**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/6/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>All Risk / (Operator)</td>
</tr>
<tr>
<td>Street Address</td>
<td>501 Kennedy Blvd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerdale NJ 08083</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom Messina</td>
</tr>
<tr>
<td>Phone Number</td>
<td>6200</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Bridgeton Housing Authority |
| Street Address | 110 E Commerce St. |
| City (5) | Bridgeton, NJ 08302 |
| County (6) | Cumberland |
| County Code (7) | (STATE USE ONLY) |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | N/A |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Telephone No. | |
| Start Date (10) | 7/6/17 |
| Scheduled Completion Date (11) | 8/1/17 |
| Occupancy Status During Abatement (Check Only One) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours | |
| Other – Describe: Floors are closed off |

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

- ≥ 3 sf or ≥ 3 if
- ≥ 100 sf or ≥ 260 if

- Renovation
- Demolition

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

| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes | No | N/A |
| Floor Floors 1 Through 6 & ground Floor | X |
| 7 work areas $1400 Notification fee | X |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Floor Tile & mastic |
| Amount (Specify SF or LF) | TBD |

**Name of Registered Waste Hauler**

| American Disposal |
| NJDEP Waste Hauler ID No. | 22459 |
| City, State | Cumberland County Landfill |
| City, State | Lumberton NJ |
| Disposal Date | 6/16/17 |

**Endorsements**

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (1) and Non-Firable Procedure

**Endorsement Type**

- Endorse

**Date**

- 7/6/17

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

**State of New Jersey**

**Date of Notification:** 7/6/2017

**Name of Building Owner/Operator:** Mark Basanta

**Street Address:** [Redacted]

**City, State, Zip Code:** Glen Ridge, NJ, 07028

**Name of Contact:** Mark Basanta

**Telephone Number:** [Redacted]

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Mark Basanta

**Street Address:** [Redacted]

**City:** Glen Ridge

**County:** Essex

**County Code:** [Redacted]

**Square Feet:** 3028

**# of Floors:** 3

**Bldg. Age:** 122

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

**ASCN No.:** [Redacted]

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

**Telephone Number:** N/A

**Scheduled Start Date:** 07/15/2017

**Scheduled Completion Date:** 07/16/2017

**Occupancy Status During Abatement:** [X] Facility Closed/Vacated During Entire Period of Abatement

**Other Occupancy Details:** [Redacted]

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

- [X] 3 sf or 32 sf
- [X] 160 sf or 260 sf
- [X] Renovation
- [X] Demolition
- Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility: Basement

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

**Location Normally Used:** Basement

**By Maintenance/Custodial Staff:** [Redacted]

**Location Normal Use:** X

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.

**Hauler ID No.:** 17040

**Name of Registered Landfill:** Minerva Enterprise INC

**City, State:** Montclair, NJ 07042

**Disposal Date:** 07/17/17

**Cubic Yards of Waste:** 1.0

**Name of Register Hauler:** NJDEP Waste

---

**Completed By:** Constantine Vivian

**Title:** President

**Signature:** [Signature]

**Date:** 7/6/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 7/6/2017
Name of Building Owner/Operator (2): Christine Bzdek

Agencies Notified: [ ] EPA  [ ] DSP  [ ] DOB  [ ] DOH  [ ] DCA
Type Notification: [X] Initial Notification  [ ] Amended Notification  [ ] EMERGENCY  [ ] Cancellation

Street Address: [Redacted]
City, State, Zip Code: Belleville, NJ, 07109
Name of Contact: Christine Bzdek
Telephone Number: [Redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Christine Bzdek
Street Address: [Redacted]
City (5): Belleville
County (6): Essex
County Code (7): [STATE USE ONLY]

Name of Monitoring Firm hired by Building Owner (8): N/A
ASCN No.: N/A

Type of Facility (4): [ ] School (K-12)  [ ] Subchapter 1 (Other than K-12)  [X] Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 1282
# of Floors: 1
Bldg. Age: 67
Current Use (If space if being demolished): 

Name of Abatement Contractor (9): AZTECH MANAGEMENT, INC.
Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042
Telephone Number: (973) 744-8800
License Number: 00371

Name of OSHA Monitor: N/A
Street Address: [Redacted]
City, State, Zip Code: [Redacted]

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

Scheduled Start Date (10): 07/19/2017
Scheduled Completion Date (11): 07/20/2017
Month Day Year: 07/19/2017
Month Day Year: 07/20/2017

Scope of Work (Check all that apply): [X] Renovation

Is Location Normally Used Solely By Maintenance/Custodial Staff (12): N/A

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

Amount (Specify SF or LF): 20 LF
Abatement Type: [X] Enclosure

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

[X] Pipe Insulation

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.
NJDEP Waste Hauler ID No.: 17040

Cubic Yards of Waste: 1.0
Name of Registered Landfill: Minerva Enterprise INC
City, State: Waynesburg, Ohio 44688
Disposal Date: 07/20/2017

Completed By (Print or Type): Dimitri G. Temidis
Title: Administrator
Signature: [Redacted]
Date: 7/6/2017
NOTIFICATION OF ASBESTOS ABRATION
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
7/6/2017

Agency Notified
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[X] DCAM

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

Name of Building Owner/Operator (2)
Randy Defeo

Street Address

City, State, Zip Code
Ridgewood, NJ, 07450

Name of Contact
Randy Defeo

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

Square Feet
1982

No of Floors
2

Bldg. Age
94

Name of Facility Where Abatement is Taking Place (3)
Randy Defeo

Street Address

City (5)
Ridgewood

County (6)
Bergen

County Code (7)

Type of Abatement Contractor (8)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Name of OSHA Monitor
N/A

License Number
00371

Scheduled Start Date (10)
07-17-2017

Scheduled Completion Date (11)
07-18-2017

Project Manager for Monitoring Firm

Telephone Number
(973) 744-8800

Telephone Number

License Number

Name of Monitoring Firm hired by Building Owner (8)

ASCN No.

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NDEP Waste Hauler ID No.
17040

Cubic Yards
1.5

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
07/18/17

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Dimitri G. Temidis

Title
Administrator

Signature

Date
7/6/2017
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1):** 7/6/2017

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

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

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

**Street Address:** [Redacted]

**City, State, Zip Code:** Summit, NJ 07901

**Name of Contact:** Dave Twardock

**Telephone Number:** [Redacted]

---

**FACILITY INFORMATION**

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

Dave Twardock

**Street Address:** [Redacted]

**City (5):** Summit
**County (6):** Union
**County Code (7):** 4956

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

**Square Feet:** 4956
**No. of Floors:** 2
**Bldg. Age:** 87

**Current Use (if being demolished):** [Redacted]

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

**ASCM No.:** N/A

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

**Street Address:** 86 Christopher St.

**City, State, Zip Code:** Montclair, NJ 07042

**Telephone Number:** (973) 744-8800

**License Number:** 00371

**Name of OSHA Monitor:** N/A

---

**Scheduled Start Date (10):** 07/15/2017
**Sched. Completion Date (11):** 07/16/2017

**Occupancy Status During Abatement (Check only one):**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: N/A

**Other Occupancy Description:** N/A

---

**Scope of Work (Check all that apply):**
- [X] P3 sf or P3 1f
- [ ] P160 sf or P260 1f
- [X] Renovation
- [ ] Demolition

**Location of Abaseis-Containing Material (ACM) TO BE ABATED In Facility:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Pipe Insulation</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.

**Hauler ID No.:** 17040

**Disposal Date:** 07/17/2017

**Name of Registered Landfill:** Minerva Enterprise INC

**City, State:** Montclair, NJ 07042

**City, State:** Wayneburg, Ohio 44688

**Completed By (Print or Type):** Dimitri G. Temidis
**Title:** Administrator
**Signature:** [Redacted]
**Date:** 7/6/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1): 7/6/17

Name of Building Owner/Operator (2): Chris Blassuci

Street Address: [Redacted]

City, State, Zip Code: Milford, NJ 08748

Type of Facility (4): RESIDENCE

Square Feet: 1,600

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Building Owner (8): A.MAC Contracting Inc.

Type of Abatement Contract: [Redacted]

ASCM No.: [Redacted]

Name of Abatement Contractor: [Redacted]

License No.: 00156

Occupancy Status During Abatement (Check Only One): Facility Closed

Start Date (10): 7/29/17

Completion Date (11): 8/02/17

Full Containment w/ Negative Pressure

Abatement Type: Mini-Enclosure

Scope of Work (Check All That Apply):

Exempted (*) or Non-Frible Procedure

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

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

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

Amount:

Description:

Name of Registered Waste Hauler:

Newark Carting Inc.

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste:

Name of Registered Landfill:

Grand Central Sanitary Landfill

City, State: Pen Argyl, PA 08702

Disposal Date:

Completed by:

Joseph Vocaturo

Title: Vice President

Signature: [Redacted]

Date: 7/6/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/6/17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Parkview Realty Holdings</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #3</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 514</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lakewood, NJ 08701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Yosef</td>
</tr>
<tr>
<td>TELEPHONE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>DETACHED GARAGE at 103 E 23rd St</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>103 E 23rd St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bayonne</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Hudson</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-668-9078</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>7/16/17</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/24/17</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>≥160 sf or ≥260 sf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*)</td>
</tr>
<tr>
<td>Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXTERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing</td>
</tr>
<tr>
<td>INTERIOR</td>
</tr>
<tr>
<td>ceiling panels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Completed by</td>
</tr>
<tr>
<td>JOSEPH PERLSTEIN</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>OWNER</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
7/6/17

Name of Building Owner/Operator (2)
Parkview Realty Holdings

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

Street Address
PO Box 514

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Yosef

TELEPHONE NUMBER

FACILITY INFORMATION

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

Street Address

City (5)
Bayonne

County (6)
Hudson

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

Bed. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COUR

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
7/16/17

Scheduled Completion Date (11)
7/24/17

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COUR

City, State, Zip Code
LAKewood, NJ 08701

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

Scope of Work (Check All That Apply)
[□] ≥3 sf or ≥3 if
[□] ≥160 sf or ≥200 if
[□] Renovation
[□] Demolition

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

In Facility
(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount Specify $ or LF

Abatement Type

EXTERIOR
Roofing

INTERIOR
Shower caulk

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
60

Name of Registered Landfill
IESI

Disposal Date
7/24/17

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

* 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)
7/6/17

Name of Building Owner/Operator (2)
ADAS ISRAEL SYNAGOGUE

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

Street Address
565 BROADWAY

City, State, Zip Code
PASSAIC, NJ 07055

Name of Contact
Daniel Schwartz

Facility Information

Name of Facility Where Abatement is Taking Place (3)
565 Broadway Passaic

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

Square Feet

# Floors

Bldg. Age

County Code (7)
(PASSAIC)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Project Manager for Monitoring Firm

Start Date (10)
7/16/17

Scheduled Completion Date (11)
7/31/17

Occupancy Status During Abatement (Check Only)
- 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
- Full Containment
- Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure
- Non-Exempted (*)
- Non-Friable Procedure

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

Amount (specify

Location of
Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>KITCHEN</td>
<td>Pipe Insulation</td>
<td>200 LF x</td>
</tr>
<tr>
<td>DAIRY KITCHEN CLOSET</td>
<td>Pipe Insulation</td>
<td>200 LF x</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>Pipe Insulation</td>
<td>200 LF x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
10

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
7/31/17

City, State
BETHLEHEM, PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date

* 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)**
- 06 / 30 / 17

**New Jersey Schools Development Authority**

**Name of Building Owner/Operator (2)**
- ALETTA CRICHTON ELEMENTARY SCHOOL
  - Street Address: 32 E FRONT STREET
  - City, State, Zip Code: TRENTON NEW JERSEY 08625

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3)**
- ALETTA CRICHTON ELEMENTARY SCHOOL
  - Street Address: 1414 JUNCTION ROAD
  - City, State, Zip Code: BROWN HILLS NEW JERSEY 08015
  - County Code (7): BURLINGTON

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

**Project Manager for Monitoring Firm**
- CRAG NAPOLITANO

**Abatement Contractor (5)**
- TRICON ENTERPRISES
  - Street Address: 322 BEERS STREET
  - City, State, Zip Code: KEYPORT NEW JERSEY 07735

**Name of Abatement Contractor (5)**
- TRICON ENTERPRISES
  - Street Address: 322 BEERS STREET
  - City, State, Zip Code: KEYPORT NEW JERSEY 07735

**Name of Monitoring Firm Hired by Building Owner (6)**
- LOUIS BERGER U.S. INC.

**Telephone No.**
- 212 612-7900

**Telephone No.**
- 732-739-1200

**License No.**
- 01095

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

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

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

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

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

**Amount (Specify SF or LF)**
- Abatement Type
  - Removal
  - Repair
  - Encapsulate
  - Enclose

**Name of Registered Waste Hauler**
- Freehold, Cartage, Inc.

**Cubic Yards of Waste**
- 40

**Name of Registered Waste Hauler ID No.**
- 92265

**Disposal Date**
- 04/19/17

**City, State**
- Freehold, NJ

**Complted By (Print or Type)**
- MARTIN MCREA

**Title**
- SUPERVISOR

**Date**
- 06/30/17

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main office</td>
<td>Yes</td>
<td>Heat Shield Insulation</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Copy Room</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>200 SF</td>
<td></td>
</tr>
<tr>
<td>Principal Office</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Nurses Office</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>40 SF</td>
<td></td>
</tr>
<tr>
<td>Nurses Office Store</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>80 SF</td>
<td></td>
</tr>
<tr>
<td>Gym/All Purpose Room</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Gym Equipment Storage</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>140 SF</td>
<td></td>
</tr>
<tr>
<td>Electrical Storage Room</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>160 SF</td>
<td></td>
</tr>
<tr>
<td>Stage/Fan Room</td>
<td>No</td>
<td>Wood Floor Adhesive</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Stage/Fan Room Landings</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>140 SF</td>
<td></td>
</tr>
<tr>
<td>Stage / Fan Room</td>
<td>No</td>
<td>Vibration Damper Cloth</td>
<td>15 SF</td>
<td></td>
</tr>
<tr>
<td>Room 17 Thru Room 34</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>90 SF</td>
<td></td>
</tr>
<tr>
<td>Faculty Room</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Field Storage / Janitor Closet</td>
<td>No</td>
<td>Heat Shield Insulation</td>
<td>50 SF</td>
<td></td>
</tr>
<tr>
<td>Field Storage / Janitor Closet</td>
<td>No</td>
<td>Vibration Damper Cloth</td>
<td>20 SF</td>
<td></td>
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<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Fire Door</td>
<td>65 SF</td>
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<tr>
<td>Room 16</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>36 SF</td>
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<tr>
<td>Book Storage Room</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>25 SF</td>
<td></td>
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<tr>
<td>Janitor Closet Next to Room 2</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td></td>
</tr>
<tr>
<td>Room 2 Closet</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td></td>
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<tr>
<td>Room 4 Closet</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td></td>
</tr>
<tr>
<td>Room 5 Closet</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
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</tr>
<tr>
<td>Room 8 Closet</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>60 SF</td>
<td></td>
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<tr>
<td>Room 9 Closet Thru Room 15 Closet</td>
<td>No</td>
<td>VAT &amp; MASTIC</td>
<td>30 SF</td>
<td></td>
</tr>
<tr>
<td>Interior Library</td>
<td>No</td>
<td>Ceiling Stucco, Gray</td>
<td>780 SF</td>
<td></td>
</tr>
<tr>
<td>Exterior Library</td>
<td>No</td>
<td>Caulking to Columns, Gray</td>
<td>250 SF</td>
<td></td>
</tr>
<tr>
<td>Roof H</td>
<td>No</td>
<td>Cementitious Panels, White</td>
<td>80 SF</td>
<td></td>
</tr>
<tr>
<td>Heat Unit Ventilation Perimeter BLDG</td>
<td>No</td>
<td>Pipe Insulation &amp; Mudded Elbows</td>
<td>160 LF</td>
<td></td>
</tr>
<tr>
<td>Bedroom Pipe Behind Wall</td>
<td>No</td>
<td>Pipe Insulation &amp; Mudded Elbows</td>
<td>680 LF</td>
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<tr>
<td>Throughout School Above Ceiling</td>
<td>No</td>
<td>Pipe Insulation &amp; Mudded Elbows</td>
<td>130 LF</td>
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<tr>
<td>Below Grade Inside Foundation Wall</td>
<td>No</td>
<td>2 Inch Insulation Board</td>
<td>410 SF</td>
<td></td>
</tr>
<tr>
<td>Under Grade Pipe</td>
<td>No</td>
<td>Transite</td>
<td>Unknown</td>
<td></td>
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</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:607 and 12:120-7)

**Name of Building Owner/Operator:** SETON HALL UNIVERSITY

**Street Address:**
400 SOUTH ORANGE AVENUE

**City, State, Zip Code:** SOUTH ORANGE, NEW JERSEY 07079

**Name of Contact:** VICTORIA PIVOVARNICK

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** SETON HALL UNIVERSITY

**Street Address:**
400 SOUTH ORANGE AVENUE

**City, State, Zip Code:** SOUTH ORANGE, ESSEX 07079

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

**Street Address:**
1233 NORTH CHURCH STREET

**City, State, Zip Code:** MOORESTOWN, NEW JERSEY 08057

**Project Manager for Monitoring Firm:** JEFF SEAMAN

**Telephone Number:** 656-659-5182

**Expected State Date:** 07/03/17

**Sched. Completion Date:** 08/30/17

**Occupancy Status During Abatement:**
- X Facility Closed/Vacated During Entire Period of Abatement
- X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM 4PM - 12 am

**Scope of Work:**
- X Demolition
- X >35SF OR LF
- X >100 SF OR 200 LF
- X Renovation
- X Glovesbag Procedure
- X Non-Friable Procedure

**Description of Abatement Type:**

**Removal**

**ENCLOSURE**

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUND-DINING ROOM AREA</td>
<td>X COMPLETE</td>
</tr>
<tr>
<td>EXTERIOR-DINING ROOM STORE FRONT</td>
<td>X COMPLETE</td>
</tr>
<tr>
<td>EXTERIOR-DINING ROOM STORE FRONT</td>
<td>X COMPLETE</td>
</tr>
<tr>
<td>OVERHANG</td>
<td></td>
</tr>
</tbody>
</table>

**Disposal Date:** 5/22/3/30/17

**City, State:** PLAINFIELD TOWNSHIP, PA

**Cubic Yards of Waste:** 80

**Name of Registered Landfill:** GRAND CENTRAL SANITARY LANDFILL

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 913

**CITY OF NEWARK, NEW JERSEY**

**Benjamin Sanchez**

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

---

**State of New Jersey**

**Date of Notification:** 7/5/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 06/01/17

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

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY ABATEMENT

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY
Street Address
400 SOUTH ORANGE AVENUE
City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PI/OVARNICK

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(NOTE: USE ONLY)

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

ACSM No.
3

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

Square Feet: N/A

# of Floors: N/A

# of Floors: N/A

Bidder: N/A

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFLERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS + TECH.

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

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

Scope of Work (Check all that apply)
- Demolition
- Renovation
- 30 or less
- >100 SF or 250 LF

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

Is Location normally used solely by Maintenance Staff (12)

X 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)

Removal

Re-Enclosure

Ground-Dining Room Area

X VAT & MASTIC

11,300 SF

X

COMPLETE

Exterior Dining Room Store Front

X WINDOW CAULK

90 SF

X

COMPLETE

Exterior Dining Room Store Front

X FIRE PROOFING

150 SF

X

COMPLETE

Name of Registered Waste Hauler
NEWARK CARTING

369 RAYMOND BLVD.

City, State, Zip Code
NEWARK, NEW JERSEY 07108

Disposal Date
5/22-8/30/17

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State, Zip Code
BRAINFIELD TOWNSHIP, PA

Signature
Benjamin Sanchez
Title:
DIRECTOR OF OPERATIONS

Page Dimensions: 612.0x792.0

Image Dimensions: 2x4 to 617x788
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  6/13/17

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>X amended Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>X Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>X On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>X Emergency Notification</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
City, State, Zip Code NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNICK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City (5) County (6) County Code (7) (STATE USE ONLY)
SOUTH ORANGE ESSEX ASCM No. 3

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

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

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

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
866-906-9182

Expected State Date (10) Sched. Completion Date (11)
5/22 8/30/17

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

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30PM

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>X Renovation</td>
</tr>
<tr>
<td>&gt;3SF OR LF</td>
<td>X Mini Enclo</td>
</tr>
<tr>
<td>&gt;260 LF</td>
<td>X Glovebag Procedure</td>
</tr>
<tr>
<td>&gt;300 LF</td>
<td>X Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUND-DINING ROOM AREA</td>
<td>X</td>
<td>Vat &amp; Mastic</td>
</tr>
<tr>
<td>EXTERIOR-DINING ROOM STORE FRONT</td>
<td>X</td>
<td>WINDOW CAULK</td>
</tr>
<tr>
<td>EXTERIOR-DINING ROOM STORE FRONT</td>
<td>X</td>
<td>FIRE PROOFING</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD

City, State
NEWARK, NEW JERSEY

Disposal Date
5/2/2017

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Completer 
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature 
6/1/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
   5     26    17
   [Name of Building Owner/Operator (2)]
   SETON HALL UNIVERSITY

Street Address
   400 SOUTH ORANGE AVENUE

City, State, Zip Code
   SOUTH ORANGE, NEW JERSEY 07079

[Name of Contact]
   VICTORIA PIVOVARNICK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
   SETON HALL UNIVERSITY

Street Address
   400 SOUTH ORANGE AVENUE

City (5)  County (6)  County Code (7) (STATE USE ONLY)
   SOUTH ORANGE  ESSEX  N/A

Name of Monitoring Firm Hired by Building Owner (8)
   ASCM No. 3

TTI

Expected State Date (10)
   5 / 22 /17

Month  Day  Year

Sched. Completion Date (11)
   8 / 30 /17

Month  Day  Year

Name of Abatement Contractor (9)
   PAR ENVIRONMENTAL CORPORATION

Street Address
   313 SPOOK ROCK ROAD

City, State, Zip Code
   SUFFERN, NEW YORK 10901

Telephone Number
   845-369-7500

License Number
   1101

Name of OSHA Monitor
   QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Street Address
   1576 ROUTE 8

City, State, Zip Code
   WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)
   Demolition
   Renovation
   X

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

GROUND-DINING ROOM AREA
   X

VAT & MASTIC
   11,300 SF
   X

EXTERIOR DINING ROOM STORE FRONT
   X

WINDOW CAULK
   80 SF
   X

EXTERIOR DINING ROOM STORE FRONT
   X

FIRE PROOFING
   150 SF
   X

OVERHANG


Name of Registered Waste Hauler
   NEWARK CARTING
   389 RAYMOND BLVD.

City, State
   NEWARK, NEW JERSEY

Waste Hauler ID No.
   913

Disposal Date
   5/22/2017

Name of Registered Landfill
   GRAND CENTRAL SANITARY LANDFILL

City, State
   PLAINFIELD TOWNSHIP, PA

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

Signature

Date
   5/17
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:55-7 and 12:120-27)

**Date of Notification (1)**
5 / 19 / 17

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

**Type Notification**
- Initial Notification
- Amended Notification
- Cancellation
- X On Hold #1
- EMERGENCY NOTIFICATION

**Name of Building Owner/Operator (2)**
SETON HALL UNIVERSITY

**Street Address**
400 SOUTH ORANGE AVENUE

**City, State, Zip Code**
SOUTH ORANGE, NEW JERSEY 07079

**Name of Contact**
VICTORIA PIVOVARNICK

**FACILITY INFORMATION**

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

**Street Address**
400 SOUTH ORANGE AVENUE

**City (5)**
SOUTH ORANGE

**County (6)**
ESSEX

**County Code (7)**

**ASCM No. (8)**
3

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

**Telephone Number**
856-969-5182

**Project Manager for Monitoring Firm**
JEFF SEAMAN

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

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFEHN, NEW YORK 10001

**Telephone Number**
845-369-7500

**License Number**
1101

**Name of OSHA Monitor**
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

**Street Address**
1378 ROUTE 9

**City, State, Zip Code**
WAPPINGERS FALLS, NY 1250

**Expected State Date (10)**
5 / 22 / 17

**Sched. Completion Date (11)**
8 / 30 / 17

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

**Scope of Work (Check all that apply)**
- X Demolition
- X Renovation
- X Mini Enclo.
- X Glovebag Procedure
- X Non-Porible Procedure

**Description of Asbestos-Containing Material (ACM) (Specify LB or SF)**
- Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)
- Is Location normally used solely by Maint/Custodial Staff (12)
- Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Amount (Specify LB or SF)
- REMOVAL
- REPAIR
- CRYO-PAQUE
- ENCAPSULATION
- CLOUSURE

**Name of Registered Waste Hauler**
NEWARK CARTING
369 RAYMOND BLVD.

**Waste Hauler ID No.**
913

**Cubic Yards of Waste**
80

**Name of Registered Landfill**
GRAND CENTRAL SANITARY LANDFILL

**City, State**
PLANFIELD TOWNSHIP, PA

**Disposal Date**
5/22-5/30/17

**Name of Registered Waste Hauler**
NEWARK CARTING
369 RAYMOND BLVD.

**Waste Hauler ID No.**
913

**Cubic Yards of Waste**
80

**Name of Registered Landfill**
GRAND CENTRAL SANITARY LANDFILL

**City, State**
PLANFIELD TOWNSHIP, PA

**Disposal Date**
5/22-5/30/17

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

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
5 / 19 / 17
Date of Notification (1) | 5 / 19 /17
---|---
Name of Building Owner/Operator (2) | SETON HALL UNIVERSITY
Street Address | 400 SOUTH ORANGE AVENUE
City, State, Zip Code | SOUTH ORANGE, NEW JERSEY 07079
Name of Contact | VICTORIA PIVOVARNICK

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY
Street Address
400 SOUTH ORANGE AVENUE
City (5) | SOUTH ORANGE
County (6) | ESSEX
County Code (7) | N/A
Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. 3
TI
Street Address | 1233 NORTH CHURCH STREET
City, State, Zip Code | MOORESTOWN, NEW JERSEY 08057
Jeff Seaman
Project Manager for Monitoring Firm
Telephone Number | 609-689-5102

Expected State Date (10) | 5 / 22 /17
Sched. Completion Date (11) | 8 / 30 /17

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-5:30PM

Scope of Work (Check all that apply)
- Demolition
- >3SF OR LF
- >180 SF OR 200 LF
- Renovation
- Glovebox Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)
- GROUND-DINING ROOM AREA
- EXTERIOR- DINING ROOM STORE FRONT
- EXTERIOR- DINING ROOM STORE FRONT
- OVERHANG

Name of Registered Waste Hauler: NEWARK CARTING
369 RAYMOND BLVD.
City, State, Zip Code | NEWARK, NEW JERSEY 07102

Cubic Yards of Waste | 80
Name of Registered Landfill | GRAND CENTRAL SANITARY LANDFILL
Disposal Date | 5/22/2017

Name of Registered Landfill
City, State, Zip Code | PLAINFIELD TOWNSHIP, PA 07036
Completed by (Print or Type) | BENJAMIN SANCHEZ
Title | DIRECTOR OF OPERATIONS
Signature | [Signature]
Date | 5-9-17

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
7/6/17

**Name of Building Owner/Operator (2)**
ARCHDIOCESE OF NEWARK / SAINT ELIZABETH

**Address**
700 WYCKOFF AVE

**City, State, Zip Code**
Wyckoff, NJ. 07481

**Name of Contact**
FRED GIANNETTO

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - SAINT ELIZABETH SCHOOL

- **Street Address**
  - 700 WYCKOFF AVE

- **City (5)**
  - Wyckoff

- **County (6)**
  - BERGEN

- **ASCN No.**
  - 00012

- **Name of Abatement Contractor (3)**
  - BEST REMOVAL INC

- **Street Address**
  - 130 SOUTH RIDER ST

- **City, State, Zip Code**
  - Hackensack, NJ. 07601

- **Telephone No.**
  - 201-329-2143

- **License No.**
  - 00388

- **Name of OSHA Monitor**
  - OMEGA ENVIRONMENTAL

- **Street Address**
  - 280 HUH ST

- **City, State, Zip Code**
  - Hackensack, NJ. 07606

**Scope of Work (Check All That Apply)**
- [ ] ≥1 sf or ≥3 if
- [ ] ≥160 sf or ≥250 if
- [ ] Renovation
- [ ] Demolition

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

- **Boiler Room**
  - X THERMAL SYSTEMS INSULATION 325SF
  - Y THERMAL SURFACING INSULATION 600SF

**Name of Registered Waste Hauler**
NEWARK CARTING

**Waste Hauler ID No.**
DA509

**Cubic Yards of Waste**
3007

**Disposal Date**
8/1/17

**City, State**
PENNSYLVANIA, PA 18072

**Completed by**
J. MAIORANO

**Title**
ESTIMATOR

**Signature**

**Date**
7/6/17

---

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

Date of Notification (1)
6/28/17 & 7/5/17

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Name of Building Owner/Operator (2)
Neary Excavating

Street Address
330 Lincoln Boulevard

City, State, Zip Code
Middlesex, NJ 088406

Name of Contact
Phil Sabatino

Telephone Number

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

Street Address
164 Gatzmer Avenue

City (5)
Jamestown

County (6)
Middlesex

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

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

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
7/10/17

Scheduled Completion Date (11)
8/30/17

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
- ≥150 sf or ≥260 lf

- Renovation
- Demolition

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

- Yes
- No
- N/A

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

- windows

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

- Amount Specify $F or LF

Abatement Type

- Full Containment wi1h Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Freehold Cartgage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Barks Landfill

Disposal Date
TBD

City, State
City Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
7/5/17

* 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)
06-29-17

Name of Building Owner/Operator (2)
Neighborhood Planning and Architectural Design

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

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

Street Address
55 Madison Ave.
City, State, Zip Code
Morristown, NJ 07962

Name of Contact
Roland Whitley Jr.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Martin P. Thomas Charter School

Street Address
308 9th Street

City (5)
Newark
County (6)
Essex

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Della Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
07-05-17

Scheduled Completion Date (11)
07-14-17

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 - 5:00 pm

Scope of Work (Check All That Apply)
- ge 30 if
- ge 160 if or ge 200 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>Floor</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>1st Floor</td>
<td></td>
<td>x</td>
<td>N/A</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>x</td>
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<tr>
<td>2nd Floor</td>
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<td>x</td>
<td>N/A</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>x</td>
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<tr>
<td>3rd Floor</td>
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<td>x</td>
<td>N/A</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>x</td>
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<tr>
<td>4th Floor</td>
<td></td>
<td>x</td>
<td>N/A</td>
<td>Wall Plaster</td>
<td>2 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Della Contracting LLC

NJ/DEP Waste Hauler ID No.
35240

Cubic Yards of Waste
2

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
07-17-17

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
06-29-17

ASB-41 (R-06-08)

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

Date of Notification (1)

6/30/2017

Name of Building Owner / Operator (2)
John Centrella

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

FACILITY INFORMATION

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

Street Address

City (5)
Rockaway

County (6)
Morris

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
3000

# of Floors
50+

Bldg. Age

Current Use (Prior to being demolished)
Residential

Name of Abatement Contractor (9)
Alpha Environmental Services

Street Address
2129 Route 33

City, State & Zip Code
Hamilton, NJ 08610

ASCM No.

License Number
01222

Name of Monitoring Firm Hired by Building Owner (8)

Name of OSHA Monitor

EMSL Analytical

Street Address
107 Haddon Ave.

City, State & Zip Code
Westmtn, NJ 08108

Project Manager for Monitoring Firm

Telephone Number
609-847-2956

Scheduled Start Date (10)
7/9/2017

Scheduled Completion Date (11)
7/9/2017

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

Scope of Work (Check all that apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

Repayment
Repair
Encapsulate
Enclosure

Pipe Insulation
15’

Crawlspace

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
00033330

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Landfill

Disposal Date
Various

City, State
Morrisville, PA

Completed By (Print or Type)
Rod Richardson

Title
Project Manager

Signature
Rod Richardson

Date
6/30/2017
**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>6/28/2017</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Street Address: PO Box 850</td>
</tr>
<tr>
<td>Start to Finish Builders</td>
<td>City, State &amp; Zip Code: Williamstown, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Palcko</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>County (6)</td>
</tr>
<tr>
<td>Cherry Hill</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>00033330</td>
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</table>

<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 &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td>2000</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
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<tbody>
<tr>
<td>Alpha Environmental Services</td>
<td></td>
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<tr>
<td>Street Address</td>
<td>PO Box 8297</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone Number: 609-547-2956</td>
</tr>
<tr>
<td>License Number</td>
<td>01222</td>
</tr>
</tbody>
</table>

| Scheduled Start Date (10) | 7/7/2017 |
| Scheduled Completion Date (11) | 7/8/2017 |
| Name of Abatement Contractor (9) |
| Alpha Environmental Services |
| Street Address | 107 Haddon Ave. |
| City, State & Zip Code | Westmont, NJ 08108 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | |
| City, State & Zip Code | |

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

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

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

- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- 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)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**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
- Endoscope

**Exterior**

- Siding: 1000 sf

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>ALPHA ENVIRONMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Rod Richardson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 6 / 21 / 17
Name of Building Owner/Operator (2) Virtua

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-8)
Type Notification
☒ Initial
☒ Amended
☒ Amendment #2-7/5/17
☒ Emergency (including justification)
☐ Cancellation

Street Address
20 W Stow Road, Suite 3
City, State, Zip Code
Marlton, NJ 08053
Name of Contact
John Angelucci

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Virtua - Berlin Campus
Street Address
100 Townsend Avenue
City (5)
Berlin
County (6)
Camden
Name of Monitoring Firm Hired by Building Owner (8)
Vertex Air Quality Services
ASCN No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007
License No.
00809
Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.
Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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 Bidg. Age

County Code (7)/STATE USE ONLY

Current Use (Prior to being demolished)
Hospital

Project Manager for Monitoring Firm
Don Heim
Telephone No.
610-558-8902

Start Date (10) 6 / 30 / 17
Scheduled Completion Date (11) 7 / 8 / 17

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 ft
☒ ≥ 160 sf or ≥ 250 ft
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Flexible Procedure

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

(13)

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

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

Amount (Specify SF or LF)

Abatement Type
Removal ☒ Repair ☐ Encapsulation ☐ Endoscope ☐

1ST ECO Room & connected Camera Room
☒ ☐ ☐ Floor tile and associated mastic
550 SF ☒ ☐ ☐

2nd Room
☒ ☐ ☐ Double Tile & Mastic
300 SF ☒ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
NJDEP Waste Hauler ID No. 20590

Cubic Yards of Waste
20

Name of Registrant
Landfill
Minerva Landfill

City, State
NEW CASTLE, DE 19720

Disposal Date
7/3/17

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator

Signature
Date 7-5-17

* 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)*

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 21 / 17</th>
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</thead>
</table>

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

Virtua

**Street Address**

20 W Stow Road, Suite 3

City, State, Zip Code

Marlton, NJ 08053

**Name of Contact**

John Angelucci

**FACILITY INFORMATION**

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

Virtua - Berlin Campus

**Street Address**

100 Townsend Avenue

City (5)

Berlin

County (6)

Camden

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

Vertex Air Quality Services

**Type of Facility (4)**

School (K-12) ☐

Subchapter 8 ☐

Other (i.e., private and commercial buildings, homes, etc.) ☐

**Square Feet**

# of Floors

Bldg. Age

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19007

**Telephone No.**

215-788-6040

**license No.**

00509

**Name of OSHA Monitor**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

City, State, Zip Code

BRISTOL, PA 19070

**Start Date (10)**

6 / 30 / 17

**Scheduled Completion Date (11)**

7 / 5 / 17

**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**

**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)**

Full Containment with Negative Pressure ☒

Mini-Enclosure ☐

Glovebag Procedure ☐

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

**Abatement Type**

□ Removal

□ Repair

□ Encapsulate

□ Endorse

□ Sinusoidal

□ Epoxy

□ Containment

□ Other

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**City, State**

NEW CASTLE, DE 19720

**NJDEP Waste Hauler ID No.**

20990

**Cubic Yards of Waste**

20

**Name of Registered Landfill**

Minerva Landfill

**City, State**

Waynesburg, OH

**Completed By (Print or Type)**

Gino Pizzigoni

**Title**

Estimator

**Signature**

Gino Pizzigoni

**Date**

6/28/17

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

---

**Footnote:**

- **ESTIMATOR:**
  - Gino Pizzigoni
  - Signature: Gino Pizzigoni
  - Date: 6/28/17

**PUBLIC INFORMATION:**

- **Date of Notification:** 6/21/17
- **Name of Building Owner:** Virtua
- **Street Address:** 20 W Stow Road, Suite 3
- **City, State, Zip Code:** Marlton, NJ 08053
- **Name of Contact:** John Angelucci

**FACILITY INFORMATION:**

- **Name of Facility Where Abatement is Taking Place:** Virtua - Berlin Campus
- **Street Address:** 100 Townsend Avenue
- **City:** Berlin
- **County:** Camden
- **Name of Monitoring Firm Hired by Building Owner:** Vertex Air Quality Services
- **Type of Facility:** School (K-12) ☐
- **Square Feet:** # of Floors
- **Bldg. Age:**
- **Name of Abatement Contractor:** BRISTOL ENVIRONMENTAL, INC.
- **Street Address:** 1123 BEAVER STREET
- **City, State, Zip Code:** BRISTOL, PA 19007
- **Start Date:** 6/30/17
- **Scheduled Completion Date:** 7/5/17
- **Occupancy Status:**
  - Facility Closed/Vacated During Entire Period of Abatement ☐
  - Abatement Performed Outside of Normal Facility Hours: 7:00AM-3:30PM——PM-——AM

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

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

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

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

**Abatement Type:**

- Removal ☐
- Repair ☐
- Encapsulate ☐
- Endorse ☐
- Sinusoidal ☐
- Epoxy ☐
- Containment ☐
- Other ☐

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

- **City, State:** NEW CASTLE, DE 19720
- **NJDEP Waste Hauler ID No.:** 20990
- **Cubic Yards of Waste:** 20
- **Name of Registered Landfill:** Minerva Landfill
- **City, State:** Waynesburg, OH

**Completed By:**

- **Print or Type:** Gino Pizzigoni
- **Title:** Estimator
- **Signature:** Gino Pizzigoni
- **Date:** 6/28/17

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 21 / 17</th>
</tr>
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<tbody>
<tr>
<td>Agencies Notified</td>
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</tr>
<tr>
<td>□ EPA</td>
<td></td>
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<tr>
<td>□ DOLWD</td>
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<td>Amendment #</td>
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<tr>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Virtua</td>
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<tr>
<td>Street Address</td>
<td>20 W Stow Road, Suite 3</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mariton, NJ 08053</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Angelucci</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | Virtua - Berlin Campus |
Street Address                                      | 100 Townsend Avenue |
City (5)                                             | Berlin |
County (6)                                          | Camden |
Name of Monitoring Firm Hired by Building Owner (8) | Vertex Air Quality Services |
Street Address                                      | 700 Turner Way |
City, State, Zip Code                               | Aston, PA 19014 |
Project Manager for Monitoring Firm                  | Don Helm |
Telephone No.                                       | 610-558-8902 |
Start Date (10)                                      | 6 / 29 / 17 |
Scheduled Completion Date (11)                       | 7 / 3 / 17 |
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) |
□ 23 sf or ≥ 23 if |
□ ≥ 160 sf or ≥ 260 ft |
□ Renovation |
□ Demolition |
□ Full Containment with Negative Pressure |
□ Mini-Enclosure |
□ Glovebag Procedure |
□ Non-Exempted (*) and Non-Priority 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) |

Abatement Type |

Amount (S q ft or LF) | 650 SF |

1st ECO Room & Connected Camera Room |

Floor tile and associated mastic |

Name of Registered Waste Hauler |

SERVICE TRANSPORT GROUP, INC. |

NJ/DEP Waste Hauler ID No. | 20890 |

Cubic Yards of Waste | 20 |

Name of Registered Landfill |

Minerva Landfill |

Disposal Date | 7/3/17 |

City, State |

NEW CASTLE, DE 19720 |

Complied By (Print or Type) |

Gino Pizzigoni |

Title | Estimator |

Signature |

Date | 6-21-17 |

* Do not use this form for asbestos licensure exempted activities
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12-120)

Date of Notification (1)
July 5, 2017

Name of Building Owner/Operator (2)
KCW Associates

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

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

Street Address
14 Takolusa Drive
City, State, Zip Code
Holmdel, NJ 07733

Name of Contact
J. Weissglass

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Demo Site - Underground Transite Pipes

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

Square Feet

Floors

Bidg. Age

County Code (7)

Current Use (Prior if being demolished)
Demo Site

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.
n/a

Name of Abatement Contractor (9)
Harmony Contracting

Name of OSHA Monitor
Harmony Contracting

Street Address
360 Palisade Ave.

City, State, Zip Code
Garifeld, NJ 07026

License No.
01255

Telephone No.
973-460-6026

Project Manager for Monitoring Firm
n/a

Telephone No.

Start Date (10)
7/17/2017

Scheduled Completion Date (11)
10/17/2017

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)
☒ ≥60 sf or ≥260 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☒ Demolition

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

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

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

Amount
(Specify SF or LF)

Abatement Type

Location
Removal
Encapsulation
Enclose

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Riverdale, NJ

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
E. Cirvoc

Title
Secretary

Signature

Date
7/5/2017

ASB-41 (R-06-08)
* Do not use this form for asbestos licensure exempted activitites.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
07/03/17

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Glen Ridge, NJ 07028

**Name of Contact**
Gerald Harmyk

**TelephoneNumber Number**
[Redacted]

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

**Facility Information**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Square Feet</th>
<th>Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Subchapter K-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Subchapter Other (c)</td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent Supervisor ASCM No.</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9)**
Academy Construction Inc.

**Street Address**
205 Rt. 46 West Suite 14

**City, State, Zip Code**
Totowa, NJ 07405

**Project Manager for Monitoring Firm**

**Telephone No.**
973-832-4244

**License No.**
01155

**Start Date (10)**
07/15/17

**Scheduled Completion Date (11)**
07/22/17

**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)**
- [x] ≥3 sq ft or ≥3 l.f.
- [ ] ≥160 sq ft or ≥260 l.f.
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment w/ Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*)
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**
Academy Construction Inc.

**NJ/DEP Waste Hauler ID No.**
034422

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Completed by**
Filip Geleski

**Title**
Supervisor

**Signature**
[Signature]

**Date**
07/03/17

*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:** 6/30/17  
**Name of Building Owner/Operator:** Normandy Real Estate Partners  
**Street Address:** 220 Park Ave Suite 100  
**City, State, Zip Code:** Floreham Park, N J 07932  
**Name of Contractor:** Keith Dolan  
**Facility Information:**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (5)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Building</td>
<td>Commercial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Park Ave</td>
<td>Floreham Park, N J 07932</td>
</tr>
</tbody>
</table>

| Name of Contractor | A.MAC Contracting Inc.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 Day</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor:** A.MAC Contracting Inc.  
**Street Address:** 185 Winstead Ave  
**City, State, Zip Code:** Midland Park, NJ 07432

**Name of OSPMA Member:** Omega Environmental Services Inc.  
**Street Address:** 750 Huyler Street  
**City, State, Zip Code:** Hatiksville, NJ 07096

**Owner/Manager for Monitoring Plan:**  
**Telephone No.:** (201) 862-8841  
**License No.:** DOH 006

<table>
<thead>
<tr>
<th>Project Manager at Abatement Site</th>
<th>Telephone No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc.</td>
<td>(201) 862-8841</td>
</tr>
</tbody>
</table>

**Name of Monitor:**  
**Telephone No.:**  
**License No.:**

**Name of Monitoring Firm Hired by Building Owner/Operator:** A.MAC No.  
**Name of Abatement Contractor:** A.MAC Contracting Inc.

**Start Date (10):** 7/0/17  
**Scheduled Completion Date (11):** 7/10/17

**Occupancy Status During Abatement:**  
**Facility Closed/Operated:** Full Containment with Negative Air Pressure

**Scope of Work:**  
**Number of Rooms:**

**Location of Asbestos-Containing Material (ACM) TO BE REMOVED:**  
**Location:** West ELEV.

**Removal:**

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

**Amount:**

**Abatement Type:**

**Name of Registered Waste Hauler:** Newark Carting Inc.  
**City, State:** Newark, N J 07105

**Completed by:** Joseph Vocaturo  
**Title:** Vice President

**ONS 72:**  
**Date:** 6/30/17

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

Date of Notification (1) 6/29/17

Name of Building Owner/Operator (2) Dianne Fox

Agencies Notified Type Notification
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial

Street Address

City, State, Zip Code Asbucion, NJ 08301

Name of Contact Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5) Asbucion

County (6) County Code (7) STATE USE ONLY

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

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

Square Feet 6,531

Floors 2

Bldg. Age 53

Name of Abatement Contractor (9)

Brick Industries Inc.

Street Address P.O. Box 915

City, State, Zip Code Brick, New Jersey 08723

Project Manager for Monitoring Firm Telephone No.

Telephone No. (732)899-7499

License No. 01196

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

6/30/17 7/15/17

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)
- ≥3 sf or ≥3 If
- ≥160 sf or ≥260 If
- 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

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 or other miscellaneous)

Amount (Specify SF or LF) 55 SF

Abatement Type Removal

Encapsulate

Enclose

Name of Registered Waste Hauler (13)

Brick Industries Inc. NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 2

Name of Registered Landfill GROWS Inc.

City, State Brick, New Jersey PA

Disposal Date 7/13/17

Completed by Eric Plackis

Title President

Signature

Date 6/29/17

* 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) 7/5/17

Name of Building Owner/Operator (2) TOM DESO

Agencies Notified

☐ EPA  ☑ DEP  ☑ DOL  ☐ DOH  ☐ DCA

Type Notification

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

Street Address [redacted]

City, State, Zip Code PARLIN, NJ 08859

Name of Contact Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address [redacted]

City (5) PARLIN

County (6) Middlesex

County Code (7) 26500

Current Use (Prior to being demolished) Home

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

Brick Industries Inc.

Type of Facility (4)

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

Square Feet 2500

Floors 2

Bldg. Age 35

Name of Abatement Contractor (9)

Brick Industries Inc.

Street Address P.O. Box 915

City, State, Zip Code Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No. (732) 899-7499

License No. 01196

Start Date (10) 7/6/17  Scheduled Completion Date (11) 7/20/17

Name of OSHA Monitor

Occuancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describes:

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥3 ft

☐ ≥160 sf or ≥260 ft

☐ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (7) 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)

Yes ☑ No ☐ N/A

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endoscope

Name of Registered Waste Hauler

Brick Industries Inc.

NUDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 6

Name of Registered Landfill GROWS Inc.

Disposal Date 7/20/17

City, State PA

Completed by Eric Plackis

Title President

Signature Date 7/5/17

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

Date of Notification (1) 07 / 05 / 17

Name of Building Owner/Operator (2) Jacobs Demolition

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

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

Street Address P O Box 9
City, State, Zip Code Manasquan, NJ 08736

Name of Contact Linda

FACILITY INFORMATION

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

Street Address [REDACTED]
City (5) Beach Haven
County (6) Ocean

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

Square Feet 1500 sf
# of Floors 1
Bldg. Age 65

Current Use (Prior Residence) being demolished

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Guardian Contracting, Inc.

Name of Abatement Contractor (9)

Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 0875

Project Manager for Monitoring Firm Telephone No.
Telephone No. 732-349-3932
License No. 00624

Start Date (10) 07 / 17 / 17
Scheduled Completion Date (11) 07 / 18 / 17

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

Street Address 1056 Stleton
City, State, Zip Code Piscataway, New Jersey 0885

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/-AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If ☐ Renovation ☐ Demolition
☐ ≥160 sf or ≥250 If ☐ Full Containment with Negative Pressure
☐ ≥250 If ☐ Mini-Enclosure ☐ Glovebag Procedure
☐ No Yes ☐ Non-Exempted (*) and Non-Retable Procedure

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

Yes ☐ No ☐ N/A asbestos siding

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) 1400 sf

Abatement Type ☐ Removal ☐ Repair ☐ Encapsulate

Name of Registered Waste Hauler Guardian Contracting, Inc.
NJ/DEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Toms River, New Jersey
Disposal Date 07/19/17

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

Signature [REDACTED]
Date 7/5/17

* 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) 07 / 05 / 17
Name of Building Owner/Operator (2) Meridian Environmental Services, Inc

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-6)

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

Street Address 24 Germania Station Road, Suite 3
City, State, Zip Code Toms River, NJ 08755

Name of Contact Chris DeLuca

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Auto Dealership

Former Dealership

Square Feet 20,000 sf
# of Floors 1
Bldg. Age 60

Current Use (Prior to being demolished) Guardian Contracting, Inc.

Name of Monitoring Firm Hired by Building Owner (6) Guardian Contracting, Inc.

ASCM No. 12345678

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

Telephone No. 732-349-9932
License No. 00624

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

Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755

Project Manager for Monitoring Firm Nicholas Fornicola

Telephone No. 732-349-9932

Start Date (10) 07 / 17 / 17
Scheduled Completion Date (11) 07 / 28 / 17

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 AM PM

Scope of Work (Check all that apply)
☐ <3 sf or <3 fl
☐ >160 sf or >260 fl

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

Location Normally 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

Endorsement

Removal
Repair

development

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJ/DEP Waste Hauler ID No. 20223

Cubic Yards of Waste 30

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

City, State Toms River, New Jersey

Disposal Date 07/31/17

City, State Tullytown, Pennsylvania

Completed By (Print or Type) Nicholas Fornicola

Title Project Manager

Signature

Date 9/3/17

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

(Pursuant to NJAC 6:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>07 / 05 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Richard Ramirez</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOLWD, DOH, DCA (NJAC 5:23-8)</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, NJ 08753</td>
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<tr>
<td>Name of Contact</td>
<td>Richard Ramirez</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
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</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Residence
- **Street Address:** [Redacted]
- **City:** Toms River
- **County:** [Redacted]
- **Name of Monitoring Firm Hired by Building Owner:** N/A
- **Name of Abatement Contractor:** Guardian Contracting, Inc.
- **Street Address:** 1889 Route 9, Unit 61
- **City, State, Zip Code:** Toms River, New Jersey 08753
- **Telephone No.:** 732-349-9932
- **License No.:** 00624
- **Name of OSHA Monitor:** E.M.S.L. Analytical
- **Street Address:** 1056 Stelton
- **City, State, Zip Code:** Piscataway, New Jersey 08854

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

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Controllable Procedure

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

- Exterior: [ ] Yes, [ ] No, [ ] N/A
  - Asbestos siding: [ ] Yes, [X] No, [ ] N/A

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

- [ ] Yes, [ ] No, [ ] N/A

### Description of Asbestos Containing Material (ACM)

- [I.E., thermal systems insulation, surfacing, VAT, or other miscellaneous]

### Amount (Specify SF or LF)

- 1300 sf

### Abatement Type

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Enclosure

### Name of Registered Waste Hauler

- Guardian Contracting, Inc.
- NJDEP Waste Hauler ID No.: 20223
- Cubic Yards of Waste: 3
- Name of Registered Landfill: T.R.R.F.

### City, State

- Toms River, New Jersey

### Disposal Date

- 07/21/17

### City, State

- Tullytown, Pennsylvania

**Completed By (Print or Type)**

- Nicholas Fernicola

**Title**

- Project Manager

**Signature**

**Date**

**RECEIVED** JUL 10 2017

**ASBESTOS CONTROL & LICENSING**

*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) 07 / 05 / 17
Name of Building Owner/Operator (2) Bill Barrett

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

Street Address
City, State, Zip Code
Mountain Lakes, NJ 07046
Name of Contact
Bill Barrett

FACILITY INFORMATION

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

Street Address
City (5) Manasquan
County (6) Monmouth

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

Square Feet 1500 sf
Number of Floors 1
Bldg. Age 65
Current Use (Prior being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.
ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, NJ 08755

Project Manager for Monitoring Firm Nicholas Fernicola
Telephone No. 732-349-9932

License No. 00624

Street Address
City, State, Zip Code
1056 Stelton
Piscataway, New Jersey 08855

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

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

Start Date (10) 07 / 17 / 17
Scheduled Completion Date (11) 07 / 20 / 17

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-Failable 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

basement [ ] [x] [ ]

Location Name of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 2

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

City, State Toms River, New Jersey

Disposal Date 07/21/17

City, State Tullytown, Pennsylvania

Completed By (Print or Type) Nicholas Fernicola
Title Project Manager
Signature

Date 7/5/17

* 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: 6/30/17

Name of Building Owner/Operator: Rockaway Township Board of Education

Street Address: 16 School Road, P.O. Box 500

City, State, Zip Code: Hibernia, NJ 07842

Name of Site: Donnmarie Palmiere

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Catherine A. Dwyer School

Street Address: 655 Mount Hope Road

City: Wharton

County: Morris

Current Use (Prior to/During Demolition): School

Square Feet: 65,150

# of Floor: 2

Bldg. Age: 46 yrs.

Type of Facility: School (K-12)

Name of Abatement Contractor: Unicorn Contracting Corp.

Project Manager for Monitoring Firm: Craig Abrams

Telephone No.: 908-688-7800

Name of OSHA Monitor: Envirosion Monitor

Environcom, Inc.

Start Date: June 22, 2017

Scheduled Completion Date: July 3, 2017

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

Scope of Work: Demolition, Renovation, Full Containment with Negative Pressure

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***SEE CONTINUATION SHEET***

Name of Registered Waste Hauler: Unicorn Contracting Corp.

Cubic Yards of Waste: 20+

Disposal Date: TBD

City, State: Woodland Park, New Jersey

Name of Registered Landfill: Fairless Hills Landfill

Completed by: Dino Golcev

Title: General Manager

Signature: [Signature]

Received Date: JUL 10 2017
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Pipe Fitting Insulation</td>
<td>140</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Breeching Insulation</td>
<td>300</td>
<td>Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Furnace Compartment Gaskets</td>
<td>336</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Furnace Door Insulation</td>
<td>12</td>
<td>Endoablative</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Rib Gaskets</td>
<td>552</td>
<td>Endoablative</td>
</tr>
</tbody>
</table>
Date of Notification (1): 07/05/2017

Name of Building Owner/Operator (2): Seritage SRC Finance LLC


Type Notification: [X] Amended

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

In Facility

<table>
<thead>
<tr>
<th>Floor Level</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VLT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Floor Tile, Fittings &amp; Fireproofing</td>
<td>5,000 SF</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Floor Tile, Fittings &amp; Fireproofing</td>
<td>47,600 SF</td>
</tr>
<tr>
<td>1st Floor Add 912SF</td>
<td>X</td>
<td>Fireproofing</td>
<td>2,627 SF</td>
</tr>
<tr>
<td>1st Floor Add 65LF</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>200 LF</td>
</tr>
</tbody>
</table>

Amount of Waste: 50 Yards

Minerva Enterprises

Completed by: Ann A. Ali

Title: Compliance Admin

Signature: [Signature]

Date: 07/06/2017

* 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)
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Sears Store Unit #1434
Street Address
50 Route 46
Wayne
County Code (7) (STATE USE ONLY) 00120
Name of Monitoring Firm Hired by Building Owner (8)
Omega Environmental Services
Street Address
280 Huyler Street
South Hackensack, NJ 07606
Project Manager for Monitoring Firm
Veronica Kero
Start Date (10) 04/05/2017
Scheduled Completion Date (11) 12/16/2017
Occupancy Status During Abatement (Check Only One)
Location of Asbestos-Containing Material (ACM) TO BE ABATED
in Facility (13)
1st Floor
2nd Floor
1st Floor Add
1st Floor Add
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)
Floor Tile, Fittings & Fireproofing
Floor Tile, Fittings & Fireproofing
Fireproofing
Pipe Insulation
Amount Specify For LF)
58,000 SF
47,600 SF
715 SF
35 LF
Abatement Type
Removal
Repair
Encase
Endorse
Name of Registered Waste Hauler
ATC
City, State
Shirley, NY 11967
Disposal Date
04/10/2017
Signature
Ann A. Ali
Compliance Admin
Date
06/22/2017
* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 07 / 07 / 17

**Name of Building Owner/Operator:**

**Borough of New Providence**

**Agencies Notified:**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-3)

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

**Street Address:**
360 Elkwood Avenue

**City, State, Zip Code:**
New Providence, NJ 07974

**Name of Contact:**
Margaret Koontz

**Telephone Number:**

**STANDARDIZED FACILITY INFORMATION**

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

Commercial

**Street Address:**
43 Division Avenue

**City:**
New Providence

**County:**
Union

**County Code:**

**Square Feet:**

**# Floors:**

**Bldg. Age:**

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

Bio Terra Solutions

**ASCM No.:**

**Name of Abatement Contractor:**

ALL PRO MANAGEMENT LLC

**Street Address:**
27 Outwater Lane

**City, State, Zip Code:**
Garfield, NJ 07026

**License No.:**

188

**Start Date:** 07 / 07 / 17

**Scheduled Completion Date:** 07 / 15 / 17

**Occupancy Status During Abatement:**

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

**Time of Abatement:**

**Scope of Work:**

- [ ] >= 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 IN Facility:**

(13)

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

Yes [ ] No [ ] N/A [ ]

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

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

**Amount:**

**Abatement Type:**

<table>
<thead>
<tr>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endoscope</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler:**

Newark Carting

**Disposal Date:**

TBD

**Name of Registered Landfill:**

Blueridge Landfill

**City, State:**

Newark, NJ

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

Allen Monchik

**Title:**

Project Manager

**Signature:**

[Signature]

**Date:** 7/17/17

*Do not use this form for asbestos licensure exempted activities.*
D&S Proj. #: 17-180

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
10/16/17

Name of Building Owner/Operator (2):
harry young

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

Type Notification:
☑ Initial
☑ Amended
☐ Amendment #:

Street Address:

City, State, Zip Code:
summit, nj 07901

Name of Contact:
harry young

FACILITY INFORMATION

Name of facility where abatement is taking place (3):

harry young

Street Address:

City (5):

County (6):

County Code (7):

(State use only)

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

ASCM No.:

Name of Abatement Contractor (9):

D & S RESTORATION, INC.

Street Address:

City, State, Zip Code:

License Number:

973-345-8020 01169

Name of OSHA Monitor:

D & S Restoration, Inc.

Street Address:

City, State, Zip Code:

Paterson, NJ 07503

Square Feet

# of Floors

Bldg. Age

Acility (4):
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☑ Other (Private/Commercial Bldgs./Homes, etc.)

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm:

Telephone Number:

Start Date (10):

07/11/1717

Sched. Completion Date (11):

07/28/17

Occuancy Status During Abatement (Check only one):

☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☐ Other/Describe: NORMAL HOURS

Scope of Work (check all that apply):

☒ >2 sf or >3 if
☐ Renovation

☒ >160 sf or >260 if
☐ Demolition

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

Is location normally used solely by maintenance/custodial staff:

Yes ☒ No ☐ N/A ☐

Description of asbestos-containing material (ACM):

PIPE INSULATION 7611

Amount (Specify SF or Lb.):

Removal

Repair

Encapsulation

Full Containment/w/negative pressure
Mini-enclosure
Glovebag Procedure
Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler:

D & S RESTORATION, INC.

NJDEP Hauler ID:

13506

Cubic Yards of Waste:

1 yd

Name of Registered Landfill:

TULLYTON, RESOURCE RECOVERY

City, State:

TULLYTON, PA

Disposal Date:

07/12/17

Completed by (Print or Type):

BOGDAN JOLDZIC

Title:

PRESIDENT

Signature:

Date:

06/30/2017

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

| 0171/0171/1171 |

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

Type Notification
- [x] Initial
- [ ] Amendment
- [ ] Cancellation

Name of Building Owner/Operator (2)
- Peter Sondervan

Street Address

City, State, Zip Code
- Oakland, NJ 07436

Name of Contact
- Peter Sondervan

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
- Peter Sondervan

Street Address

City (5)
- Oakland

County (6)
- Bergen

County Code (7) (State use only)

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

ASCM No.
- n/a

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

Street Address
- 105 Ryerson Road

City, State, Zip Code
- Lincoln Park, NJ 07035

Telephone Number
- (973)695-8899

License Number
- 00378

Name of OSHA Monitor
- B & G Restoration, Inc.

Street Address
- 105 Ryerson Road

City, State, Zip Code
- Lincoln Park, NJ 07035

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—Describe:

Scope of Work (check all that apply)
- [x] Demolition
- [x] Renovation
- [x] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-remote procedure

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

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>VAT &amp; mastice</td>
<td>142 sf</td>
</tr>
</tbody>
</table>

Registration for Waste Hauler
- B & G Restoration, Inc.
- NJDEP Hauler ID# 19563
- Cubic Yards of Waste: 3

Name of Registered Landfill
- Tullytown Resource & Recovery Center

City, State
- Tullytown, PA

Disposal Date
- 07/21/2017

Completed by (Print or Type)
- Gordana Luna

Title
- Secretary/Treasurer

Signature
- Gordana Luna

Date
- 07/07/2017
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #:** 2017-84

**Name of Building Owner/Operator:** Dotty Frawley

**Street Address:** [Redacted]

**City, State, Zip Code:** Mountain Lakes, NJ 07046

**Name of Contact:** Dotty Frawley

**Telephone Number:**

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

**City (5):** Mountain Lakes

**County Code (7):** Morris

**ASCM No. (n/a):**

**Name of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

**Telephone Number:** (973)690-6869

**License Number:** 00378

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:** 105 Ryerson Road

**City, State, Zip Code:** Lincoln Park, NJ 07035

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

- [X] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.

**Description:**

**Type of Work:**

- [X] Renovation

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

- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (exactly SF or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td></td>
<td>acm fiberglass wrap</td>
<td>30 ft</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td></td>
<td>pipe</td>
<td>63 ft</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:** B & G Restoration, Inc.

**Name of Registered Landfill:** Tullytown Resource & Recovery Center

**Disposal Date:** 07/19/2017

**City, State:** Lincoln Park, NJ

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

**Title:** Secretary/Treasurer

**Signature:**

**Date:** 07/19/2017
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/19/2017

Name of Building Owner/Operator (2)
Gary Schmid

Street Address

City, State, Zip Code
Pompton Lakes, NJ 07444

Name of Contact
Gary Schmid

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Gary Schmid

Street Address

City (5)
County (6)
County Code (7)
(Passaic)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.
n/a

Name of Abatement Contract
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
07/18/2017

Sched. Completion Date (11)
07/19/2017

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.

Other-Describe:

Scope of Work (check all that apply)
Demolition
Renovation

Location of asbestos-containing material to be abated in facility (13)
Crawl space
Pipe insulation

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19663

Cubic Yards of Waste
1/2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

City, State
Tullytown, PA

Disposal Date
07/19/2017

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
07/07/2017
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
10/17/2017

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

**Street Address**

**City, State, Zip Code**
Randolph, NJ 07869

**Name of Contact**
Russell Adams

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
Russell Adams

**Street Address**

**City (5)**
Randolph, NJ 07869

**County (6)**
Morris

**County Code (7)**
(State use only)

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

**Squad Feet**

**# of Floors**

**Bldg. Age**

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

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

**Street Address**
105 Ryerson Road

**City, State, Zip Code**
Lincoln Park, NJ 07035

**Telephone Number**
(973)696-6669

**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
- Full Containment w/negative pressure
- Glovebag procedure
- Non-friable procedure

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

**Description of asbestos-containing material (ACM)**
- pipe (wrap & cut)
- 14 ft

**Registered Waste Hauler**
B & G Restoration, Inc
NJDEP Hauler ID# 19563

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**City, State**
Lincoln Park, NJ

**Disposal Date**
07/18/2017

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Signature**

**Date**
07/07/2017
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** Sub 8 ***

Date of Notification (1) 01/17/17

Name of Building Owner/Operator (2) Wood-Ridge Board of Education

Street Address 540 Windsor Road

City, State, Zip Code Wood-Ridge, NJ 07075

Name of Contact Peter Catania

Agencies Notified

□ EPA □ DEP □ DOL □ DOH □ DCA

Type Notification

□ Initial □ Amendment □ Cancellation

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished) Current Use

Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants ASCM No. 0079

Street Address 20-21 Wagarsaw Road, Bldg. 35E

City, State, Zip Code Fair Lawn, NJ 07410

Project Manager for Monitoring Firm Willie Morales Phone Number 973-949-3523

Scheduled Start Date (10) 07/21/2017 Sched. Completion Date (11) 07/23/2017

Occupancy Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours-
Describe: Other-Describe:

Scope of Work (check all that apply)

□ Demolition □ Renovation □ Full Containment with/without negative pressure

□ >3 sf or >3 if □ 160 sf or >200 sf □ Glovebag procedure
□ Mini-enclosure □ Non-fibrous procedure

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

<table>
<thead>
<tr>
<th>Rooms 207, 208, 209, 226</th>
<th>ceiling &amp; wall plaster</th>
<th>35 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>228, hallway, Nurses ofc &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler B & G Restoration, Inc.

NJDEP Hauler ID# 19663 Cubic Yards of Waste 3

Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ Tullytown, PA

Disposal Date 07/24/2017 Date 07/07/2017

Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Signature Gordana Luna
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
*** NON Sub 8 ***  
Check # 8468  

Date of Notification (1)  
17/1/2017  

Name of Building Owner/Operator (2)  
Wood-Ridge Board of Education  

Name of Contact  
Peter Catania  

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

Type of Notification  
- Initial  
- Amendment  
- Cancellation  

Facility Information  

Name of facility where abatement is taking place (3)  
Wood-Ridge High School (Non-sub 8)  

Street Address  
258 Hackensack Street  

City  
Wood-Ridge, NJ 07075  

County  
Bergen  

Name of Monitoring Firm Hired by Bldg. Owner (6)  
EnviroVision Consultants  

ASCM No.  
0079  

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

Street Address  
105 Ryerson Road  

City, State, Zip Code  
Lincoln Park, NJ 07035  

Total Area (in sq. ft)  
24  

Number of Floors  
1  

Date of Completion (11)  
07/19/2017  

Description of asbestos-containing material (ACM)  
Ceiling & wall plaster  

Full Containment w/negative pressure  
Non-fragile procedure  

Glovebag procedure  
Mini-enclosure  

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

Various locations  

Registered Waste Hauler  
B & G Restoration, Inc.  

NJDEP Hauler ID#  
15563  

Cubic Yards of Waste  
1  

Name of Registered Landfill  
Tullibody Resource & Recovery Center  

City, State  
Lincoln Park, NJ  

Disposal Date  
07/20/2017  

Completed by (Print or Type)  
Gordana Luna  

Title  
Secretary/Treasurer  

Signature  
Gordana Luna  

Date  
07/07/2017  

Revised  
JUL 19, 2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 07 / 17

Name of Building Owner/Operator (2) 1840 Peter Cheeseman Road, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-6)
- Emergency (Including Justification)
- Cancellation

Type Notification
- Initial
- Amended
- Amendment #

Street Address 2401 Renaissance Blvd.

City, State, Zip Code King of Prussia, PA 19406

Name of Contact Ed Oczkowski

Tel. Number

FACILITY INFORMATION

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

Street Address 1840 Peter Cheeseman Road

City (5) Blackwood

County (6) Camden

County Code (7)/STATE USE ONLY 1

Current Use (Prior to building demolished)

Schedule for Demolition

Name of Monitoring Firm Hired by Building Owner
Bio Terra Solutions

ASCM No. 0515995

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane

City, State, Zip Code Garfield, NJ 07026

Project Manager for Monitoring Firm Rick Esuataqui

Telephone No. 973-494-3762

Telephone No. 973-928-4888

License No. 1188

Start Date (10) 07 / 17 / 17

Scheduled Completion Date (11) 08 / 17 / 17

Name of OSHA Monitor ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane

City, State, Zip Code Garfield, NJ 07026

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, AM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 If
- ≥ 160 sf or ≥ 260 If
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friend 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
- Repair
- Removal
- Encapsulate

Name of Registered Waste Handler
ATC/ Century Waste LLC

NJ/DEP Waste Hauler Id No. SW-24310/ 32797

Cubic Yards of Waste As Needed

Name of Registered Landfill Minerva Enterprises ESI Bethlehem Landfill

City, State, Wayneburg, Calif. Bethlehem, PA

Disposal Date TBD

Completed By (Print or Type) Allen Monchik

Title Project Manager

Signature Date 7 / 10 / 17

* 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 / 07 / 17

Name of Building Owner/Operator (2)
Borough of Keansburg

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-6)

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

Name of Contact
Kim Gonzalez

Street Address
29 Church Street

City, State, Zip Code
Keansburg, NJ 07734

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

City (5)
Keansburg

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.
0515955

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

License No.
188

Start Date (10)
07 / 17 / 17

Scheduled Completion Date (11)
08 / 17 / 17

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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 AM-PM

Scope of Work (Check all that apply)
☐ ≥25 sf or ≥250 sf
☐ ≥150 sf or ≥250 sf

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

(13)

Yes No N/A

Exterior Siding

☐ ☐ ☒ Transite Siding Shingles

1500 SF

Roof

☐ ☐ ☒ Roof Tar

15 SF

2nd Bedroom & Kitchen

☐ ☐ ☒ VAT

20 SF

Location of Asbestos-Containing Material (ACM)

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

Amount Specify (SF or LF)

Description of Asbestos Containing Material (ACM)

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

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

Abatement Type

Removal

Regular

Encapsulate

Endcaps

Endcap

Name of Registered Waste Hauler
ATC/ Century Waste LLC

NJDEP Waste Hauler ID No.
510-041-0274

Cubic Yards of Waste As Needed

Name of Registered Landfill
Minerva Enterprises/ ESI Bethlehem Landfill

City, State
Waynesburg, PA

Disposition Date
TBD

City, State
Shirley, NY/ Elizabeth, NJ

Compiled By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date 7/17/17

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

Date of Notification (1) 07 / 07 / 17

Name of Building Owner/Operator (2)
Borough of Keansburg

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

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

Name of Facility Where Abatement Is Taking Place (3)
- Residential

Street Address
29 Church Street
Keansburg, NJ 07734

Name of Contact
Kim Gonzalez

FACILITY INFORMATION

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

City (5)
Keansburg

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.
0615995

Name of Abatement Contractor (6)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224
Union, NJ

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-845-3762

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Telephone No.
973-528-4888

License No.
188

Start Date (10)
07 / 07 / 17

Scheduled Completion Date (11)
08 / 08 / 17

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
- ≥ 180 sf or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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
- Encapsulate
- Enclose

Name of Registered Waste Hauler
ATC/ Century Waste LLC

NJDEP Waste Hauler ID No.
SW-24310/32797

Cubic Yards of Waste Needed

Disposal Date
TBD

City, State
Waynesburg, OH Bethlehem, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date 7/7/17

* 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)**
7 / 7 / 17

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

**Name of Facility Where Abatement Is Taking Place (3)**
Princeton University- Fine Hall

**Street Address**
Washington Road

**City (5)**
Princeton

**County (6)**
MERCER

**Name of Monitoring Firm Hired by Building Owner (8)**
ATC Group Services LLC

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

**Street Address**
Bromley Corporate Center-Three Terri Lane

**City, State, Zip Code**
Burlington, NJ 08016

**Project Manager for Monitoring Firm**
Michael Keehn

**Telephone No.**
609-386-8800

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**
7 / 17 / 17

**Scheduled Completion Date (11)**
7 / 21 / 17

**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
☐ ≥ 150 sf or ≥ 260 if
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Failable Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>202, 203, 204, 205A, 302, 304A</td>
<td>☒ Floor tile</td>
</tr>
<tr>
<td>304 and 303 (44 SF per room)</td>
<td>☒</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**
350 SF

**Name of Registered Landfill**
G.R.O.W.S. NORTH LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**
Brian Scafiro

**Date**
7-7-17

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

State of New Jersey

Date of Notification (1):
07/03/2017

Name of Building Owner/Operator (2):
West Orange Board of Education

Agencies Notified:

- [X] EPA
- [X] DEP
- [X] DOP
- [X] DOH
- [X] DCA

Type Notification:
- [X] Initial
- [X] Amendment #1

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical Rm Closet - Rm 1133</td>
<td>Hard fitting insulation</td>
<td>21lf</td>
</tr>
</tbody>
</table>

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

Name of Monitoring Firm Hired by Building Owner (8):
Ahera Consultants Inc

ASCM No. (STATE USE ONLY):
0057

Name of Abatement Contractor (9):
Hazmat Diagnostic LLC

Street Address:
16 Glenwild Ave

City, State, Zip Code:
Bloomingdale, NJ 07423

Nominal Square Feet:
20000+

Number of Floors:

Building Age:
50+

County Code (7):
Essex

Name of Contact:
Robert Csígi

Address:
179 Eagle Rock Ave

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

Name of Registered Waste Hauler:
Hazmat Diagnostic LLC

NJDEP Waste Hauler ID No.:
0035440

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
GROWS

City, State:
Morrisville, PA

Disposal Date:
TBD

Completed by:
Tatiana Rotaru

Title:
Administrative Assistant

Signature:
[Signature]

Date:
07/03/2017

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