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

Date of Notification (1)  January 10, 2020  Name of Building Owner/Operator (2)  Delaware River Port Authority

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

Name of Facility Where Abatement is Taking Place (3)
Ben Franklin Bridge - Annex Building

Street Address
420 North 6th Street

City (5)
Camden

County Code (7) (STATE USE ONLY)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 178

Criterion Laboratories

Name of Contractor (9)
Prime Group Remediation, Inc.

Street Address
400 Street Road

City, State, Zip Code
Bensalem, PA 19020

Project Manager for Monitoring Firm
Melissa Billingsley

Telephone Number
215-244-1300

Scheduling Start Date (10)
January 27, 2020

Scheduling Completion (11)
January 31, 2020

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Other - Describe: Work area will be vacated/isolated.

Source of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥150 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>36 LF</td>
<td>X</td>
</tr>
<tr>
<td>Stairwell to Basement</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>5 LF</td>
<td>X</td>
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</table>

Name of Reg. Waste hauler
David Geppert Recycling

City, State
Hatfield, PA

Completed by
Vincent Primavera

Title
Project Manager

Signature

Date 01/17/2020

*Cubic Yards of Waste
1

Name of Reg. Landfill
Western Berks Community Landfill

Disposal Date
01/31/2020

City, State
Birdsboro, PA

*Do not use this form for asbestos licensure exempted activities
**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:50-7 and 12:120-7)  
**Check #: 0198**  

**Date of Notification (1):** 01/21/20  
**Name of Building Owner / Operator (2):** WOODBRIDGE PUBLIC SCHOOL DISTRICT  
**Street Address:** PO BOX 428 SCHOOL STREET  
**City, State, Zip Code:** WOODBRIDGE, NJ 07093  
**JAN 27, 2020**  
**Name of Contact:** BRIAN WOLFERMAN  
**Telephone Number:** 732-602-8536  

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** FORMER ROSS STREET SCHOOL  
**Street Address:** 110 ROSS STREET  
**City (5):** WOODBRIDGE  
**County (6):** MIDDLESEX  
**County Code (7):**  
**Square Feet:** 30,000  
**# Of Floors:** 3  
**Building Age:** 50+  
**Current Use (Prior if being demolished):** SCHOOL  
**Name of Monitoring Firm Hired by Bldg. Owner (8):** ASCM NO  
**Street Address:** AHERA  
**City, State, Zip Code:**  
**Telephone Number:** [Redacted]  
**License Number:** [Redacted]  
**Name of OSHA Monitor:** NORTHSTAR CONTRACTING GROUP, INC.  
**City, State, Zip Code:** OCEANVILLE, NJ 08231  
**Telephone Number:** 32 Williams Parkway, East Hanover, NJ 07936  

**Scheduled Start Date (10):** 01/23/20  
**Sched. Completion Date (11):** 03/30/20  
**Telephone Number:** 973-884-8882  
**License Number:** 00860  

**Occupancy Status During Abatement (Check Only 1):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility  
- Other - Describe: **8:30 AM-5:00 PM**  

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

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
<th>R</th>
<th>E</th>
<th>R</th>
<th>N</th>
<th>E</th>
<th>C</th>
<th>A</th>
<th>P</th>
<th>S</th>
<th>O</th>
<th>L</th>
<th>U</th>
<th>S</th>
<th>I</th>
<th>R</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>YES NO N/A</td>
<td>(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>DEMOLITION DEBRIS</strong></td>
<td>[ ]</td>
<td>30,000 SF</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NORTHSTAR CONTRACTING GROUP INC  
**Hauler ID No.:** [Redacted]  
**Cubic Yards of Waste:** [Redacted]  
**Name of Registered Landfill:** WASTE MANAGEMENT - FAIRLESS HILL LANDFILL  
**City, State:** EAST HANOVER, NJ  
**Date:** [Redacted]  

**Completed by (Print or Type):**  
**Title:** Project Manager  
**Signature:** [Redacted]  
**Date:** 01/21/20
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 01 / 16 / 20

Name of Building Owner/Operator (2)
ULA 211 Properties, LLC

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☑ Amended
☐ Amendment #2
☐ Emergency (including
justification)
☐ Cancellation

Street Address
1069 East 9th Street

City, State, Zip Code
Brooklyn, NY 11230

Name of Contact
Avi

Telephone Number
646-846-2748

FACILITY INFORMATION

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

Square Feet
4000

County (6)
Monmouth

County Code (7) / STATE USE ONLY

Current Use (Prior if being demolished)
Residence

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

# of Floors
2

Bldg. Age
70

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

ASCM No.
Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
01 / 17 / 20

Scheduled Completion Date (11)
01 / 22 / 20

Name of OSHA Monitor
E.M.S.L. Analytical

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

Time of Abatement: ___AM-___PM/___PM-___AM

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

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

(13)

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

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

Amount (Specify
SF or LF)

Abatement Type

☐ Repair
☐ Removal
☐ Encapsulation
☐ Enclosure

exterior
☒ ☐ ☐ asbestos roofing
4150 sf

exterior
☒ ☐ ☐ asbestos siding
3500 sf

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDPE Waste Hauler ID No.
20223

Cubic Yards of Waste
15

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
01/22/20

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Femicola
Title
Project Manager

Signature
Date
1/16/20

* 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)
01/17/2020

Name of Building Owner/Operator (2)
William Carbone

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

Type Notification
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

Street Address

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
John Pensec

Telephone Number

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

Street Address

City (5)
Ridgewood

County (9)
Bergen

County Code (7)

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
 Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
9733456685

License No.
01311

Start Date (10)
01/27/2020

Scheduled Completion Date (11)
01/28/2020

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

Scope of Work (Check All That Apply)
- [X] 3 sf or 3 ft
- [ ] 160 to 225 sf or 1600 to 2250

Renovation
- [X] Demolition

Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] 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>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>50 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Atlantic Carting

Waste Hauler ID No.
26065

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
01/17/2020

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:120)

Date of Notification (1)  
01/17/2020

Name of Building Owner/Operator (2)  
Reuben Tversky

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

Street Address  
[Redacted]

City, State, Zip Code  
Paramus, NJ 07652

Name of Contact  
Reuben Tversky

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Paramus

County (6)  
Bergen

County Code (7) (STATE USE ONLY)  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.  
N/A

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm  
N/A

Telephone No.  
9733458685

License No.  
01311

Start Date (10)  
01/29/2020

Scheduled Completion Date (11)  
01/30/2020

Name of OSHA Monitor  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

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)  
\( \geq 30 \text{ sf or } \geq 33 \text{ if} \)
\( \geq 150 \text{ sf or } \geq 260 \text{ if} \)
Renovation
Demolition

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

In Facility (13)  
Kitchen

Is 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)  
Linoleum

Amount (Specify SF or LF)  
140 SF

Abatement Type  
Full Containment with Negative Pressure

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

Name of Registered Waste Hauler  
Atlantic Carting

Waste Hauler ID No. (14)  
26085

Cubic Yards of Waste (15)  
TBD

Name of Registered Landfill (16)  
Grand Central

Disposal Date (17)  
TBD

City, State  
Wayne, NJ

Pen Argyll, PA

Completed by  
Ned Joksimovic

Title  
Project Manager

Signature  
[Signature]

Date  
01/17/2020

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
01/17/2020

Name of Building Owner/Operator (2)
Leila Sullivan

Agencies Notified
<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
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<tr>
<td>DOH</td>
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</table>

City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Leila Sullivan

Facility Information

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

Street Address

City (5)
Maplewood

County (6)
Essex

County Code (7)

Type of Facility (4)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to being demolished)

Name of Abatement Contractor (8)
D&S Abatement, Inc.

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

PROJECT MANAGER FOR MONITORING FIRM

Street Address

City, State, Zip Code

Telephone No.
9733456685

License No.
01311

Start Date (10)
01/29/2020

Scheduled Completion Date (11)
01/29/2020

Name of OSHA Monitor
D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: Occupied

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥150 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

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

No

N/A

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

Amount (Specify SF or LF)
60 LF

Abatement Type

Removal

Repair

Encapsulation

Enclosure

Name of Registered Waste Hauler
Atlantic Carting

City, State
Wayne, NJ

Disposal Date
TBD

Name of Registered Landfill
Grand Central

City, State
Pen Argyl, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
01/17/2020

* 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)**
1/2/2020

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

**Name of Contact**
Danny Matarese

**Type of Facility (4)**
Other (i.e., private & commercial buildings, homes, etc.)

**City, State, Zip Code**
Wharton NJ

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Private Property</td>
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<tr>
<td>Street Address</td>
<td>N/A</td>
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<tr>
<td>County (6)</td>
<td>Morris County</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. N/A</td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
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<tr>
<td>City, State, Zip Code</td>
<td>N/A</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>N/A</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1/11/2020</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>1/15/2020</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>≥23 sf or ≥3 If</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Floor tile 9x9 under 12x12 tile 392 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>Removal</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>S-Bethlehem Rd Landfill</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 04509</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Disposal Date 2335 Abbe.png Bethlehem PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Principal</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Danny Matarese</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Private property</td>
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<tr>
<td>Street Address</td>
<td>Morris County</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<td>Bldg., Age</td>
<td>+50</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>ACM Solutions Services LLC</td>
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<tr>
<td>Address</td>
<td>1435 51st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Bergen NJ 07047</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Iris Environmental Laboratories</td>
</tr>
<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union NJ 07803</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1)
12/20/2019

Name of Building Owner/Operator (2)
Clark Broadway Associates LLC

Name of Contact
Danny Matarrese

Telephone Number
732-591-6261

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former A&P Supermarket

Street Address
52 Westfield Ave

City (5)
Clark NJ

County Code (7)
Union County

Current Use (Prior if being demolished)

Type of Facility (4)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
13500

# of Floors
1

Bldg. Age
60

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Telephone No.
201-552-9685

License No.
01384

Project Manager for Monitoring Firm
N/A

Name of OSHA Monitor
Iris Environmental Laboratories

Start Date (10)
1/3/2020

Scheduled Completion Date (11)
2/20/2020

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

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?
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 Envelope Encapsulation

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Name of Registered Landfill
ISES Bethlehem Rd Landfill

Disposal Date
2333 Applebluff Rd Bethlehem PA

Completed by
Galo Zumba

Title
Principal

Signature
Date
12/20/2019

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1)
12/27/2019

Name of Building Owner/Operator (2)
Private property

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

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

Street Address
[ ]

City, State, Zip Code
Florham Park NJ

Name of Contact
Danny Matarese

Telephone Number
1

NAME OF FACILITY

City (5)
Florham Park NJ

County (6)
Union County

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

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Project Manager for Monitoring Firm
N/A

Telephone No.
201-552-9885

License No.
01384

Start Date (10)
12/28/2019

Scheduled Completion Date (11)
12/29/2019

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

Other – Describe: 7:00 AM to 4:00 PM

Scope of Work (Check All That Apply)
[ ] ≥3 sf of ≥3 ft
[ ] ≥160 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) 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)
elbows (wrap and cut)

Amount (Specify SF or LF)
20 elbows

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem Rd Landfill

City, State
2335 Applebutter Rd Bethlehem PA

Disposal Date

2335 Applebutter Rd Bethlehem PA

Completed by
Galio Zumba

Title
Principal

Signature

Date
12/27/2019

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>17 /2020</th>
</tr>
</thead>
</table>

**Agency Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #2</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORP.

**Street Address**
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
KINNARI PATEL

**Telephone Number**
732-594-6352

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
126 EAST LINCOLN AVENUE - BUILDING 60

**City, State, Zip Code**
RAHWAY, UNION COUNTY, NEW JERSEY 07065

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

**Street Address**
313 SPOOK ROCK ROAD

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

**Name of OSHA Monitor**
AMERISCHE LABORATORIES INC

**Street Address**
117 EAST 30TH STREET

**City, State, Zip Code**
NEW YORK, NEW YORK 10016

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

**Square Feet**
89,717

**No. Floors**
5

**Bldg. Age**
82

**Expected State Date (10)**
1 / 2020

**Sched. Completion Date (11)**
5 / 30 /2020

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

**Scope of Work (Check all that apply)**
- Full Containment with Negative Pressure
- Mini Enclo...
- Glovesbag 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 Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2ND FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
<tr>
<td>3RD FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>1,900 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**Cubic Yards of Waste**
120

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

**Disposal Date**
01/06/20-05/30/20

**Completed by (Print or Type)**
BENJAMIN SANchez

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
1/17/20
# Notification of Asbestos Abatement

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
12 / 20 / 2019

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORP.

**Street Address**
128 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**Name of Contact**
KINNARI PATEL

**Telephone Number**
732-594-6352

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION

**Street Address**
128 EAST LINCOLN AVENUE - BUILDING 60

**City (5)**
RAHWAY

**County (6)**
UNION

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. ASOM No. 104

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

**Street Address**
555 WEST SHORE TRAIL

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Telephone Number**
973-728-5649

**License Number**
945-369-7500

**Name of OSHA Monitor**
AMERISCI LABORATORIES INC

**Street Address**
313 SPOOK ROCK ROAD

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

**Telephone Number**

**License Number**

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES, INC.

**Disposal Date**

**Cubic Yards of Waste**

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.

**Address**

**Waste Hauler ID No.**

**Name of Registered Waste Hauler**

**Waste Hauler ID No.**

**City, State**

**Disposal Date**

**Name of Registered Landfill**

**Waste Hauler ID No.**

**City, State**

**Disposal Date**

**Name of Registered Waste Hauler**

---

**Expected State Date (10)**
1 / 13 / 2020

**Sched. Completion Date (11)**
5 / 30 / 2020

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

**Scope of Work (Check all that apply)**
- X Demolition
- X 3SF OR LF
- X >100 SF OR 280 LF
- X Renovation
- X Full Containment with Negative Pressure
- X Mini Enclo, Gloves
- X Glovebag Procedure
- X Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)**

**Location normally used solely by Maintenance Staff (13)**

**Is Location normally used solely by Maintenance Staff (13)**

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Completed by (Print or Type)**

**Title**

**Signature**

**Date**

---
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80-7 and 12:120-7)

Date of Notification (1)

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

Type Notification
- [ ] Initial Notification
- [x] Amended Notification #1
- [x] Cancellation
- [x] On Hold
- [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY23-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07035

Name of Contact
KINNARI PATEL
Telephone Number
732-594-6352

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Address
126 EAST LINCOLN AVENUE - BUILDING 60

City (5)  RAHWAY  County (6)  UNION  County Code (7)  UNION ONLY

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code  SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH
1973-729-5649

Telephone Number

License Number

Expected State Date (10)
1/13/2020

Sched. Completion Date (11)
5/30/2020

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: MONDAY -FRIDAY 7AM - 3:30 PM

Scope of Work (Check all that apply)

- [x] Demolition
- [x] Renovation
- [ ] 2SF OR LF
- [x] >180 SF OR 280 LF

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

in Facility (13)

Yes  No  N/A

2ND FLOOR

PIPE INSULATION  1,900 SF  X

3RD FLOOR

PIPE INSULATION  1,900 SF  X

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

City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE ROUTE 15

City, State
MONTGOMERY, PA 17752

Disposal Date
01/06/20-05/30/20

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
1-2-2020
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:650-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 1/16/2020

Name of Building Owner/Operator (2)

Allison Clafin

Agencies Notified

[X] EPA

Type Notification

[X] Initial Notification

[ ] DEF

[ ] Amended Notification

[X] DOL

[ ] Emergency Notification

[ ] DOH

[ ] Cancellation

Street Address

South Orange, NJ, 07079

City, State, Zip Code

Name of Contact

Allison Clafin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Allison Clafin

City

South Orange

County

Essex

County Code (7) (STATE USE ONLY)

N/A

Square Feet

N/A

Name of Monitoring Firm hired by Building Owner (8)

ASCN No.

N/A

Name of OSHA Monitor

N/A

Type of Facility (4)

[ ] School (K-12)

[ ] Subchapter 8 (Other than K-12)

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

Scheduled Start Date (10)

01 23 20

Month Day Year

Sched. Completion Date (11)

01 24 20

Month Day Year

Occupancy Status During Abatement (Check one)

[X] Abatement Performed Outside of Normal Facility Hours

[ ] Other (Specify)

Scope of Work (Check all that apply)

[X] Renovation

[ ] Demolition

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

Location Normally Used

[X] Maintenance/ Custodial Staff

Location to be Abated

A

Abatement Type

[X] Non-Friable Procedure

[X] Full Containment with Negative Pressure

[X] Glovebag Procedure

[X] Mini-Enclosure

Type

Removal

Repair

Encapsulation

Enclosure

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJ DEP Waste Hauler ED No. 17040

Cubic Yards of Waste

1.0

Name of Registered Landfill

Tri-State

City, State

Montclair, NJ 07042

Disposal Date

01/27/20

City, State

Bronx, NY, 10474

Name of Registered Landfill

Tri-State

Disposal Date

01/27/20

Name of Registered Landfill

Tri-State

Disposal Date

01/27/20

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

1/16/2020

Site Location

Pipe Insulation

90 LF

X

X
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/16/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Caravella Demolition INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>40 Deforest Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>East Hanover NJ 07936</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dina Caravella</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973)884-4900</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Casino In The Park |
| Street Address | 1 Lincoln Park |
| **City (5)** | Jersey City |
| County (6) | Hudson |
| **County Code (7) (STATE USE ONLY)** | |
| Current Use (Prior if being demolished) | Demolition |
| **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 |

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

**Name of Abatement Contractor (9)**
Rizov LLC

| Street Address | 2333 Route 22 West |
| City, State, Zip Code | Union NJ 07083 |
| Telephone No. | (908)206-0073 |
| License No. | 01369 |

**Start Date (10)**
01/06/2020
**Scheduled Completion Date (11)**
01/31/2020

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft
- 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? (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>Roof</td>
<td>No</td>
<td>Black Roof Material</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
<td>No</td>
<td>Black Roof Material</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof under Storage Room</td>
<td>Yes</td>
<td>Black Roof Material</td>
<td>300 SF</td>
<td>X</td>
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<tr>
<td>Roof under Shingle Roof</td>
<td>Yes</td>
<td>Black Roof Material</td>
<td>400 SF</td>
<td>X</td>
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**Name of Registered Waste Hauler**
Atlantic Carting LLC

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

**Completed by**
Aleksandra Rizova

**Title**
Owner

**Signature**

**Date**
01/16/2020

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

Date of Notification (1)
01/17/2020

Agreement Number
05-95

Name of Building Owner/Operator (2)
Lucia Palma

City, State, Zip Code
Parsippany, NJ 07055

Facility Information

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

Street Address
20 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

County Codes (4)

Name of Avocation Contractor (5)
Unicorn Contracting Corp.

Street Address
20 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

Name of Abatement Contractor (6)
Unicorn Contracting Corp.

County Codes (7)
(STATE USE ONLY)

ASCM No.

License No.
01391

Scope of Work (Choose All That Apply)

Renovation

Demolition

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe
08:00 AM - 09:30 PM

EIA Treatment

Full Containment with Negative Pressure

Mist-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Permissible Procedure

Schedule of Work (Choose All That Apply)

≥32 sf or ≥32 l f

≥150 sf or ≥150 l f

≥32 sf or ≥32 l f

≥150 sf or ≥150 l f

Location of Asbestos-Containing Materials (ACM) to Be Abated

in Facility

Location

Asbestos-Containing Material (ACM)

In Facility

Yes

No

N/A

Asbestos-containing Pipe Insulation

Aerosol

Amount

0.0 LF

Name of Registered Waste Handler

Unicorn Contracting Corp.

0035844

Disposal Date

5/2

Remarks

Woodland Park, New Jersey

Completed by

Zeljko Nikolic

Title

President

Date

01/17/2020
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1/17/20

Name of Building Owner/Operator (2)
Aimee Barret

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

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

Street Address
City, State, Zip Code
Chatham NJ 07928

Name of Contact
Aimee

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

City (5)
Chatham

County (8)
Morris

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
4 E Gate Drive, PO Box 483

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
1/29/20

Scheduled Completion Date (11)
3/7/20

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

Scope of Work (Check All That Apply)
[ ] 3 ft or 83 ft
[ ] 160 sf or 2260 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

(13)

(12)

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

exterior duct insulation

Amount
50 SF

Abatement Type

Endoscope

Endeavor

Endoscope

Endeavor

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Pen Argyl, PA

Newark, NJ

Completed by
A. Scott Higgins
Title
President

Signature

Date
1/17/20

* 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): 1/17/20
Name of Building Owner/Operator (2): [Redacted]

Agency Notified: [ ] EPA [ ] DEP [ ] DOH [ ] DOJ [ ] DCA
Type Notification: [ ] Initial [ ] Amended [ ] Amendment # [ ] Emergency (Including certified exigency) [ ] Cancellation
Street Address: [Redacted]
City, State, Zip Code: [Redacted]
Name of Contact: [Redacted]
Telephone Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): [Redacted]
Type of Facility (4): [ ] School (K-12) [ ] Subchapter 5 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [Redacted]
City (5): [Redacted]
County (6): [Redacted]
Square Feet: 1800
$ of Floors: 2
Bldg. Age: 1950
Current Use (Prior to being demolished): (Read Below)

[Redacted]

Name of Monitoring Firm Hired by Building Owner (5): [Redacted]
ASCM No.: [Redacted]
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 Huyler St
City, State, Zip Code: Hackensack, N.J. 07606

Scope of Work (Check all that apply)
[ ] 2 ≤ 3 sf or 2 ≤ 3 ft
[ ] 3 ≤ 160 sf or 2 ≤ 200 sf
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (C) and Non-Priable Procedure

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

Name of Registered Waste Hauler: Best Removal Inc
N.J. DEP Waste Hauler ID No.: 17109
Cubic Yards of Waste: [Redacted]
Name of Registered Landfill: [Redacted]
City, State: Hackensack, N.J. 07601
Disposal Date: 2/3/20
Newburgh, Pa. 17240

Completed by: J. MAIORENO
Signature: [Redacted]
Date: 1/17/20

* Do not use this form for asbestos removal of exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

Date of Notification (1)  
01/15/2020

Name of Building Owner/Operator (2)  
Conrado Herrera

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

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

Street Address  
[Matawan, NJ 07747]

City, State, Zip Code  
Matawan, NJ 07747

Name of Contact  
Conrado Herrera

FACILITY INFORMATION

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

Street Address  
[Matawan]

City (5)  
Matawan

County (6)  
Monmouth

Square Feet  
2,225

# of Floors  
2

Bldg. Age  
1925

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
Danvic Contracting LLC

Street Address  
240 South 5th St.

City, State, Zip Code  
Elizabeth, NJ 07206

Telephone No.  
908-906-4123

License No.  
01355

Iris Environmental Laboratories, Inc.

Project Manager for Monitoring Firm  

Start Date (10)  
01/30/2020

Scheduled Completion Date (11)  
01/31/2020

Name of OSHA Monitor  

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

Scope of Work (Check All That Apply)  
☒ 253 sf or ≥3,000 sf
☒ 1,600 sf or ≥260 sf

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

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

Yes  
No  
X

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

Amount  
100 LF

Abatement Type

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler  

Danvic Contracting LLC

N.J. DEP Waste Hauler ID No.  
37574

Cubic Yards of Waste  
3

Name of Registered Landfill  
Fairless Landfill

City, State  
Morrisville, PA

Disposal Date  
TBD

Completed by  
Jeymy Donneys

Title  
Owner

Signature  
[Signature]

Date  
01/15/2020

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>January 17, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>NJIT</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Cheryl Caterino</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-249-1818</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>NJIT Weston Hall</td>
</tr>
<tr>
<td>Street Address</td>
<td>346-366 Martin Luther King Jr Blvd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>County Code (State Use Only)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>OMEGA Environmental Services Inc</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Osiyo Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>292 Main Street, #261</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Harleysville, PA 19438</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Gary Mellor</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-489-8700</td>
</tr>
<tr>
<td>Start Date</td>
<td>01/13/2020</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>01/29/2020</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Schneider Laboratories Global Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>2512 West Cary Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Richmond, VA 23220</td>
</tr>
</tbody>
</table>

**Facility Information**

- **Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**
- **Current Use (Prior if being demolished):**

**Occupancy Status During Abatement**
- 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 ≥ 260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpet Glue and Tile Mastic</td>
<td>2,750SF</td>
</tr>
<tr>
<td>Vinyl Tile with Mastic</td>
<td>50SF</td>
</tr>
<tr>
<td>Vinyl Tile with Mastic</td>
<td>50SF</td>
</tr>
<tr>
<td>Vinyl Tile with Mastic</td>
<td>300SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
- Century Waste Services LLC
- NJ/DEP Waste Hauler ID No.
- Cubic Yards of Waste
- Name of Registered Landfill
- Fairless Landfill

**Completed by**
- Carol Bradford
- President

**Signature**

**Date**
- 01/17/2020

*Do not use this form for asbestos licensure-exempted activities.*
NJIT Weston Hall
Amended #2 Page 2

First Floor Lecture Hall #1 remove 9LF of asbestos pipe insulation (wrap and cut procedure).

First Floor Lecture Hall #1 remove 2" asbestos pipe elbows 10ea (wrap and cut procedure).

First Floor Lecture Hall #1 remove 30SF of asbestos transite panel.

First Floor Lecture Hall #1 remove asbestos mastic on two columns approximately 250SF.

First Floor Lecture Hall #1 remove 4" pipe elbows and fittings 5ea (wrap and cut procedure).
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 1 / 15 / 20

Name of Building Owner/Operator (2)
Rider University

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

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

Street Address
2083 Lawrenceville Road
City, State, Zip Code
Lawrenceville, NJ 08648

Name of Contact
Walter Eddy
Telephone Number
609-896-5060

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Rider University - Omega House

Street Address
2083 Lawrenceville Road
City (5)
Lawrenceville
County (5)
Mercer

County Code (?) (STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)
Pannoni
ASCM No.
102

Name of Abatement Contractor (9)
Plymouth Environmental Company, Inc

Street Address
515 Grove Street, Suite 1B
City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Brian Clark
Telephone No.
856-656-2944

License No.
610-239-9920

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

Name of OSHA Monitor
EMSL Laboratory

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM-

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 (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

Name of Registered Waste Hauler
Robinson Waste Disposal
NJDEP Waste Hauler ID No.
17304

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS Landfill

City, State
Voorhees, NJ 08043

Disposal Date
1/31/20

Completed By (Print or Type)
James M. Kelly
Vice President

Signature

Date
1/15/03

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM  
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner / Operator (2)</th>
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<tbody>
<tr>
<td>January 14 2020</td>
<td>Rider University</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th></th>
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<tbody>
<tr>
<td>Initial Notification</td>
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<tr>
<td>Amended Notification</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2083 Lawrenceville Road</td>
<td>Walter Eddy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Lawrenceville, NJ 08648</td>
<td>609-896-6000</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Rider University – Omega House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>2083 Lawrenceville Road</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>Lawrenceville</td>
<td>Mercer</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennoni Associates Inc.</td>
<td>00102</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Campus Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plymouth Environmental</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>515 Grove Street, Suite 1 B</td>
<td>Haddon Heights, NJ 08035</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Clark</td>
<td>(856) 547-0505</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(610) 239-9920</td>
<td>0938</td>
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<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>January 20, 2020</td>
<td>January 31, 2020</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check all that apply)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours</td>
<td></td>
</tr>
<tr>
<td>Describe: 7am – 5pm</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Glove Bag</th>
</tr>
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<tbody>
<tr>
<td>X Full Containment</td>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</td>
</tr>
<tr>
<td></td>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
</tr>
<tr>
<td></td>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<table>
<thead>
<tr>
<th>Basement level community room</th>
<th>Enter only Square Footage</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>1000 sf</td>
</tr>
<tr>
<td>No</td>
<td>sf</td>
</tr>
<tr>
<td>No</td>
<td>sf</td>
</tr>
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<td>sf</td>
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<td>No</td>
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<tr>
<td>No</td>
<td>sf</td>
</tr>
<tr>
<td>No</td>
<td>sf</td>
</tr>
</tbody>
</table>

TOTALS 1000 SF LF

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Brian Clark</td>
<td>Project Manager</td>
<td>Brian Clark</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>1/14/20</th>
</tr>
</thead>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  1 / 17 / 20

Name of Building Owner/Operator (2)
Princeton University

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

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

Street Address
E.A MacMillian Building

City, State, Zip Code
Princeton NJ. 08540

Name of Contact
Robert Ortega

Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University Moffett 4th Floor

Street Address
Washington Road

City (5)
Princeton

County (6)
Mercer

County Code (7)

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

Square Feet
70,000

# of Floors
4

Bldg. Age
+/- 70

Classrooms

Name of Monitoring Firm Hired by Building Owner (8)
Penmoni Associates Inc.

ASCM No.
00102

Name of Abatement Contractor (9)
USA Environmental Management, Inc.

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

License No.
1156

Telephone No.
215-365-5810

Project Manager for Monitoring Firm
R Alan Lloyd

Telephine No.
856-547-0505

Name of OSHA Monitor
USA Environmental Management, Inc.

Start Date (10)
12 / 16 / 19

Scheduled Completion Date (11)
2 / 6 / 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: 7:00 AM-11:00 PM/11:00 PM-7:00 AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☒ ≥180 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) TO BE ABATED
IN Facility (13)

Hallway throughout
☐ ☐ ☒ Floor Tile

Near Room 428 12x12 Beige
☐ ☐ ☒ Mastic

Mastic Throughout w/ 12x12BLUE
☐ ☐ ☒ Mastic

Page 1 of 2 Continue Attached
☐ ☐ ☒

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 ☐

Name of Registered Waste Hauler Service Transport
NJ DEP Waste Hauler ID No.
20890

Cubic Yards of Waste
120 CY

Name of Registered Landfill
Waste Management Tullytown

City, State
Tullytown Pa.

Disposal Date
2-6-20

Name of Registered Landfill
Waste Management Tullytown

City, State
Tullytown Pa.

Completed By (Print or Type)
Kevin Meldrum

Title
Project Manager

Signature

Date
1-17-20

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leveler Throughout</td>
<td>X</td>
<td>Floor Leveler</td>
<td>15,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Near Foyer</td>
<td>X</td>
<td>12x12 Blue Tile &amp; Mastic</td>
<td>200SF</td>
<td>X</td>
</tr>
<tr>
<td>Foyer/Room 422 Area</td>
<td>X</td>
<td>12x12 Off White Tile-Mastic</td>
<td>9000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Foyer/Room 422 Area</td>
<td>X</td>
<td>Leveler /Mesh Fabric</td>
<td>200SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout Floor</td>
<td>X</td>
<td>Mastic on Fiberglass</td>
<td>2000LF</td>
<td>X</td>
</tr>
<tr>
<td>Lab Hoods throughout</td>
<td>X</td>
<td>Transite Hoods</td>
<td>12 Each</td>
<td>X</td>
</tr>
<tr>
<td>Chiller,422,429A, 429B</td>
<td>X</td>
<td>White Speck Sheet Flooring</td>
<td>300 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout</td>
<td>X</td>
<td>Transite Drying Racks</td>
<td>800 SF</td>
<td>X</td>
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<tr>
<td>Mastic w/12x12 Blue throughout</td>
<td>X</td>
<td>Mastic</td>
<td>1000SF</td>
<td>X</td>
</tr>
<tr>
<td>Old Freezer Area</td>
<td>X</td>
<td>Cork &amp; Mastic</td>
<td>250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):**  
01 / 16 / 20

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

**Agencies Notified:**  
- EPA
- DOH
- DOLWD
- DCA (NJAC 5:23-6)
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancelation

**Type Notification:**  
- [ ] Initial
- [ ] Amendment #__

**Street Address:**  

**City, State, Zip Code:**  
Fair Lawn, NJ 07410

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

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

**Square Feet:**  
1,806

**# of Floors:**  
2

**Bldg. Age:**  
65

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

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

**Name of Monitoring Firm Hired by Building Owner (8):**  
Management & Enviro. Consulting Services

**ASCM No.:**

**Name of Abatement Contractor (9):**  
Shade Environmental, LLC

**Street Address:**  

**City, State, Zip Code:**  
Chesterfield, NJ 08515

**Name of OSHA Monitor:**  
EMSL Analytical, Inc.

**Project Manager for Monitoring Firm:**  
Bill Weisgarber

**Telephone No.:**  
609-288-4070

**Telephone No.:**

**License No.:**  
00842

**Start Date (10):**

**Scheduled Completion Date (11):**

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

**Time of Abatement:**

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

- [x] 3 sf or > 3 sf
- [ ] 160 sf or > 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**  
Floor Tile and Mastic  
760 SF

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

**Abatement Type:**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</table>

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

**NJDEP Waste Hauler ID No.:**  
15839

**Cubic Yards of Waste:**  
8

**Name of Registered Landfill:**  
Fairless Landfill

**City, State:**  
Freehold, NJ

**Disposal Date:**  
02/05/2020

**City, State:**  
Morrisville, PA

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

Christina Fay  
Vice President of Operations

**Signature:**

**Date:**  
02/05/2020

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 16 / 20</th>
<th>Name of Building Owner/Operator (2)</th>
<th>New Jersey Department of Military &amp; Veterans Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address as Notified</td>
<td>101 Eggerts Crossing Road</td>
<td>Street Address</td>
<td>City, State, Zip Code Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Name as Printed (3)</td>
<td>Sea Girt National Guard Training Center</td>
<td>Name of Contact</td>
<td>William McBride</td>
</tr>
<tr>
<td>County (5)</td>
<td>Sea Girt</td>
<td>Telephone Number</td>
<td>609-630-7136</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
<td>Current Use (Prior to being demolished)</td>
<td>Government Building</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Sea Girt National Guard Training Center</td>
<td>Current Use (Prior to being demolished)</td>
<td>Government Building</td>
</tr>
<tr>
<td>State Address</td>
<td>1 Camp Drive</td>
<td>SQA Feet</td>
<td>80,600</td>
</tr>
<tr>
<td>City (5)</td>
<td>Sea Girt</td>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
<td>Blg. Age</td>
<td>80</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>TTI Environmental, Inc.</td>
<td>Name of Asbestos Contractor (9)</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1263 North Church Street</td>
<td>Telephone No.</td>
<td>856-640-5800</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Middletown, NJ 07748</td>
<td>License No.</td>
<td>00842</td>
</tr>
<tr>
<td>Project Manager for Managing Firm</td>
<td>Mike Stocky</td>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical, Inc.</td>
</tr>
<tr>
<td>Consent Date (10)</td>
<td>01 / 24 / 20</td>
<td>Scheduled Completion Date (11)</td>
<td>01 / 24 / 20</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>Time of Abatement: AM/PM</td>
<td>AM/PM</td>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 07077</td>
</tr>
<tr>
<td>Type of Work (Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of or over 20 H</td>
<td>Demolition</td>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>20 to 200 H</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 15938</td>
<td>Cubic Yards of Waste</td>
<td>Cinnaminson, NJ 07077</td>
</tr>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Christina Flay</td>
<td>Signature</td>
<td>01/24/2020</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President of Operations</td>
<td>Date</td>
<td>01/24/2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01 / 17 / 20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Princeton University</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DCA</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☑ MacMillan Building</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>☑ Princeton, NJ 08543</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton, NJ 08543</td>
<td>Ryan Dickerson</td>
<td>609-258-6911</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Geophysical Fluid Dynamics Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>201 Forrestal Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Laboratory</td>
</tr>
</tbody>
</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>TTI Environmental, Inc.</td>
<td>00003</td>
<td>Shade Environmental, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1253 N. Church Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>856-840-8800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>ENSL Analytical, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td>AM-PM/AM-PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 3 sf or 3 ft</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ 160 sf or 260 ft</td>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

<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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Main Building: Drywall Walls and Framing</td>
<td>5,700 SF</td>
</tr>
<tr>
<td>1st Floor Main Building: Spray-on Fireproofing</td>
<td>100 SF</td>
</tr>
</tbody>
</table>

<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)</th>
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</thead>
<tbody>
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<td>1st Floor Main Building: Drywall Walls and Framing</td>
<td>5,700 SF</td>
</tr>
<tr>
<td>1st Floor Main Building: Spray-on Fireproofing</td>
<td>100 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
<th>NJ/DEP Waste Hauler ID No. 1539</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>02/21/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Christina Fay</th>
<th>Title</th>
<th>Vice President of Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>[Signature]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date** | 1/17/2020 |

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**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>
</tr>
</thead>
<tbody>
<tr>
<td>01/17/2020</td>
<td>City of Clifton</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancelation</td>
</tr>
</tbody>
</table>

**Street Address**

900 Clifton Ave, Clifton, NJ 07013

**Name of Contact**

Charles Longo c/o West End KB Builders & Developers

**Telephone Number**

732-389-3355

**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>Clifton Station No 5</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>51 Brighton Road</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
</tbody>
</table>

**City (5)**

Clifton

**County (6)**

Passaic

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,000</td>
<td>1</td>
<td>55+</td>
</tr>
</tbody>
</table>

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

Environmental Health Investigations, Inc.

**ASCM No.**

00104

**Name of Abatement Contractor (9)**

Unicorn Contracting Corp.

**Street Address**

655 West Shore Trail, Sparta, NJ 07871

**Telephone No.**

973-729-5649

**License No.**

973-333-9176

**Name of OSHA Monitor**

Envirovision Consultants, Inc.

**Start Date (10)**

01/26/2020

**Scheduled Completion Date (11)**

01/31/2020

**Name of Registered Waste Hauler**

Unicorn Contracting Corp.

**NDEP Waste Hauler ID No.**

0035844

**Cubic Yards of Waste**

1+ Fairless Hills Landfill

**Disposal Date**

TBD

**Completed by**

Zhivko Nikolov

**Title**

President

**Signature**

Date: 01/17/2020