State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
5/23/18

Name of Building Owner / Operator (2)  
Chester School District

Name of Contact  
Drew Vanderzee

Telephone Number  
908-879-7373

FACILITY INFORMATION

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

Street Address  
250 State Route 24

City (5)  
Chester

County (6)  
Morris

County Code (7)  

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

School

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

ASCM No.

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

Street Address  
56 East Bridge Street

City, State & Zip Code  
Morrisville, PA 19067

Name of OSHA Monitor  
Bristol Environmental, Inc.

Street Address  
1123 Beaver Street

City, State & Zip Code  
Bristol, PA 19007

Scheduled Start Date (10)  
6/25/18

Scheduled Completion Date (11)  
7/16/18

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

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

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

Boiler Room

Boiler Room

Boiler Room

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

Yes

No

N/A

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

Tank Insulation  
250 SF

Boiler Flue  
280 SF

Pipe Fitting Insulation  
25 LF

Abatement Type

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler  
Service Transport Inc.

Cubic Yards of Waste  
8 Cu YD

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, DE

Disposal Date  
7/3/18

City, State  
Waynesburg, OH

Completed By (Print or Type)  
Gino Pizzigoni

Title  
Project Manager

Signature  

Date  
7/3/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification (1)**

5/23/18

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

Chester School District

**Address**

50 North Road
Chester, NJ 07930

**Name of Contact**

Drew Vanderzee

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  Dickerson Elementary School

- **Street Address**
  250 State Route 24

- **City (5)**
  Chester

- **County (6)**
  Morris

- **County Code (7)**
  N/A

- **Name of Monitoring Firm Hired by Building Owner (8)**
  RJB Environmental Inc

- **Address**
  56 East Bridge Street
  Morrisville, PA 19067

- **Project Manager for Monitoring Firm**
  Rick Beach

- **Telephone Number**
  267-991-9212

- **Scheduled Start Date (10)**
  6/25/18

- **Scheduled Completion Date (11)**
  7/3/18

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

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

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

- ≥3 sf or ≥3 l f
- ≥100 sf ≥250 sf
- Renovation
- Demolition

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

- Boiler Room
- Boiler Room
- Boiler Room

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

- Yes
- No
- N/A

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

- Tank Insulation
- Boiler Flue
- Pipe Fitting Insulation

**Amount (Specify SF or LF)**

- 250 SF
- 280 SF
- 25 LF

**Abatement Type**

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Removable Procedure

**Name of Registered Waste Hauler**

Service Transport Inc.

**Address**

City, State

New Castle, DE

**Completed By (Print or Type)**

Gino Pizzigoni

**Title**

Project Manager

**Signature**

Date

5/23/18
Date of Notification: 7/3/18

Agencies Notified:
- [ ] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] IDCA
- [ ] Cancellation

Type of Notification:
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Emergency
- [ ] Cancellation

Name of Building Owner/Operator: Marguerite Kelsey

Street Address: [Redacted]

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

Name of Contact: Marguerite

Type of Facility:
- [ ] School (K-12)
- [ ] Subchapter 9 (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Foot: [Blank]

Floors: [Blank]

Bldg. Age: [Blank]

Current Use (Prior if being demolished): [Blank]

Name of Facility Where Abatement is Taking Place: Marguerite Kelsey

City: West Orange

County: Essex

County Code: 07

Name of Monitoring Firm hired by Building Owner:

ASCM No.: [Blank]

Name of Abatement Contractor: AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

City, State, Zip Code: Montclair, NJ 07042

Phone Number: (973) 744-8800

License Number: 00371

Name of OSHA Monitor:

N/A

Street Address: [Blank]

City, State, Zip Code: [Blank]

Scheduled Start Date: 7-16-18

Scheduled Completion Date: 7-18-18

Occupancy Status During Abatement:
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Off-hours Description
- [ ] Other - Describe: [Blank]

Scope of Work:
- [X] 23 sf or ≥3 if
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED:
- [X] Basement
- [ ] Hauler ID No. 17040

Location Normally Used Solely By Maintenance/Custodial Staff:
- [X] Yes
- [ ] No

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

Location of Waste: Tri-State

Disposal Date: 7/19/18

City, State: Bronx, NY, 10474

Name of Registered Landfill: Tri-State

Date: 7/3/18

Signature: [Redacted]
Date of Notification (1) | 7/2/2018
--- | ---
Name of Building Owner/Operator (2) | Maya Autret

Agencies Notified | Type Notification
--- | ---
[X] EPA | Initial Notification
[X] DBP | Emergency Notification
[X] EOL | Amended Notification
[X] DON | Cancellation

Street Address |

City, State, Zip Code | Bloomfield, NJ, 07003

Name of Contact | Maya Autret

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

City | County | (6) Essex |
--- | --- | --- |
Bloomfield | | |

Name of Monitoring Firm hired by Building Owner (8)

ASCM No. | N/A
--- | --- |

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

Street Address | 86 Christopher St.
--- | --- |

City, State, Zip Code | Montclair, NJ 07042

Name of OSHA Monitor | N/A

Project Manager for Monitoring Firm

Telephone Number | (973) 744-8800
--- | --- |

Scheduled Start Date (10) | Sched. Completion Date (11)
--- | ---
07/13/18 | 07/14/18

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: "Other Occupancy Describes"

Scope of Work (Check all that apply)

[X] 2,500 sf or > 3 l.f.

[X] Renovation

[X] Demolition

Full Containment with Negative Pressure

[X] Mini-Enclosure

[Glovebag Procedure

Non-Friable 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, VAP, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REPAIR

ENCLOSURE

Location Normally Used By Maintenance/Custodial Staff (12)

Basement | X | Pipe insulation | 105 LF | X

Name of Registered Waste Hauler | AZTECH MANAGEMENT, INC.

DEP Waste Hauler ID No. | 17040

Cubic Yards of Waste | 1.5

Disposal Date | 07-16-18

City, State | Montclair, NJ 07042

Name of Registered Landfill | Tri-State

City, State | Bronx, NY, 10474

Completed By (Print or Type) | Constantine Vivian | President
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 6-29-13

Name of Building Owner/Operator (2): EARTHTECH CONTRACTING

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

Name of Contact: BRUCE

Street Address: 155 RT 50

City, State, Zip Code: GREENFIELD W. J. 08220

Name of Abatement Contractor (9): KLEMCO INC

FACILITY INFORMATION

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

Street Address: N/A

City, State, Zip Code: MAPLE SHADE W. J. 08052

County Code (7) (STATE USE ONLY): 2000

Type of Facility (4): Vacant

Square Feet: 2000

# of Floors: N/A

Bldg. Age: 50+

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

Name of Abatement Contractor (9): KLEMCO INC

Start Date (10): 7-8-18

Scheduled Completion Date (11): 7-15-18

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

Scope of Work (Check all that apply)
- 523 sf or >3 sf
- 2160 sf or >280 sf

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location

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

Name of Registered Waste Hauler: KLEMCO INC

Cubic Yards of Waste: 500 SCF

Completed By: Michael Koma
Title: Sup.
Signature: [Signature]
Date: 6-29-18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-29-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MITCHELL NICHOLS</td>
</tr>
<tr>
<td>Street Address</td>
<td>23 KING ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BELO GRANDE N.J 08242</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAME</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>1700</td>
</tr>
<tr>
<td># of Floors</td>
<td>7</td>
</tr>
<tr>
<td>Bldg Age</td>
<td>50+</td>
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<tr>
<td>Current Use (Prior to being demolished)</td>
<td>VAULT</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-239-0472</td>
</tr>
<tr>
<td>License No</td>
<td>013717</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
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**Start Date (10) | 7-8-18**  
**Scheduled Completion Date (11) | 7-15-18**

<table>
<thead>
<tr>
<th>Occupation Status During Abatement (Check only one)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☒ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>☐ Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

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

- ☒ 30 sq ft or over
- ☒ 160 sq ft or over 260 sq ft
- ☐ 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)**

| SANDING | X | TRANSLITE | 2750 SF | X |

**Name of Registered Waste Hauler**

| KLEMCO INC |

**City, State**

| MAPLE SHADE N.J |

**Completed By**

| MICHAEL KOLLER | SUP |

**Signature**

| WOODBINE N.J |

| 6-29-18 |

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner / Operator: Saxum Real Estate</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/28/18</td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Facility Where Abatement is Taking Place:**
- Vacant Building

**Street Address:**
- 475 Bloomfield Ave

**City (5):**
- Montclair

**County (6):**
- Essex

**County Code (7):**
- 

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

**Square Feet:**
- 15,000

**# of Floors:**
- 3

**Bldg. Age:**
- 70

**Former Use (Prior if being demolished):**
- Former Bank

**Name of Monitoring Firm Hired by Building Owner:**
- Langan Engineering

**Street Address:**
- 300 Kimball Drive

**City, State & Zip Code:**
- Parsippany, NJ 07054

**Name of Abatement Contractor:**
- Global Abatement Services, LLC

**Street Address:**
- 443 Schoolhouse Road

**City, State & Zip Code:**
- Monroe Township, NJ 08831

**Name of OSHA Monitor:**
- Global Abatement Services, LLC

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

**Work in mechanical area only**

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- 153

**Location Normally Used:**
- Solely by Maintenance or Custodial Staff?
- (12)

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

**Amount (Specify Square Feet or Linear Feet):**
- 

**Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure):**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other: Non-Friable

**Name of Registered Waste Hauler:**
- Freehold Carting

**NJDEP Waste Hauler ID #:**
- 18693

**Cu. Yds. of Waste:**
- 40

**Name of Registered Landfill:**
- TRRF

**Disposal Date:**
- 8/31/18

**City, State:**
- Trenton, NJ

**Completed By (Print or Type):**
- Dominick Tringali

**Title:**
- Pres.

**Signature:**
- Dominick Tringali

**Date:**
- 6/26/18
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>6/26/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Saxum Real Estate</td>
</tr>
<tr>
<td>Street Address</td>
<td>339 Jefferson Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Parsippany, NJ 07054</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Keiran Flanagan</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-393-7500</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>483 Bloomfield Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Montclair</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4)**

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th>12,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bidg. Age</td>
<td>70</td>
</tr>
</tbody>
</table>

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

**Former Bank**

**Name of Abatement Contractor (9)**

Global Abatement Services, LLC

<table>
<thead>
<tr>
<th>Street Address</th>
<th>443 Schoolhouse Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Monroe Township, NJ 08831</td>
</tr>
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</table>

**Project Manager for Monitoring Firm**

Vijay Patel

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>973-560-4900</th>
</tr>
</thead>
</table>

**Scheduled Start Date (10)**

7/12/18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement
- Other - Describe: Work in mechanical area only

| Scheduled Completion Date (11) | 8/31/18 |

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

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th></th>
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</table>

**Abatement Type (Specify: Removal, Repair, Encapsulation or Endosure)**

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Other: Non-Friable

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Freehold Carting</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.J. DEP Waste Hauler ID #</td>
<td>18693</td>
</tr>
</tbody>
</table>

**Cu. Yds. of Waste**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>8/31/18</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Monroe Township, NJ 08831</td>
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</table>

**Completed By (Print or Type)**

Dominick Tringali

<table>
<thead>
<tr>
<th>Title</th>
<th>Pres.</th>
</tr>
</thead>
</table>

**Signature**

Dominick Tringali

**Date**

6/26/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6/30/2018

Name of Building Owner / Operator (2) Sunoco Partners Marketing & Terminals, LP.-Eagle Point Facility

Agencies Notified
- EPA
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
1250 Crown Point Road

City, State & Zip Code
Westville, NJ 08093

Name of Contact
Ron Rosendorn

Telephone Number
856-853-3155

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Eagle Point Facility

Street Address
1250 Crown Point Road

City (5)
Westville

County (6)
Gloucester

County Code (7) N/A

Type of Facility (4)

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

Square Feet
7500

# of Floors
3

Bldg. Age
60+

Current Use (Prior if being demolished)
Commercial

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

ASCM No.

Name of Abatement Contractor (9)
Alpha Environmental

Street Address
PO Box 8297

City, State & Zip Code
Trenton, NJ 08650

Telephone Number
609-847-2956

License Number
01222

Name of OSHA Monitor
ALPHA Environmental

Street Address
PO Box 8297

City, State & Zip Code
Trenton NJ 08650

Scheduled Start Date (10)
6/4/2018

Scheduled Completion Date (11)
9/30/2018

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

Describe:

Scope of Work (Check all that apply)

- >3 sf or >=3 If
- 160 sf >=260 If
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Powerhouse

Pipe Insulation

1200 If

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

Service Transport Group

Cubic Yards of Waste
100

Name of Registered Landfill
Minerva Landfill

City, State

Disposal Date

various

Waynesburg, OH

Completed By (Print or Type)
Rod Richardson

Title
Project Manager

Signature

Date
6/30/2018
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)

7 / 1 / 2018

Name of Building Owner/Operator (2)
PB NUTOLIF MASTER LLOPRISM PROPERTY SERVICES LLC

Street Address
340 KINGSLAND STREET

City, State, Zip Code
NUTLEY, NEW JERSEY 07110

Name of Contact
RICK MARGERISON
Telephone Number
973-235-3105

AGENCIES NOTIFIED

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

□ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HACKENSACK MERIDIAN BLDG. 102

Street Address
340 KINGSLAND STREET

City (5)
NUTLEY

County (6)
ESSEX

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENVIRONMENTAL

ASCM No.
17

Type of Facility (4)
X School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (ie. private & comm. bldgs., homes, etc.)

Square Feet
125,000

# of Floors
5

Bldg. Age
50

Current Use (Prior if being demolished)
Pharm. Lab. COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Project Manager for Monitoring Firm
ANTON REZIN

Telephone Number
201-489-8700

Expected State Date (10)
7 / 6 / 18

Sched. Completion Date (11)
7 / 29 / 18

Month Day Year

Month Day Year

Name of OSHA Monitor
OMEGA #10504

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclo
☐ Glovebag Procedure
☐ 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)

Location
4TH FLOOR ROOM C403
4TH FLOOR ROOM A403

Yes
No
N/A

Pipe Insulation
6 LF
6 LF

Amount (Specify SF or LF)

Abatement Type

REPAIR
ENCAPSULATION

NEWARK CARTING INC.
369 RAYMON BLVD.

City, State
NEWARK, NEW JERSEY 07105

Hauler ID No.
913

CUBIC YARDS OF WASTE : 2
Disposal Date
6/29-7/29/18

GRAND CENTRAL SANITARY LANDFILL

City, State

Title
DIRECTOR OF OPERATIONS

SIGNATURE

DATE
7/3/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1) 
6 / 28 / 2018

Name of Building Owner/Operator (2) 
P & T NUTCLF MASTER LLC/PRISM PROPERTY SERVICES LLC

Address
340 KINGSLAND STREET

City, State, Zip Code
NUTLEY, NEW JERSEY 07110

Name of Contact
RICK MARGERISON
973-235-3105

RECEIVED
7-19-18

AGENCIES NOTIFIED

EPA

Type Notification
Initial Notification

DEP

Amended Notification #1

X

CANCELLATION

X

ON HOLD

DOL

EMERGENCY NOTIFICATION

AGENCIES NOTIFIED

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK MERIDIAN BLDG. 102

Street Address
340 KINGSLAND STREET

City (5)
NUTLEY

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

ASCM No.

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

X

Other (ie. private & comm, bidgs., homes, etc.)

Commercial

Square Feet

125,000

# of Floors

5

Bldg. Age

50

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

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

License Number
1101

Name of OSHA Monitor
OMEGA #10504

Telephone Number
845-365-7000

Telephone Number
201-489-8700

Project Manager for Monitoring Firm
ANTON REZIN

Full Containment with Negative Pressure

Occupy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

X

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

Demolition

X

>3500 SF OR LF

>160 SF OR LF 260 LF

Renovation

Full Containment with Negative Pressure

Location of Asbestos-containing Material (ACM)

TO BE ABATED
in Facility (13)

4TH FLOOR ROOM C403

4TH FLOOR ROOM A403

Description of Asbestos-containing Material (ACM)

Pipe Insulation

Yes No NIA

Location normally used solely by Maint/Custodial Staff (12)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

Enclosure

NEWARK CARTING INC.
369 RAYMON BLVD.

Hauler ID No.
913

CUBIC YARDS OF WASTE: 2

Disposal Date
6/29-7/29/18

City, State
NEWARK, NEW JERSEY 07105

Completed by (Print or Type)
Title
BENJAMIN SANCHEZ
DIRECTOR OF OPERATIONS

SIGNATURE
6/28/18
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:90-7 and 12:120-7)

**Name of Building Owner/Operator:** PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC

**Street Address:** 340 KINGSLAND STREET

**City, State, Zip Code:** NUTLEY, NEW JERSEY 07110

**Name of Contact:** RICK MARGERISON

**Telephone Number:** 973-235-3105

---

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place:** HACKENSACK MERIDIAN BLDG. 102

**Street Address:** 340 KINGSLAND STREET

**City (5):** NUTLEY

**County (6):** ESSEX

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

**Name of Monitoring Firm Hired by Building Owner:** ASCM No. 17

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 313 SPOOK ROCK ROAD

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

**Project Manager for Monitoring Firm:** ANTON REZIN

**Telephone Number:** 201-489-8700

**License Number:** 845-369-7500

**Expected State Date (10):**

- **Month:** 6
- **Day:** 29
- **Year:** 2018

**Scheduled Completion Date (11):**

- **Month:** 7
- **Day:** 29
- **Year:** 2018

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3:30 PM
- [ ] Other - Describe:

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

- [X] Demolition
- [ ] Renovation
- [X] >100 SF OR LF 260 LF
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclo.
- [X] Glovebag Procedure
- [ ] Non-flammable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4TH FLOOR ROOM C403</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
</tr>
<tr>
<td>4TH FLOOR ROOM A403</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
</tr>
</tbody>
</table>

**NEWARK CARTING INC.:**

- **Hauler ID No.:** 913
- **City, State:** NEWARK, NEW JERSEY 07105

**Disposal Date:** 6/29-7/29/18

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

**Date:** 6/18/18

---

**CUBIC YARDS OF WASTE:**

- **GRAND CENTRAL SANITARY LANDFILL:**
  - **City, State:** PLAINFIELD TOWNSHIP, PA
  - **Disposal Date:** 6/29-7/29/18

---

**RECEIVED**

OLLA - 6 2018

**Watermark:**

- **cx #32248**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 03 / 18

Name of Building Owner/Operator (2)
Malachy McCann

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

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

Street Address
[Redacted]

City, State, Zip Code
Sea Isle City, NJ 08243

Name of Contact
Eileen Lindblom

FACILITY INFORMATION

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

Street Address
PO Box 167

City, State, Zip Code
Hammonton, NJ 08037

County (6)
Cumberland

County Code (7)(STATE USE ONLY)

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

Square Feet
1,600

# of Floors
3

Bldg. Age
80

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Shade Environmental, LLC

ASCM No.

Telephone No.
609-820-9312

License No.
0867-556-099

City, State, Zip Code
Maple Shade, NJ 08052

Telephone No.

Project Manager for Monitoring Firm
Cathy Ledden

License No.

Start Date (10)
07 / 19 / 18

Scheduled Completion Date (11)
07 / 23 / 18

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
Enclosure

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

Basement

Floor Tile and Mastic

305 SF

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
15539

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Disposal Date
07/23/2018

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
7/23/18

* 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)
07/02/2018

### Name of Building Owner/Operator (2)
Estate of Ethel Blintd / Jack Blintd, executor

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

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

### Street Address

### City, State, Zip Code
Summerfield, FL 34491

### Name of Contact
Anne Blintd

### Telephone Number

### FACILITY INFORMATION

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

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

### Square Feet
N/A

### # of Floors
N/A

### Bldg. Age
N/A

### Current Use (Prior if being demolished)
House

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

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

### Street Address
11 Rosengren Avenue

### City, State, Zip Code
Towanda, NJ 07512

### Project Manager for Monitoring Firm

### Telephone No.
973-345-8685

### License No.
01311

### Start Date (10)
07/12/2018

### Scheduled Completion Date (11)
07/13/2018

### 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: Occupied

### Scope of Work (Check All That Apply)
- [ ] x3 sf or x3 lf
- [ ] ≥160 sf or ≥2500 sf
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

### In Facility
(13)

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

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

### Amount (Specify SF or LF)
140 SF

### Abatement Type

### Name of Registered Waste Hauler
D&S Abatement, Inc.

### NJDEP Waste Hauler ID No.
20966

### Cubic Yards of Waste
TBD

### Disposal Date
TBD

### Name of Registered Landfill
Waste Management of PA

### City, State
Morrisville, NJ

### Completed by
Oliver Hegedus

### Title
Project Manager

### Signature

### Date
07/02/2018

---

* 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)
07/02/2018

Name of Building Owner/Operator (2)
David Montague

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

Street Address
[redacted]

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
David Montague

FACILITY INFORMATION

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

Street Address

City (5)
Montclair

County (6)
Essex

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.

License No.
973-345-8685
01311

Start Date (10)
07/13/2018

Scheduled Completion Date (11)
07/14/2018

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
☑ Abatement Performed Outside of Normal Facility Hours
☑ Other – Describe: occupied

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 ft
☑ ≥160 sf or ≥260 ft

Renovation
Demolition

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

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

In Facility

Yes
No
N/A

Location
Basement

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

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

Amount

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

Disposal Date
TBD

City, State
Morrisville, NJ

Completed by
Oliver Hegedis

Title
Project Manager

Signature

Date
07/02/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
07/02/2018

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Name of Building Owner/Operator (2)
Hemispherex Biopharma, Inc.

Street Address
783 Jersey Avenue

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Richard Smith

Telephone Number
732-249-3250

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Commercial Building

Street Address
783 Jersey Avenue

City (5)
New Brunswick

County (6)
Middlesex

County Code (7)
N/A

Type of Facility (4)

* Commercial Building

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
Commercial Building

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.
973-345-8885

License No.
01311

Start Date (10)
07/13/2018

Scheduled Completion Date (11)
07/15/2018

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 ➢ 160 ft²
- 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)
1050 SF

Abatement Type
Removal
Repair
Eradication
Encapsulation
Endorsement

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJ/DEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Completed by
Oliver Hegedis
Title
Project Manager

Disposal Date
TBD

City, State
Morrisville, NJ

Signature

Date
07/02/2018

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

**Date of Notification (1)**
07 / 03 / 18

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

**Agencies Notified**
- [ ] EPA
- [x] DOLWD
- [x] DHSS
- [ ] DCA (NJAC 5:23-8)

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

**Street Address**

**City, State, Zip Code**
Fanwood, NJ 07023

**Name of Contact**
Andy Steffen

**Telephone Number**

**FACILITY INFORMATION**

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

**City (5)**
Fanwood, NJ 07023

**County Code (6)**
[STATE USE ONLY] Union

**County Code (6)**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Envirovision Consultants, Inc

**Street Address**
576 Valley Rd #283

**City, State, Zip Code**
Wayne, NJ 07470

**Telephone No.**
973-638-1777

**License No.**
01127

**Start Date (10)**
07 / 12 / 18

**Scheduled Completion Date (11)**
07 / 13 / 18

**Occupyancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

**Scope of Work (Check all that apply)**
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Garage</th>
<th>Crawl space</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

**Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- [ ] Thermal Systems Insulation
- [ ] Surfacings
- [ ] VAT
- [ ] Other Miscellaneous

**Amount (Specify SIF or LF)**
- [ ] SIF
- [ ] LF

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

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

<table>
<thead>
<tr>
<th>Garage</th>
<th>Crawl space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct insulation</td>
<td>Duct insulation</td>
</tr>
<tr>
<td>8 LF</td>
<td>4 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Gr Tech LLC

**NDEP Waste Hauler ID No.**
0033785

**Cubic Yards of Waste**
TBD

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

**City, State**
Fair Lawn, NJ 07410

**Disposal Date**
TBD

**City, State**

**Completed By (Print or Type)**
N. Jevtic

**Title**
Owner

**Signature**

**Date**
07/03/18

*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)
07/03/2018

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

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

Name of Building Owner/Operator (2)
Haydon Corporation

Street Address
415 Hamburg Turnpike

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Rich Phelan

Telephone Number
973-904-0800

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Haydon Corporation

Street Address
415 Hamburg Turnpike

City (5)
Wayne

County (6)
Passaic

County Code (7)
(State Use Only)

70,000

# of Floors
1

Bldg. Age
50+

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

ASCM No.

Name of Abatement Contractor (9)
United Safety LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone No.
973-276-0099

License No.
01317

Name of OSHA Monitor
United Safety LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

Start Date (10)
07/16/2018

Scheduled Completion Date (11)
07/30/2018

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Mon-Sun 9am-5:30 pm.

Scope of Work (Check All That Apply)
☐ ≥3000 sf or ≥30 ft
☐ ≥6000 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In the Facility

Yes
No
N/A

Tabulated

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

Location

Location

Location

To Be Abated

In Facility

(12)

Is Location

Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of

Asbestos-Containing Material (ACM)

Amount

(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

1st FL Open Warehouse Area

1st FL Supply Room

Shipping Office, Break Room &

Area Adjacent to the QC Lab

1st FL Open Warehouse Area

1st FL Supply Room

Shipping Office, Break Room &

Area Adjacent to the QC Lab

VAT ONLY

Double Layer VAT & Mastic

VAT & Mastic

8,400 SF

100 SF

1,385 SF

Name of Registered Waste Hauler
Service Transport Group, Inc

NJ/DEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Landfill

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Vanco Petkoff

Title
Project Manager

Signature

Date
07/03/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-5-10)

Date of Notification (1)
07 / 02 / 18

Name of Building Owner/Operator (2)
Maria Castro

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

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

City, State, Zip Code
North Plainfield, NJ 07062

Name of Contact
Maria Castro

FACILITY INFORMATION

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

Street Address

City (5)
North Plainfield

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Residence

Square Feet
2000 sf

# of Floors
2

Bldg. Age
65

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Telephone No.
732-349-9932

Street Address
1889 Rte. 9, Unit 61

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

E.M.S.L. Analytical

Street Address
1889 Route 9, Unit 61

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

Name of OSHA Monitor

Project Manager for Monitoring Firm
Nicholas Fenincola

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
07 / 07 / 18

Scheduled Completion Date (11)
07 / 19 / 18

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

Time of Abatement: AM---_PM/-_PM---_AM

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

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

basement

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

description

☐ asbestos pipe insulation

Amount
240 lf

Abatement Type

Project Manager
Nicholas Fenincola

Signature

Date

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Disposal Date
07/19/18

T.R.R.F.

City, State
Toms River, New Jersey

Cubic Yards of Waste
3

NJDEP Waste Hauler ID No.
20223

Completed By (Print or Type)
Nicholas Fenincola

* 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 (1)
7/3/18

Name of Building Owner/Operator (2)
Dan Schiff

Address
West Ivy Beach, N.J. 07704

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
4000

# of Floors
2

Built Age
60+

Current Use (Prior to being demolished)
Office Building

Name of Abatement Contractor (3)
Ace Insulation, Inc.

Street Address
97 Montrose Rd

City, State, Zip Code
Fairview, NJ 07022

License No.
00089

Name of OSHA Monitor

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

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAV, or other miscellaneous)
Flax tile w/ grommet

Amount
3000 sq ft

Abatement Type
Endource

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

Name of Registered Waste Handler
Ace Insulation, Inc.

Waste Handler ID No.
17054

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless

Disposal Date
6/28/18

City, State
Tullytown, PA

Completed by
Bangelos

Title
Secretary-Treasurer

Signature

Date
7/1/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
*(Pursuant to NJAC 8:60 and 5:16)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 03 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Washington Township Board of Education</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>☑ EPA</td>
<td>Initial</td>
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<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amendment #1</td>
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<td>☑ DDA</td>
<td>Emergency (including justification)</td>
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<td>(NJAC 5:23-6)</td>
<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>206 E. Holly Avenue</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Sewell, NJ 08080</td>
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<tr>
<td>Name of Contact</td>
<td>Dennis Straga - Straga Brothers</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-881-7990</td>
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</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Washington Township High School |
| Street Address | 529 Hurffville-Crosskeys Road |
| City (5) | Sewell |
| County (6) | Gloucester |
| Name of Monitoring Firm Hired by Building Owner (8) | Health and Safety Services, Inc. |
| ASCM No. | Name of Abatement Contractor (9) | Shade Environmental, LLC |
| Project Manager for Monitoring Firm | Jim Proctor |
| Telephone No. | 856-452-1311 |
| Start Date (10) | 06 / 20 / 18 |
| Scheduled Completion Date (11) | 07 / 20 / 18 |
| Type of Facility (4) | ☑ School (K-12) |
| ☑ Subchapter 8 (Other than K-12) | ☑ Other (i.e., private and commercial buildings, homes, etc.) |
| Square Feet | 80,000 |
| # of Floors | 2 |
| Bldg. Age | 80 |
| County Code (7)/STATE USE ONLY | |
| Current Use (Prior to being demolished) |School |
| Name of OSHA Monitor | EMSL Analytical, Inc. |
| Street Address | 623 Cutler Avenue |
| City, State, Zip Code | Maple Shade, NJ 08052 |

**Occupy Status During Abatement**

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM_ _PM_ _PM_ _AM_

**Scope of Work**

- ☑ 3sf or ≥3sf
- ☑ ≥160sf or ≥260sf
- ☑ 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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Normaly Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>F8</td>
<td>☑</td>
<td>Yes</td>
<td>Chalkboard Mastic</td>
<td>32 SF</td>
<td>☑ ☑ ☑ ☑ ☑</td>
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<tr>
<td>C18</td>
<td>☑</td>
<td>Yes</td>
<td>Chalkboard Mastic</td>
<td>96 SF</td>
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<tr>
<td>C20</td>
<td>☑</td>
<td>Yes</td>
<td>Chalkboard Mastic</td>
<td>96 SF</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

- Name of Registered Waste Hauler | Freehold Cartage |
  - NJ/DEP Waste Hauler ID No. | 15839 |
- Cubic Yards of Waste | 6 |
- Name of Registered Landfill | Fairless Landfill |
- City, State | Freehold, NJ |
- Disposal Date | 07/20/2018 |
- City, State | Morrisville, PA |
- Signed by (Print or Type) | Christina Lynch |
- Title | Vice President of Operations |
- Date | 7/3/18 |

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