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

- **Date of Notification (1)**: 07/01/19
- **Name of Building Owner/Operator (2)**: Randolph Township Public School District
- **Street Address**: 25 School House Rd.
- **City, State, Zip Code**: Randolph, NJ 07869
- **Name of Contact**: Andy Hurd
- **Telephone Number**: 973-361-0808

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3)**: Randolph Middle School
- **Street Address**: 511 Millbrook Ave.
- **City (5)**: Randolph
- **County (6)**: Morris
- **County Code (7)**: 0057
- **Type of Facility (4)**: School (K-12)
- **Square Foot # of Floors Bldg. Age**:
- **Current Use (Prior if being demolished)**:

### Name of Monitoring Firm Hired by Building Owner (8)
- **AHERA Consultants Inc.**
- **ASCM No.**: 0057
- **Name of Abatement Contractor (9)**: Academy Construction Inc
- **Street Address**: 205 Route 46 Suite 14
- **City, State, Zip Code**: Totowa NJ 07512
- **Telephone No.**: 973-832-4244
- **License No.**: 01379
- **Name of OSHA Monitor**: Same as above

### Start Date (10): 07/12/19
- **Scheduled Completion Date (11)**: 08/02/19
- **Occupancy Status During Abatement (Check Only One)**: Facility Closed/Vacated During Entire Period of Abatement
- **Scope of Work (Check All That Apply)**:
  - [X] ≥23 sf or ≥23 ft²
  - [X] 150 sf or ≥260 ft²
  - [X] Renovation
  - [X] Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>To Be Abated</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom 769</td>
<td>x</td>
<td></td>
<td>Pipe fitting insulation</td>
<td>20lf</td>
<td>x x</td>
</tr>
<tr>
<td>Classroom 138</td>
<td>x</td>
<td></td>
<td>Pipe fitting insulation</td>
<td>2lf</td>
<td>x x</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **Academy Construction Inc**
- **NJDEP Waste Hauler ID No.**: 034422
- **Cubic Yards of Waste**: 3
- **Name of Registered Landfill**: Fairless Landfill
- **City, State**: Totowa NJ
- **Disposal Date**: TBD
- **City, State**: Morrisville, PA
- **Completed by**: Filip Geleski
- **Title**: Supervisor
- **Signature**: /s/ [Signature]
- **Date**: 07/01/19

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:50-7 and 12:120-7)

Date of Notification (1): July 2, 2019

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

Street Address:
ENVIRONMENTAL HEALTH & SAFETY
27 ROAD 1, BLDG 4886, LIVINGSTON CAMPUS

City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
Mr. Michael Smith, ENV HEALTH & SAFETY

Telephone Number:
848-445-2550

Name of Facility Where Abatement is Taking Place (3):
Rutgers Busch Campus – Richardson Apartments
Bldg# 3843

Street Address:
Busch Campus

City (5): Piscataway

County (6): MIDDLESEX

County Code (7): ASCM No. 0098

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

Street Address:
3 TERRI LANE

City, State, Zip Code:
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm:
BRIAN KEARNY

Telephone Number:
609-386-8800

Scheduled Start Date (10):
July 12, 2019

Scheduled Completion Date (11):
July 29, 2019

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

Street Address:
511 MAIN STREET

City State, Zip Code:
Butler, NJ 07405

Telephone Number:
973-492-0477

License Number:
00840

Name of OSHA Monitor:
Envirovision, Inc.

Street Address:
20-21 Bldg E Wagawar Road

City, State, Zip Code:
Fairlawn, NJ

Occupancy Status During Abatement (Check only one):
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Other - NOT SUB 8 - Describe: 3pm–5am - 24hrs & Weekends as needed

Source of Work (Check all that apply):

- ≥ 3 ft or ≥ 3 sf
- ≥ 160 sf or ≥ 260 sf

Procedure:
Renovation
Demolition

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

APTs 101, 103, 105, 105, 106, 107, 108, 110 & 111
(9 bathrooms at <4 SF each)

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

VAT:

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

Name of DEP Waste Hauler ID #:
See Below

Cubic Yards of Waste:

10 cyds

Name of Registered Landfill:
GROWS North Landfill

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

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

Disposal Date:
July 29, 2019

City, State:
100 New Ford Mill Road, Morrisville, PA 19067

215-736-1700

Completed by (Print or Type):
Raymond C. Pedalino
Title: SENIOR PROJECT MANAGER
Signature:
Date: July 2, 2019
Date of Notification (1) 07/02/19

Name of Building Owner/Operator (2) Passaic Public Schools

Street Address 563 Main Ave., City, State, Zip Code Passaic, NJ 07055

Name of Contact Barry Stein Telephone Number 973-470-5500

Name of Facility Where Abatement is Taking Place (3)

Tectonic Eng. & Surveying Consultants ABDM No. 124168

Street Address 830 Morris Trpk., 2nd Floor City Address 208 Route 46 Suite 14

City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm David Morris Telephone No. 973-832-4244

Bldg. Age

Scheduling Completion Date (11) 07/16/19

Occupancy Status During Abatement (Check Only One)

City, State, Zip Code

Scope of Work (Check All That Apply)

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (18)

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

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

Amount (Specify SF or LF)

Abatement Type

Asbestos Control & Licensing

RAID DOLED TOL TODAY Jul - 8 2019

WAIVER APPLIED

Do not use this form for asbestos abatement exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7.26-2.12)

Name of Building Owner/Operator (2):
The Newark Public Schools

Name of Contact:
Mr. Benjamin Olagadeyo

Telephone Number:
973-733-7200

FACILITY INFORMATION
Name of Facility: Newark Vocational High School
301 West Kinney Street
City/ (5):
Newark
County (6):
Essex
County Code (7):
07103

Name of Monitoring Firm Hired by Building Owner:
WHITMAN

ASCM No.:
00110

Street Address:
17 Pleasant Hill Road

City, State, Zip Code:
Cranbury, NJ 08512

Project Manager for Monitoring Firm:
Kevin Lovely

Telephone No.:
732-642-1751

Start Date (10):
6/25/19
Scheduled Completion Date (11):
7/25/19

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

described

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

Location of Asbestos-Containing Material (ACM)
□ TO BE ABATED
do not include
□ 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

Name of Registered Waste Hauler:
Newark Carting, Inc.

NJDEP Waste Hauler ID No.:
04309

Cubic Yards of Waste:
30

Name of Registered landfill:
Gran Central Sanitary Landfill
City, State:
Hillside, NJ 07205
Disposal Date:

Completed By:
Chinyelu Oruegbunam
Title:
Vice President
Signature:
Date:
6/12/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:59 and 13:12-I)

---

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification:**
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

---

**Facility Information**

**Name of Facility Where Abatement is Taking Place:**
Middlesex High School, Home Economics Room 305

**Street Address:**
300 John F. Kennedy Drive

**City:**
Middlesex

**County:**
Middlesex

**Name of Monitoring Firm Hired by Building Owner:**
Briggs Associates

**Name of Abatement Contractor:**
Osiyo Inc

**Street Address:**
292 Main Street, #261

**City, State, Zip Code:**
Harleysville, PA 19438

---

**Start Date:**
06/25/2019

**Scheduled Completion Date:**
07/08/2019

**Occuancy Status During Abatement:**
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Occupied Building

**Scope of Work (Check All That Apply):**
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 260 lb
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Encapsulation
- Glovebag Procedure
- Non-Exempted (*) and Non-Exemptable Procedure

---

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 305</td>
<td>X</td>
<td>Acoustical Ceiling Plaster</td>
<td>887</td>
<td>x</td>
</tr>
<tr>
<td>Room 305</td>
<td>X</td>
<td>Vinyl Floor Tile w/Mastic</td>
<td>887</td>
<td>x</td>
</tr>
<tr>
<td>Room 305</td>
<td>X</td>
<td>Ceramic Tile Mortar</td>
<td>160</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
Century Waste Services LLC

**Disposal Date:**
City, State
Morrisville, PA

---

**Print Form**

**ASB-41 (R-06-08)**

*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:** June 6, 2019

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

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

**Name of Building Owner/Operator:** Middlesex Board of Education

**Street Address:** 300 John F. Kennedy Drive

**City, State, Zip Code:** Middlesex, NJ 08846

**Name of Contact:** Carlos Luaces

**Telephone Number:** 973-414-9224

**Name of Facility Where Abatement is Taking Place:**
Middlesex High School, Home Economics Room 305

**Street Address:** 300 John F. Kennedy Drive

**City:** Middlesex

**County:** Middlesex

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

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Monitoring Firm Hired by Building Owner:** Briggs Associates

**Name of Abatement Contractor:** Osiyo Inc

**Street Address:** 292 Main Street, #261

**City, State, Zip Code:** Harleyville, PA 19438

**Telephone No.:** 609-298-5520

**License No.:** 01373

**Name of OSHA Monitor:** Schneider Laboratories Global Inc.

**Street Address:** 2512 West Cary Street

**City, State, Zip Code:** Richmond, VA 23220

**Project Manager for Monitoring Firm:** Michael Hoodak

**Telephone No.:** 810-400-8711

**Start Date:** 06/25/2019

**Scheduled Completion Date:** 07/03/2019

**Occupancy Status During Abatement:**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Occupied Building

**Scope of Work (Check All That Apply):**
- [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:**

<table>
<thead>
<tr>
<th>Room</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<td>887</td>
</tr>
<tr>
<td>Room 305</td>
<td>X</td>
<td>Ceramic Tile Mortar</td>
<td>160</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Century Waste Services LLC

**NJDEP Waste Hauler ID No.:** SW2753

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Fairless Landfill

**Disposal Date:**

**City, State:** Morrisville, PA

**Completed by:** Carol Bradford

**Title:** President

**Signature:**

**Date:** June 6, 2019

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

**Date of Notification (1)**
7-2-2019

**Name of Building Owner / Operator (2)**
Ocean County College

**Street Address**
1 College Drive

**City, State & Zip Code**
Toms River, NJ 08754

**Name of Contact**
Mike Bruno
**Telephone Number**
732-255-0400

<table>
<thead>
<tr>
<th><strong>Agencies Notified</strong></th>
<th><strong>Type Notification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DEP</td>
<td>Amended (Start &amp; End Date)</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Ocean County College- Building #29

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

**Square Feet**
52,000

**City (5)**
Toms River NJ

**County (6)**
Ocean

**County Code (7)**
1

**Bldg. Age**
45

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Resource Management Group, LLC

**Street Address**
2115 Hamilton Ave, Suite 202

**City, State & Zip Code**
Trenton, NJ 08619

**Telephone Number**
609-914-4279

**License Number**
01185

**Name of OSHA Monitor**
J&S Environmental Laboratories, Inc.

**Street Address**
2333 Route 22 West

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

**Telephone Number**

<table>
<thead>
<tr>
<th><strong>Scheduled Start Date (10)</strong></th>
<th><strong>Scheduled Completion Date (11)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>7-8-2019</td>
<td>7-25-2019</td>
</tr>
</tbody>
</table>

**Occupy Status During Abatement (Check only one)**
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed during regular operating Hours:
  Describe: 7:30am – 8:30pm
☐ Facility Occupied During Abatement

**Scope of Work (Check all that apply)**
☑ Geometric Shapes
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Pool Equipment &amp; Pump Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
<tr>
<td>[x] N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[x] No</td>
</tr>
<tr>
<td>[ ] N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 each</td>
</tr>
<tr>
<td>300 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Resource Management Group, LLC

**NJDEP Waste Hauler ID No.**
0035218

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Grows Landfill

**Disposal Date**
TBD

**City, State**
Trenton, NJ 08619

**Completed By (Print or Type)**
Mr. Brian Haney

**Title**
President

**Signature**

**Date**
7-2-2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 6-14-2019
Name of Building Owner / Operator (2)
Ocean County College

Agencies Notified Type Notification
Ø EPA Initial Street Address
Ø DEP Amended 1 College Drive
Ø DOL Emergency City, State & Zip Code
Ø DOH Cancellation Toms River, NJ 08754
Ø DCA

Name of Contact Mike Bruno
Telephone Number 732-265-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ocean County College - Building #29
Street Address
1 College Drive

City (5) Toms River NJ County (6) Ocean 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 52,000 # of Floors 1 Bldg. Age 45

Current Use (Prior to being demolished)
Security Building

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

Name of Abatement Contractor (9)
Resource Management Group, LLC
Street Address
1085 Atlantic Avenue
City, State & Zip Code Manasquan, NJ 08736

Project Manager for Monitoring Firm
Gary Fleming
Telephone Number 732-223-2225

Scheduled Start Date (10) 7-1-2019 Scheduled Completion Date (11) 7-14-2019

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed during regular operating Hours:
Describe: 7:30am - 6:30pm
□ Facility Occupied During Abatement

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 lf
□ ≥160 sf ≥280 lf
□ Renovation
□ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
□ Yes
□ No
□ N/A

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 SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
Resource Management Group, LLC
City, State
Trenton, NJ 08619

Completed By (Print or Type)
Mr. Brian Haney
Title President
Signature
Date 6-14-2019
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

### Date of Notification
7-02-2019

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

### Name of Building Owner / Operator
Ocean County College

### Street Address
1 College Drive

### City, State & Zip Code
Toms River, NJ 08754

### Name of Contact
Mike Bruno

### Telephone Number
732-255-0400

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
Ocean County College - Building #29

#### Street Address
1 College Drive

#### City (5)
Toms River NJ

#### County (6)
Ocean

#### County Code (7)

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

### Square Feet
52,000

### # of Floors
1

### Bidg. Age
45

### Current Use (Prior if being demolished)

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

#### Street Address
1085 Atlantic Avenue

#### City, State & Zip Code
Manasquan, NJ 08736

### Name of Abatement Contractor
Resource Management Group, LLC

#### Street Address
2115 Hamilton Ave., Suite 202

#### City, State & Zip Code
Trenton, NJ 08619

### Project Manager for Monitoring Firm
Gary Fleming

#### Telephone Number
732-223-2225

### Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

#### Street Address
2333 Route 22 West

#### City, State & Zip Code
Union, NJ 07083

### Scheduled Start Date
7-3-2019

### Scheduled Completion Date
7-25-2019

### Occupancy Status During Abatement
- [X] Abatement Performed during regular operating Hours:
  - [ ] Yes
  - [ ] No
  - [ ] N/A
  - [X] Describes: 7:30am – 6:30pm

### Scope of Work
- [X] Renovation
- [X] Demolition

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

#### TO BE ABATED
- [X] Electrical Equipment Room
- [X] Electrical Equipment Room
- [X] Elbows
- [X] Pipe Insulation

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

#### Yes
- [ ] Yes
- [X] No
- [ ] N/A

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

#### Amount (Specify SF or LF)
- [ ] 25 each
- [ ] 60 LF

### Abatement Type
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [ ] Non-Exempted and Non-Friable Procedure

### Name of Registered Waste Hauler
Resource Management Group, LLC

#### NJDEP Waste Hauler ID No.
0035218

### Cubic Yards of Waste
TBD

### Name of Registered Landfill
Grows Landfill

#### City, State
Morrison, PA

### Disposal Date
TBD

### Completed By (Print or Type)
Mr. Brian Haney

#### Title
President

#### Signature

#### Date
7-2-2019
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-14-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Ocean County College</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
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<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<tr>
<td>DCA</td>
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</tr>
<tr>
<td>Street Address</td>
<td>1 College Drive</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Toms River, NJ 08754</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Bruno</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-255-0400</td>
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<td>FACILITY INFORMATION</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Ocean County College- Building #29</td>
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<tr>
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<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>☐ School (K-12)</td>
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<td>☒ Subchapter 8 (Other than K-12)</td>
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<td>☐ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<td>Brinkerhoff Environmental Services</td>
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<td>ASCM No.</td>
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<tr>
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<td>Manasquan, NJ 08736</td>
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<td>Gary Fleming</td>
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<td>732-223-2225</td>
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<td>☒ Abatement Performed during regular operating Hours:</td>
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<td>Describe: 7:30am – 6:30pm</td>
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<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>☒ 3 sf or 3 if</td>
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<tr>
<td>☒ 160 sf to 260 if</td>
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<td>☒ Renovation</td>
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<td>☒ Demolition</td>
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<tr>
<td>☒ Full Containment with Negative Pressure</td>
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<td>☒ Mini-Enclosure</td>
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<td>☒ Glove Bag Procedures</td>
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<td>☒ Non-Exempted and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
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<tr>
<td>TO BE ABATED in Facility (13)</td>
<td></td>
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<tr>
<td>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Elbows</td>
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<tr>
<td>Pipe Insulation</td>
<td>60 LF</td>
</tr>
<tr>
<td>Location of Registered Waste Hauler</td>
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<tr>
<td>Resource Management Group, LLC</td>
<td></td>
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<td>City, State</td>
<td>Trenton, NJ 08619</td>
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<td>Disposal Date</td>
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<td>Completed By (Print or Type)</td>
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<tr>
<td>Mr. Brian Haney</td>
<td>Title: President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>6-14-2019</td>
</tr>
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</table>
## NOTIFICATION OF ASBESTOS ABATEMENT

### (Pursuant to NJAC 8:60 and 12:126)

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

College of Saint Elizabeth

**Street Address***

2 Convent Rd

**City, State, Zip Code***

Morristown, NJ 07960

**Name of Contact***

Steve Iacovo

**Telephone Number***

973-290-4000

---

### FACILITY INFORMATION

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

O' Connor Hall Basement

**Street Address***

2 Convent Rd

**City (5)***

Morristown

**County (6)***

Morris

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

College

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

Iris Environmental Laboratories

**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

**Start Date (10)***

07/05/2019

**Scheduled Completion Date (11)***

07/06/2019

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 24 Hour Access as Needed

**Scope of Work (Check All That Apply)***

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

---

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

**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)***

Pipe Insulation

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

60 LF

**Abatement Type***

- Removal
- Repair
- Encapsulate
- Endorse

---

### Name of Registered Waste hauler

United Safety LLC

**NJDEP Waste Hauler ID No.***

0036820

**Name of Registered Landfill***

Fairless Landfill

**City, State***

Lincoln Park, NJ

**Completed by***

Vanco Petkov

**Title***

Project Manager

**Signature***

[Signature]

**Date***

07/01/2019

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:19)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Margo Perl</td>
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<td>Type Notification</td>
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<td>□ EPA</td>
<td>□ Initial</td>
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<td>□ DOLWD</td>
<td>□ Amended</td>
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<td>□ DHSS</td>
<td>□ Emergency (including justification)</td>
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<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Cancellation</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Caldwell, NJ 07006</td>
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<tr>
<td>Name of Contact</td>
<td>Margo Perl</td>
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<td>Telephone Number</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Caldwell</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>East Coast Haz Mat Removal, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>494 East 41st Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07504</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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<td>Telephone No.</td>
<td>973-345-0022</td>
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<tr>
<td>License No.</td>
<td>00507</td>
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<tr>
<td>Start Date (10)</td>
<td>07 / 13 / 19</td>
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<td>Scheduled Completion Date (11)</td>
<td>07 / 28 / 19</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Same as above</td>
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<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM __ PM __ PM __ PM __ AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ ≥ 3 sf or ≥ 3 ft</td>
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</tr>
<tr>
<td>☑ ≥ 160 sf or ≥ 260 ft</td>
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</tr>
<tr>
<td>☑ Renovation</td>
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<tr>
<td>☑ Demolition</td>
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**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>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Basement</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td>Pipe Insulation</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>60 LF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>☑ Removal</td>
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**Name of Registered Waste Hauler**
East Coast Haz Mat Removal, Inc.

| NJDEP Waste Hauler ID No. | 419 |
| Cubic Yards of Waste | 2 |
| G.R.O.W.S., North W/M of PA |
| City, State | Morristown, PA |
| Disposal Date | 6-28-19 |
| Name of Registered Landfill | |

**Completed By (Print or Type)**
James E. Unger
Sr. Estimator/Project Mgr.

**Signature**

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

Date of Notification (1)
06/26/19

Agency(s) Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amendment
- Emergency (Including justification)
- Cancellation

Name of Building Owner/Operator (2)
EFRIN WADE

Street Address

City, State, Zip Code
JERSEY CITY NJ. 07305.

Name of Contact
EFRIN WADE

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
JERSEY CITY NJ. 07305.

County (6)
HUDSON

County Code (7) (STATE USE ONLY)

Square Feet
1,200

# of Floors
2

Bldg. Age
99

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

AsCM No.

Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC.

Street Address
4919 Bergenline Ave.

City, State, Zip Code
Wet New York NJ. 07093

Project Manager for Monitoring Firm

Telephone No.
201 7760.642

License No.
01300

Start Date (10)
06/26/2019

Scheduled Completion Date (11)
06/27/2019

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥30 sf or ≥30 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Is Location Normally Used Solely by Maintenance or 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)
200. SF

SECOND FLOOR

X WALL PLASTER

Name of Registered Waste Hauler
TRI STATE ASSOCC

City, State
BRONX N.Y.

Name of Registered Landfill
MINERVA ENTERPRISE INC

City, State
WAYNESBURG OHIO

Completed by
CARLOS ESQUIVEL

Title
SAFETY MANAGER

Signature

Data
06/26/2019

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

**Name of Building Owner/Operator:**
Verizon Communication

**Street Address:**
700 Hidden Ridge Road
City, State, Zip Code
Irving, TX 75038

**Name of Contact:**
Rano Contreras
Telephone Number
(973) 951-0542

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
502 Main Street

**City:**
Fort Lee

**County:**
Bergen

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

**Square Feet:**
45,000SF

**No. of Floors:**
3

**Bldg. Age:**
45 yrs.

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

**Name of Monitoring Firm Hired by Building Owner:**
TTI Environmental, Inc.

**ASCM No.:**

**Name of Abatement Contractor:**
Pinnacle Environmental Corp.

**Street Address:**
1253 North Church Street
City, State, Zip Code
Moorestown, NJ 08057

**Name of OSHA Monitor:**
Evan-Air Inc.

**Street Address:**
200 Broad Street
City, State, Zip Code
Carlstadt, NJ 07072

**Telephone No.:**
(609) 313-8218

**License No.:**
001756

**Start Date:**
07-08-19 (107-15-19)

**Scheduled Completion Date:**
12-31-19

**Occupancy Status During Abatement:**
- [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):**
- [X] Renovation
- [X] Demolition
- [X] 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**

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Location of ACM</th>
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<tbody>
<tr>
<td>Basement: Boiler Room</td>
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<tr>
<td>Basement: Boiler Room</td>
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<tr>
<td>Basement: Fire Pump Room</td>
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**Description of ACM**

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<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
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<td>Duct Insulation</td>
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<td>Pipe Insulation</td>
<td>40LF</td>
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**Name of Registered Waste Hauler:**
Newark Carting, Inc.

**NJDEP Waste Hauler ID No.:**
04509

**Cubic Yards of Waste:**
TBD

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

**City, State:**
Newark, NJ 07105

**Disposal Date:**
TBD

**City, State:**
Morrisville, PA 19067

**Completed by:**
Joseph Patrick
Title: Project Manager
Signature:

**Date:**
07-02-19

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

Date of Notification (1) 7-3-2019
Name of Building Owner / Operator (2) Ocean County College

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Emergency
DOH Cancellation
DCA

Street Address 1 College Drive
City, State & Zip Code Toms River, NJ 08754
Name of Contact Mike Bruno
Telephone Number 732-256-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ocean County College-Building 9

Street Address 1 College Drive
City (5) Toms River NJ
County (6) Ocean
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 52,000
# of Floors 1
Bldg. Age 45

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address 2115 Hamilton Ave, Suite 202
City, State & Zip Code Trenton, NJ 08619

Telephone Number 609-914-4279
License Number 01185

Name of OSHA Monitor J&S Environmental Laboratories, Inc.

Street Address 2333 Route 22 West
City, State & Zip Code Union, NJ 07083

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed during regular operating Hours:
Describe: 7:30am - 5:00pm
☐ Facility Occupied During Abatement

Scheduled Start Date (10) 7-18-2019
Scheduled Completion Date (11) 7-31-2019

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 LF
☐ ≥160 sf ≥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 ☒ N/A ☐

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

Amount (Specify SF or LF) 1,000 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Exterior ☐ ☐ ☒ Transite panels

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No. 0035218
Cubic Yards of Waste TBD
Name of Registered Landfill Grows Landfill
City, State & Zip Code
City, State & Zip Code
Disposal Date TBD

Completed By (Print or Type) Mr. Brian Haney
Title President
Signature Date 7-3-2019

Invoices: i0515
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

_Laws 2001, c. 360, § 119-26, subsec. (1)_

**Date of Notification (1) 7/3/2019**

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<td>DOH</td>
<td>Emergency (Including Justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
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</table>

**Name of Building Owner/Operator (2)  SOUNDVIEW PAPER COMPANY**

**Street Address**

1 MARKET STREET

**City, State, Zip Code**

ELMWOOD PARK, NJ 07407

**Name of Contact**

ED KNAPICK

**Telephone Number**

201-703-6472

---

**FACILITY INFORMATION**

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

**Street Address**

1 MARKET STREET

**City (5)**

ELMWOOD PARK

**County (6)  BERGEN**

**County Code (7)  Bergen**

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

**ASCM No.**

**Name of Abatement Contractor (9)  TWO BROTHERS CONTRACTING, INC.**

**Street Address**

11 VREELAND AVENUE

**City, State, Zip Code**

TOTOWA, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**

973-956-8700

**Telephone No.**

License No. 00494

**Start Date (10)**

7/18/2019

**Scheduled Completion Date (11)**

7/22/2019

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: [ ]

**Scope of Work (Check All That Apply)**

- [ ] ≥ 23 sf or ≥ 23 ft
- [x] ≥ 160 sf or ≥ 260 ft
- [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 (13)**

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

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

- [x] ROOF FLASHING 60 LF
- [ ] PIPE (WRAP & CUT) 40 LF

**Name of Registered Waste Hauler**

TWO BROTHERS CONTRACTING

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

WASTE MANAGEMENT G.R.O.W.S.

**City, State**

TOTOWA, NJ

**Disposal Date**

7/22/2019

**City, State**

MORRISVILLE, PA

**Complied by**

VIVECA RAMOS

**Title**

PROJECT COORDINATOR

**Signature**

Beer

**Date**

7/3/2019

---

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 02 / 19</td>
<td>Margo Perl</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOLWD</td>
<td>Initial</td>
<td>Margo Perl</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caldwell, NJ 07006</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,200</td>
<td>2</td>
<td>60 yrs.</td>
</tr>
</tbody>
</table>

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

**Name of Facility Where Abatement is Taking Place (3)**
- N/A

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

**License No.**
- 973-345-0022
- 00507

**Project Completion Date (11)**
- 07 / 28 / 19

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time
  of Abatement: AM- PM /

**Scope of Work (Check all that apply)**
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- 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>TO BE ABATED</th>
<th>IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**
- 2

**Name of Registered Waste Hauler**
- East Coast Haz Mat Removal, Inc.
- NJDEP Waste Hauler ID No. 419

**Disposal Date**
- 6-28-19

**Name of Registered Landfill**
- G.R.O.W.S., North W/M of PA

**Completed By (Print or Type)**
- James E. Unger
  - Title: Sr. Estimator/Project Mgr.

**Signature**
- [Signature]

**Date**
- 5-2-19

---

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

**Date of Notification**: 06/26/19

**Name of Building Owner/Operator**: EFRIN WADE

**Street Address**: [Redacted]

**City, State, Zip Code**: JERSEY CITY NJ. 07305.

**Agency Notified**: EPA, DEP, DOH, DOL

## FACILITY INFORMATION

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

**County**: HUDSON

**County Code**: [State Use Only]

**Square Feet**: 1,200

**# of Floors**: 2

**Bldg. Age**: 99

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

**Name of Monitored Firm**: ASCM No.

**Name of Abatement Contractor**: NORTH EAST ENVIRONMENTAL LLC.

**Project Manager for Monitored Firm**: [Redacted]

**Telephone No.**: 201 7760.642

**License No.**: 01300

**Name of OSHA Monitor**: EMSL ANALYTICAL INC

**Street Address**: 4919 Bergenline Ave.

**City, State, Zip Code**: ELMWOOD PARK NJ. 07407

**Start Date**: 06/27/2019

**Scheduled Completion Date**: 06/27/2019

**Occupancy Status During Abatement**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: [Redacted]

**Scope of Work**

- [X] >=33 sf or >=33 if
- [ ] >=160 sf or >=260 if
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

- [X] SECOND FLOOR

**Description 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</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ]</td>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X]</td>
<td>WALL PLASTER</td>
<td>200. SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste hauler**: TRI STATE ASSOCC

**Dispose of Waste**: NJDEP Waste Hauler ID No. 19051

**Cubic Yards of Waste**: TBD

**Name of Registered Landfill**: MINERVA ENTERPRISE INC

**City, State**: WAYNESBURG OHIO

**Disposal Date**: TBD

**Completed by**: CARLOS ESQUIVEL

**Title**: SAFETY MANAGER

**Signature**: [Redacted]

**Date**: 06/26/2019

---

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

Date of Notification (1)
07-02-19

Name of Building Owner/Operator (2)
Verizon Communication

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

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

Street Address
700 Hidden Ridge Road

City, State, Zip Code
Irving, TX 75038

Name of Contact
Ranzo Contreras

Telephone Number
(973) 951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
502 Main Street

City (6)
Fort Lee

County (8)
Bergen

County Code (7) (STATE USE ONLY)

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

Square Feet
45,000SF

# of Floors
3

Bldg. Age
45 yrs.

Current Use (Prior if being demolished)
Commercial

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

ASCM No.

Name of Abatement Contractor (8)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

Project Manager for Monitoring Firm
Kris Smith

Telephone No.
(609) 313-8218

License No.
00756

Name of OSHA Monitor
Evan-Air Inc.

Street Address
10-59 Jackson Avenue

City, State, Zip Code
Long Island City, NY 11101

Start Date (10)
07-08-19

Scheduled Completion Date (11)
12-31-19

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

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

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

In Facility (13)

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: Boiler Room</td>
<td>Pipe Insulation</td>
<td>160LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement: Boiler Room</td>
<td>Duct Insulation</td>
<td>1,000SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement: Fire Pump Room</td>
<td>Pipe Insulation</td>
<td>40LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting, Inc.

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

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

City, State
Morrisville, PA 19067

Completed by

Joseph Patrick

Title
Project Manager

Signature

Date
07-02-19

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

Date of Notification (1) 7-3-2019
Name of Building Owner / Operator (2)
Ocean County College

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
1 College Drive
City, State & Zip Code
Toms River, NJ 08754
Name of Contact
Mike Bruno
Telephone Number
732-255-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ocean County College-Building 9
Street Address
1 College Drive
City (5)
Toms River NJ
County (6)
Ocean
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
52,000
# of Floors
1
Bldg. Age
45

Current Use (Prior if being demolished)

Name of Abatement Contractor (8)
Resource Management Group, LLC
Street Address
1085 Atlantic Avenue
Manasquan, NJ 08736
City, State & Zip Code
Trenton, NJ 08619
Name of OSHA Monitor
J&S Environmental Laboratories, Inc.
Street Address
2333 Route 22 West
City, State & Zip Code
Union, NJ 07083

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff Environmental Services
Street Address
1085 Atlantic Avenue
City, State & Zip Code
Manasquan, NJ 08736
Name of ASCM No.

Project Manager for Monitoring Firm
Gary Fleming
Telephone Number
732-223-2225

Scheduled Start Date (10)
7-19-2019
Scheduled Completion Date (11)
7-31-2019

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed during regular operating hours:
  Describe: 7:30am - 5:00pm
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf ≥250 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)
1,000 SF

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

Name of Registered Waste Hauler
Resource Management Group, LLC
NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ 08619
Disposal Date
TBD
Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA
Disposal Date
TBD

Completed By (Print or Type)
Mr. Brian Haney
Title
President
Signature

Date
7-3-2019
### Date of Notification (1)
7/3/2019

### Name of Building Owner/Operator (2)
SOUNDVIEW PAPER COMPANY

### Street Address
1 MARKET STREET

### City, State, Zip Code
ELMWOOD PARK, NJ 07407

### Name of Contact
ED KNAPICK

### Telephone Number
201-703-6472

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

### Street Address
1 MARKET STREET

### City (5)
ELMWOOD PARK

### County Code (7)
BERGEN

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

### ASCM No.

### Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING, INC.

### Street Address
11 VREELAND AVENUE

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

### Start Date (10)
7/18/2019

### Scheduled Completion Date (11)
7/22/2019

### Occupancy Status During Abatement (Check Only One)

### Scope of Work (Check All That Apply)

### Type of Facility (4)

### Project Manager for Monitoring Firm

### Telephone No.

### Telephone No.
973-966-8700

### License No.
00494

### Name of OSHA Monitor
SAME AS (9) ABOVE

### Street Address

### City, State, Zip Code

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

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

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

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

### Abatement Type

### Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

### NJDEP Waste Hauler ID No.
18743

### Cubic Yards of Waste
3

### Name of Registered Landfill
WASTE MANAGEMENT G.R.O.W.S.

### City, State
TOTOWA, NJ

### Disposal Date
7/22/2019

### City, State
MORRISVILLE, PA

### Completed by
VIVECA RAMOS

### Title
PROJECT COORDINATOR

### Signature

### Date
7/3/2019

---

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:10)

State of New Jersey

Name of Building Owner/Operator (2)
Bellmaw Borough Board of Education

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

Street Address
256 Anderson Avenue

City (5)
Bellmaw

County (6)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental Group, Inc.

ASCM No.
00073

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 316
Throfare, NJ 08086

City, State, Zip Code
Throfare, NJ 08086

Project Manager for Monitoring Firm
Steve Flanagan

Telephone No.
856-846-0800

Start Date (10)
08 / 05 / 19

Scheduled Completion Date (11)
08 / 09 / 19

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)
Renovation
Demolition

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

Room No. 111

Floor Tile and Mastic

Room No. 101

Floor Tile and Mastic

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
Fairless Landfill

City, State
Freehold, NJ

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
7/3/19

* 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)**
07/03/2019

**Name of Building Owner/Operator (2)**
Clifton Public Schools

**Agencies Notified (3)**
- EPA
- DEP
- DOL
- DOH
- DCA

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

**Street Address**
745 Clifton Avenue

**City, State, Zip Code**
Clifton, New Jersey 07013

**Name of Contact**
Al Marchione

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Clifton High School

**Street Address**
333 Colfax Avenue

**City (5)**
Clifton, New Jersey 07013

**County (6)**
Passaic

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

**Name of Monitoring Firm Hired by Building Owner (8)**
AHERA Consultants, Inc.

**ASCM No.**
00057

**Name of Abatement Contractor (9)**
Lillich Corporation

**Street Address**
245 Union Boulevard

**City, State, Zip Code**
Totowa, New Jersey 07512

**Project Manager for Monitoring Firm**
Domenic D’Errico

**Telephone No.**
609-652-1833

**Start Date (10)**
07/17/2019

**Scheduled Completion Date (11)**
08/09/2019

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Occupied 6 am - 4 pm

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥1 sf
- ≥160 sf or ≥280 sf
- Renovation
- Demolition

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAV, or other miscellaneous)</th>
<th>Amount (Specify SF of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms S 112, 114, 116</td>
<td>X</td>
<td>Cinder Block Mortar</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Rooms S 112, 114, 116</td>
<td>X</td>
<td>9 x 9, 9 x 9, 9 &amp; 12 x 12 Floor Tiles &amp; Mastic</td>
<td>2375 SF</td>
<td>X</td>
</tr>
<tr>
<td>Hallway Adjacent to S 112, 114, 116</td>
<td>X</td>
<td>Cinder Block Mortar (Spot Removal)</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>N 309</td>
<td>X</td>
<td>9 x 9 Floor Tile &amp; Mastic under 12 x 12 Tiles</td>
<td>1250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Prep Rooms for N 309</td>
<td>X</td>
<td>9 x 9 Floor Tiles &amp; Mastic</td>
<td>600 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Haulier**
Lillich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**
30

**Disposal Date**
08/09/2019

**City, State**
Totowa, New Jersey

**Completed by**
Adriana Olejarova

**Title**
President

**Signature**

**Date**
07/03/2019

---

*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):
7/3/2019

Name of Building Owner/Operator (2):
SOUNDVIEW PAPER COMPANY

Street Address:
1 MARKET STREET

City, State, Zip Code:
ELMWOOD PARK, NJ 07407

Name of Contact:
ED KNAPICK

Telephone Number:
201-703-8472

FACILITY INFORMATION

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

Name of Facility Where Abatement is Taking Place (3):
1PM BUILDING

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

ASCM No.:

Name of Abatement Contractor (9):
TWO BROTHERS CONTRACTING, INC.

Street Address:
11 VREELAND AVENUE

City, State, Zip Code:
TOTOWA, NJ 07512

Project Manager for Monitoring Firm:

Telephone No.:
973-958-8700

License No.:
00494

Name of OSHA Monitor:
SAME AS (9) ABOVE

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

Other - Describe:__

Scope of Work (Check All That Apply):

X ≥3 sf or ≥3 ft

X ≥160 sf or ≥260 ft

X Renovation

X 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:

Removal

Repair

Encapsulate

Endorse

x

STAIRCASE

TILE

40 SF

WASTE MANAGEMENT G.R.O.W.S.

City, State:
TOTOWA, NJ

Disposal Date:
7/22/2019

City, State:
MORRISVILLE, PA

Completed by:
VIVECA RAMOS
Title:
PROJECT COORDINATOR

Signature

Date:
7/3/2019

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

Date of Notification (1)
7/2/2019

Agency Notified
- EPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)
LONG BRANCH BOARD OF EDUCATION

Street Address
540 BROADWAY

City, State, Zip Code
LONG BRANCH, NJ 07740

Name of Contact
ANN DEGNAN

Telephone Number
732-571-2668

Name of Facility Where Abatement is Taking Place (3)
AUDREY CLARK ELEMENTARY SCHOOL

Street Address
192 GARFIELD AVENUE

City (5)
LONG BRANCH

County (6)
MONMOUTH

County Code (7) (STATE USE ONLY)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
120 NORTH WARREN STREET

City, State, Zip Code
TRENTON, NJ 08608

Project Manager for Monitoring Firm
JORDAN REED

Telephone No.
609-392-4200

Start Date (10)
7/15/2019

Scheduled Completion Date (11)
7/23/2019

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

Scope of Work (Check All That Apply)
- 23 sf or 23 sq
- 160 sf or ≥280 sf
- Renovation
- Demolition

Amount (Specify SF or LF)

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 in Facility (13)

Location of Registered Waste (ACM) TO BE ABATED in Facility (13)

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

Yes
No
N/A

Abatement Type
- Removal
- Repair
- Encapsulation
- Endicement

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING
NJDEP Waste Hauler ID No.
18743
Cubic Yards of Waste
30

Name of Registered Landfill
WASTE MANAGEMENT, G.R.O.W.S.

City, State
TOTOWA, NJ

Disposal Date
7/23/2019

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
7/2/2019

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

Date of Notification (1) 6 / 18 / 19

Name of Building Owner/Operator (2)
Verizon Communications

Agency(ies) Notified
□ EPA
☒ DOLWD
□ DOH
□ DCA
(NJAC 5:23-6)

Type Notification
☒ Initial
□ Amended
□ Amendment #1-7/3/19
□ Emergency (including justification)
□ Cancellation

Street Address
15 East Montgomery Street

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pompton Lakes Central Office

Street Address
8-12 Hamburg Pike

City (5)
Riverdale

County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations, Inc.

ASCM No.
Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
Tom Januszewski

Telephone No.
973-729-5649

License No.
000509

Start Date (10)
Scheduled Completion Date (11)

Occuancy 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/5:00PM-1:00AM

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 lf
□ ≥160 sf or ≥250 lf
☒ Renovation
□ Demolition

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

Basement Mech. Equip. Room
□ Yes □ No N/A

Is Location Normaily Used Solely by Maintenance/Custodial Staff?

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
SERVICE TRANSPORT GROUP, INC.

City, State
YARDLEY, PA

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Date 7/19/19

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

Date of Notification (1)
6 / 18 / 19

Name of Building Owner/Operator (2)
Verizon Communications

Agency(ies) Notified
☐ EPA
☐ DOLWD 6248
☒ DOH 5357
☐ DCA (NJAC 5:23-8)

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

Street Address
15 East Montgomery Street
City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pompton Lakes Central Office

Street Address
8-12 Hamburg Pike
City (5)
Riverdale

County (6)
Morris
County Code (?) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigations, Inc.

ASCM No.

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

Street Address
655 West Shore Trail
City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
Tom Januszczek
Telephone No.
973-729-5649

Start Date (10)
7 / 8 / 19
Scheduled Completion Date (11)
7 / 15 / 19

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

Square Feet
33,035
# of Floors
3
Bldg. Age
+- 50

Current Use (Prior to being demolished)
Verizon Communications

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM- PM/ 5:00PM-1:00AM

Scope of Work (Check all that apply)
☐ 23 sf or < 23 sf
☒ 260 sf or >260 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 system insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
350 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Seal

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

Location of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20890

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
YARDLEY, PA

Disposal Date
TBD
City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillian DeCaro
Title
Estimator
Signature
Dillian DeCaro
Date
6-19-19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1):
6 / 17 / 19

Name of Building Owner/Operator (2):
Verizon

Street Address:
15 East Montgomery Place, Lower Level

City, State, Zip Code:
Pittsburgh, PA 15212

Name of Contact:
Anthony Porta
Telephone Number:
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Verizon Mullica Hill Central Office

Street Address:
9 Woodland Avenue

City:
Mullica Hill

County:
Gloucester

Name of Monitoring Firm Hired by Building Owner (8):
USA Environmental Management

Type of Facility (4):

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

Square Feet:
# of Floors:
Bldg. Age:

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):
Office

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date (10):
7 / 1 / 19

Scheduled Completion Date (11):
ON HOLD

Occupancy Status During Abatement (Check only one):

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / 3:30PM-7:00AM

Scope of Work (Check all that apply):

- ≥3 sf or ≥3 sf
- ≥160 sf or ≥260 sf
- Demolition
- Renovation
- 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 Normally Used Solely by Maintenance/Custodial Staff (12):

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

Amount (Specify SF or LF):

Abatement Type:

- Removal
- Repair
- Encapsulate
- Endorse

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste

Name of Registered Landfill:
MINERVA LANDFILL

City:
WAYNESBURG, OH 44688

Disposal Date:

City, State:

Completed By (Print or Type):
Brian Scafiro
Title:
Estimator
Signature:
Brian Scafiro
Date:
7-19
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 17 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon</td>
</tr>
<tr>
<td>Street Address</td>
<td>15 East Montgomery Place, Lower Level</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Porta</td>
</tr>
<tr>
<td>Telephone</td>
<td>412-636-4021</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement Is Taking Place (3)
Verizon Mullica Hill Central Office

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
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</tbody>
</table>

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

ASCM No. | BRISTOL ENVIRONMENTAL, INC. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
</tbody>
</table>

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

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

| Start Date (10) | 7 / 1 / 19 |
| Scheduled Completion Date (11) | 7 / 10 / 19 |

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/PM-AM

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 If
- Connect to Sewer
- Sheet Metal/Insulation
- Full Containment with Negative Pressure
- Min-Enclosure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper &amp; Lower Roofs</td>
</tr>
<tr>
<td>1st Floor-Mechanical Yard</td>
</tr>
<tr>
<td>Upper Roof</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct Seam Caulking</td>
<td>60 LF</td>
<td>☑ ☐ ☐ ☑</td>
</tr>
<tr>
<td>Duct Seam Caulking</td>
<td>165 LF</td>
<td>☑ ☐ ☐ ☑</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>12 SF</td>
<td>☑ ☐ ☐ ☑</td>
</tr>
</tbody>
</table>

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

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

<p>| NJDEP Waste Hauler ID No. | 20980 |</p>
<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>CITY, STATE WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

Completed By (Print or Type)
Brian Scaife
Title | Estimator
---|---
Signature | Brian Scaife 6-17-19
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1)
7 / 1 / 19

Name of Building Owner/Operator (2)
Rowan University

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

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

Street Address
201 Mullica Hill Road

City, State, Zip Code
Glassboro, NJ 08028

Name of Contact
Tom Gallia

Telephone Number
856-256-4184

FACILITY INFORMATION

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

Street Address
201 Mullica Hill Road

City (5)
Glassboro

County (6)
Gloucester

County Code (7) (STATE USE ONLY)

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

ASCM No.
00131

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

Street Address
500 Horizon Drive #540

City, State, Zip Code
Hamilton Township NJ 08691

Project Manager for Monitoring Firm
Rafael Torres

Telephone No.
609-890-7277

Scheduled Completion Date (11)
7 / 16 / 19

Start Date (10)
7 / 12 / 19

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Times of Abatement: 7:00 AM-11:00 PM/11:00 PM-7:00 AM

Scope of Work (Check all that apply)

☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Minit-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Provost Conference Room
☐ ☐ ☒ Pipe Insulation

☐ ☐ ☒

Name of Registered Waste Hauler
Service Transport

NJDEP Waste Hauler ID No.
20390

Cubic Yards of Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
New Castle De.

Disposal Date
7/16/19

City, State
Waynesburg Pa.

Completed By (Print or Type)
Kevin Meldrum

Title
Project Manager

Signature

Date
7-1-19

ASB-41
MAY 11

* 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)**
07/03/19

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

**Street Address**
403 Clifton Avenue

**City, State, Zip Code**
Lakewood, NJ 08701

**Name of Contact**
Kollie Food

**Telephone Number**
908-910-3448

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
403 Clifton Avenue

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Telephone No.**
732-668-9078

**License No.**
1200

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Start Date (10)**
07/15/19

**Scheduled Completion Date (11)**
07/17/19

**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
- ≥100 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility (13)**

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

**Yes**

**No**

**N/A**

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**INTERIOR**

**PIPE INSULATION**

50LF

---

**Name of Registered Waste Hauler**
NEWARK CARTING

**NDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
IESI

**City, State**
BETHLEHEM PA

**Disposal Date**
07/17/19

**Completely Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

**Signature**

**Date**
07/03/19

---

*Do not use this form for asbestos license-sealed activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification:** 07/03/2019

**Name of Building Owner/Operator:** Freehold Township BOE

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

**Type Notification:** [x] Initial

**Type of Facility:** [x] Subchapter 8 (Other than K-12)

**Street Address:** 384 W. Main Street

**City:** Freehold

**County:** Monmouth

**Name of Monitoring Firm Hired by Building Owner:** Ahera Consultants

**ASCM No.:**

**Name of Abatement Contractor:** VMC Company Inc

**Street Address:** 208 Piaget Avenue

**City:** Clifton

**License No.:** 00704

**Name of OSHA Monitor:** VMC Company Inc

**Telephone No.:** 973-253-8828

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

**Scope of Work (Check All That Apply):**
- [ ] ≤3 sf or ≤3 if
- [ ] ≥180 sf or ≥200 if
- [x] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

| Storage | Pipe insulation | 8 LF |

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

**Abatement Type:**
- [ ] Removal
- [ ] Encapsulate
- [ ] Endurate

**Name of Registered Waste Hauler:**

**Newark Carting Inc**

**NJDEP Waste Hauler ID No.:** 05409

**Cubic Yards of Waste:**

**Name of Registered Landfill:** GROWS

**City:** Newark

**Name of Contact:** Paul Rowan

**Telephone Number:** 732-482-8400

**Facility Information**

**FACILITY INFORMATION**

**Type of Facility:**
- [ ] School (K-12)

**Square Feet:**

**Current Use (If to be demolished):**

**# of Floors:**

**Bldg. Age:**

**County Code:**

**Comments:**

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:130)

**State of New Jersey**

**Date of Notification (1)**  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ EPA</td>
<td>Initial</td>
<td>Union Township Board OF Education</td>
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<tr>
<td>✔️ DEP</td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔️ DOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**  
239 Morris Avenue  
City, State, Zip Code: Union, NJ, 07083

**Name of Contact**  
Barry Loesel  
Telephone Number: 609-933-4877

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**  
  Washington School  
- **Street Address**  
  301 Washington Avenue  
- **City (5)**  
  Union  
- **County Code (7)**  
  Union

**Name of Monitoring Firm Hired by Building Owner (8)**  
Omega Environmental Services, Inc  
ASCN No: 00120

**Name of Abatement Contractor (9)**  
EHW ABATEMENT LLC  
Street Address: 89 FRANKLIN STREET

- **City, State, Zip Code**  
PATERNSON, NJ, 07524

- **Project Manager for Monitoring Firm**  
Geiser Fejerado

- **Telephone No.**  
973-333-5144

- **License No.**  
01274

**Start Date (10)**  
07/12/2019  
**Scheduled Completion Date (11)**  
07/30/2019

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

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

**Scope of Work (Check All That Apply)**

- 23 sf or 23 ft
- 160 sf or 160 ft
- Renovation  
- Demolition

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

- In Facility

**Yes**  
**No**  
**N/A**

- Room 105  
**VAT**  
1000 SF  
**X**

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff? (12)**

- Yes  
**No**  
**N/A**

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

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**

EHW ABATEMENT LLC  
NJDEP Waste Hauler ID No: 0037095

- Cubic Yards of Waste: N/A  
- Name of Registered Landfill: TRI STATE TRANSFER

**City, State**

PATERNSON, NJ

- Disposal Date: TBD  
- City, State: Bronx, NY

**Completed by**

Victor Espiritu  
**Title**  
Project Manager

**Signature**

Date: 06/27/2019

*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 NJ**

**NON Sub 8**

**Inv# 12592**

**B & G proj. #: 2019-148**

**Check #: 9399**

**Name of Building Owner/Operator:**

- **County of Essex**

**Name of Contact:**

- Sanjeev Varghese

**Telephone Number:**

- 973-226-8600

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:**

- Essex County Veterans Courthouse

**Street Address:**

- 50 West Market Street

**City:**

- Newark, NJ 07102

**County:**

- Essex

**Type of Facility:**

- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:**

- 0

**# of Floors:**

- 0

**Bldg. Age:**

- 0

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

- Court house (non sub 8)

---

**Name of Abatement Contractor:**

- B & G Restoration, Inc.

**Street Address:**

- 105 Ryerson Road

**City, State, Zip Code:**

- Lincoln Park, NJ 07035

**Telephone Number:**

- (973)696-6699

**License Number:**

- 00378

**Name of OSHA Monitor:**

- B & G Restoration, Inc.

**Street Address:**

- 105 Ryerson Road

**City, State, Zip Code:**

- Lincoln Park, NJ 07035

---

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

- Demolition
- Renovation
- >3 sf or >3 if
- Full Containment w/negative pressure
- Mini-enclosure
- Non-flammable procedure

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

<table>
<thead>
<tr>
<th>Floor</th>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Floor Mechanical Room</td>
<td>pipe elbow / joint insul (wrap &amp; cut)</td>
<td>98 elbows/joints</td>
<td></td>
</tr>
<tr>
<td>Basement chiller room</td>
<td>pipe elbow / joint insul (wrap &amp; cut)</td>
<td>30 elbows/joints</td>
<td></td>
</tr>
</tbody>
</table>

---

**Registered Waste Hauler:**

- B & G Restoration, Inc.

**NJDEP Hauler ID#: 195663**

**Cubic Yards of Waste:**

- 4

**Name of Registered Landfill:**

- Grand Central Landfill

**City, State:**

- Lincoln Park, NJ

**Disposal Date:**

- 07/19/2019

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

- Gordana Luna

**Title:**

- Secretary/Treasurer

**Signature:**

- Gordana Luna

**Date:**

- 07/05/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

*Pursuant to NJAC 8:10-1 and 18:159*

**Date of Notification (9) :** 6/28/19

**Building Owner/Operator (2)**: 123 West Tyron Ave, LLC

**City, State, Zip Code**: Teaneck, NJ 07666

**Name of Contact** : James Thompson

**Telephone Number** : 201-833-2600

---

**Data**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>123 West Tyron Ave, LLC</td>
<td>107 West Tyron Ave</td>
<td>Teaneck, NJ 07666</td>
<td>201-833-2600</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DCA</td>
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<td>DOH</td>
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</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

- **Name of Facility Where Abatement Is Taking Place (5)**
  - 123 West Tyron Ave

- **City (4)**: Teaneck

- **County Code (7)**: S00

- **Name of Monitoring Firm Hired by Building Owner (3)**: ABCM No.

- **License No.** 00165

**Short Date (10)**: 6/30/19

**Scheduled Completion Date (11)**: 7/5/19

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

- Occupancy status during abatement:
  - Partial

**Abatement Performed Outside of Normal Facility Hours**

**Other**

**Scope of Work**

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Misting Endorese
- Glovebag Procedure
- Non-Exempted (*) and Non-Exemptible Procedure

**Abatement Details**

- Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)
  - 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)
  - Amount (Specify SP or LF)
  - Asbestos Type

**Waste Disposal**

- Designated Waste Handler:
  - Name of Registered Waste Handler
  - Newark Carting Inc.
  - NJDEP Waste Handler ID No.: 04609
  - Name of Registered Lendill:
  - Grand Central Sanitary Landfill

**Disposal Date**

- 6/30/19

**Signature**

- R. McDonald

---

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

Date of Notification (1)
07 / 01 / 19

Name of Building Owner/Operator (2)
Cheryl Hargrave

Street Address
City, State, Zip Code
Somerdale, NJ 08083

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

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 9 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
2,040

# of Floors
1

Bldg. Age
59

Residence

Name of Monitoring Firm Hired by Building Owner (6)
Management & Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Telephone No.
856-755-0099

License No.
00842

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
07 / 12 / 19

Scheduled Completion Date (11)
07 / 15 / 19

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

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

Basement

Floor Tile and Mastic
200 SF

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

Disposal Date
07/15/2019

City, State
Morrisville, PA

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
7/14/19

* 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)
7-1-19

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

Name of Building Owner/Operator (2)
ERNEST D. DUKE

City, State, Zip Code
HADDONFIELD, NJ 08033

Name of Contact
ERNEST D. DUKE

Telephone Number

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

Street Address

County (6)
HADDONFIELD

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
FRYMAR CONSTRUCTION

Street Address
PO BOX 11645

City, State, Zip Code
PHILADELPHIA, PA 19116

Telephone No.
267-294-9693

License No.
01-276

Start Date (10)
7-2-19

Scheduled Completion Date (11)
7-3-19

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VOT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR TILES</td>
<td>Yes</td>
<td>8005 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
FRYMAR CONSTRUCTION

NJDEP Waste Hauler ID No.
06-36789

Cubic Yards of Waste
1

Name of Registered Landfill
WESTERN BORAX

Disposal Date
7-2-19

City, State
BIRDSEED, PA

Completed by
ERNEST D. DUKE

Title
V.PRES

Signature

Date
7-1-19

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

State of New Jersey

Date of Notification (1): 07 / 01 / 19
Name of Building Owner/Operator (2): John Casey

Agencies Notified:
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-6)
Type Notification:
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address: [Redacted]
City, State, Zip Code: Bellmawr, NJ 08031
Name of Contact: John Casey

FACILITY INFORMATION

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

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

Square Feet: 1,638
# of Floors: 2
Bed Age: 60

County Code (?)/STATE USE ONLY: Camden

Name of Monitoring Firm Hired by Building Owner (6):
Eagle Industrial Hygiene Associates, Inc.
ASCN No.: [Redacted]

Name of Abatement Contractor (9):
Shade Environmental, LLC
Street Address: 623 Cutler Avenue
City, State, Zip Code: Maple Shade, NJ 08052

Project Manager for Monitoring Firm:
Larry Nagelberg
Telephone No.: 215-768-4681

License No.: 0856-755-0999

Start Date (10): 07 / 01 / 19
Scheduled Completion Date (11): 07 / 07 / 19

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 if
- ≥160 sf or ≥260 if
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF):

Abatement Type:
- Removal
- Repair
- Encapsulate
- Exclude

Lower Level:
- Sheetrock and Joint Compound: 155 SF

Name of Registered Waste Hauler:
Freehold Cartage
NJDEP Waste Hauler ID No.: 15939
Cubic Yards of Waste: 2
Name of Registered Landfill:
Fairless Landfill
City, State: Morristown, NJ
Disposal Date: 07/15/2019

Completed By (Print or Type):
Christina Lynch
Title: Vice President of Operations
Signature: [Signature]
Date: 7/17

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

Date of Notification (1)
07/01/2019

Agencies Notified

☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification

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

Name of Building Owner/Operator (2)
Joseph Kremar

Street Address

City, State, Zip Code
Cranford, NJ 07012

Name of Contact
Joseph Kremar

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

Street Address

City (5)
Cranford

County (6)
Union

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (9)
Danvic Contracting LLC

Street Address
240 S 5th St.

City, State, Zip Code
Elizabethtown, NJ 07707

Telephone No.
908-906-4123

License No.
01355

Name of OSHA Monitor
Iris Environmental Laboratories, Inc.

Street Address
2333 Route 22 West

City, State, Zip Code
Elizabethtown, NJ 07707

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)

☑ ≥100 sf or ≥3 if
☑ ≥150 sf or ≥260 if
☑ Renovation
☑ Demolition

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

Basement

Yes

Pipe Insulation
8 LF

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

Overall

Removal

Encapsulate

Endorse

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Danvic Contracting LLC

NJ/DEP Waste Hauler ID No.
37574

Cubic Yards of Waste
2

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Disposal Date
TBD

Completed by
Jaymy Donneys

Title
Owner

Signature

Date
07/01/2019

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

**State of New Jersey**

**Pursuant to NJAC 8:29 and 11:130**

**Date of Notification:** 6/28/19

**Name of Building Owner/Operator:** JULIE ASSARI

**Street Address:**

**City, State, Zip Code:** OAKLAND, NJ 07436

**County Code:** 01

**Name of Facility Where Abatement is Taking Place:** ASHKART

**Type of Facility:**

- [ ] School (K-12)
- [ ] Subdivision (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Foot:** 1000

**Scheduled Termination Date:** 7/5/19

**Name of Abatement Contractor:** A. Mac Contracting Inc.

**Street Address:** 166 Vrakeland Ave.

**City, State, Zip Code:** Midland Park, NJ 07432

**Name of OSHA Monitor:** Omega Environmental Services, Inc.

**Address:** 280 Huyler Street

**City, State, Zip Code:** Hackensack, NJ 07601

**Scope of Work:**

- [x] x3 of or as 1
- [x] 180 or 2200 ft

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

- [ ] No
- [x] Yes

**Location:** Basement

**Amount:** 500 SF

**Name of Registered Waste Hauler:**

**Newark Carting Inc.**

**City, State:** Newark, NJ 07106

**Disposal Date:** 6/28/19

**Name of Registered Landfill:**

**Grand Central Sanitary Landfill**

**Completed by:**

**R. McDonald**

**Title:** President

**Signature:**

---

*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)

**Date of Notification (1)**
07 / 02 / 19

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

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

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

**Street Address**
City, State, Zip Code
Caldwell, NJ 07006

**Name of Contact**
Margo Perl

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
N/A

**Street Address**

**City (5)**
Caldwell

**County (5)**
Essex

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

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
East Coast Haz Mat Removal, Inc.

**Street Address**
494 East 41st Street

**City, State, Zip Code**
Patterson, NJ 07504

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-0022

**License No.**
00507

**Start Date (10)**
07 / 07 / 19

**Scheduled Completion Date (11)**
07 / 28 / 19

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

**Square Feet**
2,200

**# of Floors**
2

**Bldg. Age**
60 + yrs.

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

**Occupy 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

**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)**
60 LF

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

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

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

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

**Name of Registered Waste Hauler**
East Coast Haz Mat Removal, Inc.

**NJDEP Waste Hauler ID No.**
419

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
G.R.O.W.S., North W/M of PA

**City, State**
Patterson, NJ

**Disposal Date**
6-28-19

**Completed By (Print or Type)**
James E. Unger

**Title**
Sr. Estimator/Project Mgr.

**Signature**
[Signature]

**Date**
3-2-19

*Do not use this form for asbestos license exempt activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Name of Building Owner/Operator (2)
Mr. Peter Bakaich

Date of Notification (1)
7/1/19

Agency Notified
DOL

City, State, Zip Code
Clifton, N.J. 07015

Type Notification
Amended

Street Address

Name of Contact
Mr. Bakaich

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mr. Peter Bakaich Jr.

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

Square Feet
2,200

City (5)
Clifton

No. of Floors
2

County (6)
Passaic

Bldg. Age
1935

Name of Abatement Contractor (9)
Best Removal Inc

License No.
00388

Telephone No.
201-329-7444

Current Use (Prior if being demolished)
Residential

Name of Abatement Contractor (9)
Best Removal Inc

Telephone No.
450 South River St

Name of OSHA Monitor
Omega Environmental

City, State, Zip Code
Hackensack, N.J. 07601

Telephone No.
280 Huyler St

License No.
S. Hackensack, N.J. 07606

License No.

Scope of Work (Check all that apply)

Street Address

Job Code

Name of Monitoring Firm Hired by Building Owner
ASCM No.

Occupancy Status During Abatement (Check only one)

Start Date (10)
7/1/19

Scheduled Completion Date (11)
7/2/19

Various 8:00 AM to 5:00 PM

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours

□ Other - Describe: 8:00AM TO 6:00PM

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM)

Location of
Asbestos-Containing Material (ACM)

Description of
Asbestos-Containing Material (ACM)

Amount

Removal
Repair
Enclosure
Endcap

TO BE ABATED
IN Facility
(13)

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

Amount

SF or LF

Removal
Repair
Enclosure
Endcap

THERMAL INSULATION

150 LF

X

X

X

THERMAL SURFACING

85 SF

X

Name of Registered Waste Hauler
Best Removal Inc

Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL

Cubic Yards of Waste
8 CY

Disposal Date
7/2/19

City, State
HACKENSACK, N.J. 07601

Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL

City, State
NEWBURGH, PA. 17240

Completed by
J. Maiorano

Title
Estimator

Signature

Date
7/1/19

* 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)
7/2/19

Name of Building Owner/Operator (2)
Jennifer Kramer Private Residence

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

Type Notification
- Initial

Street Address
[Redacted]

City, State, Zip Code
Haddon Twp NJ 08108

Name of Contact
Jennifer

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Haddon Twp NJ 08108

County (6)
Camden

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (6)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
7/12/19

Scheduled Completion Date (11)
7/27/19

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>walls</td>
<td>x</td>
<td>duct work</td>
<td>72 sf</td>
<td>x</td>
</tr>
<tr>
<td>roof</td>
<td>x</td>
<td>roof</td>
<td>650 sf</td>
<td>x</td>
</tr>
<tr>
<td>kitchen</td>
<td>x</td>
<td>flooring</td>
<td>80 sf</td>
<td>x</td>
</tr>
<tr>
<td>walls</td>
<td>x</td>
<td>brown paper backing</td>
<td>2000sf</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
United Roll Off
NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste
TBD

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

City, State
Elm NJ

Disposal Date
7/27/19

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
7/2/19

* 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)

**Date of Notification:** 06/27/2018

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

**Type Notification:**
- Initial
- Amended
- Amendment
- Emergency (Including justification)
- Cancellation

**Name of Building Owner/Operator:**
La Casa don pedro

**Street Address:**
317 Roseville Avenue

**City, State, Zip Code:**
Newark, NJ, 07107

**Name of Contact:**
Chris Pagan

**Telephone Number:** 973-485-7555

**Name of Facility Where Abatement Is Taking Place:**
Private House

**Street Address:**

**City:**
Newark

**County:**
Essex

**County Code:**
N/A

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

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

**Square Feet:**
N/A

**# of Floors:**
N/A

**Bldg Age:**
N/A

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

**ASCM No.:**
N/A

**Name of Abatement Contractor:**
EHW ABATEMENT LLC

**Street Address:**
89 Franklin Street

**City, State, Zip Code:**
Pateros, NJ, 07524

**Telephone No.:**
973-333-5144

**License No.:**
01274

**Name of OSHA Monitor:**
EHW ABATEMENT LLC

**Street Address:**
89 Franklin Street

**City, State, Zip Code:**
Pateros, NJ, 07524

**Start Date:**
06/29/2019

**Scheduled Completion Date:**
06/30/2019

**Occupancy Status During Abatement:**
- Facility Closed/Vacant During Entire Period of Abatement
- Description: OCCUPIED

**Scope of Work (Check All That Apply):**
- 23 sf or < 23 sf
- 100 sf or < 230 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>☑️</td>
<td>20 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
EHW ABATEMENT LLC

**Waste Hauler ID No.:**
0037095

**Cubic Yards of Waste:**
N/A

**Name of Registered Landfill:**
Tri State Transfer

**Disposal Date:**
TBD

**City, State:**
Paterson, NJ

**Completed by:**
Victor Esprilu

**Title:**
Project Manager

**Signature:**

**Date:**
06/27/2019

*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)
07/03/19

Name of Building Owner/Operator (2)
Yehuda Drew

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Yehuda Drew

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Lakewood

County (6)
Ocean

County Code (7) 

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior to if being demolished)

Start Date (10)
07/14/19

Scheduled Completion Date (11)
07/17/19

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)

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)
1500SF

Abatement Type

Removal
Repair
Encapsulate
Endurable

Name of Registered Waste Hauler
NEWARK CARTING

NJ DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
7

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
07/17/19

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER
Signature

Date
07/03/19

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 5:16)

**Date of Notification (1)**
7 / 1 / 19

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

**Agencies Notified (3)**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA
  (NJAC 5:23-3)
- [x] Emergency (including justification)
- [ ] Cancellation

**Type Notification (4)**
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Cancellation

**Street Address (5)**
City, State, Zip Code
Fair Lawn NJ 07410

**Name of Contact (6)**
Robert Pohlman

**Telephone Number (7)**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (8)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</table>

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

**Square Feet (8)**

<table>
<thead>
<tr>
<th># of Floors</th>
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<tbody>
<tr>
<td>2500</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9)**
CPR Environmental Service

**Street Address (10)**
8421 Hegerman St
City, State, Zip Code
Philadelphia PA 19136

**Telephone No. (11)**
201 8646563

**License No. (12)**
2153335117

**Name of OSHA Monitor (13)**
SAME

**Project Manager for Monitoring Firm (14)**
Carmelo Altamonte

**Telephone No. (15)**
201 8646563

**Start Date (16)**
7 / 2 / 19

**Scheduled Completion Date (17)**
7 / 3 / 19

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
IN Facility (19)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (20)</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>[ ] Yes</td>
<td>[ ] VAT</td>
<td>830SF</td>
<td>-</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (21)**

**Name of Registered Landfill (22)**
Minerva Enterprises LLC
Waynesburg OH

**Cubic Yards of Waste (23)**

**Disposal Date (24)**
City, State

**Completed By (Print or Type)**
Anthony Jones

**Title**
Project Manager

**Signature**

*Do not use this form for asbestos-containing materials at any facility.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1)**
7/3/19

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

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

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

**Street Address**
PO Box 643

**City, State, Zip Code**
Middlesex NJ 08846

**Name of Contact**
Raphael Rodrigues

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
New Brunswick

**County (6)**
Middlesex

**County Code (7)**

**Current Use (Prior to Abatement)**
home

**Square Feet**
1900

**# of Floors**
1

**Bldg. Age**
73

**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

**License No.**
703

**Telephone No.**
973-764-2276

**Name of OSHA Monitor**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
7/13/19

**Scheduled Completion Date (11)**
7/26/19

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

**Other – Describe: basement**

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

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>200 LF</td>
<td></td>
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</tbody>
</table>

**Amount**

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Grand Central Sanitary Landfill

**Disposal Date**
TBD

**City, State**
Newark, NJ

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
7/3/19

*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)
7/3/19

Name of Building Owner/Operator (2)
Jennifer Benigno

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☒ Initial

Street Address
[Redacted]

City, State, Zip Code
Morris Plains NJ 07950

Name of Contact
Jennifer Benigno

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Morris Plains

County Code (7)
Morris

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

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

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

Square Feet
1800

# of Floors
1

Bldg. Age
70

Current Use (Prior if being demolished)
home

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
7/17/19

Scheduled Completion Date (11)
7/26/19

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
☒  ≥250 S.F. or ≥3 If
☐ ≥160 S.F. or ≥250 If
☒ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes No N/A</td>
<td>pipe insulation</td>
<td>60 LF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Completed by
A. Scott Higgins
Title
President

Signature

Date
7/3/19

* 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):**
07/03/2019

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

**Agency Notified:**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification:**
- Initial
- Emergency (including justification)

**Street Address:**
[Redacted]

**City, State, Zip Code:**
Orange, NJ 07050

**Name of Contact:**
Carmela Cannist

### FACILITY INFORMATION

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

**Street Address:**
[Redacted]

**City (6):**
Orange

**County (6):**
Essex

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

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

**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

**Telephone No.:**
973-345-8685

**License No.:**
01311

**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 I.F.
- [x] ≥160 sf or ≥260 I.F.
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Encapsulate
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</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></td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>180 LF</td>
<td>x</td>
</tr>
<tr>
<td>1st floor</td>
<td>X</td>
<td></td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>15 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (10):**
Atlantic Carting

**City, State:**
Wayne, NJ

**NUDEP Waste Hauler ID No.:**
26085

**Cubic Yards of Waste:**
TBD

**Disposal Date:**
TBD

**Name of Registered Landfill:**
Grand Central

**City, State:**
Wayne, NJ

**Pen Argyl, PA:**

**Completed by:**
Oliver Hegedus

**Title:**
Project Manager

**Signature:**

**Date:**
07/03/2019

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**
07/03/2019

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Metuchen, NJ 08840

**Name of Contact**
Barbara Kieser

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>[x] Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Street Address**
[Redacted]

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

**Square Feet**
N/A

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

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

**ASCM No.**
[Redacted]

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

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Telephone No.**
973-345-8885

**License No.**
01311

**Start Date (10)**
07/18/2019

**Scheduled Completion Date (11)**
07/19/2019

**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)**
- [x] ≥3 sf or ≥3 if
- [x] ≥180 sf or ≥260 if
- [x] Renovation
- [ ] Demolition
- [x] 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>Normal Abatement</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>
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</thead>
<tbody>
<tr>
<td>3rd floor bathroom</td>
<td>X</td>
<td>Yes</td>
<td>VAT</td>
<td>50 SF</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Atlantic Carting

**NJDEP Waste Hauler ID No.**
26085

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Grand Central

**City, State**
Wayne, NJ

**Disposal Date**
TBD

**City, State**
Pen Argyll, PA

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
07/03/2019

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

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

Date of Notification (1)

7/2/2019

Name of Building Owner/Operator (2)

Frank Markey

Street Address

[ ] EPA
[ ] DEF
[ ] DOH
[ ] DCA
[X] Initial Notification
[ ] Amended Notification
[ ] EMERGENCY
[ ] Cancellation

Name of Facility Where Abatement is Taking Place (3)

Frank Markey

Street Address

Caldwell

Name of Monitoring Firm hired by Building Owner (8)

ASCM No.

N/A

Type of Facility (4)

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

Square Footage

10,000 SF

# of Floors

2

Bldg. Age

0

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm

N/A

Telephone Number

N/A

Scheduled Start Date (10)

07 29 19

Sched. Completion Date (11)

07 31 19

Month Day Year

Month Day Year

Occupy 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 Descriptions:

Scope of Work (Check all that apply)

[X] >3 sf or >3 lrl

[ ] >160 sf or >260 lrl

[X] Renovation

[ ] Demolition

[X] Pull Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Basement

[X] Pipe Insulation

130 LF

[X]

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJ DEP Waste Hauler ID No.

17040

Cubic Yards

of Waste 1.5

Name of Registered Landfill

Tri State

Disposal Date

07/31/19

City, State

Montclair, NJ 07042

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

57 Crane St.

[Signature]

7/2/2019
**Emergency Notification**

**Date of Notification:** July 3, 2019

**Agency Notified:** EPA

**Type of Notification:** Initial

**Address:**
- **City:** Haddon Twp., NJ 08109
- **County:** Camden

**Facility Information:**
- **Facility Where Abatement Is Taking Place:** Single Family Dwelling
- **Type of Facility:** Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet:** 900+
- **Name of Abatement Contractor:** EPC Technologies Inc.
- **ASCM No.:** N/A
- **Address:** P.O. Box 337
- **City:** New Egypt, NJ 08533

**Project Manager:** Steve Schenker
- **Telephone:** 609-758-3365
- **License No.:** 00-394

**Start Date:** July 5, 2019
**Scheduled Completion Date:** July 5, 2019

**Occupancy Status:**
- **Facility Closed/Vacated During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No

**Scope of Work:**
- **Location of Asbestos-Containing Material (ACM) to be Abated:** Basement Front Wall, Pipe Insulation
- **Amount (Specify SF or LF):** 24 LF

**Registration of Waste Handler:**
- **Company:** EPC Technologies
- **Address:** P.O. Box 337
- **City:** New Egypt, NJ 08533
- **Telephone:** 609-758-3365
- **License No.:** 00-394

**Waste Management of PA:**
- **Disposal Date:** 7-8-19
- **City:** Mennonville, PA

**Completed by:**
- **Signatures:**
  - **Name:** Steve Schenker
  - **Title:** President
  - **Date:** 7-3-19

---

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

**Date of Notification:** 6/28/2019
**Name of Building Owner/Operator:** Private Property

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
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</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>[omitted]</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td>[omitted]</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>[omitted]</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>[omitted]</td>
</tr>
</tbody>
</table>

**Street Address:** Branchville NJ 07826
**City, State, Zip Code:** Branchville NJ 07826

**Name of Contact:** Tim Myhren
**Telephone Number:** [omitted]

**Name of Facility Where Abatement is Taking Place:** Private Property

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code</th>
<th>County Code (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[omitted]</td>
<td>[omitted]</td>
<td>[omitted]</td>
</tr>
</tbody>
</table>

**City:** Branchville NJ
**County:** Sussex County

**Name of Monitoring Firm HIred by Building Owner:** N/A
**ASCM No.:** N/A
**Name of Abatement Contractor:** ACM Solutions Services LLC
**Street Address:** 1435 51st Street
**City, State, Zip Code:** North Bergen NJ 07047
**Telephone No.:** 201-552-9685
**License No.:** 01394
**Name of OSHA Monitor:** Iris Environmental Laboratories
**Street Address:** 2333 Route 22 West
**City, State, Zip Code:** Union NJ 07803

**Start Date:** 7/9/2019
**Scheduled Completion Date:** 7/13/2019

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00 AM to 4:00 PM

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥32 if
- ≥160 sf or ≥2600 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

<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>Exterior</td>
<td>Yes</td>
<td>Shingles siding</td>
<td>1200 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newark Carting Inc
**NUDEP Waste Hauler ID No.:** 04509
**Cubic Yards of Waste:**

**Name of Registered Landfill:** ISES Bethlehem Rd Landfill
**Disposal Date:** [omitted]
**City, State:** Bethlehem PA
**Signature:** [omitted]
**Completed by:** Galo Zumba
**Title:** Principal

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:23-8 and 8:27A-11.6)

Date of Notification (1) 07 / 03 / 19

Name of Building Owner/Operator (2) David Brook

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

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

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
David Brook

FACILITY INFORMATION

Private house

Name of Facility Where Abatement is Taking Place (3)
Piscataway, NJ 08854

County (4)
Middlesex

Name of Monitoring Firm Hired by Building Owner (5)

ASCM No.

Name of Abatement Contractor (6)
Gr Tech LLC

Street Address
576 Valley Rd #283
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
01127

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagawar Road, Bldg. #35E
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
- >3 sf or >3 lfs
- 2-160 sf or >260 lfs
- 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 SIF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount</th>
<th>Repair</th>
<th>Removal</th>
<th>Encapsulate</th>
<th>Endorese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct insulation</td>
<td>20 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duct-wrap &amp; cut</td>
<td>150 SF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

Disposal Date
TBD

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

Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
07/3/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 29A:12:128)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
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<tr>
<td>DOH</td>
<td>Amended</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2):
The Jasco Companies, LLC

Street Address:
47 Mill Road

City, State, Zip Code:
Jersey City, NJ 07302

Name of Contact:
Cathy Hurwitz

Telephone Number:
201-469-0513

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

City (5):
Jersey City, NJ 07302

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

Name of OSHA Monitor:
Green Environmental Services, LLC

Street Address:
235 Virginia Avenue

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

Start Date (10):
7-11-2019

Scheduled Completion Date (11):
7-25-2019

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
[ ] ≥160 sf or ≥260 if
[ ] Renovation
[ ] Demolition

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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>Roof</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></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 of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing Material</td>
<td>7000 X</td>
</tr>
<tr>
<td>Flashing</td>
<td>1860 SF X</td>
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</table>

Amount (Specify SF or LF): 7000 X

Abatement Type:

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulation</td>
</tr>
<tr>
<td>Endorsement</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.:
0034889

Cubic Yards of Waste:
40

Name of Registered Landfill:
Fairless Landfill

City, State:
235 Virginia Avenue

Disposal Date:
7-25-2019

City, State:
Morrisville, PA

Completed by:
Liliana Serrano
Title:
Office Manager

Signature:

Date:
7-1-2019

*Do not use this form for asbestos license exempted activities*
**Notification of Asbestos Abatement**

**State of NJ**

**PAID**

**RECEIVED** JUL-8 2019

**ASBESTOS CONTROL & LICENSING**

---

**Project #:** 10-137

**Date of Notification (1):** 10-7-19

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

- **Max Roberts**
- **Street Address:**
- **City, State, Zip Code:** Bernardsville, NJ 07924
- **Name of Contact:** Coleen DiFaglia

**FACILITY INFORMATION**

- **Name of facility where abatement is taking place (3):** Residential
- **Street Address:**
- **City:**
- **County:**
- **County Code:**

**Type of Facility (4):**

- **Other (Private/Commercial Bldgs./Homes, etc.)**

**Square Feet:** 2,000

**# of Floors:** 02

**Bldg. Age:** 90

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

**Type of Abatement (5):**

- **Renovation**
- **Demolition**

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

<table>
<thead>
<tr>
<th>Layer</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Pipe Insulation</td>
<td>X</td>
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<td></td>
<td>45 LF</td>
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</tr>
</tbody>
</table>

**Registered Waste Hauler:**

- **KLOMAX, LLC**
- **NJDEP Hauler ID#:** 00338241
- **Cubic Yards of Waste:** 1 yds

**Name of Registered Landfill:**

- **TULLYTOWN, RESOURCE RECOVERY**

**Disposal Date:** TBD

**City, State:**

- **TULLYTOWN, PA**

**Completed by (Print or Type):** Brian Davlan

**Title:**

**Signature:**

**Date:**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69-7 and 12:120-17)
Date of Notification (1)
7/3/2019

Name of Building Owner/Operator (2)
Miguel Perez

Street Address
City, State, Zip Code
Vauxhall, NJ, 07088

Name of Contact
Miguel Perez

Facility Information
Name of Facility Where Abatement is Taking Place (3)
Miguel Perez

Street Address
City, County
Vauxhall, Union

City, State, Zip Code
N/A

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

ASCM No.

Telephone Number
N/A

Scheduled Start Date (10) 07 12 19
Sched. Completion Date (11) 07 14 19

Month Day Year Month Day Year

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 Description

Scope of Work (Check all that apply)

[X] >3 sf or >3 l f
[ ] >160 sf or >260 l f

[X] Renovation
[ ] Demolition

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

Location Normally Used

By Maintenance/Custodial Staff (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Friable Procedure

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Hauler #ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill
Tri - State

City, State
Montclair, NJ 07042

Disposal Date 07/15/19

City, State
Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title President

Signature

Date 7/3/2019

9 Maple Ave
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Bridget Selfert</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of Building Owner/Operator (2)</td>
</tr>
<tr>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td></td>
<td>Bridget Selfert</td>
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<tr>
<td>Agencies Notified</td>
<td>Streets Address</td>
</tr>
<tr>
<td></td>
<td>City, State, Zip Code</td>
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<tr>
<td>EPA</td>
<td>Verona, NJ 07044</td>
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<td>Amendment #:</td>
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<td>Emergency (including justification)</td>
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<td>Cancellation</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
<td>Residential</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td>Essex</td>
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<td>County (6)</td>
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<tr>
<td>County Code (7) (State use only)</td>
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<tr>
<td>07/15/19</td>
<td>07/19/2019</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Abatement performed outside of normal facility hours. Describe:</td>
<td>NORMAL HOURS</td>
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<tr>
<td>Scope of Work (check all that apply)</td>
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</tr>
<tr>
<td>Full Containment within negative pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable procedure</td>
<td></td>
</tr>
<tr>
<td>Location of asbestos-containing material (acm) to be abated in facility (13)</td>
<td>Basement</td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Full Containment within negative pressure</td>
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</tr>
<tr>
<td>Mini-enclosure</td>
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<tr>
<td>Glovebag procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable procedure</td>
<td></td>
</tr>
<tr>
<td>Registered Waste Hauler</td>
<td>KLOMAX, LLC</td>
</tr>
<tr>
<td>NJDEP Hauler ID#</td>
<td>038241</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2 yrs</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
<tr>
<td>City, State</td>
<td>Hopatcong, NJ 07843</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TULLYTOWN, PA</td>
</tr>
</tbody>
</table>
**FACTORY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | PRIVATE |
| Street Address | 100 EAST BROADWAY (UNIT 3) |
| City (5) | (RT. 4) Elmwood Park NJ |
| County (6) | State Use Only |

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

**ASCM No.**

**Name of Abatement Contractor (9)**
- NORTH EAST ENVIRONMENTAL LLC.

**Street Address**
- 208 NEWTOWN RD.,
- WEST NEW YORK NJ 07093

**Telephone No.**
- 201 776 -0642
- License No. 01300

**Name of OSHA Monitor**
- CNS ENVIRONMENTAL

**Street Address**
- 208 NEWTOWN RD.,
- WEST NEW YORK, NY

**Telephone No.**
- 201 776 -0642
- License No. 01300

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

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

| In Facility (13) |
| Yes | No | N/A |
| FLOOR TILE AND MASTIC | 2,650 SF |

**Amount (Specify SF or LF)**

- Yes | No | N/A |
- 2,650 SF | X |

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endource

**Name of Registered Waste Hauler**
- TRI STATE ASSOCC

**Disposal Date**
- TBD

**Name of Registered Landfill**
- MINERVA ENTERPRISE INC

**City, State**
- WAYNESBURG OHIO

**Signature**
- CARLOS ESQUIVEL

**Date**
- 06/27/2019

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

Name of Building Owner/Operator: Maple Shade Board of Education

Name of Facility Where Abatement is Taking Place: Howard Yooem Elementary School

Address: 748 North Forkland Road
City: Maple Shade
State: New Jersey
Zip Code: 08052

County: Bergen

Name of Monitoring Firm: ASIOM No.

Name of Abatement Contractor: Lich Corporation

Telephone No.: (973) 225-6400
License No.: 01104

Start Date: 07/09/2019
Scheduled Completion Date: 07/09/2019

Name of OHSA Inspector: Iris Environmental Laboratories, LLC

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

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Amount of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Panels</td>
<td>140 SF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Amount of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transite Panels</td>
<td>140 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Lich Corporation

Cubic Yards of Waste: 5

Name of Registered Landfill: Fairless Landfill

Completed by: Adriana Otero

Date: 07/09/2019

Do not use this form for asbestos license renewal sampled activities.
## Notification of Asbestos Abatement

**Date of Notification:** 07/02/2019

**Name of Building Owner/Operator:** Maple Shade Board of Education

**Street Address:** 170 Frederick Avenue

**City, State, Zip Code:** Maple Shade, New Jersey 08052

**Name of Contractor:** Beth Norton

---

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place:** Ralph J. Steinhauer Elementary School

**Street Address:** 25 North Fellowship Road

**City:** Maple Shade, New Jersey 08052

**County:** Bergen

**Type of Facility:** School (K-12)

**Square Feet:** 20,000

**Number of Floors:** 2

**Bed, Age:** 50+

**Current Use:** Elementary School

**Telephone No.:** 609-693-3616

**Telephone No.:** 973-225-8400

**License No.:** 011104

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:** 245 Union Boulevard

**City, State, Zip Code:** Totowa, New Jersey 07512

**Name of OSHA Monitor:** IRIS Environmental Laboratories, LLC

**Street Address:** 3333 Route 22 West

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

---

### Scope of Work

- Asbestos-Containing Material (ACM) to be Abated
- Abatement Performed Outside of Normal Facility Hours

**Initial/Amended:** Initial

**Occupancy Status During Abatement:** Full Containment with Negative Pressure

**Occupancy Status During Abatement (Check Only):** Full Containment with Negative Pressure

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

- 3 of 8 ft. x 3.5 ft. of ACM in exterior painted panel

- 1 x 150 sf x 3.5 ft. x 2.50 ft. of ACM in facility

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

- Asbestos Air Ventilation

**Amount (Total SF of ACM):** 300 SF

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

- Roofing, ceiling, and floor

---

### Required Information

**Name of Registered Waste Hauler:** Lilich Corporation

**Hauler ID No.:** 18724

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** Pettis Landfill

**Disposal Date:** 07/02/2019

**City, State:** Morrisville, PA

**Completed By:** Adriana Chejarova

**Signature:**

**Date:** 07/03/2019

---

*Do not use this form for asbestos indoor air sampled activities.*