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

Date of Notification (1): 1-11-20

Name of Building Owner/Operator (2): JOHNATHAN HAWK EXCAVATING

Street Address: P.O. BOX 198

City, State, Zip Code: CAPE MAY COURT HOUSE, NJ 08206

Name of Contact: JOHN

Telephone Number: (609) 786-3810

FACILITY INFORMATION

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

Type of Facility (4): VACANT

Square Feet: 1750

Scheduling Completion Date (11): 1-31-20

Current Use (Prior if being demolished): RENTED

County Code (7): N/A

Bldg. Age: 50+

Name of Abatement Contractor (9): KLEWCO INC

Telephone No.: 856-779-0722

License No.: 01371

Name of OSHA Monitor: N/A

Total Occupancy: 2

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

IN Facility (13):

Location: SIDING

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

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

Amount: (Specify SF or LF): 1750 SF

Abatement Type: Demolition

Location of Registered Waste Hauler: KLEWCO INC

NJDEP Waste Hauler ID No.: 7986

Cubic Yards of Waste: 3

Name of Registered Landfill: C.W.C.A.M.V.

City, State: MAPLE SHADE, N.J

Disposal Date: 1-31-20

Woodbine

Completed By: MICHAEL KLEW
Title: S.P.
Date: 1-11-20

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

ASB-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/26/2019

Name of Building Owner/Operator (2) Leisure Village Association

Agencies Notified

- EPA
- DEP
- DOH
- DOL
- DCA

Type Notification
- Initial
- Amended
- Amend #01
- Emergency (including
justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Dorchester Hall

Street Address
19 Buckingham Drive

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Tom Claus

Telephone Number
(732) 367-0630

FACILITY INFORMATION

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

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

ASCM No.

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address
PO Box 341

City, State, Zip Code
Crosswicks, NJ 08515

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

Start Date (10)
1/9/2020

Scheduled Completion Date (11)
1/31/2020

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 if
- ≥160 sf or ≥200 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox 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? (14)
Yes
No
N/A

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

Amount (Specify SF or LF)
3350 sf

Abatement Type

Endorsement

Name of Registered Waste Hauler
Stevens Environmental

NJDEP Waste Hauler ID No.
18292

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date
1/31/2020

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature

Date
1/18/2020

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: 12/26/2019

Name of Building Owner/Operator:
Leisure Village Association

Name of Contact: Tom Claus
Telephone Number: (732) 367-0630

Name of Facility Where Abatement is Taking Place:
Dorchester Hall

Street Address:
Dorchester Drive Leisure Village

City: Lakewood, NJ 08701

County: Ocean

Name of Monitoring Firm Hired by Building Owner:
MECS

ASCM No: Stevens Environmental Services, Inc.

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

Square Feet: 20000

# of Floors: 1

Bidg. Age: 60 +/-

Current Use (Prior to being demolished):

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

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

Billiards Room

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

VAT/Mastic

Amount (Specify SF or LF): 3350 sf

Abatement Type:

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

Name of Registered Waste Hauler:
Stevens Environmental

City, State: Allentown, NJ

Cubic Yards of Waste:
10

Name of Registered Landfill:
Fairless Landfill

City, State: Morrisville, PA

Disposal Date: 1/20/2020

Completed by:
Mahlon E. Stevens
Project Manager

Signature: Date: 12/30/2019

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

Date of Notification (1)
1 14 20

Name of Building Owner/Operator (2)
St Francis Medical Center

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-9)

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

Street Address
601 Hamilton Ave

City, State, Zip Code
Trenton NJ 08629

Name of Contact
Rita Gelli

Telephone Number
609-599-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
St Francis Medical Center

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

City (5)
Trenton

County (6)
Mercer

Square Feet
70,000

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner (8)
Finog Environmental Inc

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
617 Stokes Road

City, State, Zip Code
Medford, NJ 08055

Telephone No.
888-715-2211

License No.
00509

Start Date (10)
1 14 20

Scheduled Completion Date (11)
1 14 20

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-1:00PM/6:00PM-__AM

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥190 sf or ≥280 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Pharmacy - 1st Floor A Bldg

- Pipe Insulation

15 LF

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)

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
1 Cu Yd

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA

Disposal Date
1/14/20

City, State
FAIRLESS HILLS, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature
Date
1-14-20

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 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>01/13/2020</td>
<td>Trenton State College Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>P O Box 7718</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td></td>
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<tr>
<td>DOL</td>
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<tr>
<td>DOH</td>
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<tr>
<td>DCA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Scott Allen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-771-3312</td>
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</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>Ewing</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>1,600</td>
<td>2</td>
<td>50+</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Environmental LLC</td>
<td>PO Box 8297</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Trenton NJ</th>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
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<tbody>
<tr>
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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>01/22/2020</td>
<td>01/22/2020</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Hours – 7am to 3pm</td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
</tr>
<tr>
<td>Facility Occupied During Abatement</td>
<td>Cinnaminson NJ 08077</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>≥160 sf ≥260 If</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>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</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>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glove Bag Procedures</td>
<td>Non-Exempted and Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location Baseline</th>
<th>Pipe Insulation / Fittings</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>110 LF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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</thead>
<tbody>
<tr>
<td>ALPHA ENVIRONMENTAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Trenton, NJ</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Grows Landfill</th>
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</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste 1</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
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<tbody>
<tr>
<td>various</td>
<td>Morrisville, PA</td>
</tr>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Rod Richardson</td>
<td>Project Manager</td>
<td>Rod Richardson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>01/13/2020</td>
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</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/14/2020

Name of Building Owner/Operator (2) CBRE

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td></td>
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<td>DOL</td>
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<tr>
<td>X DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
2 Tower Center Blvd
City, State, Zip Code
East Brunswick, NJ 08816
Name of Contact
Mr. Moshe Stern Telephone Number (732) 509-2800

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

Type of Facility (4)

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

Square Feet 200,000 # of Floors 1 Bldg Age 65

County Code (7) (STATE USE ONLY)

County Name Union
Elizabeth

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

ASCN No

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K
City, State, Zip Code Wayne, New Jersey 07470

Telephone No.
(973) 928-5040 License No. 00874

Name of OSHA Monitor
Sky Contracting, LLC

Name of Project Manager for Monitoring Firm
Mr. Alan Lloyd Telephone No. (856) 656-2875

Start Date (10) 01/28/2020 Scheduled Completion Date (11) 02/28/2020

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
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<tbody>
<tr>
<td>X Renovation at 3 SF or 33 ft²</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>X Demolition at 180 SF or 260 SF</td>
</tr>
<tr>
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<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay 3, Kitchen &amp; Bathroom</td>
<td>x</td>
<td>Floor Tile &amp; Mastic</td>
<td>500 SF</td>
<td>x</td>
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<tr>
<td>Bay 3, Kitchen, Bottom</td>
<td>x</td>
<td>Floor Tile &amp; Mastic</td>
<td>140 SF</td>
<td>x</td>
</tr>
<tr>
<td>Bay 3, Back Office, Bottom</td>
<td>x</td>
<td>Floor Tile &amp; Mastic</td>
<td>110 SF</td>
<td>x</td>
</tr>
<tr>
<td>Troughout</td>
<td>x</td>
<td>Duct Seam Caulk</td>
<td>90 LF</td>
<td>x</td>
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</tbody>
</table>

Name of Registered Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID No. 20980
Cubic Yards of Waste TBD
Name of Registered Landfill Minerva Enterprises, LLC

Cubic Yards of Waste TBD
Disposal Date TBD
City, State Waynesburg, Ohio

Name of Registered Waste Hauler Minerva Enterprises, LLC
Cubic Yards of Waste TBD
Name of Registered Landfill Minerva Enterprises, LLC

Completed by Ljiljana Sekularac Title Office Assistant
Signature
Date 01/14/2020

* 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)
01/16/2020

Name of Building Owner/Operator (2)

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

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

Residence

Street Address

City, State, Zip Code
Jersey City, NJ 07306

Name of Contact
Jeanette Rotondo

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Jersey City

County Code (7)
Hudson

County (5)

Current Use (Prior if being demolished)
1,455
3
119

Square Feet

# of Floors

Bldg. Age

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

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

License No.
01316

Telephone No.
201-349-2666

Telephone No.
844-462-7465

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address

City, State, Zip Code
PO Box 354
South Orange, NJ 07079

Scope of Work (Check All That Apply)
- ≥50 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

Removal
Repair
Encapsulate
Endorse

BASEMENT
Pipe Wrap
20 LF
X

BASEMENT
Floor Tile
510 SF
X

BASEMENT
Carpet
360 SF
X

Location of Registered Waste Hauler

Newark Carting

Cubic Yards of Waste
04509

Name of Registered Landfill
Waste Management Landfill

City, State
East Orange, NJ

Disposal Date
City, State
Penn Argyle, PA

Completed by
Alison Lammers

Title
Office Manager

Signature

Date
01/16/2020

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 / 20 / 20</td>
<td>Bank of America</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>Bank of America</td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 South Broadway</td>
<td>White Plains, NY 10601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dino Nappi</td>
<td>516-972-8809</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000</td>
<td>1</td>
<td>45</td>
</tr>
</tbody>
</table>

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

ARCADIS U.S Inc.

**Street Address**

44 South Broadway

**City, State, Zip Code**

White Plains, NY 10601

**Project Manager for Monitoring Firm**

Dino Nappi

**Telephone No.**

516-972-8809

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

- **Name of Abatement Contractor (9)**
  - JVN Restoration Inc.

Street Address

47 Foster Road

**City, State, Zip Code**

Staten Island NY 10309

**License No.**

00774

**Name of OSHA Monitor**

Testor Tech

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

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 5:00 PM/1:30 Monday thru Friday, Saturday PM 1:00 pm to 9:30 pm, AM LIC NY 11101

**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**

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 SF</td>
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</tbody>
</table>

**Abatement Type**

- ☑ Removal
- ☑ Repair
- ☑ Encapsulate
- ☑ Enclosure

**Exterior Windows**

- ☑ Caulking / Glazing

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ-656</td>
</tr>
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</table>

**Name of Registered Waste Hauler**

Newark Carting

**Disposal Date**

02/28/2020

**City, State**

Newark, NJ

Pen Argyl, PA

**Completed By (Print or Type)**

Ralph Barnhardt

**Title**

Project Manager

**Signature**

[Signature]

**Date**

01-20-2020

*MAY 11*

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1 / 21 / 20</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Marcus L. Ward Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amended</td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>4814 Outlook Drive, Suite 201</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>Wall Township, NJ 07753</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
<td>Heather Falkoff</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td>732-430-3656</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Winchester Gardens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>333 Elmwood Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Maplewood</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Criterion Laboratories</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Asbestos and Mold Services, Corp.</td>
</tr>
<tr>
<td>Street Address</td>
<td>400 Street Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bensalem, PA 19020</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Panepresso</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-244-1300</td>
</tr>
<tr>
<td>License No.</td>
<td>00862</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1 / 30 / 20</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>1 / 31 / 20</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM---PM---PM---AM</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>☑ ≥3 sf or ≥3 if</th>
<th>☑ ≥160 sf or ≥260 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Renovation</td>
<td>☑ Demolition</td>
</tr>
</tbody>
</table>

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

- **Location of Asbestos-Containing Material (ACM)**
  - **IN Facility (13)**
    - Yes
    - No
    - N/A

- **Attic Space**: Pipe Insulation 10 LF
- **4 Radiators**: Pipe Insulation 3 LF
- **Roof**: ACM 9 SF

**Name of Registered Waste Hauler**

- Asbestos and Mold Services
- NJDEP Waste Hauler ID No.: 0035680
- Cubic Yards of Waste: 5

**Name of Registered Landfill**

- GROWS Landfill

**City, State**

- Delran, NJ
- Morrisville, PA 19067

**Completed By (Print or Type)**

- Kimberly A. Trumbetti
- Office Coordinator

**Signature**

- 1/2/20

**Notes**

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

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

## Date of Notification
January 16, 2020

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

### Notification Type
- [ ] Initial Notification
- [ ] Amended Certification
- [ ] Emergency (including justification)
- [ ] Cancelled

### Name of Building Owner/Operator
CSX

### Street Address
1 Bell Crossing Road
City, State, Zip Code: Selkirk, NY 12158

### Name of Contact
William Parry
Telephone Number: 518.767.8049

### Name of Professional Firma,Hired by Bldg. Owner
AECOM

### Street Address
30 Knightsbridge Road, Suite 520
City, State, Zip Code: Piscataway, NJ 08854

### Project Manager for Monitoring Firm
Walter Klock
Telephone Number: 716.923.1272

### Scheduled Start Date
January 27, 2020

### Scheduled Completion Date
January 29, 2020

### 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: Vacant Rail Car

### Source of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 l
- [ ] ≥ 160 sf or ≥ 260

### Renovation
Demolition

### Location of Asbestos-Containing Material (ACM) in Facility
- [ ] Location Normally Used Solely by Maint/Custodial Staff (12)
  - Yes
  - No
  - NA

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

### Train Car
- [ ] Caulking

### Cubic Yards of Waste
1

### Name of Registered Landfill
- [ ] Grand Central Landfill
- [ ] Fairless Landfill

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

### Hauler #2
Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

### Disposal Date
January 29, 2020

### City, State
- [ ] FL-1000 New Ford Rd.
- [ ] Morrisville, PA 19067

### Permit No.
- [ ] 18072
- [ ] GCL-1963 Pen Argyle Rd
- [ ] Pen Argyle, PA 18072

### Signature
Marin Graure

### Date
January 16, 2020

---

GAC # 2020-695
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
01/14/2020  

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

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

**Type Notification**  
- [X] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Cancellation

**Street Address**  
70 Mechanic Street

**City, State & Zip Code**  
Foxboro MA 02035

**Name of Contact**  
Paul Aheam  
**Telephone Number**  
508 549 4949

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
**Vacant Bldg**  
90 US 130 South

**City (5)**  
Bordentown  
**County (6)**  
Burlington  
**County Code (7)**

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

**Square Feet**  
5040  
**# of Floors**  
1  
**Bldg. Age**  
+50

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

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

**Name of Abatement Contractor (9)**  
Alpha Environmental LLC

**Street Address**  
P O Box 8297

**City, State & Zip Code**  
Trenton, NJ 08650

**Telephone Number**  
609-847-2956  
**License Number**  
01222

**Name of OSHA Monitor**  
Briggs Associates

**Scheduled Start Date (10)**  
01/27/2020

**Scheduled Completion Date (11)**  
01/28/2020

**Occupancy Status During Abatement (Check only one)**  
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [ ] Describe:  
- [ ] Facility Occupied During Abatement

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

- [X] ≥3 sf or ≥3 if
- [ ] ≥160 sf ≥260 if
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

---

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Roof**

**Name of Registered Waste Hauler**  
Woolston

**City, State**  
Bordentown, NJ

**Completed By (Print or Type)**  
Rod Richardson  
**Title**  
Project Manager  
**Signature**  
Rod Richardson  
**Date**  
01/14/2020

**Cubic Yards of Waste**  
80  
**Name of Registered Landfill**  
Grows Landfill  
**Disposal Date**  
Various  
**City, State**  
Morrisville, PA  
**Date**  
01/14/2020