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

Date of Notification (1)
06/29/2016

Name of Building Owner/Operator (2)
Mr. Sanjeev Vargheese

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

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

Street Address

City, State, Zip Code
Verona, NJ

Name of Contact
Mr. Sanjeev Vargheese

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

Square Feet
2,000 SF

# of Floors
2

Bldg. Age
60+

Current Use (Prior if being demolished)
Office

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

Street Address
50 Grove Ave

City (5)
Cedar Grove, NJ

County (6)

County Code (7) (STATE USE ONLY)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
DIA General Construction, Inc

Street Address
1350 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Telephone No.
973-388-0089

License No.
00693

Name of OSHA Monitor
DIA General Construction, Inc

Street Address
1350 Clifton Ave, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm
Rick Estaquel

Telephone No.
908-202-0073

Start Date (10)
07/15/2016

Scheduled Completion Date (11)
07/19/2016

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)
- ≥3,000 sf or ≥3,000 ft²
- ≥1,500 sf or ≥2,500 ft²

Renovation
Demolition

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

Yes
No
N/A

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

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

Amount (Specify SF or LF)
430 LF
130 SF

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

End Stage
Removal
Encapsulation

Name of Registered Waste Hauler Service Transport Group
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1 Y

Name of Registered Landfill
Minerva Landfill

Disposal Date
07/18/2016

City, State, Zip Code
Waynesburg, OH 44688

Completed by
Milan Njeziec

Title
Project Manager

Signature

Date
07/18/2016

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 5:16)

**Date of Notification (1)**: 7/1/16

**Name of Building Owner/Operator (2)**: Community of St. John the Baptist

**Street Address**: 82 West Main Street

**City, State, Zip Code**: Mendham, NJ 07945

**Name of Contact**: Sister Linda

**Telephone Number**: (973) 343-4841

### FACILITY INFORMATION

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

**Street Address**: 82 West Main Street

**City**: Mendham, NJ 07945

**County**: Morris

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

**Square Feet**: 7000

**# of Floors**: 3

**Bldg. Age**: 100+/-

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

### Project Manager for Monitoring Firm

**Name**: DB Environmental

**Street Address**: 4 Berkeley Place

**City, State, Zip Code**: Freehold, NJ 07728

### Project Manager

**Name**: Dave Bunocore

**Telephone No.**: (732) 740-8408

**Start Date (10)**: 8/8/16

**Scheduled Completion Date (11)**: 8/26/16

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

**Scope of Work (Check all that apply)**: 
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Yes</td>
<td>Boiler Insulation</td>
<td>200 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>No</td>
<td>Thermal Pipe Insulation</td>
<td>400 lf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>N/A</td>
<td>Breeching</td>
<td>100 sf</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Stevens Environmental Services, Inc.

**Telephone No.**: (609) 259-9688

**License No.**: 00493

**Name of OSHA Monitor**: DB Environmental

**Street Address**: 4 Berkeley Place

**City, State, Zip Code**: Freehold, NJ 07728

**Disposal Date**: 8/26/16

**City, State**: Allentown, NJ

**Name of Registered Landfill**: GROWS Landfill

**City, State**: Morrisville, PA

**Completed By**: Mahlon E. Stevens

**Title**: Project Manager

**Signature**: [Signature]

**Date**: 7/1/16

---

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

Date of Notification (1) 6/29/16

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

Name of Building Owner / Operator (2)
Haddon Twp School District

Street Address
500 Rhoads Ave
City, State & Zip Code
Westmont, NJ 08108

Name of Contact
C/O Robert Dlvan
Telephone Number
856-722-1800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Strawbridge ES

Street Address
307 Strawbridge Ave

City (5)
Haddon Twp

County (6)
Camden

County Code (7)

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

Square Feet
60,000

# of Floors
2

Bidg. Age
40+

Current Use (Prior if being demolished)
School

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

ASCM No.

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

Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Project Manager for Monitoring Firm
James Eberts

Telephone Number
856-205-1077

Scheduled Start Date (10)
7/11/16

Scheduled Completion Date (11)
7/12/16

Occupancy Status During Abatement (Check only one)
☒ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:
7:00 AM – 3:30 PM

Facility Closed/Vacated During Entire Period of Abatement
☐

Facility Occupied During Abatement
☐

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☑ Renovation
☐ 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 ☒

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

Amount (Specify SF or LF)
Pipe Insulation 9 LF

Abatement Type
Removal ☐
Repair ☒
Encapsulate ☒
Endscope ☐

Throughout ☐

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

Disposal Date
7/12/16

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature

Date
7/12/16
# NOTIFICATION OF ASBESTOS ABATEMENT

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

## Date of Notification
6/30/16

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

## Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

## Name of Building Owner / Operator
Haddon Twp School District

## Street Address
500 Rhoads Ave

## City, State & Zip Code
Westmont, NJ 08108

## Name of Contact
C/O Robert Dinan

## Telephone Number
856-722-1800

## Name of Facility Where Abatement is Taking Place
Van Sciver ES

## City
Haddonfield

## County
Camden

## County Code

## Name of Monitoring Firm Hired by Building Owner
Epic Environmental Services

## Street Address
1530 Brown Road
Newfield, NJ 08344

## Project Manager for Monitoring Firm
James Ebets

## Telephone Number
856-205-1077

## Scheduled Start Date
7/11/16

## Scheduled Completion Date
7/15/16

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

## Square Feet
60,000

## # of Floors
2

## Bldg. Age
40+

## Current Use (Prior if being demolished)
School

## Name of Abatement Contractor
Bristol Environmental, Inc.

## Street Address
1123 Beaver Street

## City, State & Zip Code
Bristol, PA 19007

## Telephone Number
(215)788-6040

## License Number
00509

## 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)
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure
- [ ] Yes
- [ ] No
- [ ] N/A

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

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

## Description of Asbestos-Containing Material (ACM)

## Amount (Specify SF or LF)
1,200 SF

## Abatement Type

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

## Service Transport Inc.

## City, State
New Castle, DE

## Completed By (Print or Type)
Gino Pizzigoni

## Title
Project Manager

## Signature

## Date
6/30/16

## Cubic Yards of Waste
\( \frac{1}{2} \text{ Cu Yd} \)

## Name of Registered Landfill
Minerva Landfill

## City, State
Waynesburg, OH

## Disposal Date
7/15/16

## Date
6/30/16
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 08-30-16  
Name of Building Owner/Operator (2): Pinnacle Commercial Development, Inc.

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

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

Street Address: 3822 River Road  
City, State, Zip Code: Point Pleasant, NJ 08742  
Name of Contact: Dennis Rome

Telephone Number: (732) 892-0098

Name of Facility Where Abatement is Taking Place (3): Walgreens # 16034  
Street Address: 1801 N Olden Ave.  
City: Ewing  
County: Mercer

Name of Monitoring Firm Hired by Building Owner (8): N/A  
Name of Abatement Contractor (9): Delfa Contracting LLC.

Street Address: 522 7th St.  
City, State, Zip Code: Union City NJ 07087

Project Manager for Monitoring Firm:  
Telephone No.: 201 216-9603  
License No.: 01206

Start Date (10): 07-11-16  
Scheduled Completion Date (11): 07-29-16  
Name of OSHA Monitor: Delfa Contracting LLC

City: Ewing  
County: Mercer

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  
- ≥100 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):

| Location          | Yes | No | N/A | Description of Asbestos-Containing Material (ACM) 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>VAT+Mastic</td>
</tr>
<tr>
<td>Ground Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Mastic</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></td>
<td>Roofing Materials</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF):  
- 7,200 SF  
- 5,600 SF  
- 21,000 SF

Name of Registered Waste Hauler: Century Waste Services  
NJDEP Waste Hauler ID No.: 302401  
Cubic Yards of Waste: 60  
Name of Registered Landfill: Tullytown Resource Recovery Facility

City, State: Elizabeth, NJ  
Disposal Date: 07-29-16  
Name: Jaime Delgado  
Title: Proj. Manager.

Signature:  
Date: 06-30-16

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

Date of Notification (1)
6/27/2016

Agency/Notification
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Russell Konst

Street Address:

City, State, Zip Code
Ewing NJ 08638

Name of Contact
Russell Konst

FACILITY INFORMATION

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

Street Address

City (5)
Ewing NJ 08638

County (6)
Mercer County

County Code (7) (STATE USE ONLY)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Dinago Environmental LLC

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 07105

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
973-979-0877

License No.
01240

Start Date (10)
7/8/2016

Scheduled Completion Date (11)
7/11/2016

Name of OSHA Monitor
J&S Environmental Corp

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07083

Scope of Work (Check All That Apply)

- [x] ≥30 sq. ft or ≥3 fl
- [x] ≥600 sq. ft or ≥2500 sq. ft

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Basement

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

Amount (Specify SF or LF)
150LF

Scope of Work:

- Renovation
- Demolition

Abatement Type:

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

Name of Registered Waste Hauler
Newark carting Inc

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Disposal Date
City, State
2335 Applebutter Rd Bethlehem PA

Completed by
Carlos Gomes

Title
President

Signature

Date
6/27/2016

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

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

**State of New Jersey**

**Date of Notification (1)**
6/27/2016

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

**Name of Contact**
Emely Ketterburg

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Pennington NJ 08534

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

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

**Square Feet**
1500 SF

**# of Floors**
1

**Bldg. Age**
+50

**County Code (7)**
(State Use Only)

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

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

**ASCM No.**
N/A

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

**Street Address**
339 Lafayette St

**City, State, Zip Code**
Newark NJ 07105

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

**Telephone No.**
973-91-0877

**License No.**
01240

**Start Date (10)**
7/7/2016

**Scheduled Completion Date (11)**
7/10/2016

**Name of OSHA Monitor**
J&S Environmental Corp

**Street Address**
2333 Route 22 West

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

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

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 if
- [x] ≥150 sf or ≥250 if
- [ ] 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)**

**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)**
100 LF

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

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

**Basement**

**Asbestos pipe insulation**

**Name of Registered Waste Hauler**
Newark carting Inc

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
Ixes Bethlehem landfill

**Disposal Date**
City, State
2335 Applebutter Rd Bethlehem PA

**Completed by**
Carlos Gomes
Title
President

**Signature**

**Date**
6/27/2016

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
6/27/2016

Name of Building Owner/Operator (2)

Agencies Notified

Type Notification

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☐ DCA

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

Street Address
120 Sylvan Ave Suite 300
Englewood Cliffs NJ 07632

City, State, Zip Code

Name of Contact
Peter Tifkinsky

Facility Information

Type of Facility (4)

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

Square Feet
1800SF

# of Floors
2

Bldg. Age
+50

Current Use (Prior if being demolished)

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

City (5)
Fort Lee NJ

County Code (7)
Bergen County

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Dinago Environmental LLC

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 07105

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

License No.
01240

Name of OSHA Monitor
J&S Environmental Corp

Start Date (10)
7/9/2016

Scheduled Completion Date (11)
7/11/2016

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)
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Exam Procedure

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

In Facility
(13)

Extterior

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, VAC, or other miscellaneous)
shingles siding

Amount (Specify SF or LF)
1600SF

Abatement Type
Removal
Repair
Enclosure

Name of Registered Waste Hauler
Newark carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Ises Bethlehem landfill

City, State
2335 Applebutter Rd Bethlehem PA

Disposal Date

Completed by
Carlos Gomes

Title
President

Signature

Date
6/27/2016

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

Date of Notification (1)
6/28/2016

Name of Building Owner/Operator (2)
Edgewood Properties

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

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

Street Address
1260 Stetton Road

City, State, Zip Code
Piscataway NJ 08851

Name of Contact
Jim Towle

Telephone Number
732-985-1900

FACILITY INFORMATION

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

Street Address
Somerville NJ

City (5)
Somerset County

County Code (7)
N/A

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

Name of Abatement Contractor (9)
Dinago Environment LLC

Street Address
339 Lafayette Street

City, State, Zip Code
Newark NJ 07105

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

License No.
973-491-0877
01240

Start Date (10)
7/8/2016

Scheduled Completion Date (11)
7/29/2016

Name of OSHA Monitor
J&S Environmental Corp

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)
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Firable Procedure

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

In Facility (13)

Yes
No
N/A

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

Amount (Specify SF or LF)
350 LF
4000SF

Abatement Type

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Ises Bethlehem Landfill

City, State
PO Box 5670 Newark NJ 07105

Disposal Date
2335 Applebutter Rd Bethlehem PA

Completed by
Carlos Gomes

Title
President

Signature

Date
6/28/2016

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

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

**Date of Notification (1)**
5/27/2016

**Name of Building Owner/Operator (2)**
The Archdiocese Of Newark

**Street Address**
171 Clinton Ave

**City, State, Zip Code**
Newark NJ 07014

**Name of Contact**
harry seymour

**Telephone Number**
973-497-4000

**AGENCIES NOTIFIED**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #2</td>
</tr>
<tr>
<td>DOH</td>
<td>Amendment</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
St. Aedans Convent

**Street Address**
39 Tuers Ave

**City (5)**
Newark, NJ

**County (6)**
Hudson County

**Square Feet**
120005F

**# of Floors**
4

**Bldg. Age**
+75

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

**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)**
Environmental Tactics Inc

**ASCM No.**
0045

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

**Street Address**
339 Lafayette St

**City, State, Zip Code**
Newark NJ 07105

**Telephone Number**
973-91-0877

**License No.**
01240

**Project Manager for Monitoring Firm**
Thomas Gelger

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

**Scheduled Completion Date (11)**
7/30/2016

**OCCUPANCY STATUS DURING ABATEMENT (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours (Check All That Apply)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI pipes and joints</td>
<td>1190LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark carting Inc

**Name of Registered Landfill**
Ises Bethlehem Landfill

**City, State**
Po Box 5670 Newark NJ 07105

**Disposal Date**
City, State
2335 Applebutter Rd Bethlehem PA

**Completed by**
Carlos Gomes

**Title**
President

**Signature**

**Date**
5/22/2016

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

Date of Notification (1):
06/28/2016

Name of Building Owner/Operator (2):
Frenklin Township Public Schools

Street Address:
1755 Amwell Road

City, State, Zip Code:
Somerset NJ 08873

Name of Contact:
James Strimple

Telephone Number:
(732) 302-4200

FACILITY INFORMATION

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

Street Address:
363 Elizabeth Avenue

City (5):
Somerset NJ 08873

Square Feet:
90,000

# of Floors:
2

Bldg. Age:
30 years

County Code (7)
Somerset

Current Use (Prior to being demolished):
Public High School

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):
AHERA Consultants

ASCN No.: 0057

Name of Abatement Contractor (9):
Savic Construction Corp

Street Address:
205 Route 46 Suite 15

City, State, Zip Code:
Totowa, NJ 07512

Telephone No.:
609-652-1833

License No.:
01034

Name of OSHA Monitor:
Savic Construction Corp

Street Address:
205 Route 46 Suite 15

City, State, Zip Code:
Totowa, NJ 07512

Start Date (10):
07/11/2016

Scheduled Completion Date (11):
07/29/2016

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):

- ≥ 500 ft² or ≥ 75 if
- ≥ 600 sf or ≥ 200 if
- ≥ 10,000 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>Location of Asbestos-Containing Material (ACM) used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location Normally Used</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>Multi-Purpose Room</td>
<td>Yes</td>
<td>Transite Ceiling</td>
<td>3,513 SF</td>
<td>x</td>
</tr>
<tr>
<td>Stage</td>
<td>Yes</td>
<td>Transite Ceiling</td>
<td>537 SF</td>
<td>x</td>
</tr>
<tr>
<td>Fan Room</td>
<td>Yes</td>
<td>Transite Ceiling</td>
<td>250 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:

Name of Registered Landfill:
GROWS

City, State:
Newark NJ

Disposal Date:
07/01/2016

City, State:
Morrisville, PA

Completed by:
Miloc Savic

Title:
Project Manager

Signature:

Date:
06/28/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
6 / 28 /16

Agencies Notified
☐ EPA  ☑ DEP  ☑ DOH  ☐ DOL  ☑ DCA
Type Notification
☐ Initial Notification  ☑ Amended Notification  ☐ Cancellation  ☐ On Hold  ☑ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
THE LILLIAN BOOTH ACTORS HOME
Street Address
155-175 WEST HUDSON AVENUE
City, State, Zip Code
ENGLEWOOD, NEW JERSEY 07631
Name of Contact
JORDAN STROHL
Telephone Number
201-874-8882

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
THE LILLIAN BOOTH ACTORS HOME
Street Address
175 WEST HUDSON AVENUE
City (5)  COUNTY (6)  COUNTY CODE (7)
ENGLEWOOD  BERGEN  ASCM No.: 17
Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
Street Address
655 WEST SHORE TRAIL
City, State, Zip Code
SPARTA, NEW JERSEY 07871
Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUÆERN, NEW YORK 10901
Name of OSHA Monitor
AMERISCI
Street Address
117 EAST 30TH STREET
City, State, Zip Code
NY, NY 10016

Type of Facility (4)
☐ School (K-12)  ☑ Subchapter 8 (Other than K-12)  ☐ Other (i.e. private & commcl. bldgs., homes, etc.)
Square Feet
10,360  # of Floors
2  Bldg. Age
57

Current Use (Prior if being demolished) Pharm. Lab.
COMMUNICATION BUILDING

Expected State Date (10)
7 / 12 /16  Sched. Completion Date (11)
9 / 30 /16

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
Other - Describe:

Scope of Work (Check all that apply)
☐ Demolition  ☑ Renovation  ☑ Full Containment with Negative Pressure
☐ >3SF OR LF  ☑ Glovebag Procedure  ☑ Non-Friable Procedure
☐ >160 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>CEILING PLASTER</td>
<td>2,700 SF</td>
<td>☑</td>
</tr>
<tr>
<td>VAT &amp; MASTIC</td>
<td>900 SF</td>
<td>☑</td>
</tr>
<tr>
<td>DUCT MASTIC</td>
<td>16 SF</td>
<td>☑</td>
</tr>
<tr>
<td>WINDOW CAULK</td>
<td>10 SF</td>
<td>☑</td>
</tr>
<tr>
<td>TRANSITE WINDOW PANELS</td>
<td>650 SF</td>
<td>☑</td>
</tr>
<tr>
<td>BUILDING CAULK</td>
<td>8 SF</td>
<td>☑</td>
</tr>
<tr>
<td>FLASHING</td>
<td>390 SF</td>
<td>☑</td>
</tr>
<tr>
<td>WATERPROOFING TAR</td>
<td>90 SF</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES
Waste Hauler ID No.
22147
Cubic Yards of Waste
80

Name of Registered Landfill
GROWS LANDFILL/TULLYSTOWN
Disposal Date
7/12/16-9/30/16

City, State
HACKETTSTOWN, NJ 07840
MORRISVILE, PA 19067/TULLYSTOWN, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
6/28/16
# 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)**  
6 / 27 / 16

**Agencies 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</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, RYEGATE, VT

**City, State, Zip Code**  
RYE, VT 05101

**Name of Contact**  
Sandra M. Schenk  
Telephone Number: 732-594-7746

---

**FACILITY INFORMATION**

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

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

**City (5)**  
RAHWAY

**County (6)**  
UNION

**County Code (7)**  
STATE USE 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**  
665 WEST SHORE TRAIL

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

**Project Manager for Monitoring Firm**  
WILLIAM S. KERBEL, C.I.H.

**Telephone Number**  
973-723-6548

**Expected State Date (10)**  
7 / 11 / 15

**Sched. Completion Date (11)**  
7 / 15 / 16

**Month**  
7 / 9

**Day**  
11 / 15

**Year**  
16

**Name of OSHA Monitor**  
AMERICAN LABORATORIES INC.

**License Number**  
1104

**Street Address**  
117 EAST 30TH STREET

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

**OCCUPANCY STATUS DURING ABATEMENT**  
X Facility Closed/Vacated During Entire Period of Abatement

**ABATEMENT PERFORMED OUTSIDE OF NORMAL FACILITY HOURS**  
MONDAY-FRIDAY 7AM-3PM

**SCOPe OF WORK**

<table>
<thead>
<tr>
<th>Work</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>2</td>
</tr>
<tr>
<td>Renovation</td>
<td>X</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>X</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
<td>X</td>
</tr>
</tbody>
</table>

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT SOUTH EAST &amp; NORTHWEST</td>
<td>VAT &amp; MASTIC</td>
<td>110 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR -ENTIRE</td>
<td>VAT &amp; MASTIC</td>
<td>5,125 SF</td>
<td>X</td>
</tr>
<tr>
<td>2ND FLOOR NORTHEAST CORNER</td>
<td>VAT &amp; MASTIC</td>
<td>765 SF</td>
<td>X</td>
</tr>
<tr>
<td>3RD FLOOR VAULT AREA</td>
<td>ACM FILE CABINETS</td>
<td>95 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**  
90

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

**Disposal Date**  
3/14/2016

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

**Hauler ID No.**  
15939

**City, State**  
FREEHOLD, NEW JERSEY

**Completed by (Print or Type)**  
BENJAMIN SANCHEZ  
DIRECTOR OF OPERATIONS
building will be occupied by construction personnel during the removal. There will be no access to the removal areas during abatement activities.

Should you have any questions, please contact ......

---

**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Permitted by NJAC 5:28 and 5:18**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/28/2016</td>
<td>Delsea Regional High School District</td>
<td>Initial</td>
</tr>
</tbody>
</table>

**Street Address**

242 Fries Mill Road
Franklinville, NJ 08322

**January 30, 2016**

**FACILITY INFORMATION**

- **Name of Facility/Zone Abatement is Taking Place**: Delsea Regional High School
- **Type of Facility**: School (K-12)
- **License No.**: 08842

**Name of Monitoring Firm**

Epic Environmental, LLC

**Name of Abatement Contractor**: Shade Environmental, LLC

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

- **1st Story**: Floor, Tiled Bathroom

**Amount of ACM (SF or LF):** 20 SF

**Abatement Type**:

- **Asbestos Control & Licensing**

**Name of Licensed Waste Hauler**:

**City, State**: Freshfield, NJ

**Date of Removal**: 6/28/16

**Operations Manager**: Christina Lynch

---

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

Date of Notification (1)
June 30, 2016

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

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

Name of Building Owner/Operator (2)
General Aviation Aircraft Services Inc (dba Meridian Teleports)

Street Address
125 Industrial Avenue
City, State, Zip Code
Tel: 300, NJ

Name of Contact
David Fries

Facility Information

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

Square Feet
25,000
# of Floors
Multi
Bldg. Age
80

Name of Abatement Contractor (9)
SCE Environmental Group Inc

Name of OSHA Monitor (10)

Project Manager for Monitoring Firm
Benjamin Salam

Telephone No.
973-774-3311

Start Date (10)
7/1/16
Scheduled Completion Date (11)
9/2/16

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)
- 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

Exterior
X Galveston/Transite Siding, Roofing, Caulking
X Pipe Insulation, Duct Insulation, Flooring, W
terproofing, Fire Doors
X

Exterior Office
X

Exterior Hangar Spaces
X

Name of Registered Waste Hauler
Newark Carling

Cubic Yards of Waste
200 (estimated)

Name of Registered Landfill
IESI Bethelham

City, State
Newark, NY

Disposal Date
Various

City, State
Morristown, PA

Completed by
Troy Butler

Signature

Date
8/30/16

Do not use this form for asbestos licensure exempted activities.
Date of Notification: June 27, 2016

Name of Building Owner/Operator: Somerset County Improvement Authority

Street Address: 20 Grove Street
City, State, Zip Code: Somerville, NJ
Name of Contact: Bill Coyne

Type of Facility: School (K-12)

Square Footage: # of Floors: Not specified

Type of Abatement: Removal

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Description</th>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall Panels</td>
<td>Entire Perimeter Wall</td>
<td>40,000SF</td>
<td>X</td>
</tr>
<tr>
<td>Gray Floor Tile Mastic</td>
<td>Room 312</td>
<td>200SF</td>
<td>X</td>
</tr>
<tr>
<td>Joint Compound</td>
<td>Throughout Building</td>
<td>2,500SF</td>
<td>X</td>
</tr>
<tr>
<td>Cloth Flex Duct</td>
<td>Mechanical Rooms</td>
<td>100LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of OSHA Monitor: Schneider Laboratories Global Inc.

Name of Registered Waste Hauler: Future Sanitation Inc.

Completed by: Barbara Reed
Title: President
Signature: [Signature]
Date: June 27, 2016

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

Date of Notification (1)  
June 27, 2016  

Name of Building Owner/Operator (2)  
Somerset county Improvement Authority  

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

Type Notification  
☒ Page 2 of 2  
☐ Initial  
☐ Amended  
☐ Amendment #1  
☐ Emergency (including justification)  
☐ Cancellation  

Name of Building  
Somerset county Board of Social Services Building  

Street Address  
20 Grove Street  

City, State, Zip Code  
Somerville, NJ  

Name of Contact  
Bill Coyne  

Telephone Number  
732-493-2300  

ASBESTOS ABATEMENT  
LICENSE D  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Somerset county Board of Social Services Building  

Street Address  
61-63 East High Street (73 East High Street)  

City (5)  
Somerville  

County (6)  
Somerset  

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

ASCM No.  
Be Construction Corporation  

Street Address  
235 Watchung Avenue  

City, State, Zip Code  
West Orange, NJ 07052  

Project Manager for Monitoring Firm  
John Chiaviello  

Telephone No.  
973-669-2900  

License No.  
01231  

Name of OSHA Monitor  
Schneider Laboratories Global Inc.  

Street Address  
2512 W Cary Street  

City, State, Zip Code  
Richmond, VA 23220  

Start Date (10)  
July 6, 2016  

Scheduled Completion Date (11)  
August 31, 2016  

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  

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

<table>
<thead>
<tr>
<th>Description of</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Specify SF or LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Fire Doors/Elevator Doors</td>
<td>26 Doors</td>
</tr>
<tr>
<td>No</td>
<td>Electrical Wiring</td>
<td>All Wiring</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Future Sanitation Inc.  

NJDEP Waste Hauler ID No.  
Cubic Yards of Waste  
Name of Registered Landfill  
Tullytown Facility  

City, State  
Passaic, NJ 07055  

Disposal Date  
City, State  
Tullytown, PA  

Completed by  
Barbara Reed  

Title  
President  

Signature  
Barbara Reed  

Date  
June 27, 2016  

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

Date of Notification (1):
06/29/2016

Name of Building Owner/Operator (2):
Mercer County Improvement Authority

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

Type Notification:
- Initial
- Amended
- Amendment #2
- Emergency
- (including
- Justification)
- Cancellation

Street Address:
80 Hamilton Avenue

City, State, Zip Code:
Trenton, NJ 08611

Name of Contact:
Al Collins

Telephone Number:
609 278-8100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Mercer County Courthouse and Annex

Street Address:
209 South Broad Street

City:
Trenton

County:
Mercer

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

Square Feet:
46,800

# of Floors:
6

Biog. Age:
70+

Current Use (Prior to being demolished):
Courthouse and Offices

County Code (7)
(State Use Only)

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

ASCM No.:
00102

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

Street Address:
515 Grove Street Suite 1B

City, State, Zip Code:
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm:
Thomas Adams

Telephone No.:
856.656.2912

Telephone No.:
610 933-4332

License No.:
00836

Name of OSHA Monitor:
Neuber Environmental Services, Inc.

Street Address:
42 Ridge Road

City, State, Zip Code:
Phoenixville, PA 19460

Start Date (10):
1/25/2016

Scheduled Completion Date (11):
08/05/2016

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 ≥30 ft
- ≥100 sf or ≥280 ft
- ≥800 sf or ≥1,000 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):

Old Courthouse Basement

See Attached Spreadsheet

Name of Registered Waste Hauler:
Horizon Disposal

NJDEP Waste Hauler ID No.
10418

Cubic Yards of Waste:
1,000

Name of Registered Landfill:
GROWS/Tullytown Landfill

Disposal Date:
2/2016-8/2016

City, State:
Fairless Hills, PA
Morrisville, PA

Completed by:
Patrick Larney

Title:
Project Manager

Signature:

Date:
06/29/2016

* Do not use this form for asbestos license exempted activities.
A. The scope of the Project includes the complete removal and proper off-site disposal of certain identified asbestos-containing materials and hazardous materials. These materials are summarized in the following summary table. The table is provided to supply Contractors with information to aid in the bidding process. The table provides an estimated scope of work for general purposes only. The Contractor shall be responsible to fully investigate the scope of work and provide a bid proposal based on all existing conditions.

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Estimated Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster Partition Walls</td>
<td>46,000 SF</td>
</tr>
<tr>
<td>Plaster Perimeter Wall</td>
<td>30,000 SF</td>
</tr>
<tr>
<td>Plaster As Drop Ceiling</td>
<td>17,630 SF</td>
</tr>
<tr>
<td>Plaster Ceiling On Concrete Deck</td>
<td>48,600 SF</td>
</tr>
<tr>
<td>Drywall</td>
<td>12,150 SF</td>
</tr>
<tr>
<td>Sheet Flooring / Mastic</td>
<td>21,780 SF</td>
</tr>
<tr>
<td>Floor Tile / Mastic</td>
<td>11,290 SF</td>
</tr>
<tr>
<td>Red Backed Ceiling Tile</td>
<td>9,560 SF</td>
</tr>
<tr>
<td>Cork Hvac Duct Insulation</td>
<td>1,400 SF</td>
</tr>
<tr>
<td>Transite Panels</td>
<td>1 SF</td>
</tr>
<tr>
<td>Ebonite Boards</td>
<td>60 SF</td>
</tr>
<tr>
<td>Roof Equipment Mastic</td>
<td>40 SF</td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>25 each</td>
</tr>
<tr>
<td>Fiberglass End Caps</td>
<td>200 each</td>
</tr>
<tr>
<td>Interior Boiler Insulation And Rib Packing</td>
<td>970 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>4,210 LF</td>
</tr>
<tr>
<td>Fire Doors</td>
<td>60 each</td>
</tr>
<tr>
<td>Tank Insulation</td>
<td>200 SF</td>
</tr>
</tbody>
</table>

SF – Square Feet, LF – Linear Feet

Table 1 – Asbestos-Containing Materials (> 1%)  
Mercer County Courthouse Annex and Boiler Room  
209 South Broad Street  
Trenton, New Jersey 08608  

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Estimated Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster Walls</td>
<td>1,000 SF</td>
</tr>
<tr>
<td>Plaster Ceilings</td>
<td>1,000 SF</td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>50 each</td>
</tr>
</tbody>
</table>

SF – Square Feet, LF – Linear Feet
**PROJECT NAME:** MCIA Old Courthouse Basement

<table>
<thead>
<tr>
<th>Area / Notes</th>
<th>Abatement Item</th>
<th>Unit</th>
<th>Quantity</th>
<th>Price/Unit</th>
<th>Total Pricing</th>
<th>Mandays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and Storage Area</td>
<td>Plaster Walls</td>
<td>SF</td>
<td>2,120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plaster Drop Ceilings</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Drop Ceiling</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pipe Insulation</td>
<td>LF</td>
<td>650</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Carpet</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Layers</td>
<td>Tile &amp; Mastic</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** RESUME 06/30/2016 4:00 pm ***

Check # 7908

Date of Notification (1)  
10/16/1/219/1/16

Name of Building Owner/Operator (2)  
Atlantic Health System

Street Address  
100 Madison Avenue  
City, State, Zip Code  
Morristown, NJ 07960

Name of Contact  
Peter Palmer

Telephone Number  
(973)971-4194

AGENCIES NOTIFIED  
□ EPA  
□ DEP  
□ DOL  
■ DOH  
□ DCA

Type Notification  
□ Initial  
□ Amendment  
□ Cancellation

FACILITY INFORMATION  
Name of facility where abatement is taking place (3)  
Morristown Medical Center, Franklin Building, East & West wings

Street Address  
100 Madison Avenue

City (5)  
Morristown  
County (6)  
Morris  
County Code (7)  
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
T&M Associates  
ASCM No.  
0145

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

Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035

Type of Facility (4)  
□ School (K - 12)  
□ Subchapter 8 (Other than K-12)  
■ Other (Private/Commercial Bldgs/homes, etc.)

Square Foot  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
Hospital

Schedule Override (10)  
□  
Scheduled Start Date (10)  
03/21/2016  
Scheduled Completion Date (11)  
08/31/2016

Occupancy Status During Abatement (Check only one)  
□ Facility closed/evacuated during entire period of abatement.  
□ Abatement performed outside of normal facility hours.  
□ Other/Describe: work shift 4:00pm - 12:30am

Scope of Work (check all that apply)  
□ Demolition  
□ Renovation  
■ > 3/4 if or ≥ 3 if  
□ ≥ 160 sf or ≥ 250 if

Location of asbestos-containing material to be abated in facility (13)  
Is location normally used solely by maintenance/custodial staff(12)  
Yes  
No  
N/A

Description of asbestos-containing material (ACM)  
55 if  
Amountrawing/field

Location of asbestos-containing material to be abated in facility (13)  
Is location normally used solely by maintenance/custodial staff(12)  
Yes  
No  
N/A

West wing offices & hallway  
X pipe insulation

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID# 19563  
Cubic Yards of Waste 1

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ  
Disposal Date  
03/21/16 - 08/31/16

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
08/29/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)       June 29, 2016       Name of Building Owner/Operator (2)       Bill Frank

Agencies Notified       Type of Notification       Street Address
[ ] EPA       [ ] Initial Notification       [ ]
[ ] DEP       [ X ] Amended Notification       [ ]
[ X ] DOL       Amendment #2       [ ]
[ X ] DOH       Emergency (including       [ ]
[ ] DCA       justification)       [ ]

Cancellation

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

FACILITY INFORMATION

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

Square feet
1600 sf

# of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished)
Residence

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

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

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755-1271

Telephone Number
732-349-9932

License Number
00624

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

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check only one)
[ X ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

Scheduled Start Date (10)
6/22/16

Scheduled Completion Date (11)
7/15/16

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Disposal Date
7/16/16

Completed by (Print or Type)
Nicholas Fernicola
Title
Project Manager

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

Signature

Date
6/29/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  6/27/16 & 6/29/16
Name of Building Owner/Operator (2)  Union Congregational Church

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

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

Street Address  176 Cooper Avenue
City, State, Zip Code  Montclair, NJ  07042

Name of Contact  Ann Ayre

Telephone No.  973-543-9369

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Church
Street Address  176 Cooper Avenue

City (5)  Montclair
County (6)  Essex

County Code (7)  (STATE USE ONLY)

Square Feet  3200
# of Floors  2
Bldg. Age  88

Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address  PO Box 483, 4 E Gate Drive
City, State, Zip Code  Glenwood, NJ  07418

Telephone No.  973-583-8500
License No.  703

Name of OSHA Monitor

Start Date (10)  7/7/16
Scheduled Completion Date (11)  8/7/16

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor boiler room</td>
<td>☒</td>
</tr>
<tr>
<td>boiler &amp; pipe insulation</td>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler &amp; pipe insulation</td>
<td>8 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJD EP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill

Completed by A. Scott Higgins
Title  President
Signature
Date  6/27/16 & 6/29/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></td>
</tr>
<tr>
<td>(Pursuant to NJAC 8:60 and 12:120)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>6-28-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Joseph J. Smith</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>201 Mullica Hill Rd</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Swedesboro, NJ 08085</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Joseph</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>111-111-1111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FACILITY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></td>
</tr>
<tr>
<td><strong>ASCM No.</strong></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
</tr>
<tr>
<td><strong>License No.</strong></td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check only one)</strong></td>
</tr>
<tr>
<td><strong>Facility Closed/Vacated During Entire Period of Abatement</strong></td>
</tr>
<tr>
<td><strong>Abatement Performed Outside of Normal Facility Hours</strong></td>
</tr>
<tr>
<td><strong>Other - Describe:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Scope of Work (Check all that apply)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>23 s. or &lt;30 ft.</td>
</tr>
<tr>
<td>260 s. or &lt;260 ft.</td>
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<table>
<thead>
<tr>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-THRU 4 Floor Hall</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Description of Asbestos-Containing Material (ACM)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M. Tile Dust</td>
</tr>
<tr>
<td>8000 SF</td>
</tr>
</tbody>
</table>

| **Name of Registered Waste Hauler** | API JOE LLC |
| **NDEP Waste hauler ID No.** | 0123456789 |
| **Cubic Yards of Waste** | 100 |
| **Name of Registered Landfill** | Rum of PA |
| **City, State** | Tullytown, PA |
| **Completed By** | Joe J. |
| **Title** | VP |
| **Signature** | [Signature] |
| **Date** | 6-28-16 |

*Do not use this form for asbestos licensure-exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification: 3-19-16

Name of Building Owner/Operator:
Jackson Board of Education

Address:
101 Don Correia Blvd
Jackson, NJ 08527

Name of Contact:
Ed Ostreich

Telephone:
732-873-4653

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Board Office

Street Address:
101 Don Correia Blvd
City:
Jackson
County:
Ottawa

County Code:

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

Square Feet: 6000

Type of Abatement:

Name of Abatement Contractor:
ANI JOE LLC

Address:
1212 Burlington Ave
Delanco, NJ 08049

Telephone:
609-876-0916

License No.:
D10670

Name of OSHA Monitor:

Scope of Work:

Occupancy Status During Abatement:

Abatement Method:
[ ] Demolition
[ ] Renovation

Location of Asbestos-Containing Material (ACM) to be Abated:

TO BE ABATED

IN Facility:

Is Location Normally Used Solely by Maintenance/Control Staff?

Yes [ ] No [ ] N/A [ ]

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

Amount (Specify SF or LP)

Abatement Type:

Endurant

Name of Registered Waste Hauler:
ANI JOE LLC

City, State:
Delanco, NJ

Completed By:
Joe Hufnagel
Title:
VP

Disposal Date:
TBD

City, State:
Tullytown, PA

Date:
6-28-16

"Do not use this form for asbestos licensure attempts activities."
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:98 and 12:120)

**Date of Notification (1)**
6/30/16

**Name of Building Owner/Operator (2)**
John Tilton Private Home

**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DGCA

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

**Street Address:**
[Redacted]

**City, State, Zip Code:**
Loveladies NJ 08008

**Name of Contact:**
[Redacted]

**Telephone Number:**
[Redacted]

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
John Tilton Private Home

**Street Address:**
[Redacted]

**City (5):**
Loveladies NJ 08008

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

**Ocean:**

**Square Feet:**
1000+

**# of Floors:**
2

**Bldg. Age:**
35+

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

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

**ASCM No.:**

**Name of Abatement Contractor (9):**
Pernaco Inc.

**Street Address:**
PO Box 329

**City, State, Zip Code:**
West Berlin NJ 08091

**Telephone No.:**
856-753-9800

**License No.:**
00727

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date (10):**
7/13/16

**Scheduled Completion Date (11):**
7/19/16

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

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or ≥3 ft
- [x] ≥100 sf or ≥280 ft
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (2) 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):**
2400 SF

**Abatement Type:**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler:**
United Containers

**NJDEP Waste Hauler ID No.:**
22459

**Cubic Yards of Waste:**
5

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

**Disposal Date:**
7/19/16

**City, State:**
Morrisville PA 19067

**Completed by:**
Anthony T Perna

**Title:**
President

**Signature:**
[Signature]

**Date:**
6/30/16

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) JUNE 30, 2016
Name of Building Owner/Operator (2) LISA KOCHANIK

Agencies Notified Type Notification Street Address
EPA Initial City, State, Zip Code
DEP Amended
DOL
DOH
DCA

Name of Facility Where Abatement is Taking Place (3)
KOCHANIK PROPERTY

City (5) HIGHLANDS
County (6) MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8) N/A
Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address 17 Thompson Street
City, State, Zip Code West Long Branch, NJ 07764

Start Date (10) JULY 11, 2016 Scheduled Completion Date (11) JULY 12, 2016

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

Scope of Work (Check All That Apply)
≥3 ft or ≥3 ft²
≥160 ft² or ≥260 ft²
Renovation
Demolition

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

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
10 SF Removal
40 LF Encapsulate

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp.,

Name of Registered Landfill
TRRF Landfill

City, State
West Long Branch, NJ

Completed by
JOSEPH P. MILLER
Title PRESIDENT

Cubic Yards of Waste
1 cy

Disposal Date
7/15/16
City, State
TULLYTOWN, PA

Date 6/30/16
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:39 and 12:12B9)

**Date of Notification:** 6-28-2016

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>EPA</td>
<td>BASF</td>
</tr>
<tr>
<td>DOH</td>
<td>25 MIDDLESEX ESSÊS TURNPAKE</td>
</tr>
<tr>
<td></td>
<td>ISELIN, NJ 08830</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Name of Contractor/Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDDLESEX</td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASF</td>
<td>25 MIDDLESEX ESSÊS TURNPAKE</td>
<td>ISELIN, NJ 08830</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>450 South River St</td>
<td>Hackensack, N. J. 07601</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Designated Contractor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
<td>280 Euyler St</td>
<td>S. Hackensack, N. J. 07606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Vendor/Dealer</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>450 South River St</td>
<td>Hackensack, N. J. 07601</td>
</tr>
</tbody>
</table>

**Description of Abatement Method:**
- Thermal Insulation

**Name of Registered Vendor/Dealer:**
- Minerva Enterprises, LLC

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Location Normally Used Strictly for Maintenance/Classical Sheet (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot Plant</td>
<td>Yes</td>
<td>180 SF X</td>
</tr>
</tbody>
</table>

**Name of Registered Vendor/Dealer:**
- Minerva Enterprises, LLC

**Name of Contact:**
- P. Smalley

**Telephone Number:**
- 862-706-5382

**R & D OFFICE/LABS:**
- Management

**Date of Notification:** 6-28-2016

**Name of Vendor/Dealer:**
- Best Removal Inc

**ID No.:** 17109

**Date of Disposal:**
- 7-6-16

**City, State:**
- Hackensack, N. J. 07601

**Date of Estimate:**
- 6-28-16

**Estimator:**
- R. Yelkin

**Compliance by:**
- A. Walden

**Acknowledgment:**
- Do not move this factor unless authorized pursuant to directive.
Date of Notification (1) 6-21-2016

Name of Building Owner/Operator (2) Hudson View Center

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

Agencies Notified

[ ] EPA  [ ] DEP  [ ] DOL  [X] DOH  [ ] DCA

Street Address 9020 Wall Street

City, State, Zip Code North Bergen, NJ 07047

Name of Contact Alex Reyes  Telephone Number 201-681-4040

FACILITY INFORMATION

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

Street Address 9020 Wall Street

City (6) North Bergen, NJ 07047

County (6) Hudson

County Code (7) [STATE USE ONLY]

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

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

Street Address 235 Virginia Avenue

City, State, Zip Code Jersey City, NJ 07304

Telephone No. 201-333-8855  License No. 01174

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 6-21-2016  Scheduled Completion Date (11) 6-21-2016

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)

[ ] ≥ 150 sf or ≥ 300 sf

[ ] ≥ 160 sf or ≥ 250 sf

[ ] Renovation

[ ] Demolition

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

In Facility (13)

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

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Green Environmental Services, LLC

NJDEP Waste Hauler ID No. 0034889

Cubic Yards of Waste 2

Disposal Date 6-21-2016

Name of Registered Landfill G.r.o.w.s. North Landfill

City, State Jersey City, NJ

Completed by Liliana Serrano  Title Office Manager  Signature  

Date 6-21-2016

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

**Date of Notification (1)**  
6-23-2016

**Name of Building Owner/Operator (2)**  
Elmora Hills Center

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

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

**Street Address**
225 West Jersey Street

**City, State, Zip Code**
Elizabeth, NJ 07202

**Name of Contact**
Roberto Landers

**FACILITY INFORMATION**

**Facility Information**

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

- **Square Feet**
  15000

- **# of Floors**
  3

- **Bldg. Age**
  70+

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

- **Name of Monitoring Firm Hired by Building Owner (8)**
  Green Environmental Services

- **Name of Abatement Contractor (9)**
  Green Environmental Services

- **Street Address**
  235 Virginia Avenue

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

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

- **License No.**
  01174

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

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

<table>
<thead>
<tr>
<th>Location</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>Boiler room</td>
<td>[x]</td>
<td>Pipe insulation</td>
<td>150 LF</td>
<td>Renovation</td>
</tr>
</tbody>
</table>

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

**City, State**
Jersey City, NJ

**Disposal Date**
6-24-2016

**Name of Registered Landfill**
G.r.o.w.s. North Landfill

**City, State**
Morrisonville, PA

**Completed by**
Liliana Serrano

**Title**
Office Manager

**Signature**

**Date**
6-23-2016

---

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

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

Name of Building Owner/Operator (2):
yoon han

Name of Facility where abatement is taking place (3):
yoon han

Square Feet

Type of Facility (4):
Other (Private/Commercial Bldgs./Homes, etc.)

City, State, Zip Code:
WESTFIELD, NJ 07090

# of Floors

County Code (7):
UNION

Bldg. Age

ASCM No.

Current Use (Prior to being demolished)

Name of Abatement Contractor (9):
D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

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

Scope of Work (check all that apply):
- Renovation
- Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13):
- Yes
- No
- N/A

Description of asbestos-containing material (ACM):
PIPE INSULATION 71 ft
transite board 55 sq ft

Registered Waste Hauler:
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506

Cubic Yards of Waste:
1 yd.

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATerson, NJ 07503

Disposal Date:
07/07/16

City, State:
TULLYTOWN, PA

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Date:
06/23/16
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/08/16

Name of Building Owner/Operator (2)
karl fritsch

Agency Notified(s)

EPA
DEP
DOL
DOH
DCA

Type Notification
initial
Amended
Amendment #:
Emergency (including justification)
Cancellation

Street Address
[Redacted]

City, State, Zip Code
leonia, nj 07605

Name of Contact
karl fritsch

Telephone Number
[Redacted]

Facility Information

Name of facility where abatement is taking place (3)
karl fritsch

Street Address
[Redacted]

City (5)
leonia

County (6)
BERGEN

County Code (7) (State use only)

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

ASCM No.

Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other-Describe: NO NORMAL HOURS

Start Date (10)
07/08/16

Scheduled Completion Date (11)
08/15/16

Scope of Work (Check all that apply)

>2 sq ft or >3 ft
Renovation
>160 sq ft or >260 sq ft
Demolition

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

Is location normally used solely by maintenance/custodial staff (12)

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove
Repair
Encap
Enc.

BASEMENT
PIPE INSULATION
701 ft

BASEMENT CRAWL SPACE
PIPE INSULATION
401 ft

basement bet. floor joist
ACM insulation
1 sq ft

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13306
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
07/26/16

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Date
06/28/16
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator:** DONNA MELIA

**Address:** EDISON, NJ 08818

**Type of Facility:**
- School (K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)
- Other (K-12)

**Square Feet:** 151

**# of Floors:** 1

**Bldg. Age:** 1

**Name of Abatement Contractor:** D & S RESTORATION, INC.

**Street Address:**
- 20 California Ave.
- Paterson, NJ 07503

**Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OSHA Monitor:**
- D & S Restoration, Inc.

**Street Address:**
- 20 California Avenue
- Paterson, NJ 07503

**Occupancy Status During Abatement:**
- Normal hours

**Scope of Work:**
- Demolition

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

<table>
<thead>
<tr>
<th>Crawl Space</th>
<th>1st Floor Closet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM):**
- Pipe insulation

**Amount (Specify SF or LFT):**
- 151 ft
- 8 LFT

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

**Disposal Date:** 07/11/16

**Name of Registered Landfill:**
- TULLYTON, RESOURCES RECOVERY

**Completed by (Print or Type):**
- BOGDAN JOLDZIC

**Title:** PRESIDENT

**Date:** 06/28/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7/1/16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Ritci</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Edited]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nick</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Edited]</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place | Residential |
| Street Address | [Edited] |
| City, State, Zip Code | Allentown, NJ 08501 |
| County | Monmouth |

Name of Monitoring Firm Hired by Building Owner: DB Environmental

Name of Abatement Contractor: Stevens Environmental Services, Inc.

Project Manager for Monitoring Firm: Dave Bunocore

Start Date | 7/1/16
Scheduled Completion Date | 7/15/16

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

Scope of Work:
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- 1st floor: Duct Insulation 20 sf
- Basement: Duct Insulation 10 lf
- 2nd floor Bathroom: VAT 80 sf

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.

Completed By: Mahlon E. Stevens
Title: Project Manager
Signature: [Signature]
Date: 7/15/16

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

Date of Notification (1) 06/29/2016
Name of Building Owner/Operator (2) Marilyn Hart

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

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

Street Address [Redacted]
City, State, Zip Code Mountainside, NJ 07092

Name of Contact  
Marilyn Hart

Telephone Number [Redacted]

FACILITY INFORMATION

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

Street Address  
Mountainside

City (5)  
Mountainside

County (6)  
Essex

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

Square Feet N/A
# of Floors N/A
Bldg. Age N/A

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.  
973-34508685

License No. 00575

Start Date (10) 07/10/2016
Scheduled Completion Date (11) 07/11/2016

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)  
- 2,300 sf or ≥3,300 ft
- ≥1500 or ≥2800 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 (12)  
In Facility

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Location Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>pipe insulation</td>
</tr>
<tr>
<td>x</td>
<td>x</td>
<td></td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
D&S Abatement, Inc

NJDEP Waste Hauler ID No. 20996

Cubic Yards of Waste TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ

Completed by  
Ned Joksimovic

Title  PM

Signature  

Date 06/29/2016

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

**Name of Building Owner/Operator:** V.F.V. Properties, Inc.
**Street Address:** P.O. Box 508
**City, State, Zip Code:** Martinsville, NJ 08876

**Name of Contact:** Frank Moreno

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Single Family Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address:</strong></td>
<td>[Redacted]</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Bridgewater</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NJ</td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>08807</td>
</tr>
</tbody>
</table>

**County:** Somerset

**Name of Monitoring Firm Hired by Building Owner (8):** EPC Technologies
**ASCM No.:** N/A
**Type of Facility:** Single Family Dwelling

**Name of Abatement Contractor:** EPC Technologies Inc.
**Street Address:** P.O. Box 337
**City, State, Zip Code:** New Egypt, NJ 08533
**Telephone No.:** 609-758-3365

**Name of Project Manager for Monitoring Firm:** Steve Schenke
**License No.:** 00-394

**Start Date (10):** 7-11-16
**Scheduled Completion Date (11):** 7-27-16

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

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Floor Tiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>500 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exterior Walls</th>
<th>Siding Shingles</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>700 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** EPC Technologies
**NJDEP Waste Hauler ID No.:** 17000
**Cubic Yards of Waste:** 6

**Disposal Date:** by 7-32-16

**Name of Registered Landfill:** Waste Management of PA

**City, State:** New Egypt, NJ

**Completed by:** Steve Schenke

**Signature:**

**Date:** 6-30-16

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator**

EAST COAST ELMWOOD VILLAGE

**Address**

24 Boulv. ELMWOOD PARK, N.J. 07017

**City, State, Zip Code**

ELMWOOD PARK, N.J. 07017

**Name of Contact**

WILLIAM PARHAM

**Telephone Number**

**Type of Facility**

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

**Square Foot**

4000

**# of Floors**

6

**Building Age**

60

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

APTS

**Name of Monitoring Firm Hired by Building Owner**

B & B ENVIRONMENTAL SURVEYORS

**ASCM No.**

**Name of Abatement Contractor**

A. MAC Contracting Inc

**Street Address**

1180 WAST CREEK STREET

**City, State, Zip Code**

MIDLAND PARK, NJ 07432

**Telephone Number**

201-229-5941

**License No.**

0115

**Name of OSHA Monitor**

OMEGA ENVIRONMENTAL SERVICES INC.

**Street Address**

280 Hughes Street

**City, State, Zip Code**

HACKENSAK, NJ 07606

**Scope of Work**

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥160 ft²

**Location of Asbestos-Containing Material (ACM) To Be Abated**

| Spaces | Location
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAWL</td>
<td>X</td>
</tr>
<tr>
<td>STORAGE</td>
<td>X</td>
</tr>
<tr>
<td>ROOF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- I.e., thermal systems insulation, surfacing, VCT, or other miscellaneous

**Amount**

- [ Specify SF or LF ]

**Disposal Date**

4/4/16

**Name of Registered Waste Hauler**

NEWARK CARTING, INC.

**Waste HI Unit ID No.**

04609

**Cubic Yards**

1

**Name of Registered Landfill**

IESI PA Bethlehem Landfill Corp.

**City, State, Zip Code**

BETHLEHEM, PA 18015

**Completed by**

R. McDonald

**Title**

President

**Signature**

[Signature]

**Date**

3/25/16

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: June 29, 2016

Name of Building Owner/Operator: Kent Place School

Street Address: 42 Norwood Avenue

City, State, Zip Code: Summit, NJ 07902

Name of Contact: Frank Lemire

PHONE NUMBER: 973-673-4667

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Kent Place School

Street Address: 42 Norwood Avenue

City: Summit, NJ 07902

County: Union

Type of Facility: School (K-12)

Current Use: vacant

Name of Monitoring Firm Hired by Building Owner: Partner Engineering and Science, Inc.

ASCN No.: Be Construction Corporation

Street Address: 235 Watchung Avenue

City, State, Zip Code: West Orange, NJ 07052

Telephone No.: 973-669-2900

Name of Abatement Contractor: Schneider Laboratories Global Inc.

Street Address: 2512 W Cary Street

City, State, Zip Code: Richmond, VA 23220

Name of OSHA Monitor: 

Start Date: June 13, 2016

Scheduled Completion Date: July 8, 2016

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

Scope of Work: Renovation - Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd Floor</td>
<td>X</td>
<td>Floor Tiles</td>
<td>6,730SF</td>
<td>x</td>
</tr>
<tr>
<td>1st and 2nd Floor</td>
<td>X</td>
<td>UV Transite</td>
<td>1,200SF</td>
<td>x</td>
</tr>
<tr>
<td>1st and 2nd Floor</td>
<td>X</td>
<td>Sink Undercoating</td>
<td>12SF</td>
<td>x</td>
</tr>
<tr>
<td>1st and 2nd Floor</td>
<td>X</td>
<td>Mastic</td>
<td>400SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Future Sanitation Inc.

NJDEP Waste Hauler ID No.: Disposal Date

Cubic Yards of Waste: City, State

Name of Registered Landfill Facility: Tullytown, PA

City, State: Tullytown, PA

Completed by: Barbara Reed

Title: President

Signature: [Signature]

Date: June 29, 2016

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

Date of Notification (1)
June 29, 2016

Name of Building Owner/Operator (2)
Kent Place School

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

Type Notification
☐ Initial Page 2 of 2
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
42 Norwood Avenue
City, State, Zip Code
Summit, NJ 07902

Name of Contact
Frank Lemire
Telephone Number
973-673-4667

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Kent Place School

Street Address
42 Norwood Avenue
City (5)
Summit, NJ 07902

County (6)
Union
County Code (7)

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

Square Feet
2
# of Floors
2
Bidg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Partner Engineering and Science, Inc.

ASCM No.

Name of Abatement Contractor (9)
Be Construction Corporation

Street Address
35 Watchung Avenue
City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm
Brian Nemetz

Telephone No.
732-380-1700

License No.
973-669-2900
1231

Start Date (10)
June 13, 2016
Scheduled Completion Date (11)
July 8, 2016

Name of OSHA Monitor
Schneider Laboratories Global 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

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf

☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

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

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

In Facility (13)

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location 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>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd Floor</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>1,725LF X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Vapor Barrier</td>
<td>4,000SF X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>150LF X</td>
</tr>
<tr>
<td>Room A3</td>
<td>X</td>
<td>Glue Dobs</td>
<td>250SF X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Future Sanitation Inc.

NJDEP Waste Hauler ID No.
Cubic Yards of Waste

Name of Registered Landfill
Tullytown Facility

City, State
Passaic, NJ 07055

Disposal Date
City, State
Tullytown, PA

Completed by
Barbara Reed
Title
President

Signature
Tullytown, PA

Date
June 29, 2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: June 29, 2016

Name of Building Owner/Operator: AHS Properties
Street Address: 105 Harrow Road
City, State, Zip Code: Westfield, NJ 07090
Name of Contact: Tom

Type of Facility: School (K-12)

Square feet: 1800 sf
# of Floors: 1
Bldg. Age: 60

Name of Facility Where Abatement is Taking Place: Residence
City: Lyndhurst
County: Bergen
County Code: ASCM No.

Name of Abatement Contractor: Guardian Contracting, Inc.
Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Toms River, New Jersey 08755-1271
Telephone Number: 732-349-9932
License Number: 00624

Occ: 7/11/16
Scheduled Completion Date: 7/12/16

Scope of Work: Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility
Exterior: X

Amount (Specify SF or LF): 1700 sf
Abatement Type: X

Name of Registered Waste Hauler: Guardian Contracting, Inc.
NIDEP Waste Hauler ID No.: 20223

Cubic Yards of Waste: 3
Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey
Disposal Date: 7/13/16
City, State: Tullytown, Pennsylvania

Completed by (Print or Type): Nicholas Fornicola
Title: Project Manager
Signature: [Signature]
Date: 6/29/2016

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

Date of Notification (1)
06/30/16

Name of Building Owner/Operator (2)
MAYER WEINSTEIN

Agency Notified Type Notification Street Address
EPA Initial [REDACTED]
DEP Amended [REDACTED]
DOL Emergency (including [REDACTED])
DOH Cancellation
DCA

City, State, Zip Code
ELIZABETH, NJ 07208

Name of Contact
MAYER WEINSTEIN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

City (5)
ELIZABETH, NJ

County (6)
UNION COUNTY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10) Scheduled Completion Date (11)
07/10/16 07/11/16

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
☑ ≥100 sf or ≥2500 ft
☑ Renovation
☒ Demolition
☑ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Finable Procedure

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

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

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

Amount (Specify SP or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No.
04509
Cubic Yards of Waste
10 YARDS

Name of Registered Landfill
IESI

Disposal Date
07/11/16

City, State
NEWARK, NJ

Bethlehem PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date
06/30/16

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

Date of Notification (1) 6/29/2014  Check # 2886  Name of Building Owner/Operator (2) Our Lady of Lourdes Church

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

Name of Facility Where Abatement is Taking Place (3) Rectory-basement

Street Address
100 Valley Way
City, State, Zip Code
West Orange, NJ 07052

Name of Contact Fr James Ferry

Telephone Number 201-807-4590

FACILITY INFORMATION

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

Square Feet 2,000  # of Floors 2  Bldg. Age 50+

Name of Abatement Contractor (9) EA Servicorp Corporation

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

Street Address
426 69th Street
City, State, Zip Code
Guttenberg, NJ 07093

Project Manager for Monitoring Firm

Telephone No. 201-295-1700  License No. 01074

Start Date (10) 7/9/16  Scheduled Completion Date (11) 7/13/16

Name of OSHA Monitor

Same as above

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 ≥280 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 30 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No. 26085

Cubic Yards of Waste tbd

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State Wayne, NJ Pen Argyl, PA

Completed by Gina Betances  Title Office Manager

Signature  Date 6/29/2016

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

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

**State of New Jersey**

**Initial Friable Notification**

**Check #: 6659**

**Date of Notification (1):** 06/12/16

**Name of Building Owner/Operator (2):** Mrs. Carmichael

**Street Address:**

**City, State, Zip Code:**

**Piscataway, NJ 08854**

**Name of Contact:** Mrs. Carmichael

**Telephone Number:**

**AGENCIES NOTIFIED**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>[ ] DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>[ ] DOH</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

**Residence - Basement**

**City:**

**County:** Middlesex

**County Code:** 07001

**Name of Monitoring Firm Hired by Building ASCM No. Owner (8):** N/A

**N/A**

**City, State, Zip Code:**

**Street Address:**

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

**Four Strong Builders, Inc.**

**Street Address:**

180 Sargeant Avenue

**City, State, Zip Code:** Clifton, NJ 07013

**Telephone Number:** 973-614-0377

**License Number:** 00807

**Name of OSHA Monitor:**

**Four Strong Builders, Inc.**

**Street Address:**

180 Sargeant Avenue

**City, State, Zip Code:** Clifton, NJ 07013

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

- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
</tr>
</tbody>
</table>

**Amount (Specify LF or CF):** 130 LF

**Abatement Type:**

**Name of Registered Waste Hauler:**

**NJDEP Waste Hauler ID No.:**

12609

**Name of Registered Landfill:**

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

**Disposal Date:**

**City, State:** Tullytown, PA

**Completed By (Print or Type) **

**Title: Office Administrator**

**Signature:**

**Date:** 6/28/16

**INITIALRECEIVED JUL 5 2016**

**ASBESTOS CONTROL & LICENSING**

**JSN 96**

**G4667**
### Date of Notification
- 06 / 30 / 16

### Name of Building Owner/Operator
- Dr. David Matalon / GooGooMa LLC

### Street Address
- 400 Western Ave

### City, State, Zip Code
- Morris Township, NJ 07960

### Name of Contact
- Lowell DeGrote

### Telephone Number
- (651)331-8467

### Name of Facility Where Abatement is Taking Place
- Morristown Animal Hospital

### Street Address
- 655 West Shore Trail

### City, State, Zip Code
- Sparta, NJ 07871

### Project Manager for Monitoring Firm
- Jean Paul Von Doehren

### Telephone No.
- (609) 704-8850

### Name of Abatement Contractor
- Superior Abatement Inc

### Street Address
- 2 Henderson Drive

### City, State, Zip Code
- West Caldwell, NJ 07006

### Start Date
- 07 / 18 / 16

### Scheduled Completion Date
- 07 / 29 / 16

### Name of OSHA Monitor
- Superior Abatement Inc

### Scope of Work
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Endoscopy
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- [ ] Throughout
- [ ] 1st Floor Kitchen
- [ ] Exterior - Boiler / Windows
- [ ] Roof

### Name of Registered Waste Hauler
- Service Transport Group Inc

### NJDEP Waste Hauler ID No.
- SW2117

### Cubic Yards of Waste
- 100

### Name of Registered Landfill
- Minerva Enterprises

### City, State
- New Castle, DE

### Disposal Date
- 7/29/2016

### Completed By
- Nick Petrovski
- Title: President

### Signature
- [Signature]

### Date
- 6-30-16

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