheduled Completion Date:** 1-26-20

**Name of Registered Waste Hauler:** KLEEMO INC

**City, State:** MAPLE SHADE, N.J. 08052

**Cubic Yards of Waste:** N/A

**Name of Registered Landfill:** CUMBERLAND

**Disposal Date:** N/A

**City, State:** WOOD BURIE, N.J.

**Completed By:** MIKE KLEEM

**Title:** PRESIDENT

**Signature:** [Handwritten signature]

**Date:** 1-6-20

---

**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:** X - TRANSITE

**Amount (Specify SF or LF):** 2250 SF

---

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

(Pursuant to NJAC 5:60 and 12:154)

**Name of Building Owner/Operator:** HALLIDAY & LEONARD

**Address:** 700 HAVEN AVE

**City, State, Zip Code:** OCTOBER N.J. 08226

**Name of Contact:** SCOTT

**Type of Facility:** RESIDENCE

**County:** OCEAN CITY

**Name of Monitoring Firm Hired by Building Owner:** N/A

**Name of Abatement Contractor:** KLEMCO INC.

**Street Address:** 369 S SPRUCE AVE

**City, State, Zip Code:** MAPLE SHADE N.J. 08052

**License No.:** 01371

**Start Date:** 2-1-20

**Scheduled Completion Date:** 2-10-20

**Occupancy Status During Abatement:** N/A

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

**Name of Registered Waste Hauler:** KLEMCO INC

**Waste Hauler D.No.:** 17904

**Disposal Date:**

**Name of Registered Landfill:** WOODWIND N.J.

**Completed By:** MIKE KLEMCO

**Title:** PRESIDENT

**Signature:**

**Date:** 1-6-20

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(State of N J, AS 02-001-0001) 08)

Date of Notification (1)
1/9/20

Name of Building Owner/Operator (2)
Kimberly Heller

Agencies Notified (3)

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

Street Address
Hillsdale, NJ 07642

City, State, Zip Code
Hillsdale, NJ

Name of Contact
Kimberly Heller

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)

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

Square Feet
2000

# of Floors
2

Bldg. Age
65+/-

Current Use (Prior if being demolished)
Residential Home

County Code (7)

County
Bergen

Name of Monitoring Firm Hired by Building Owner (8)

Project Manager

ASCM No.

Name of Abatement Contractor (9)

All Stages Abatement

Street Address
280 N. Midland Ave.

City, State, Zip Code
Saddle Brook, NJ 07663

Project Manager for Monitoring Firm

Telephone No.
201-600-3184

License No.
01305

Name of OSHA Monitor

Start Date (10)
1/16/20

Scheduled Completion Date (11)
1/22/20

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>x</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe:</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Demolition</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>VAT</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
All Stages Abatement

Cubic Yards of Waste
4 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Completed by
Richard Cristofol

Title
President

Signature

Date
1/9/20

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:20)

Date of Notification (1)
1/9/20

Name of Building Owner/Operator (2)
Susan D'Elia

Agencies Notified Type Notification

EPA Initial
DEP Amended
DOL Amendment #
DOL Emergency (including justification)
DCA Cancellation

Street Address
City, State, Zip Code
Rochelle Park, NJ 07662

Name of Contact
Susan D'Elia
Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Rochelle Park

County (6)
Bergen

County Code (7)

Current Use (Prior if being demolished)
Residential Home

Name of Monitoring Firm HIred by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
All Stages Abatement

Project Manager

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-600-3184

License No.
01305

Start Date (10)
1/13/20

Scheduled Completion Date (11)
1/20/20

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)

<table>
<thead>
<tr>
<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>Plaster</td>
<td>1,191 SF</td>
<td>x</td>
</tr>
<tr>
<td>Plaster</td>
<td>1,148 SF</td>
<td>x</td>
</tr>
<tr>
<td>Pipe Wrap</td>
<td>87 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

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

In Facility (13)

| 1st Fl | N/A | Plaster | 1,191 SF |
| 2nd Fl | N/A | Plaster | 1,148 SF |
| 2nd Fl | N/A | Pipe Wrap | 87 LF |

Name of Registered Waste Hauler
Newark Carthing

Cubic Yards of Waste
20 YD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Completed by
Richard Cristofoli
Title
President

Date
1/9/20

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:62-7 and 12:3E:20-27)

Date of Notification (1) 01/10/20

Name of Building Owner/Operator (2) Princeton University

Agency Notified Type Notification
x EPA Initial
x DEP Amended
x DCA Notification
x DOH Cancellation

Street Address
P.O. box 2158
City, State, Zip Code
Princeton NJ 08543

Name of Contact Robert Otego
Telephone Number 609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University -- Fine Hall Level a

Street Address
Washington Road

City (5) Princeton
County (6)
County Code (7) (STATE USE ONLY)

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

Type of Facility (4)
School (K12)
Subchapter 8 (Other than K12)
xx Other (i.e. Private & commercial buildings, homes, etc.)

Square Feet
90000

# of Floors
4

Bldg. Age
70+

Current Use (Prior if being demolished) classrooms/library

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address 98 LaCrue Avenue
City, State, Zip Code Glen Mills, PA 19342
Phone Number 610-364-9622

Criterion Labs

Street Address 3370 Progressive Drive
City, State, Zip Code Bensalem PA 19020

Name of OSHA Monitor


Scheduled Start Date (10) 01/20/20
Scheduled Completion Date (11) 02/17/20

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

Hours - Describe: 7:00 AM to 7:30 PM

Other - Describe:

Scope of work (Check all that apply) x Renovation
Demolition
>3 sf or >3 if
x >160 sf or >260 if

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

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

Location
Level a A20,A21,A22
Level A A14,A15,A16,A17,corridor
Level a A14,A15,A16,A17 corridor

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

Carpet glue adhesive
Carpet glue adhesive
Floor tile and mastic

Amount (Specify SF or LF)
9652sf
10589sf
2115sf

Abatement Type Full Containment with Negative Pressure Mini - Enclosure Glovebox Procedure Non-Friable Procedure

Location

Amount

Name of Registered Waste Hauler
Robbinson Waste

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State
Morrisesville PA

Completed By (Print or Type) Jack Tomamura

Title senior estimator

Signature

Date 1/16/20

ABS-41
JUN 98

G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:126-7)

Date of Notification (1)
1/8/2020

Name of Building Owner/Operator (2)
Daizy Cunningham

Street Address

City, State, Zip Code
Paterson, NJ, 07501

Name of Contact
Daizy Cunningham

FACILITY INFORMATION

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

Square Feet

# of Floors

Eldg. Age

Current Use (Prior if being demolished)

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

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

ASCH No.
N/A

Name of Monitoring Firm hired by Building Owner (8)

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
01 29 20

Sched. Completion Date (11)
01 30 20

Month Day Year
Month Day Year

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

(X)Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript

[X] other - Describe: Other Occupancy Descript

Scope of Work (Check all that apply)

[X] >3 SF or >3 LF
[X] >160 SF or >260 LF

[X] Renovation
[X] Demolition

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

In Facility (13)

Is Location Normally Used

Yes No N/A

Location

Locally Used

By Maintenance/Custodial Staff (12)

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

Amount

(Specify SF or LF)

Abatement Type

FULL REMOVAL

REPAIR
ENCASSEL. ENCLOSURE

REPAIR ENCLOSURE

Encasement

Enclosure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDSP Waste Hauler ID No.
17040

Cubic Yards

of Waste
1.0

Name of Registered Landfill
Tri - State

City, State
Montclair, NJ 07042

Disposal Date
01/31/20

City, State
Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
1/8/2020
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC Title 8, Subpart 15)

---

**Date of Notification (1)**  
01/08/2020

**Check #3529**

**Name of Building Owner/Operator (2)**  
Immaculate Conception High School

**Agency Notified**
- [ ] EPA  
- [x] DEP  
- [x] DOL  
- [ ] DOH  
- [ ] DGA

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

**Street Address**  
33 Cottage Place

**City, State, Zip Code**  
Montclair, NJ, 07042

**Name of Contact**  
Mr. Mulkinsky

**Telephone Number**  
973-454-0767

---

**FACILITY INFORMATION**

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

**Street Address**  
33 Cottage Place

**City (5)**  
Montclair

**County (6)**  
Essex

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

**Current Use (Prior if being demolished)**
- [x] School

**Square Feet**  
5,000+

**# of Floors**  
2

**Bldg. Age**  
50+

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
EA Services

**Street Address**

**N/A**

**City, State, Zip Code**  
Guttenberg, NJ, 07093

**Telephone No.**

**N/A**

**License No.**  
01074

**Start Date (10)**

01/20/2020

**Scheduled Completion Date (11)**

01/22/2020

**Name of OSHA Monitor**

N/A

**Facility Closed/Vacated During Entire Period of Abatement**
- [x] Yes

**Abatement Performed Outside of Normal Facility Hours**
- [x] Yes

**Other – Describe: 8:00am**

---

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

- [x] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft

- [x] Renovation
- [ ] Demolition

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

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>[x]</td>
<td>ACM Elbows &amp; Insulation</td>
<td>1 LF</td>
<td>X</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>[x]</td>
<td>Seams</td>
<td>2 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

EA Services Corp

**NJDEP Waste Hauler ID No.**

101278

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

Minerva Enterprise

**City, State**

Guttenberg, NJ

**Disposal Date**

TBD

**Name of Registered Landfill**

Minerva Enterprise

**City, State**

Waynesburg, OH

**Disposal Date**

TBD

**Completed by**

Michael Fajardo

**Title**

Office Clerk

**Signature**

Date

01/08/2020

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 1-7-20
Name of Building Owner/Operator: Port Authority of NY & NJ

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: 241 Erie St, Jersey City, NJ 07310
City, State, Zip Code: Jersey City, NJ 07310
Name of Contact: Uday Mehta
Telephone Number: 201-595-4881

Name of Facility Where Abatement is Taking Place: George Washington Bridge
Street Address: Center Avenue and Lemoine Ave Bridges
City: Ft. Lee
County: Bergen
Name of Monitoring Firm Hired by Building Owner: ASCM No.
Port Authority of NY & NJ

Name of Abatement Contractor: Prestige Development Services Inc
Street Address: 169 Lincoln Ave, Suite 204
City, State, Zip Code: Bronx, NY 10454
Telephone No.: 917-364-7166
License No.: 01620
Name of OSHA Monitor: Pedro Romero
Street Address: P.O. Box 780
City, State, Zip Code: Brentwood, NY 11717

Start Date (10): 1/13/20
Scheduled Completion Date (11): 12/31/20

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

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

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

Location Normaly 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
Encapsulation
Endorse

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.
ATC SW24310
Cubic Yards of Waste: 40
Name of Registered Landfill: 110 Sand Co
Disposal Date: 1/17/20
City, State: Melville, NY

Completed by: Sanford Alper
Title: Senior Project Executive
Signature: ____________________________
Date: 1/7/20

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 01/08/2020

Name of Building Owner/Operator (2): The Vertex Companies, Inc.

Agencies Notified:
- ( ) EPA
- ( ) DEP
- X) DOL
- ( ) DOH
- ( ) DCA

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

Street Address:
3322 Route 22 West
City, State, Zip Code:
Branchburg, NJ, 08876

Name of Contact:
Kevin Seise
Tel. Number:
(908)458-9236

FACILITY INFORMATION

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

Street Address:
3001 Woodbridge Ave.
City (5):
Edison, NJ 08837

County (6):
Middlesex
County Code (7) (STATE USE ONLY):

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

Name of Contractor (9):
CID CONSTRUCTION SERVICES, LLC

Street Address:
300-2 State Route 17 South - Suite #3
City State, Zip Code:
Lodi, NJ 07644

Project Manager for Monitoring Firm (8):

Telephone Number:
(973)885-9791

License Number:
01191 "A"

Scheduled Start Date (10):
01/24/2020
Scheduled Completion Date (11):
02/24/2020

Name of OSHA Monitor:
Testor Technologies

Occupancy Status During Abatement (Check only one):

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

Source of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 ft
( ) ≥ 160 sf or ≥ 260 sf
( ) Renovation
( ) Demolition
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Gloves Bag Procedure
( ) Non-Exempted (X) and Non-Friable Procedure

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

Main Fl.

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

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

Amount (Specify SF or LF):
240 LF

Abatement Type:
Removal
Repair
Encapsulate
Enclosure

Name of Reg. Waste Hauler:
Cid Construction Services, LLC

NJDEP Waste Hauler ID #:
# 32905

Cubic Yards of Waste:
TBD

Name of Reg. Landfill:
Tri State Transfer Station Landfill

City, State:
Lodi, NJ

Disposal Date:
TBD

City, State:
Bronx, NY

Completed by:
Roque G Schipilitti
Title:
Project Manager
Signature:
[Signature]

Date:
01/08/2020
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50-7 and 12:120-7)
Town & extra footage

Date of Notification (1)

Name of Building Owner/Operator (2)
Manalapan Englishtown Regional School District

Street Address
54 Main Street

City, State, Zip Code
Manalapan, NJ 07726

Name of Contact
Vince Pietrucha
732-786-2501

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Administration Building *** Sub chapter 8 ***

Street Address
54 Main Street

City (5)
Englishtown, NJ 07726

County (6)
Monmouth

County Code (7)
ASCM No.
00057

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Current Use (Prior if being demolished)
Admin bldg.

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

License Number
00378

Square Feet
# of Floors
Bldg. Age

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

Other-Describe:

Scheduled Start Date (10)
01/08/2020

Sched. Completion Date (11)
01/16/2020

Scope of Work (check all that apply)
X Demolition

X Renovation

X >30 sf or >300 sf

≥160 sf or ≥260 sf

Location of asbestos-containing material 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 (Specified SF or LF)

Removal
Repair Encap

kitchen/breakroom

VAT & mastic

242 sf

X

kitchen/breakroom

Joint compound

192 SF

X

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 4

Name of Registered Landfill
Grand Central Landfill

Disposal Date
01/08/20 - 01/16/20

City, State
Lincoln Park, NJ

City, State
Penn Argyl, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date 01/06/2020

Signature

Gordana Luna
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** Sub chapter 8 ***

Date of Notification (1)
[ ] 1/12/21 [ ] 6/1/19

Name of Building Owner/Operator (2)
Manalapan Englishtown Regional School District

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Street Address
54 Main Street

City, State, Zip Code
Manalapan, NJ 07726

Name of Contact
Vince Pietrucha

Telephone Number
732-786-2501

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Administration Building

Street Address
54 Main Street

City (5)
Manalapan, NJ 07726

County (6)
Monmouth

County Code (7)
(State use only)

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

ASCM No.
00057

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
01/08/2020

Sched. Completion Date (11)
01/16/2020

Occupancy Status During Abatement (Check only one)
☒ Facility closed/evacuated during entire period of abatement.
☐ Abatement performed outside of normal facility hours—
Describe:

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

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

kitchen/breakroom

Is location normally used solely by maintenance/custodial
staff (12)
No

Description of asbestos-containing material (AGM)

Amount (Specify SF or LF)
242 sf

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
4

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
01/08/20 - 01/16/20

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
12/26/2019
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 6:80 and 6:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 08 / 20</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Herb Mack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td>□ Amendment</td>
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</tr>
<tr>
<td>□ DGS</td>
<td></td>
<td>□ Amendment #</td>
<td></td>
</tr>
<tr>
<td>□ DCASA</td>
<td></td>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Plainfield, NJ 07080</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Name of Contact</td>
<td>Herb Mack</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

**Private House**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Plainfield, NJ 07080</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>County Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Or Tech LLC</td>
<td></td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Phone No</td>
<td></td>
<td>Phone No</td>
</tr>
<tr>
<td>License No</td>
<td>973-356-3511</td>
<td>License No</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>01 / 09 / 20</td>
<td>Scheduled Completion Date (11)</td>
</tr>
<tr>
<td>01 / 10 / 20</td>
<td></td>
<td>Name of DBHA Monitor</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
<td>Envirovision Consultants, Inc</td>
</tr>
<tr>
<td>□ &lt; 300 sq. ft. or &lt; 20 sq. ft.</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>□ 300 sq. ft. or &lt; 200 sq. ft</td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>□ 20-21 Wagner Ave, Bldg. # 35B</td>
<td></td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td>Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
<td>No N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SL or LF)</td>
<td></td>
<td>Abatement Type</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pipe insulation</td>
<td>135 LF</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Or Tech LLC</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, NJ 07470</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Or Tech LLC</td>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

**Note:** Do not use this form for asbestos treatment sampled activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 (12) and 12:1201)

**Date of Notification (1):** 01/08/2020  
**Name of Building Owner/Operator (2):** New Jersey Community Capital  
**Address:** 108 Church Street, 3rd Floor  
**City, State, Zip Code:** New Brunswick, NJ 08901

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**  
520 St Joe Street  
**Street Address:** 520 St Joe Street  
**City:** Trenton  
**County:** Mercer  

**Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.  
**Name of Abatement Contractor (9):** AAA LEAD PROFESSIONALS  
**Street Address:** 6 WHITE DOVE COURT  
**City, State, Zip Code:** LAKEWOOD, NJ 08701  
**Telephone No.:** 732-668-9078  
**License No.:** 1200  
**Name of OSHA Monitor:** AAA LEAD PROFESSIONALS  
**Street Address:** 6 WHITE DOVE COURT  
**City, State, Zip Code:** LAKEWOOD, NJ 08701  

### SCOPE OF WORK (CHECK ALL THAT APPLY)

- [x] Is Location Normally Used Solely by Custodial Staff? (12)  
- [x] Non-Exempted (*) and Non-Exhaustible Procedure  
- [ ] Full Containment with Negative Pressure  
- [x] Glovebag Procedure  
- [ ] Demolition  
- [x] Renovation  
- [x] x 3 sf or x 3 if  
- [x] x 180 sf or x 280 if

### ABATEMENT TYPE

<table>
<thead>
<tr>
<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>Paper on Beams</td>
<td>10LF</td>
<td></td>
</tr>
</tbody>
</table>

### NAME OF REGISTERED WASTE HAULER

**Name of Registered Waste Hauler:** AAA LEAD PROFESSIONALS  
**Address:** LAKEWOOD, NJ  
**Cubic Yards of Waste:** 3

**Name of Registered Landfill:** MERCER COUNTY  
**City, State:** TRENTON NJ  
**Disposal Date:** 01/22/20  
**Certification Date:** 01/08/2020  

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

**Completed by:** JOSEPH PERLSTEIN  
**Title:** OWNER  
**Signature:** [Signature]

---
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/08/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified (2)</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<tr>
<td>DOH</td>
<td></td>
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<tr>
<td>DCA</td>
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<tr>
<td>Type Notification (3)</td>
<td>Initial</td>
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<td>Amended</td>
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<tr>
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<td>Amendment</td>
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<tr>
<td></td>
<td>Emergency (Including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address (4)</td>
<td>128 Bartlett Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Creek, NJ 08092</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (5)</td>
<td>Timster Trucking</td>
</tr>
<tr>
<td>Telephone Number (6)</td>
<td>609-294-4900</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (7) |  |
| Street Address (8) |  |
| City (9) | Manahawkin |
| County (9) | Ocean |
| Ocean Code (9) | 03050 |
| Current Use (Prior to being demolished) (10) | home |

**Type of Facility (11)**
- [x] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

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

**Name of Monitoring Firm Hired by Building Owner (12)**

**Name of Abatement Contractor (13)**

**Street Address**
- AAA LEAD PROFESSIONALS
- 6 WHITE DOVE COURT
- Lakewood, NJ 08701

**Telephone No.**
- AAA LEAD PROFESSIONALS
- 732-968-9078
- 1200

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

**Scope of Work (Check All That Apply)**
- [ ] <36 sf or <3 if
- [ ] <60 sf or <60 if
- [x] Renovation
- [x] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Exterior (14)</th>
<th>Siding (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Name of Registered Landfill**

**City, State**
- NEWARK, NJ

**Disposal Date**
- 01/20/20
- BETHLEHEM PA

**Completed by**
- JOSEPH PERLSTEIN
- OWNER

**Signature**
- 01/08/20

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:09 and 12:120)

Date of Notification (1)
1/9/20

Name of Building Owner/Operator (2)
Nathaniel Eiseman Private Home

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

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

Street Address
[Redacted]

City, State, Zip Code
Manahawkin NJ 08005

Name of Contact
Nathaniel

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Nathaniel Eiseman Private Home

Street Address
Manahawkin NJ 08005

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Square Feet
1000 +

# of Floors
2

Bldg. Age
35+

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

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
609-665-9984

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/20/20

Scheduled Completion Date (11)
1/24/20

Name of OSHA Monitor
Same

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

Scope of Work (Check All That Apply)
- ≥2 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frible Procedure

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

Yes
No
N/A

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

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

1st floor

Amount (Specify SF or LF)

Abatement Type

Putative
Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
United Roll Off

NJ/DEP Waste Hauler ID No.
22459

Cubic Yards of Waste
3

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

City, State
Elm NJ

Disposal Date
1/24/20

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
1/9/20

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

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Clayton, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Salem</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Graham-Tech Environmental Services, LLC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>958 Jackson Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mays Landing, NJ 08330</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-561-1901</td>
</tr>
<tr>
<td>License No.</td>
<td>01158</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Graham-Tech Environmental Services, LLC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>958 Jackson Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mays Landing, NJ 08330</td>
</tr>
</tbody>
</table>

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

- renovation
- demolition
- full containment with negative pressure
- mini-enclosure
- glovebag procedure
- non-exempted (*) and non-friable procedure
- non-abatement

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Asbestos vermiculite Insulation 200SqFt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
<th>Graham-Tech Environmental Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0034500</td>
</tr>
<tr>
<td>Name of Registered Landfill (15)</td>
<td>Pioneern Crossing</td>
</tr>
<tr>
<td>City, State</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jean Pleis</td>
</tr>
</tbody>
</table>

**ASB-41**
MAY 11

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

Date of Notification (1) 01 / 07 / 20

Name of Building Owner/Operator (2) Robert C. Knecht, Jr

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
AMENDMENT #____
☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code
Belmar, NJ 08728

Name of Contact
Robert C. Knecht, Jr

Telephone Number

Facility Information

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

Street Address

City (5)
Belmar, NJ 08728

County (6)
Camden

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Residential

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

Square Feet
1,626

# of Floors
2

Bldg. Age
1968

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Graham-Tech Environmental Service, LLC.

Street Address
958 Jackson Rd

City, State, Zip Code
Mays Landing, NJ 08330

Project Manager for Monitoring Firm

Telephone No.
609-581-1901

License No.
01158

Start Date (10)
01 / 10 / 20

Scheduled Completion Date (11)
01 / 30 / 20

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

Time of Abatement: 7AM-11:30PM/3:00PM-9:00AM

Name of OSHA Monitor
Graham-Tech Environmental Services, LLC.

Street Address
958 Jackson Rd

City, State, Zip Code
Mays Landing, NJ 08330

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

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

Yes
No
N/A

Attic

Asbestos vermiculite Insulation

Location Normally Used Solely by Maintenance/ Custodial Staff?

(12)

13

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Graham-Tech Environmental Service

NJDEP Waste Hauler ID No.
0034500
Cubic Yards of Waste
30
Name of Registered Landfill
Pioneern Crossing

City, State

Disposal Date

City, State

Completed By (Print or Type)

Vernice Graham

Title
President

Signature

Date
1-7-2020

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

Date of Notification (1)

01 / 07 / 20

Name of Building Owner/Operator (2)
Saint Peter's University Hospital

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

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

Street Address
254 Easton Avenue

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Ron Carvalho as Agent
Telephone Number
(908) 206-3060

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Saint Peter's University Hospital

Square Feet
500,000

Current Use (Prior if being demolished)
Hospital

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

City (5)
New Brunswick

Bldg. Age
75 + yrs.

County (6)
Middlesex

County Code (7)(STATE USE ONLY)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
MAK-B Pro, Inc.

Street Address
64 Broad Street

City, State, Zip Code
Matawan, NJ 07747

License No.
01365

Project Manager for Monitoring Firm
Tom Geiger
Telephone No.
732-290-2217

Name of OSHA Monitor
Same as above

Start Date (10)
01 / 20 / 20
Scheduled Completion Date (11)
06 / 30 / 20

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-9:30PM PM-12:00AM

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 (13)

Name of Registered Waste Hauler
Newark Carting, Inc.

Disposal Date
Feb. 2020

City, State
Newark, NJ

Completed By (Print or Type)
Kirill Nestorov
Title
Project Manager

Name of Registered Landfill
G.R.O.W.S. North W/M of PA

Cubic Yards of Waste
20

Date
1-9-2020

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**

| 12 | 20 | 19 |

**Agency Notified**

- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [x] DCA

**Type Notification**

- [ ] Initial
- [ ] Amended Amendment #
- [ ] Emergency (Including justification)
- [ ] Cancellation

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

Saint Peter's University Hospital

**Street Address**

254 Easton Avenue

**City, State, Zip Code:**

New Brunswick, NJ 08901

**Name of Contact:**

Ron Carvalho as Agent

**Telephone Number:**

(908) 208-3060

**FACILITY INFORMATION**

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

Saint Peter's University Hospital

**Street Address**

254 Easton Avenue

**City:**

New Brunswick

**County:**

Middlesex

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

- [ ] 50,000
- [ ] 75 yrs.

**Type of Facility (4):**

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

**Square Feet:**

50,000

**# of Floors:**

- [ ] 50,000
- [ ] 75 yrs.

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

Hospital

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

Environmental Tactics, Inc.

**ASCM No.:**

N/A

**Name of Abatement Contractor (9):**

MAK-B Pro, Inc.

**Street Address:**

104 Market Street

**City, State, Zip Code:**

Garfield, NJ 07026

**Telephone No.:**

973-931-3293

**License No.:**

01365

**Name of OSHA Monitor:**

Same as above

**Project Manager for Monitoring Firm:**

Tom Geigler

**Telephone No.:**

732-292-2217

**Start Date (10):**

01 / 08 / 19

**Scheduled Completion Date (11):**

06 / 30 / 20

**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-3:30PM PM---AM

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

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

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

<table>
<thead>
<tr>
<th>Wing</th>
<th>Type of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>1A</td>
<td>Acoustical Plaster Ceiling</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

Newark Carting, Inc.

**NJDEP Waste Hauler ID No.:**

11222

**Cubic Yards of Waste:**

5

**Name of Registered Landfill:**

G.R.O.W.S. North W/M of PA

**City, State:**

Morrisville, PA

**Disposal Date:**

January 2019

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

Kirill Nestorov

**Title:**

Project Manager

**Signature:**

[Signature]

**Date:**

12-20-19

---

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/03/2020</td>
<td>Palmer Square Management</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place**
  - Vacant Office Space
- **Street Address**
  - 44 Nassau Street Suite #370
- **City**
  - Princeton
- **County**
  - Mercer
- **Name of Monitoring Firm Hired by Building Owner**
  - ASCM No.
- **Type of Facility**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet**
  - 12000
- **Current Use**
  - Residential/Office/Retail
- **Street Address**
  - P O Box 8297
- **City, State & Zip Code**
  - Trenton, NJ 08650
- **Name of Abatement Contractor**
  - Alpha Environmental LLC
- **Street Address**
  - 200 Route 130 North
- **City, State & Zip Code**
  - Cinnaminson, NJ 08077

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

- ≥3 sf or ≥3 fl
- ≥160 sf ≥260 fl
- Demolition
- Renovation

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

- TO BE ABATED in Facility

### Is Location Normally Used Scantly by Maintenance or Custodial Staff?

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

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

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

### Amount (Specify SF or LF)

- VAT
- 500 SF

### Name of Registered Waste Hauler

- ALPHA ENVIRONMENTAL LLC
- NJDEP Waste Hauler ID No. 00033330

### Disposal Date

- City, State
- Various
- Morrisville, PA

### Completed By (Print or Type)

- Rod Richardson

### Title

- Project Manager

### Signature

- Rod Richardson

### Date

- 01/03/2020
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/7/20

Name of Building Owner/Operator (2)
Jim & Jean Greaves Private Home

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

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

Street Address
[redacted]

City, State, Zip Code
Stone Harbor NJ 08247

Name of Contact
Jeff

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jim & Jean Greaves Private Home

Street Address
[redacted]

City (5)
Stone Harbor NJ 08247

County (6)
Cape May

County Code (7)
(State USE ONLY)

Current Use (Prior to being demolished)
House

Square Feet
1000+

# of Floors
1

Bldg. Age
50+

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)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.
856-753-9800
00727

Name of OSHA Monitor
Same

Street Address

City, State, Zip Code

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Exterior Siding

Yes
No
N/A

1300 SF

Location of

Exterior Siding

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
5

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

City, State
Morrisville PA 19067

Disposal Date
1/22/20

Completed by
Anthony T Perna

Title
President

Signature

Date
1/7/20

* 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)
01/07/2020

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

Type Notification
Initial

Residence
City, State, Zip Code
Morristown, NJ 07960

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

Name of Contact
Sara Faber

FACILITY INFORMATION

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

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

Square Feet
1,492

County Code (7)
Morris

County (5)
City (6)
Morristown

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

Telephone No.
201-349-2666

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
844-462-7465

License No.
01316

Start Date (10)
01/23/2020

Scheduled Completion Date (11)
01/30/2020

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

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 ≥260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>(13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>Yes</td>
<td>Pipe Wrap</td>
<td>80 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
East Orange, NJ

Disposal Date

City, State
Penn Argyle, PA

Completed by
Alison Lamers

Title
Office Manager

Signature

Date
01/07/2020

* 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>Name of Building Owner/Operator (2)</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/09/20</td>
<td>MC. TEMAN CHURCH</td>
<td>TEMAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>160-MADISON AVE.</td>
<td>ELIZABETH, NJ</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION</td>
<td>RESIDENTIAL</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ASCM</td>
<td>DINAGO CORP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>339-LAFAYETTE ST.</td>
<td>01240</td>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>1/20/20</td>
<td>1/23/20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>≥150 sf or ≥260 lf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>PIPE INSULATION</td>
<td>X</td>
<td>BASEMENT</td>
<td>80LF.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>04509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISES BETHLEHEM LANDFILL</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETHLEHEM, PA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARLOS GOMES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

ASB-41 (R-09-08)  
*Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(State of New Jersey) (Pursuant to NJAC 8:60 and 12:120)

**Data of Notification (1)**
1/7/2020

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

**Street Address**
350 Andover Sparta Road

**City, State, Zip Code**
Sparta, NJ 07871

**Name of Contact**
Jim Eskin

**Telephone Number**

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Parona Farms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>350 Andover Sparta Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Sparta, NJ 07871</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>Sussex</td>
</tr>
<tr>
<td>State Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Ph as it being demolished)</td>
<td>Banquet Hall</td>
</tr>
</tbody>
</table>

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

**ASCM No.**

**Name of Abatement Contractor (9)**
A. Mac Contracting Inc.

**Telephone No.**
201-282-5641

**License No.**
00158

**Start Date (10)**
1/7/2020

**Scheduled Completion Date (11)**
1/14/2020

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

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

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe</td>
<td></td>
<td></td>
<td>160LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting Inc.

**ASCM No.**
04609

**Cubic Yards of Waste**
1

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

**Disposal Date**
1/7/2020 On

**City, State**
Pen Argyl, PA 18072

**Completed by**
R. McDonald

**Date**
1/7/2020

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:36A and 12:12G)

---

**Date of Notification:** 1/7/2020

**Name of Building and Owner:**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type of Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>☐ Total</td>
<td></td>
</tr>
<tr>
<td>☐ DEP</td>
<td>☐ amended</td>
<td></td>
</tr>
<tr>
<td>☐ OSHA</td>
<td>☐ Emergency (Inability to Relocate)</td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Alleged</td>
<td></td>
</tr>
<tr>
<td>☐ NJDEP</td>
<td>☐ Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ OSHA</td>
<td>☐ Disposition</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:**

MS. SUSAN ARONSON

**Street Address:**

NEW MILFORD, NJ 07446

**Telephone Number:**

MS. ARONSON

---

**FACILITY INFORMATION**

**Name of Facility Whose Abatement Is Taking Place:**

MS. SUSAN ARONSON

**Type of Facility:**

- School (4-12)
- Industrial Facility
- Other (specify):

**Square Feet:** 2000

**Abatement Contractor:**

Best Removal Inc

**Remote Address:**

450 South River St

**License No.:** 00388

**Name of Abatement Contractor:**

Best Removal Inc

**Street Address:**

280 New Jersey St

**City, State, Zip Code:**

Hackensack, N.J. 07601

**Telephone No.:** 201-349-7444

**Name of CCRD Manager:**

S. Hackensack

**City:**

Hackensack, N.J. 07601

**License No.:**

00388

---

**Abatement Type:**

- Demolition
- Removal
- Renovation
- Exterior

**Amount (Directly Related):**

$10,000

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

- Exterior
- Roof
- Sheathing
- Chimney
- Mastic
- Windows
- Siding
- Paint

**Name of Registered Waste Handler:**

Best Removal Inc

**Number:**

17109

**Vehicle ID:**

17109

**Other:**

- Transfer Station

**Date:**

1/7/2020

**City:**

Hackensack, N.J. 07601

---

**Designated Project Manager:**

S. Hackensack

**Date:**

1/7/2020

---

**Supervisor:**

J. Malphane

**Date:**

1/7/2020

---

**Applicant:**

Do not use this form for asbestos license applications.

---

**Signature:**

J. Malphane

**Date:**

1/7/2020
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 07 / 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dennis Thomas</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Salem, NJ 08079</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dennis Thomas</td>
</tr>
<tr>
<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>Thomas Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (6)</td>
<td>Salem</td>
</tr>
<tr>
<td>County (6)</td>
<td>Salem</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Square Foot</td>
<td>1,280</td>
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<tr>
<td>Floors</td>
<td>2</td>
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<tr>
<td>Building Age</td>
<td>54</td>
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<tr>
<td>Name of Abatement Contractor (8)</td>
<td>Shadie Environmental, LLC</td>
</tr>
<tr>
<td>Address</td>
<td>923 Cutter Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Larry Nagelberg</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-768-4981</td>
</tr>
<tr>
<td>License No.</td>
<td>00542</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 139 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

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

- [ ] ≥ 3000 ft²
- [ ] ≥ 1600 ft² or ≥ 2500 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Primary Enclosure
- [ ] Glueless Procedure
- [ ] Non-Exempted (*) and Non-Fireproof Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff (15)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

- [ ] Floor Tile
- [ ] Joint Compound

**Amount (Specify SF or LF)**

- [ ] 148 SF
- [ ] 93 SF

**Name of Registered Waste Hauler:** Freehold Garbage

**Disposal Date:** 01/13/2020

**Name of Registered Landfill:** Fairless Landfill

**Compiled By:** Christina Fay
**Title:** Vice President of Operations

**Signature:** [Redacted]
**Date:** 01/07/2020

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

Date of Notification (1): 1-8-2020
Name of Building Owner/Operator (2): M. STUBBENDECK

Agency Notified: □ EPA  □ DEP  □ DOL  □ DOH  □ DCA
Type Notification: □ Initial  □ Amended
Amendment #: □ Emergency (including justification)  □ Cancellation
Street Address: [Redacted]
City, State, Zip Code: [Redacted]

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): M. STUBBENDECK
Street Address: [Redacted]
City: MAPLEWOOD
County: ESSEX

Type of Facility (4): □ School (K-12)  □ Subchapter 8 (Other than K-12)
□ Other (i.e., private & commercial buildings, homes, etc.)
□ Other - Describe: [Redacted]
Square Feet: 2,100
# of Floors: 2
Bldg. Age: 93 yrs
Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (5): [Redacted]
ASCM No.: [Redacted]
Name of Abatement Contractor (6): Best Removal Inc
Street Address: 450 South River St
City, State, Zip Code: Hackensack, N.J. 07601

License No.: 00388
Telephone No.: 201-329-7444
Name of OSHA Monitor: Omega Environmental

Project Manager for Monitoring Firm: [Redacted]
Telephone No.: [Redacted]
Street Address: 280 Huylers St
City, State, Zip Code: S. Hackensack, N.J. 07606

Start Date (10): 1-17-2020
Scheduled Completion Date (11): 1-17-2020

Abatement Type
□ Renovation  □ Demolition  □ Full Containment with Negative Pressure
□ Gloves, etc.  □ Non-Encapsulated (*) and Non-Friable Procedures

Scope of Work (Check all that apply): [Redacted]
Location of Asbestos-Containing Material (ACM) TO BE ABATED
□ IN Facility  □ ON Friendly
□ OVER 3 ft  □ ≥ 160 of ≥ 250 ft

To Location Normally Used Solely by Maintenance/ Custodial Staff?: [Redacted]
□ Yes  □ No  □ N/A

□ THERMAL INSULATION  □ Mastic  □ Paper
□ Soffit  □ Hard Sheet  □ Specialty SF or LF
□ Other - Describe: [Redacted]

Cubic Yards of Waste: 104
Name of Registered Landfill: [Redacted]
Disposal Date: 1-17-2020
City, State: NEWBURGH, PA. 17240
Completion by: P. VELDEAN
Title: Estimator
Signature: [Redacted]
Date: 1-8-2020

* Do not use this form for asbestos licesnse exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:129)

Date of Notification (1)
01/08/2020

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

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

Name of Building Owner/Operator (2)
Marilou Constantino

Street Address
[Redacted]

City, State, Zip Code
Paramus NJ 07652

Name of Contact
Marilou Constantino

Telephone Number

FACILITY INFORMATION

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

City (5)
Paramus

County Code (6)
Bergen

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Rizov LLC

Street Address
246 Gaston Ave.

City, State, Zip Code
Garfield NJ 07026

Telephone No.
(862)262-8006

License No.
01369

Project Manager for Monitoring Firm

Start Date (10)
01/18/2020

Scheduled Completion Date (11)
01/31/2020

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

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

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

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Used by Maintenance/Custodial Staff?</th>
<th>Description of ACM (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>☒</td>
<td>Blue/White Linoleum</td>
<td>100 SF</td>
<td>x</td>
</tr>
<tr>
<td>Siding</td>
<td>☒</td>
<td>Gray Transite</td>
<td>1800 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Rizov LLC

NJ DEP Waste Hauler ID No.
0037825

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Hills Landfill

City, State
Garfield NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Aleksandra Rizova
Title
Owner

Signature

Date
01/08/2020

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:123)

- **Date of Notification (1)**: 01/06/2020
- **Name of Building Owner/Operator (2)**: Omni Ferrara

<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</td>
<td>Omni Ferrara</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
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<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Little Falls, NJ 07424</td>
<td>Omni Ferrara</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: House
- **Street Address**: [Redacted]
- **City (5)**: Little Falls
- **County (6)**: Passaic
- **County Code (7)**: N/A
- **Current Use (Prior if being demolished)**: House
- **Name of Monitoring Firm Hired by Building Owner (8)**: ASCM No.
- **Name of Abatement Contractor (9)**: D&S Abatement, Inc.
- **Street Address**: 11 Rosengren Avenue
- **City, State, Zip Code**: Totowa, NJ 07512

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>973358685</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01311</td>
</tr>
</tbody>
</table>

- **Telephone No.**
- **License No.**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/17/2020</td>
<td>01/19/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Street Address</td>
</tr>
<tr>
<td>Other — Describe: Occupied</td>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Rosengren Avenue</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

### 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 (T) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>47 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</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>Atlantic Carting</td>
<td>26085</td>
<td>TBD</td>
<td>Grand Central</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ</td>
<td>TBD</td>
<td>Pen Argyll, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliver Hegedis</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>01/06/2020</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/7/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Borough of Westville</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment #, Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>165 Broadway</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westville, NJ 08093</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Marty Finger</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Vacant SFD |
| Street Address | 235 Edgewater Avenue |
| City (5) | Westville |
| County (6) | Camden |
| County Code (7) | N/A |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Name of Abatement Contractor (9) | Ricco Construction Corp |
| Street Address | 282 Creek Road |
| City, State, Zip Code | Bellmawr, NJ 08031 |

| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | 856.931.3366 |
| License No. | 01339 |

| Start Date (10) | 1/17/2020 |
| Scheduled Completion Date (11) | 4/30/2020 |

| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Scope of Work (Check All That Apply) | Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Exterior |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Transite Siding |
| Amount (Specify SF or LF) | 940SF |
| Abatement Type | Full Containment with Negative Pressure |

| Name of Registered Waste Hauler | Ricco Construction Corp |
| NJDEP Waste Hauler ID No. | 28909 |
| Cubic Yards of Waste | N/A |

| Name of Registered Landfill | Salem County |
| City, State | Bellmawr, NJ |

| Completed by | Andrew Ricco |
| Title | Owner |

**ASB-41 (R-05-08)**

Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1):
10/28/19

Name of Building Owner/Operator (2):
GREENWOOD VILLAGE

Agencies Notified:
(X) EPA
(X) DEP
(X) DOH

Type Notification:
( ) Initial Notification
( ) Amendment Notification
( ) Emergency Notification
( ) Cancellation

Street Address:
114 WASHINGTON COURT

City, State, Zip Code:
HAMILTON, NJ 08629

Name of Contact:
MR. JIM

Telephone Number: [redacted]

FACILITY INFORMATION

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

Street Address:
114 WASHINGTON COURT

City & State (5):
HAMILTON, NJ

County (6):
MERCER

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished):
RESIDENTIAL/APARTMENTS

Name of Monitoring Firm Hired by Building Owner (8):
BRIGGS ASSOCIATES

ASCM No.:
NA

Name of Abatement Contractor (9):
GUILIANO ENVIRONMENTAL, LLC

Street Address:
PO BOX 1124

City, State, Zip Code:
SAYREVILLE, NJ 08871

Project Manager for Monitoring Firm:
MICHAEL

Telephone No.:
609-298-5520

Telephone No.:
(732) 238-7400

License No.:
01342

Start Date (10):
11/1/19

Scheduled Completion Date (11):
2/29/20

Occupancy Status During Abatement (Check only one):
(X) Facility Closed/evacuated 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

(X) ≥ 160 sf or ≥ 260 lf

(X) Renovation

( ) Demolition

( ) Full Containment with Negative Pressure

(X) Misting Enclosure

(X) Gloving Procedure

( ) Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff?</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>Bldg.#8 CRAWL SPACES</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Bldg.#9 CRAWL SPACES</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,200 LF</td>
<td>X</td>
</tr>
<tr>
<td>Bldg.#10 CRAWL SPACES</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,100 LF</td>
<td>X</td>
</tr>
<tr>
<td>Bldg.#11 CRAWL SPACES</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,200 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
PRO GREEN MANAGEMENT, LLC

NJDEP Waste Hauler ID No.: 32707

Cubic Yards of Waste: 80

Name of Registered landfill:
G.R.O.W.S. LANDFILL

City, State:
JAMES BERG, NJ

Disposal Date:
12/20/19

City, State:
MORRISVILLE, PA

Completed By:
[Signature]

Name of Registered Waste Hauler:
PRO GREEN MANAGEMENT, LLC

Disposal Date:
12/20/19

City, State:
MORRISVILLE, PA

Completed By:
[Signature]

Date: 1/05/20
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 6:60 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Our Lady of Sorrows Church

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Our Lady of Sorrows Church
- **Street Address:** 217 Prospect Street
- **City:** S. Orange
- **County:** Essex
- **Type of Facility:** Church
- **Square Feet:** 10,000
- **# of Floors:** 1
- **Bldg. Age:** 50+
- **Current Use (Prior if being demolished):** Church
- **Name of Monitoring Firm Hired by Building Owner:** N/A
- **Name of Abatement Contractor:** EA Services Corporation
- **Start Date:** 1/9/2020
- **Scheduled Completion Date:** 1/11/2020
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement
- **Scopes of Work (Check All That Apply):**
  - Demolition
  - Renovation

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement-Stairs</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF):** 20 LF

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

**Name of Registered Waste Hauler:**

- **EA Services Corporation**
- **Cubic Yards of Waste:** Tbd
- **Name of Registered Landfill:** Minerva Enterprises Inc
- **City:** Waynesburg, OH

**Completed by:** Gina Betances
- **Title:** Office Manager

**Signature:**

**Date:** 1/3/2020

---

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

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

Date of Notification (1) 01/07/2020
Check #3525
Name of Building Owner/Operator (2) Our Lady of Perpetual Help
Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment #
☐ DOH Emergency (including justification)
☐ DCA Cancellation
Street Address 25 Purdue Ave
City, State, Zip Code Oakland, NJ 07436
Name of Contact Rich Telephone Number 201-519-4781

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Our Lady of Perpetual Help
Street Address 25 Purdue Ave
City (5) Oakland
County (6) Bergen
County Code (7) (STATE USE ONLY) 
Current Use (Prior if being demolished) School

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. N/A
Name of Abatement Contractor (9) EA Services
Street Address 426 89th st
City, State, Zip Code Guttenberg, NJ 07093
Project Manager for Monitoring Firm N/A
Telephone No. N/A

License No. 01074
Name of OSHA Monitor N/A
Start Date (10) 01/17/2020
Scheduled Completion Date (11) 01/18/2020
Occuancy 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

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

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

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

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

Amount (Specify SF or LF)
4 LF

Abatement Type
Removal X
Endorse

Name of Registered Waste Hauler EA Services Corp
NJ DEP Waste Hauler ID No. 101278
Cubic Yards of Waste TBD
Name of Registered Landfill Minerva Enterprises
City, State Waynesburg, OH
Disposal Date TBD
Completed by Michael Pajardo Title Office Clerk Signature
Date 01/07/2020

* 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:** January 10, 2020

**Job #: 9771.01**

**Name of Building Owner/Operator:** Delaware River Port Authority

**Street Address:**
One Port Center, 2 Riverside Drive
City, State, Zip Code: Camden, NJ 18101

**Name of Contact:** Steven Holmes
**Telephone Number:** 866-968-3328

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Ben Franklin Bridge - Annex Building
- **Street Address:** 420 North 6th Street
- **City:** Camden
- **County:** Camden
- **Name of Monitoring Firm Hired by Building Owner:** Criterion Laboratories
  - **ASCM No.:** 178
- **Name of Contractor:** Prime Group Remediation, Inc.

**Project Manager for Monitoring Firm:** Melissa Billingsley
**Telephone Number:** 215-244-1300

**Scheduled Start Date:** January 21, 2020
**Scheduled Completion:** January 24, 2020

**Occupancy Status During Abatement:**
- None

**Source of Work:**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
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<td>Stairwell to Basement</td>
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<td>Name of Reg. Waste Hauler</td>
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<td>David Geppert Recycling</td>
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<td>Cubic Yards of Waste</td>
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<td>Disposal Date</td>
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<td>01/24/2020</td>
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</tbody>
</table>

**Name of Reg. Landfill:** Western Berks Community Landfill

**Completed by:**
- **Title:** Project Manager
- **Signature:**
- **Date:** 01/10/2020

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