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

Date of Notification (1) 1/16/18

Agency Notified
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
Ray Loda

Name of Contact
Eric Plockis

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Point Pleasant, NJ 08742

City (5) Point Pleasant
County (6) Ocean

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

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Current Use (Prior to Demolition)
Home

Square Feet 924
# of Floors 1
Bldg. Age 99

Start Date (10) 1/17/18
Scheduled Completion Date (11) 1/24/18

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

- In Facility (13) Yes
- Not In Facility

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

Description of Asbestos-Containing Material (ACM)
(l.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
Brick Industries Inc.

NJ DEP Waste Hauler ID No. 21602

Cubic Yards of Waste 3

Name of Registered Landfill
GROWS Inc.

City, State Brick, New Jersey PA

Disposal Date 1/24/18

Completed by Eric Plockis
Title President

Signature
Date 1/16/18

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 1/17/18

Name of Building Owner/Operator (2) RPM

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

Street Address (3)

City, State, Zip Code Montclair, New Jersey

Name of Contact Gary

FACILITY INFORMATION

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

Street Address

City (5) Oceanport (Ft. Monmouth)

County (6) Monmouth

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Ace Insulation Co., Inc

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

Street Address 95 Montrose Rd

City, State, Zip Code Colts Neck, New Jersey 07722

Project Manager for Monitoring Firm

Telephone No. Telephone No. 7322941758

License No. 00029

Start Date (10) 1/28/18

Scheduled Completion Date (11) 2/2/18

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours (Check all that apply)
  - 7am-7pm

Scope of Work (Check All That Apply)

- Renovation
- Demolition
- Full Containment with Negative Pressure Environment
- 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)

Amount (Specify SF or LF) 2000 sq ft

Abatement Type

Name of Registered Waste Hauler Ace Insulation Co., Inc

City, State Colts Neck, NJ

Complied by Bree McGuire

Title Secretary Treasurer

Signature

Date 1/17/18

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

Date of Notification (1)
01/11/18

Name of Building Owner/Operator (2)
NJDEP - Natural & Historic Resources - Office of Resource Development

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

Address
275 Freehold - Englishtown Road

City, State, Zip Code
Englishtown, NJ 07726

Name of Contact
Mr. Al Payne

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

Square Feet
2,000 +

# of Floors
2

Bldg. Age
50 +

Current Use (Prior to being demolished)
Residence

Name of Facility Where Abatement is Taking Place (3)
Rockport Game Farm-Cruz Property - Residential

Street Address
Rockport Road

City (5)
Mansfield Township

Name of Monitoring Firm Hired by Building Owner (6)
USA Environmental Management, Inc.

County (6)
Warren

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Start Date (10)
01/28/18

Occuancy 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 or more sf or 3 or more if
- 160 sf or more to 220 sf

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>Roof</td>
<td>No</td>
<td>Black Tar Flashing</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof - Shed</td>
<td>X</td>
<td>Roofing</td>
<td>480 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Window Glazing</td>
<td>5 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Transite Siding</td>
<td>1,850 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consult., Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards of Waste
40

Name of Registered Landfill
Grand Central Landfill

City, State
Wayne, New Jersey

Disposal Date

Completed by
Jerry Bajonic

Title
Project Manager

Signature

Date
01/11/18

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

(Pursuant to N.J.A.C. 8:60 and 5:16)

**State of New Jersey**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Kimberly &amp; Joseph Connaghian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Glen Ridge, NJ 07028</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**Private house**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Ridge, NJ 07028</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Essex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>Gr Tech LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envirovision Consultants, Inc</td>
<td>973-638-1777</td>
<td>01127</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagaraw Road, Bldg. # 35E</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 3 to 6 sf or &gt; 6 sf</td>
</tr>
<tr>
<td>- Renovation</td>
</tr>
<tr>
<td>- Demolition</td>
</tr>
<tr>
<td>- Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
</tr>
<tr>
<td>- Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</td>
</tr>
<tr>
<td>- Yes No N/A</td>
</tr>
<tr>
<td>- Basement</td>
</tr>
<tr>
<td>- Pipe insulation</td>
</tr>
<tr>
<td>- 105 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T.O.B. W. Hauler ID No.</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N. Jevtic</td>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulytown, PA</td>
<td>01/16/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) | Name of Building Owner/Operator (2)  
---|---
01/15/18 | Samir Navani

Agencies Notified  
- EPA  
- DOLWD  
- DHSS  
- DCA (NJAC 5:23-8)  
- Other (i.e., private and commercial buildings, homes, etc.)

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

Street Address  
City, State, Zip Code  
Millburn, NJ 07041

Name of Contact  
Telephone Number

Samir Navani

FACILITY INFORMATION

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

Street Address  
City (5)  
Millburn, NJ 07041

County (6)  
Essex

County Code (7) (STATE USE ONLY)  
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
Name of Abatement Contractor (9)

Gr Tech LLC  
Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm  
Telephone No.  
License No.

Telephone No.  
973-638-1777  
01127

Start Date (10)  
Scheduled Completion Date (11)

01/24/18  
01/25/18

Name of OSHA Monitor  
Envirosision Consultants, Inc

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

- Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement  
AM:  
PM:

Scope of Work (Check all that apply)  
- >3 sf or >3 if

- >160 sf or >260 if

- Demolition  
- Renovation  
- Clean up and decontamination with negative pressure

- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Tent with Negative Pressure

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

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)  
125 LF

Abatement Type  
- Removal  
- Encapsulate  
- Reinstate

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  
Cubic Yards of Waste

Gr Tech LLC  
0033785  
TBD

City, State  
Wayne, NJ 07470

Name of Registered Landfill  
Disposal Date  
City, State

T.R.R.F. Inc  
TBD  
Tullytown, PA

Completed By (Print or Type)  
Title  
Owner  
Signature

N.Jextic  
Owner  
01/15/18

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

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:38 and 12:120)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>170 OBERLIN AVE</td>
<td>LAKEWOOD NJ</td>
<td>ZACH</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
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</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>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>NEWARK</td>
<td>Essex</td>
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</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOME</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>AAA LEAD PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 WHITE DOVE COURT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
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</table>

<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>732-666-9076</td>
<td>1200</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>01/14/18</td>
<td>1/17/18</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>x ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>x Renovation</td>
</tr>
<tr>
<td>x Demolition</td>
</tr>
<tr>
<td>x Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>x Mini-Enclosure</td>
</tr>
<tr>
<td>x Glovebag Procedure</td>
</tr>
<tr>
<td>x Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50SF</td>
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</tr>
<tr>
<td>40LF</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/17/18</td>
<td>BETHLEHEM PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>ASB-41 (R-06-00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI</td>
<td></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>JOSEPH PERLSTEIN</td>
<td>OWNER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
January 12, 2018

Agencies Notified
☑ EPA
☐ DCA
☑ DOH
☑ DEP

Notification Type
☑ Initial Notification

Emergency (including justification)

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

Street Address
223 North Van Dien Avenue

City, State, Zip Code
Ridgewood, NJ 07450-2736

Name of Contact
William Stasiak

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Valley Hospital

Bergen Wing Basement

Street Address
223 North Van Dien Avenue

City (6)
Bergen

County (6)
County Code (7)
(Site Use Only)

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

ASCM No.

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

Street Address
28 Washington Street

City, State, Zip Code
Ballston Spa, NY 12020

Project Manager for Monitoring Firm
Jim Miades

Telephone Number
347.435.3651

Scheduled Start Date (10)
January 26, 2018

Scheduled Completion Date (11)
April 30, 2018

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

Other - Describe: Phase 1- January 26, 2018- January 29, 2018

Source of Work (Check all that apply)

Renovation
Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
Remove, Repair Encap, Enclose

Basement Rm # A712

☑ VAT & Mastic

150 sf

Name of Reg. Waste Hauler
See Hauler Below 

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:

5

Name of Registered Landfill
Meadowfill Landfill/GROWS

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

Hauler #2)
Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type)
Marin Graure

Title
SENIOR PROJECT MANAGER

Signature
Marin Graure

Date
January 12, 2018

GAC # 2018-633
**Date of Notification (1)**
1-12-2018

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

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

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

**Street Address**

**City, State, Zip Code**
Montclair, NJ 07043

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

**City (5)**
Montclair NJ 07042

**County (8)**
Essex

**County Code (7)**

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

**Square Feet**
1390

**# of Floors**
2

**Bldg. Age**
91+

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

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

**ASCM No.**

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

**Street Address**
235 Virginia Avenue

**City, State, Zip Code**
Jersey City, NJ 07304

**Project Manager for Monitoring Firm**

**Telephone No.**
201-333-8855

**License No.**
01174

**Start Date (10)**
1-13-2017

**Scheduled Completion Date (11)**
1-13-2018

**Occupy 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)**
- Renovation
- Demolition

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

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

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

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

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
Green Environmental Services

**Cubic Yards of Waste**
1

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

**City, State**
Morrisville, PA

**Disposal Date**
1-13-2018

**Completed by**
Lilianna Serrano
Title: Office Manager

**Signature**

**Date**
1-12-2018

* Do not use this form for asbestos license exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:36 and 12:120)

Date of Notification (1)
1-12-18

Name of Building Owner/Operator (2)
WERNER FLORES

Agency Notified
EPA

Type Notification
Initial

City, State, Zip Code
WILLIAMSBORO, NJ 08046

Name of Contact
WERNER FLORES

Street Address

FACILITY INFORMATION

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

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

Street Address

Subchapter 8 (Other than K-12)

City (5)
WILLIAMSBORO

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

County (6)

Square Feet
1200

County Code (7) (STATE USE ONLY)

# of Floors
1

Current Use (Prior if being demolished)
RESIDENTIAL

Bldg. Age
VA

Name of Monitoring Firm Hired by Building Owner (8)
ATLAS ENV INSPECTION

Name of Abatement Contractor (9)
PRIMAR CONSTRUCTION

ASCM No.

Street Address
PO BOX 11645

Project Manager for Monitoring Firm
JASON

City, State, Zip Code
PHILA PA 19116

Telephone No.
267-784-4699

License No.
012076

Start Date (10)
1-26-18

Name of OSHA Monitor

Scheduled Completion Date (11)
1-26-18

Scope of Work (Check All That Apply)

Facility Closed/Vacated During Entire Period of Abatement

Other - Describe:

Location of Asbestos-Containing Material (ACM)

Living Room

Is Location Normally Used Exclusively by Maintenance/Custodial Staff (13)

Yes

Description of Asbestos-Containing Material (ACM)

Floor Tile

Amount (Specify SF or LF)
600SF

Abatement Type

Renovation

Full Containment with Negative Pressure

Demolition

Mini-Enclosure

Glovebox Procedure

Non-Exempted (*) and Non-Friable Procedure

Endorsement

Name of Registered Waste Hauler
PRIMAR CONSTRUCTION

Cubic Yards of Waste
1

Name of Registered Landfill
WESTERN BERO C L

City, State
PHILA PA

Disposal Date
1-26-18

City, State
WILLIAMSBORO, NJ

Completed by
GERALD DUA

Title
J.PRES

Signature

Date
1-12-18

* 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)

Date of Notification (1) 1/9/2018

Name of Building Owner / Operator (2) Stanley Griffiths

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Emergency
- Cancellation

Street Address

City, State & Zip Code

Trenton, NJ 08618

Name of Contact

Stanley Griffiths

Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)

Trenton

County (6)

Mercer

County Code (7)

ASCM No.

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

Street Address

3625 Quakerbridge Road

City, State & Zip Code

Trenton, NJ 08619

Project Manager for Monitoring Firm

Telephone Number

609-847-2956

Name of Abatement Contractor (9)

EMSG Analytical

Street Address

107 Haddon Ave.

City, State & Zip Code

Westmont, NJ 08108

Scheduled Start Date (10) 1/10/2018

Scheduled Completion Date (11) 1/10/2018

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

Describe:

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 lf
- ≥100 sf and ≥280 lf
- Renovation
- Demolition

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

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

Yes-No-N/A

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

Amount (Specify SF or LF)

Abatement Type

Pipe Insulation 20 lf

Name of Registered Waste Hauler

ALPHA ENVIRONMENTAL

City, State

Trenton, NJ

Completed By (Print or Type)

Rod Richardson

Title

Project Manager

Cubic Yards of Waste

1

Disposal Date

Various

Name of Registered Landfill

Grows Landfill

City, State

Morrisville, PA

Date

1/9/2018

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Removal

Repair

Encapsulate

Endoscopist
Date of Notification (1)  
01/11/18

Name of Building Owner/Operator (2)  
NJDEP - Natural & Historic Resources - Office of Resource Development

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

Street Address  
275 Freehold-Englishtown Road

City, State, Zip Code  
Englishtown, NJ 07726

Name of Contact  
Mr. Al Payne

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Rockport Game Farm-Ackerman Property - Residential

Street Address  
Rockport Road

City (5)  
Mansfield Township

County (6)  
Warren

County Code (7)  
(State Use Only)  

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

Square Feet  
2,000 +

# of Floors  
3

Bldg. Age  
50 +

Current Use (Prior If being demolished)  
Residence

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

ASCM No.  

Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.

Street Address  
1141 Route 23

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm  
William Weisgerber

Telephone No.  
(609) 656-8101

Telephone No.  
(973) 628-9200

License No.  
00408

Name of OSHA Monitor  
Enviro Vision Consultants, Inc.

Street Address  
20-21 Wagawar Road, Bldg. #35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Start Date (10)  
01/29/18

Scheduled Completion Date (11)  
02/28/18

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

Scope of Work (Check All That Apply)  
- ≤33 sf or ≤3 lf  
- ≥160 sf or ≥280 lf  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
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</thead>
<tbody>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Floor Tile &amp; Mastic</td>
<td>99 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>440 SF</td>
<td>x</td>
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<tr>
<td>Exterior</td>
<td>X</td>
<td>Transite Siding</td>
<td>2,310 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Black Tar Roof Coating</td>
<td>1,042 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
J.R. Contracting & Environmental Consul., Inc.

NJDEP Waste Hauler ID No.  
17819

Cubic Yards of Waste  
60

Name of Registered Landfill  
Grand Central Landfill

City, State, Zip Code  
Wayne, New Jersey 07470

Completed by  
Jerry Bijelonic

Title  
Project Manager

Signature  

Date  
01/11/18

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

GAC Project # 060-

Date of Notification (1) January 12, 2018

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

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MEDICAL SCIENCE, BLDG# 7257

Street Address
NEWARK CAMPUS

City (5) County (6) County Code (7)
NEWARK ESSEX

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

Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City State Zip Code
BUTLER, NJ 07405

License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGAROW ROAD

City State Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

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

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

G588, G592, G594, & E551

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

Amount (Specify SF or LF)
660 SF

Abatement Type
Full Containment with Negative Pressure Mini-Enclosure

Removal, Repair, Encase, Endorse

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

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561
Hauler #2) Newark Carting, Inc., Newark, NJ 07409 NJ DEP # 4509

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

Signature
Raymond C. Pedalino
Date
January 12, 2018
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18
Date of Notification (1)
January 3, 2018

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

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

Name of Building Owner/Operator (3)
RUTGERS, THE STATE UNIVERSITY OF N.J.
Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT;
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MEDICAL SCIENCE, BLDG# 7257

Street Address
NEWARK CAMPUS

City (5)
NEWARK
County (6)
ESSEX
County Code (7)

Name of Monitoring Firm Hired by Bldg, Owner (8)
ATC
ASCN No.
0098

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

Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-368-8800

Scheduled Start Date (10)
01/12/2018
Scheduled Completion Date (11)
01/15/2018

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

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

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

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

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

Amount (Specify SF or LF)

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

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

Cubic Yards of Waste: 15 CY

Disposal Date
1/15/2018

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

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

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12-120)

Date of Notification (1) 1/17/18
Name of Building Owner/Operator (2) CSX Transportation

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☑ Amended
☒ DOL ☑ Amendment #3
☐ DOH ☑ Emergency (including justification)
☐ DCA ☑ Cancellation

Street Address
500 Water Street
City, State, Zip Code
Jacksonville, FL 32202
Name of Contact Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Oak Island Rail Yard - Railcar MWCX 500108

Street Address
611 Delancey Street
City (6)
Newark, NJ 07105
County (6)
Essex
County Code (7)
(STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age
1 50+

Current Use (Prior if being demolished)
Retail

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

Name of Abatement Contractor (9)
Prism Response, Inc.
Street Address
102 Technology Lane
City, State, Zip Code
Export, PA 16632

Project Manager for Monitoring Firm
Mark Connors
Telephone No. 732-672-7519
License No.
01121

Start Date (10) 1/23/2018
Scheduled Completion Date (11) 1/25/2018
Name of OSHA Monitor
AECOM
Street Address
4840 Cox Road
City, State, Zip Code
Glen Allen, VA 23060

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

Scope of Work (Check All That Apply)
☒ 23 sf or 23 If
☒ 160 sf or 260 lf
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

Railcar MWC 500108 X Caulking 210 LF

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Waste Management
NJ/DEP Waste Hauler ID No. SW1724
Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill
Disposal Date 1/23/18
City, State
Morrisville, PA
Completed by
Jessica Wolfe
Title Admin. Support
Signature
Date 1/17/18

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

No fee put Tom Vomel due to Snow delays
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12-120)

State of New Jersey

Date of Notification (1) 1/17/18

Name of Building Owner/Operator (2)

CSX Transportation

Street Address

500 Water Street

City, State, Zip Code

Jacksonville, FL 32202

Name of Contact

Mark Connors

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Railyard - Raritan Corridor Line

Street Address

900 Green Lane

City (5)

Union, NJ 07083

County (6)

Union

County Code (7)

(STATE USE ONLY) ________

Type of Facility (4)

☑ School (K-12)
☐ Subchapter 13 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

1

# of Floors

1

Bldg. Age

60+

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)

AECOM

Name of Abatement Contractor (9)

Prism Response, Inc.

Street Address

4840 Cox Road

City, State, Zip Code

Glenside, PA 19038

Project Manager for Monitoring Firm

Mark Connors

Telephone No.

732-672-7519

License No.

01121

Start Date (10)

01/10/2018

Scheduled Completion Date (11)

01/23/2018

Occupancy Status During Abatement (Check 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)

☑ ≥ 5 sf or ≥ 2 if
☐ ≥ 10 sf or ≥ 250 lf

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

In Facility

(13)

Yes No N/A

Railcar GACX 54336 X Cauking 2160 LF

Railcar IFTX 92098 X Cauking 100 LF

Railcar GACX 54338 X Cauking 1760 LF

Railcar GACX 54325 X Cauking 1600 LF

Name of Registered Waste Hauler

Waste Management

NJ DEP Waste Hauler ID No.

SW1724

Cubic Yards of Waste

Name of Registered Landfill

GROWS Landfill

Disposal Date

1/19/18

City, State

Trenton, New Jersey

Completed by

Jessica Wolfe

Title

Admin. Support

Signature

Printed Name

Date

1/17/2018

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

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

Date of Notification (1): 1/17/18

Name of Building Owner/Operator (2): CSX Transportation

Agencies Notified: EPA, DEP, DOL

Type Notification: Amended

Street Address: 500 Water Street

City, State, Zip Code: Jacksonville, FL 32202

Name of Contact: Mark Connors

Name of Facility Where Abatement is Taking Place (3):
Railyard - Raritan Corridor Line

City (6): Union, NJ 07083

County (8): Union

County Code (7): [STATE USE ONLY]

Current Use (Prior if being demolished): Vacant

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

Name of Abatement Contractor (9): Prism Response, Inc.

Street Address: 4840 Cox Road

City, State, Zip Code: Glen Allen, VA 23060

Telephone No.: 732-672-7519

License No.: 01121

Start Date (10): 01/08/2018

Scheduled Completion Date (11): 01/23/2018

License No.: 01121

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

Scope of Work (Check All That Apply):

- [ ] 23 sf or ≤33 sf
- [ ] >160 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Encapsulate
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box Car TBOX 663110</td>
<td>X</td>
<td>Caulking</td>
<td>1600</td>
<td>IF</td>
</tr>
<tr>
<td>Box Car GACX 54339</td>
<td>X</td>
<td>Caulking</td>
<td>300</td>
<td>IF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:

Waste Management

Waste Hauler ID No.: SW1724

Cubic Yards of Waste: GROWS Landfill

Disposal Date: 1/19/16

City, State: Trenton, New Jersey

Completed by: Jessica Wolfe

Title: Admin. Support

Signature: [Signature]

Date: 1/17/2018

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

(Pursuant to N.J.A.C. 5:60, 11:63, and 12:120)

**Date of Notification (1):** 1/13/19

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

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

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

**Street Address:** 7002 Kennedy Blvd E. Unit 9C

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

**Name of Contact:** Justo Torres

**Telephone Number:**

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

**Galaxy Towers**

**Square Feet:** N/A

**# of Floors:** 30+

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

**County Code:** N/A

**Current Use (Prior if being demolished):** Large Apartment Complex

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

**Project Manager:**

**Telephone No.:**

**Start Date (10):** 1/24/19

**Scheduled Completion Date (11):** 1/29/18

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: 8 A.M. to 4 P.M.

**Scope of Work (Check All That Apply):**
- [ ] 23 sf or ± 3 if
- [X] 160 sf or ±280 sf
- [ ] 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:**

<table>
<thead>
<tr>
<th>Location/Description</th>
<th>Location Used Solely by Maintenance/Custodial Staff?</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>
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</thead>
<tbody>
<tr>
<td>Bedroom</td>
<td>x</td>
<td></td>
<td>Mastic</td>
<td>325 SF</td>
<td>x</td>
</tr>
<tr>
<td>Bedroom</td>
<td>x</td>
<td></td>
<td>Wood Floor</td>
<td>325 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**All Stages Abatement:**

**City, State:**

**Dispose of Waste:**

**Disposal Date:**

**Name of Registered Landfill:**

**Grand Central Sanitary Landfill**

**City, State:**

**City, State:**

**Pen Argyl, PA**

**Completed by:**

**Richard Cristofol**

**Title:**

**Signature:**

**Date:** 1/13/18

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

B & G proj. #: 2018-17
Check # 8760

Date of Notification (1)
10/11/18

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

Type Notification
- Initial [X]
- Amendment
- Cancellation

Name of Building Owner/Operator (2)
Dennis Carriero

Street Address

City, State, Zip Code
Butler, NJ 07405

Name of Contact
Dennis Carriero

Received
1/9/2019

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Dennis Carriero

Street Address

City (5)
Butler

County (6)
Morris

County Code (7) (State use only)

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

ASCM No.
n/a

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

B & G Restoration Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)666-6669

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

- Demolition
- Renovation [X]
- >3 sf or >3 ft [X]
- ≥160 sf or ≥260 lf [X]
- Full Containment/w/negative pressure
- Glovebag procedure [X]
- Mini-enclosure
- Non-friable procedure

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)

boiler room

flue pipe insulation

Amount (Specify SF or LF)

30 lf

Removal

Repair

Encapsulation

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19553

Cubic Yards of Waste

1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
01/23/2018

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
01/11/2016