### Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 3:18)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 05 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Pine Hill Public Schools</td>
</tr>
<tr>
<td>Address (3)</td>
<td>1003 Turnerville Road, Pine Hill, NJ 08021</td>
</tr>
<tr>
<td>City (4)</td>
<td>Pine Hill</td>
</tr>
<tr>
<td>County (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>Name of ASBESTOS Control (6)</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>1350 Brown Road, Newfield, NJ 08344</td>
</tr>
<tr>
<td>Name of Owner's Contact (7)</td>
<td>Greg Sawyer</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-255-1077</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Normally Used Previously (13)</th>
<th>Is Location Normally Used Safely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C115A</td>
<td>Yes</td>
<td>Wrap &amp; Coat</td>
<td>15 LF</td>
</tr>
<tr>
<td>C112</td>
<td>Yes</td>
<td>Wrap &amp; Coat</td>
<td>2 LF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

- Freehold Cartage

**Certification**

- By Christine Lynch, Vice President of Operations

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

Date of Notification (1):
7 / 6 / 2018

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

Type Notification:
- Initial Notification
- Amended Notification #4
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2):
THE VALLEY HOSPITAL
Street Address:
223 NORTH VAN DIEN AVENUE
City, State, Zip Code:
RIDGEWOOD, NEW JERSEY 07452

Name of Contact:
GEORGE GANCOS
Telephone Number:
201-444-8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
VALLEY HOSPITAL
Street Address:
620 WINTER AVENUE
City (5):
PARAMUS
County (6):
BERGEN
County Code (7) (STATE USE ONLY):
ASCN No.

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

Square Feet:
7,000
# of Floors:
1
Bldg. Age:
40+

Current Use (Prior if being demolished):
ABANDONED

Name of Abatement Contractor (9):
PAR ENVIRONMENTAL CORPORATION
Street Address:
313 SPOOK ROCK ROAD
City, State, Zip Code:
SUFFERN, NEW YORK 10901

License Number:
1101

Name of OSHA Monitor:
EMSL #11506

Expected State Date (10):
6 / 4 / 2019
Sched. Completion Date (11):
7 / 6 / 2019

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

Scope of Work (Check all that apply):
- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation

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

<table>
<thead>
<tr>
<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>
<th>Amount (Square Ft or Lb)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>NO</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR FRONT OFFICE BATHROOM</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>YES</td>
</tr>
<tr>
<td>1ST FLOOR SHOP SIDE BATHROOM</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>YES</td>
</tr>
<tr>
<td>1ST FLOOR FURNACE ROOM</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
<td>YES</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>VENT TAR</td>
<td>8 SF</td>
<td>YES</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>BUILT UP ROOFING</td>
<td>1,800 SF</td>
<td>YES</td>
</tr>
<tr>
<td>EXTERIOR SOUTH ROOF</td>
<td>VENT TAR</td>
<td>25 SF</td>
<td>YES</td>
</tr>
<tr>
<td>EXTERIOR L ROOF</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
<td>YES</td>
</tr>
<tr>
<td>1ST FLOOR FRONT OFFICE</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>YES</td>
</tr>
</tbody>
</table>

Date of Registered Waste Hauler:
NJDEP Waste Hauler ID No. 913
Cubic Yards of Waste:
31

Name of Registered Landfill:
GRAND CENTRAL SANITARY LANDFILL

City/State:
NEWARK, NEW JERSEY

Disposal Date:
6/04 - 12/30/18

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

Signature:
DATE: 9-6-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.60-7 and 12-120-7)

Date of Notification (1)
6 / 27 /2018

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial Notification
- Amended Notification #3
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Facility Where Abatement Is Taking Place (3)
VALLEY HOSPITAL

Street Address
620 WINTER AVENUE

City (5) COUNTY (6) COUNTY CODE (7) (STATE USE ONLY)
PARAMUS BERGEN

Name of Monitoring Firm Hired by Building Owner (8)
GOLDEN CORPORATION

Asbestos 

Street Address
131 VARICK STREET, SUITE 1022

City, State, Zip Code
NEW YORK, NEW YORK 10013

Project Manager for Monitoring Firm
JIM MIASES

Telephone Number 
347-436-3561

Expected State Date (10)
6 / 4 /18

Sched. Completion Date (11) 12 / 30 /18

Month Day Year 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: MONDAY -FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
- Demolition
- >3SF OR LF
- >160 SF OR 280 LF
- Demolition
- Renovation

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 SF or LF)

Abatement Type

ENCLOSURE

REPAIR

REMOVAL

Full Containment

Glovebag Procedure

Non-Friable Procedure

1ST FLOOR FRONT OFFICE BATHROOM

1ST FLOOR SHOP SIDE BATHROOM

1ST FLOOR FURNACE ROOM

EXTERIOR EAST ROOF

EXTERIOR EAST ROOF

EXTERIOR SOUTH ROOF

EXTERIOR L ROOF

1ST FLOOR FRONT OFFICE

Name of Registered Waste Hauler:
NEWARK CARTING
369 RAYMOND BLVD

Cubic Yards of Waste
31

Name of Registered Landfill:
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
6/04 - 12/30/18

City, State:
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
02/27/18

Type of Facility (4)

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

Square Feet
7,000

Current Use (Prior if being demolished)

- ABANDONED

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-363-7500

License Number
1101

Name of OSHA Monitor
EMSL #11506

Street Address
307 WEST 38TH STREET

City, State, Zip Code
NEW YORK, NEW YORK

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR FRONT OFFICE BATHROOM</td>
<td>Yes</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR SHOP SIDE BATHROOM</td>
<td>Yes</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR FURNACE ROOM</td>
<td>Yes</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>Yes</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>Yes</td>
<td>BUILT UP ROOFING</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR SOUTH ROOF</td>
<td>Yes</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR L ROOF</td>
<td>Yes</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR FRONT OFFICE</td>
<td>Yes</td>
<td>WALL COMPOUND</td>
<td>125 SF</td>
<td>X</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/31/2018

Name of Building Owner/Operator (2) THE VALLEY HOSPITAL
Street Address 223 NORTH VAN DIEN AVENUE
City, State, Zip Code RIDGEWOOD, NEW JERSEY 07452

Name of Contact GEORGE GANCOS
Telephone Number 201-447-8141

FACILITY INFORMATION

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

Square Feet 7,000
# of Floors 1
Bldg. Age 40+

Current Use (Prior if being demolished) ABANDONED

Name of Building Owner/Operator (5) THE VALLEY HOSPITAL

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

VALLEY HOSPITAL
620 WINTER AVENUE
PARAMUS, BERGEN COUNTY, NEW JERSEY 07652

Name of Monitoring Firm hired by Building Owner (8)
GOLDEN CORPORATION

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SUFFERN, NEW YORK 10901
Telephone Number 845-369-7000
License Number 1101

Name of OSHA Monitor
EMSL #11506

EXPECTED STATE DATE (10)
Month Day Year 6/4/18
Sched. Completion Date (11) Month Day Year 12/30/18

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

MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
X Demolition
X Renovation
X >160 SF or 260 LF

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED</th>
<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>
<th>Amount (Specify SF or LF)</th>
</tr>
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<tbody>
<tr>
<td>1ST FLOOR FRONT OFFICE BATHROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
</tr>
<tr>
<td>1ST FLOOR SHOP SIDE BATHROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
</tr>
<tr>
<td>1ST FLOOR FURNACE ROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>X</td>
<td>BUILT UP ROOFING</td>
<td>1,600 SF</td>
</tr>
<tr>
<td>EXTERIOR SOUTH ROOF</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
</tr>
<tr>
<td>EXTERIOR L ROOF</td>
<td>X</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARING
369 RAYMOND BLVD
NEWARK, NEW JERSEY

Cubic Yards of Waste 30
Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date 8/04 - 12/30/18
City, State, Zip Code PLAINFIELD TOWNSHIP, PA

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

Receipt Date 7/18/2018

[Signature]

Date 5/31/18
Date of Notification (1): 5/25/2018

Name of Building Owner/Operator (2): THE VALLEY HOSPITAL
Street Address: 223 NORTH VAN DIEN AVENUE
City, State, Zip Code: RIDGEWOOD, NEW JERSEY 07452
Name of Contact: GEORGE GANCOS
Telephone Number: 201-447-8141

Name of Facility Where Abatement is Taking Place (3): VALLEY HOSPITAL
Street Address: 620 WINTER AVENUE
City, State, Zip Code: BERGEN NEW YORK, NEW YORK 10013

Name of Monitoring Firm Hired by Building Owner (8): ASMC No. PAR ENVIRONMENTAL CORPORATION
Street Address: 131 VARICK STREET, SUITE 1022
City, State, Zip Code: NEW YORK, NEW YORK 10013
Project Manager for Monitoring Firm: JIM MIADES 347-435-5561

Expected State Date (10): 5/29/2018
Sched. Completion Date (11): 12/30/2018
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: MONDAY - FRIDAY 7AM-3:30 PM
- Other - Describe: Non-Frangible Material
Scope of Work (Check all that apply):
- Demolition
- >3000 SF OR LF
- >1000 SF OR 260 LF
- Renovation
- Full Containment
- Mini Enclo
- Glovebag Procedure
- Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie: Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALL COMPOUND</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
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<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
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<tr>
<td>WALL COMPOUND</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>VENT TAR</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>BUILT UP ROOFING</td>
<td>X</td>
<td>BUILT UP ROOFING</td>
<td>1,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>VENT TAR</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>BLACK CAULK</td>
<td>X</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 913
Name of Registered Landfill: GRAND CENTRAL SANITARY LANDFILL

City, State: NEWARK, NEW JERSEY
Disposal Date: 5/29/16 - 12/30/18

Completed by (Print or Type): BENJAMIN SANCHEZ
Title: DIRECTOR OF OPERATIONS
Signature: [Signature]
Date: 5/25/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):**

5 / 9 / 2018

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

**Type Notification:**
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [X] EMERGENCY NOTIFICATION

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

THE VALLEY HOSPITAL

**Street Address:**

223 NORTH VAN DIEN AVENUE

**City, State, Zip Code:**

RIDGEWOOD, NEW JERSEY 07452

**Name of Contact:**

GEORGE GANCHOS

**Telephone Number:**

201-447-8141

**FACILITY INFORMATION**

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

VALLEY HOSPITAL

**Street Address:**

620 WINTER AVENUE

**City (5):**

PARAMUS

**County (6):**

BERGEN

**County Code (7):**

STATE USE ONLY

**Type of Facility (4):***
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & comm. blds., homes, etc.)

**Square Feet:**

7,000

**# of Floors:**

1

**Bldg. Age:**

40+

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

ABANDONED

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

COLDEN CORPORATION

**ASCM No.:**

PAR ENVIRONMENTAL CORPORATION

**Street Address:**

131 VARICK STREET, SUITE 1022

**City, State, Zip Code:**

NEW YORK, NEW YORK 10013

**Project Manager for Monitoring Firm:**

JIM MIADES

**Telephone Number:**

347-435-3561

**Expected State Date (10):**

5 / 29 / 18

**Sched. Completion Date (11):**

12 / 30 / 18

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

**X** Full Container

**X** Mini Container

**X** Glovebag Procedure

**X** Non-Friable Procedure

**X** Demolition

**X** Exterior

**X** Interior

**X** Other - Describe:

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location normally used solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR FRONT OFFICE BATHROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR SHOE BATHROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR FURNACE ROOM</td>
<td>X</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>X</td>
<td>BUILT UP ROOFING</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR SOUTH ROOF</td>
<td>X</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR L. ROOF</td>
<td>X</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

NEWARK CARTING

369 RAYMOND BLVD

**NJDEP Waste Hauler ID No.:**

813

**Cubic Yards of Waste:**

30

**Name of Registered Landfill:**

GRAND CENTRAL SANITARY LANDFILL

**City, State:**

NEWARK, NEW JERSEY

**Disposal Date:**

5/29/18 - 12/30/18

**Signature:**

DIRECTOR OF OPERATIONS

**Date:**

3/9/18

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

BENJAMIN SANCHEZ
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 06 / 18
Name of Building Owner/Operator (2) Medford Leas

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

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

Street Address
1 Medford Leas Way
City, State, Zip Code
Medford, NJ 08055
Name of Contact
Michael Worley
Telephone Number
609-654-3372

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Medford Leas Community Building

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

City (5)
Medford
County (6)
Burlington
Square Feet
10,000
# of Floors
1
Bldg. Age
80

Current Use (Prior if being demolished)
Retirement Community

Name of Monitoring Firm Hired by Building Owner (8)
Management & Enviro. Consulting Services

ASCN No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
609-298-4070
License No.
00842

Name of OSHA Monitor
EMSL Analytical, Inc.

Project Manager for Monitoring Firm
Bill Weisgarber

Start Date (10) 07 / 07 / 18
Scheduled Completion Date (11) 07 / 23 / 18

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

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

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

IN Facility (13)

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

Abatement Type
- Removal
- Repair
- Encapsulation
- Enclosure

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

Description of Amount (Specify SF or LF)

Laundry Service Hallway
Pipe Fitting Insulation
12 LF

Name of Registered Waste Hauler
Freehold Cartage

Freehold, NJ

Disposal Date
07/23/2018

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch
Title
Vice President of Operations
Signature
Date 7/6/18

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

(Pursuant to NJAC 8:60 and 12:140)

**Date of Notification:** 07/05/2015

**Name of Building Owner/Operator:** Montclair State University

**Name of Contact:** Amy Ferdinand

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** Richardson Hall
- **Street Address:** 1 Normal Ave
- **City:** Montclair
- **County:** Essex
- **Name of Monitoring Firm Hired by Building Owner:** ACM No. 0012
- **Name of Abatement Contractor:** VMC Company Inc
- **Start Date:** 07/09/2018
- **Scheduled Completion Date:** 07/12/2018

**Scope of Work:**

- 33 sf or 23 ft
- 180 sf or 280 sf

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

- 1ST FLOOR HALLWAY
- ROOM 10G

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

- PIPING, FITTINGS, WRAPPED
- PIPING, FITTINGS, WRAPPED

**Abatement Type:**

- Removal
- Encapsulate

**Authorized Signatures:**

- **Date:** 07/05/2018

---

*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) 5/22/18

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended-#2-7/6/18
- Emergency
- Cancellation

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Matawan, NJ 07747

Name of Contact
Mr. Frank Frazzitta
Telephone Number
732-360-4507

FACILITY INFORMATION

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

Street Address
1 Manny Martin Way
City (5) Old Bridge
County (6) Middlesex
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08601

Project Manager for Monitoring Firm
Rollie Jones
Telephone Number
609-382-4200

Scheduled Start Date (10)
6/25/18
Scheduled Completion Date (11)
7/9/18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7:00am to 3:30pm
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf ≥260 if
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

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

Location

Description

Boiler Room
Pipe Insulation Fittings
35 LF

Boiler Room
Boiler Rib Packing
50 LF

Boiler Room
Breeching
250 SF

Name of Registered Waste Hauler
Service Transport Inc.
NJDHEP Waste Hauler ID No.
20990
Cubic Yards of Waste
16 Cu Yd
Name of Registered Landfill
Minerva Landfill
City, State
New Castle, DE
Waynesburg, Ohio

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

Date
7/6/18
# 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>5/22/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended-#1-7/5/18, Emergency, Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Old Bridge Township Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>Patrick Torre Administration Bldg, County Route 516</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Matawan, NJ 07747</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Frank Frazzitta</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-360-4507</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | McDvitt Elementary School |
| Street Address | 1 Manny Martin Way |
| City (5) | Old Bridge |
| County (6) | Middlesex |
| County Code (7) | |
| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Connection |
| Street Address | 120 North Warren Street |
| City, State & Zip Code | Trenton, NJ 08601 |
| Project Manager for Monitoring Firm | Rollie Jones |
| Telephone Number | 609-392-4200 |
| Scheduled Start Date (10) | 6/25/18 |
| Scheduled Completion Date (11) | 7/9/18 |
| Occupancy Status During Abatement (Check only one) | Facility Occupied During Abatement |
| Description | |
| Scope of Work (Check all that apply) | |
| yes 3 sf or yes 3 1f | Renovation |
| yes 160 sf or yes 250 sf | Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | |
| Yes | No | N/A |
| Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | Yes |
| Location Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| Amount (Specify SF or LF) | 35 LF |
| Abatement Type | Pipe Insulation Fittings |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glove Bag Procedures | |
| Non-Exempted and Non-Friable Procedure | |
| $ | |
| Name of Registered Waste Hauler | Service Transport Inc. |
| City, State | New Castle, DE |
| Disposal Date | 7/9/18 |
| Name of Registered Landfill | Minerva Landfill |
| Name of Contact (14) | Gino Pizzigoni |
| Signed Date | 7/5/18 |

## Certification

Gino Pizzigoni, Project Manager
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Matawan, NJ 07747
Name of Contact
Mr. Frank Frazzitta

Telephone Number 732-360-4507

FACILITY INFORMATION

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

Street Address
1 Manny Martin Way

City (5) Old Bridge County (6) Middlesex County Code (7)

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

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 

# of Floors

Bldg. Age

50000

1

40+

Current Use (Prior if being demolished)
School

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

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

Telephone Number (215)766-6040 License Number 00508

Name of OSHA Monitor
Bristol Environmental Inc.

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

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)

- z3 sf or z3 lf

- z160 sf z280 lf

- Renovation

- Demolition

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

Boiler Room

Boiler Room

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

Yes No N/A

Pipe Insulation Fittings

Boiler Rib Packing

Breeching

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

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Abatement Type

Amount

Removal

Repair

Encapsulation

Endoscope

Name of Registered Waste Hauler
Service Transport Inc.

City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Date 5/22/18

GT 18088
**State of New Jersey**  
**NOTIFICATION OF ASPEROS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

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<thead>
<tr>
<th>Date of Notification (1)</th>
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<th>Agencies Notified</th>
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<td>EPA</td>
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</tr>
<tr>
<td>DOLWD</td>
<td>✔</td>
</tr>
<tr>
<td>DHSS</td>
<td>✔</td>
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<tr>
<td>DCA</td>
<td>✔</td>
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<tr>
<td>(NJAC 5:23-B)</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Cape Regional Medical Center</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
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<tbody>
<tr>
<td>Initial</td>
<td>✔</td>
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<tr>
<td>Amended Amendment #2-7/6/18</td>
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</tr>
<tr>
<td>Emergency (including justification)</td>
<td>✔</td>
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<tr>
<td>Cancellation</td>
<td>✔</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>2 Stone Harbor Blvd</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Cape May Court House, NJ 08210</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>John Sloan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-463-2273</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Cape Regional Medical Center</th>
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<table>
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<tr>
<th>Type of Facility (4)</th>
<th></th>
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<tbody>
<tr>
<td>School (K-12)</td>
<td>✔</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td>✔</td>
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<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior if being demolished)</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Criterion Laboratories</th>
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<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>400 Street Road</th>
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<table>
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<tr>
<th>City, State, Zip Code</th>
<th>Bensalem, PA 19020</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Mike Panepresso</th>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-244-1300</td>
<td>00509</td>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>7 / 9 / 18</th>
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<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>7 / 10 / 18</th>
</tr>
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</table>

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

- Facility Closed/Imowered During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-9:00PM/9:00PM-8:00AM

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

- 23 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>(13) Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>(12) Description</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Amount</td>
</tr>
<tr>
<td>No</td>
<td>(Specify SF or LF)</td>
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<tr>
<td>N/A</td>
<td>Abatement Type</td>
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**Hallway**

<table>
<thead>
<tr>
<th>Floor Tile</th>
<th>235 SF</th>
</tr>
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</table>

**Hallway**

<table>
<thead>
<tr>
<th>Mastic</th>
<th>235 SF</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>SERVICE TRANSPORT GROUP, INC.</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20990</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>3 Cu Yd</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>NEW CASTLE, DE 19720</th>
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<table>
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<tr>
<th>Disposal Date</th>
<th>7/10/18</th>
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<tr>
<th>City, State</th>
<th>Waynesburg, OH 44688</th>
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<tr>
<th>Completed By (Print or Type)</th>
<th>Gino Pizzigoni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Dino Pizzigoni</td>
</tr>
<tr>
<td>Date</td>
<td>7-6-18</td>
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</tbody>
</table>

*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) 5 / 7 / 18

Name of Building Owner/Operator (2)
Cape Regional Medical Center

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1-5/21/18
☐ Emergency (including justification)
☐ Cancellation

Street Address
2 Stone Harbor Blvd
City, State, Zip Code
Cape May Court House, NJ 08210

Name of Contact
John Sloan
Telephone Number
609-483-2273

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape Regional Medical Center

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

Square Feet
# of Floors
Bldg. Age

Name of Abatement Contractor (5)
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 19007

Project Manager for Monitoring Firm
Mike Panopresso
Telephone No.
215-244-1300

Name of Monitoring Firm Hired by Building Owner (6)
ACSM No.

Criterion Laboratories

Start Date (10) ON HOLD

Scheduled Completion Date (11)

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

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclose

Hallway
☒ ☐ ☐ Floor Tile
235 SF
☐ ☐ ☐ Mastic
235 SF

Hallway

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No.
20990
Cubic Yards of Waste
3 Cu Yd

Name of Registered Landfill
Minerva Landfill
City, State
Waynesburg, OH 44688
Disposal Date
5/23/18

Completed By (Print or Type)
Gino Pizzigoni
Title Estimator
Signature

Date 5-21-18

ASB.41
MAY 11
GZ 18061

* 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)
5 / 7 / 18

Name of Building Owner/Operator (2)
Cape Regional Medical Center

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA (NJAC 5:23-8)
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
2 Stone Harbor Blvd

City, State, Zip Code
Cape May Court House, NJ 08210

Name of Contact
John Sloan

Telephone Number
609-463-2273

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape Regional Medical Center

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

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
215-244-1300

License No.
215-788-6040

00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
5 / 21 / 18

Scheduled Completion Date (11)
5 / 23 / 18

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥280 if
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

(13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Hallway

Floor Tile
235 SF

🟨 ☐ ☐ ☐

Hallway

Mastic
235 SF

☐ ☑ ☐ ☐

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
3 Cu Yd

Name of Registered Landfill
Minerva Landfill

Disposal Date
5/23/18

City, State
Waynesburg, OH 44688

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature

Date
5-7-18

* 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) 5/23/18

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

Type Notification
- Initial
- Amended-#1-7/6/18
- Emergency
- Cancellation

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

Street Address
50 North Road
City, State & Zip Code
Chester, NJ 07930

Name of Contact
Drew Vanderzee
Telephone Number
908-879-7373

FACILITY INFORMATION

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

Street Address
250 State Route 24

City (5) Chester
County (6) Morris
County Code (7)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
School

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

ASCM No.

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

Street Address
56 East Bridge Street
City, State & Zip Code
Morrisville, PA 19067

License Number
00509

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

Name of OSHA Monitor

Bristol Environmental Inc.

Project Manager for Monitoring Firm
Rick Beach
Telephone Number
267-991-0212

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

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l f
- ≥160 sf ≥250 l f
- 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

Boiler Room

Wrap and Cut of 2 Boilers
250 SF

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
20 Cu YD

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Disposal Date
7/6/18

City, State
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
7/6/18
# Notification of Asbestos Abatement

**Name of Building Owner / Operator:** Chester School District  
**Street Address:** 50 North Road  
**City, State & Zip Code:** Chester, NJ 07930  
**Telephone Number:** 908-879-7373

## Facility Information

**Name of Facility Where Abatement is Taking Place:** Dickerson Elementary School  
**Street Address:** 250 State Route 24  
**City:** Chester  
**County:** Morris  
**County Code:**  
**Name of Monitoring Firm Hired by Building Owner:** RJB Environmental Inc  
**Street Address:** 56 East Bridge Street  
**City, State & Zip Code:** Morrisville, PA 19067  
**Project Manager for Monitoring Firm:** Rick Beach  
**Telephone Number:** 267-981-9212

**Scheduled Start Date:** 7/5/18  
**Scheduled Completion Date:** 7/6/18

## Abatement Details

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:** Boiler Room  
**Is Location Normally Used Solely by Maintenance or Custodial Staff:** Yes

**Description of Asbestos-Containing Material (ACM):** Wrap and Cut of 2 Boilers  
**Amount (Specify SF or LF):** 250 SF

**Name of Registered Waste Hauler:** Service Transport Inc.  
**NJDEP Waste Hauler ID No.:** 20990  
**Cubic Yards of Waste:** 20 Cu YD  
**Name of Registered Landfill:** Minerva Landfill  
**Disposal Date:** 7/6/18  
**City, State:** Waynesburg, OH

**Completed By:** Gino Pizzigoni  
**Title:** Project Manager  
**Signature:** Gino Pizzigoni / 5/23/18
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
5/23/18

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

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

**Type Notification**
- [ ] Initial
- [ ] Amended-REV #2 - 7/6/18
- [ ] Emergency
- [ ] Cancellation

**Street Address**
50 North Road
City, State & Zip Code
Chester, NJ 07930

**Name of Contact**
Drew Vanderzee
Telephone Number
908-879-7373

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Dickerson Elementary School
Street Address
250 State Route 24

**City (5)**
Chester
**County (6)**
Morris
**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of Abatement Contractor (9)**
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

**License Number**
00509

**Name of OSHA Monitor**
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

**Project Manager for Monitoring Firm**
Rick Beach
Telephone Number
267-991-9212

**Scheduled Start Date (10)**
6/25/18
**Scheduled Completion Date (11)**
7/7/18

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

**Scope of Work (Check all that apply)**
- [ ] ≥ 300 sf or ≥ 3 if
- [ ] ≥ 160 sf to ≥ 260 sf
- [ ] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normally Used Solely by Maintenance or 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>Tank Insulation</td>
<td>250 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Boiler Flue</td>
<td>280 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Pipe Fitting Insulation</td>
<td>25 LF</td>
<td>Encapsulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Service Transport Inc.
NUDEP Waste Hauler ID No.
20990

**Cubic Yards of Waste**
8 Cu YD

**Name of Registered Landfill**
Minerva Landfill
City, State
Waynesburg, OH

**Disposal Date**
7/3/18

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

**Date**
7/6/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/23/18

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

Type Notification
- Initial
- Amended-REV #1 - 7/13/18
- Emergency
- Cancellation

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

Street Address
60 North Road
City, State & Zip Code
Chester, NJ 07930

Name of Contact
Drew Vanderee
Telephone Number
908-879-7373

FACILITY INFORMATION

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

Street Address
250 State Route 24

City (5) Chester  County (6) Morris  County Code (7)

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

Street Address
56 East Bridge Street
City, State & Zip Code
Morrisville, PA 19067

Project Manager for Monitoring Firm
Rick Beach  Telephone Number 267-991-9212

Scheduled Start Date (10) 6/25/18  Scheduled Completion Date (11) 7/16/18

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

Scope of Work (Check all that apply)
- \( \geq 3 \text{ sf or } \geq 3 \text{ if} \)
- \( \geq 160 \text{ sf or } \geq 260 \text{ if} \)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>TO BE ABATED in Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Description of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tank Insulation</td>
<td>250 SF</td>
</tr>
<tr>
<td>Boiler Flue</td>
<td>280 SF</td>
</tr>
<tr>
<td>Pipe Fitting Insulation</td>
<td>25 LF</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF) 250 SF

Abatement Type

- Removal
- Repair
- Encapsulation
- Esophageal

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste 8 Cu YD

Name of Registered Landfill
Minerva Landfill

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date 7/3/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/23/18

Agencies Notified
☐ EPA 9050
☐ DEP
☐ DOL 9036
☐ DOH 9045
☐ DCA 9067

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

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

Street Address
50 North Road

City, State & Zip Code
Chester, NJ 07930

Name of Contact
Drew Vanderzee

Telephone Number
908-879-7373

FACILITY INFORMATION

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

Street Address
250 State Route 24

City (5) Chester

County (6) Morris

County Code (7) 9067

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
School

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

Street Address
56 East Bridge Street

City, State & Zip Code
Morrisville, PA 19067

Project Manager for Monitoring Firm
Rick Beach

Telephone Number
267-991-9212

Scheduled Start Date (10)
6/25/18

Scheduled Completion Date (11)
7/3/18

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥180 sf ≥260 lf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Boiler Room

Tank Insulation

250 SF

Boiler Flue

280 SF

Pipe Fitting Insulation

25 LF

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
8 Cu YD

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
7/3/18

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Gino Pizzigoni

Date
5/23/18

GI 18110
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  
5/22/18

Name of Building Owner / Operator (2)  
Old Bridge Township Board of Education

Agencies Notified  
☑ EPA  ☑ Initial  ☐ Amended-REV #2-7/6/18  ☐ Emergency  ☐ Cancellation

Street Address  
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code  
Matawan, NJ 07747

Name of Contact  
Mr. Frank Frazzitta  
Telephone Number  
732-360-4507

FACILITY INFORMATION

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

Street Address  
3439 County Route 516
City (5)  
Old Bridge  
County (6)  
Middlesex  
County Code (7)  

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

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

Square Feet  
150,000
# of Floors  
1
Bldg. Age  
60+

Current Use (Prior if being demolished)  
School

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

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

Name of OSHA Monitor  
Bristol Environmental Inc.

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

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 1PM to 8:30 PM

Scope of Work (Check all that apply)  

☒ ±3 sf or ±3 ft  
☐ ±100 sf ±260 ft

☒ Renovation  
☐ Demolition

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Boiler Room No 5  
☐ Boiler Rib packing  
25 LF  
☒ Full Containment with Negative Pressure

☐ Pipe Fitting Insulation  
20 LF  
☐ Mini-Enclosure

☐ N/A  
☐ Glove Bag Procedures

☐ N/A  
☐ Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler  
Service Transport Inc.

Cubic Yards of Waste  
5 Cu Yd

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, DE  
Waynesburg, OH

Completed By (Print or Type)  
Gino Pizzigoni  
Title  
Project Manager  
Signature  
Date  
7/6/18

GI 18087
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
5/22/18

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education
Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Mathawan, NJ 07747
Name of Contact
Mr. Frank Frazziella
Telephone Number
732-360-4507

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Sandburg Middle School
Street Address
3439 County Route 516
City (5)
Old Bridge
County (6)
Middlesex
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08610
Phone Number
609-392-4200

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

Square Feet
150,000
# of Floors
1
Bldg. Age
60+

Name of Abatement Contractor (9)
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007
Telephone Number
(215) 788-6040
License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
☐ Describe:
Facility Occupied During Abatement. 7AM to 3:30 PM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
☐ in Facility
(13)
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
Yes ☐ No ☐
Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount
Specify
SF or LF
Boiler Rib packing
25 LF
Pipe Fitting Insulation
20 LF

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

Name of Registered Waste Hauler
Service Transport Inc.
City, State
New Castle, DE
NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
5 Cu Yd

Name of Registered Landfill
Minerva Landfill
City, State
Waynesburg, OH
Disposal Date
7/13/18

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

Date
6/4/18

GI 18087
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18
Name of Building Owner / Operator (2) Old Bridge Township Board of Education

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
Metawan, NJ 07747
Name of Contact
Mr. Frank Frazzitta
Telephone Number 732-360-4507

FACILITY INFORMATION

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

Street Address
1 Awn Street

City (5) Old Bridge
County (6) Middlesex
County Code (7)

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

Square Feet 35,000
# of Floors 1
Bldg. Age 60+

Current Use (Prior if being demolished)
School

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

Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08610

Project Manager for Monitoring Firm
Rollie Jones
Telephone Number 609-392-4200

Scheduled Start Date (10) 7/2/18
Scheduled Completion Date (11) 7/13/18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- XXX Facility Occupied During Abatement 7AM to 3:30 PM

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

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)
25 LF

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

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
5 Cu Yd

Name of Registered Landfill
Minerva Landfill

City, State
Weynesburg, OH

Completed By (Print or Type)
Gino Pazzigoni

Title Project Manager
Signature Dino Pazzigoni /AP

Date 5/22/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building/Operator:** HARGROVE DEMOLITION

**Date of Notification:** 7-6-18

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

**Street Address:** 1707 STATE ST

**City, State, Zip Code:** CAMDEN N.J 08105

**Name of Contact:** BILL

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

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

**Facility Information**
- **Square Feet:** 1000
- **# of Floors:** 1
- **Bldg. Age:** 50 years

**Name of Abatement Contractor:** KLEEMCO INC

**Street Address:** 369 S SPRUCE AVE

**City, State, Zip Code:** MAPLE SHADE N.J.

**Telephone No.:** 856-279-0472

**License No.:** 01371

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

**Start Date:** 7-16-18

**Scheduled Completion Date:** 7-23-18

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

**Scope of Work:**
- Renovation
- Demolition

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

- **Location:** SIDING
- **Transite:** 1750 SF

**Name of Registered Waste Hauler:** KLEEMCO INC

**Waste Disposal Date:** JUL 10, 2018

**City, State:** CAMDEN N.J

**Completed By:** MICHAEL KLEEM

**Signature:** [Signature]

---

*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)** 7-6-18

**Name of Building Owner/Operator (2)**
Belle Mead Hot Glass

**Street Address** 884 Route 206

**City, State, Zip Code** Hillsborough NJ 08844

**Name of Contact** Robert Küster

**Telephone Number** 908 610 0107

**Name of Facility Where Abatement is Taking Place (3)**
Belle Mead Hot Glass

**Street Address** 884 Route 206

**City** Hillsborough
**State** NJ 08884

**County** Somerset

**Type of Facility (4)**
- Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet**

**# of Floors** 1

**Bldg. Age** 60+

**Name of Monitoring Firm Hired by Building Owner (8)**
EPC Technologies Inc.

**Address** P.O. Box 337

**City** New Egypt, NJ 08533

**Telephone No.** 609 758-3365

**License No.** 00394

**Type of Abatement Contractor (9)**

**Name of OSHA Monitor** EPC Technologies Inc.

**Address** P.O. Box 337

**City** New Egypt, NJ 08533

**Start Date (10)**
7-17-18

**Scheduled Completion Date (11)**
8-3-18

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

**Scope of Work (Check All That Apply)**
- ±23 sf or ±23 if
- ±160 sf or ±260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**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)**

**Location of Registered Waste Hauler**
EPC Technologies

**NJDEP Waste Hauler ID No.** 17000

**Waste Management of PA**

**Name of Registered Landfill**

**Disposal Date by** 8-3-18

**City** Moonachie
**State** NJ 07074

**Completed by**
Steve Schenker

**Title** President

**Signature**

**Check # 10431**

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

**State of New Jersey**

**Check#3101**

**Name of Building Owner/Operator:** Brian Manna

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

**Agencies Notified:**
- [X] DOL WD
- [ ] EPA
- [ ] DHSS
- [ ] DCA (N.J.A.C 5:23-8)

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

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

- **Type of Facility (4):**
  - [X] Other (i.e., private and commercial buildings, homes, etc.)

**Private house**

**Street Address:**

- **City:** Wharton
- **State:** NJ
- **Zip Code:** 07885

**County:** Morris

**County Code:** 07 (STATE USE ONLY)

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

- **Square Feet:**
- **# of Floors:**
- **Bldg. Age:**

**Name of Monitoring Firm Hired by Building Owner (5):**

- **ASCM No.:**
- **Name of Abatement Contractor (6):** Gr Tech LLC

**Street Address:**

- **City:** Wayne
- **State:** NJ
- **Zip Code:** 07470

**Project Manager for Monitoring Firm:**

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

**License No.:** 01127

**Name of OSHA Monitor:** Envirosion Consultants, Inc.

- **Street Address:** 20-21 Wagaw Road, Bldg. #35E
- **City:** Fair Lawn
- **State:** NJ
- **Zip Code:** 07410

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

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

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM

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

- [X] >3 sf or >3 lf
- [ ] ≥ 150 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition

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

**IN Facility:**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):**

- [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):** 85 LF

**Abatement Type:**

- [ ] Clean up and decontamination with negative pressure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:**

- **NDF Waste Hauler ID No.:** 0033785
- **Name of Registered Landfill:** T.R.R.F. Inc.

- **City:** Tullytown
- **State:** PA

**Disposal Date:** TBD

**Cubic Yards of Waste:** TBD

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

**City:** Tullytown, PA

**State:** PA

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

- **Title:** Owner
- **Signature:** Jule Reardon
- **Date:** 07/07/18

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 7/3/2018  Check #3211

Name of Building Owner/Operator (2) Margaret Mattaliano Residence

Agencies Notified  Type Notification Street Address
☐ EPA  ☑ Initial [redacted]
☐ DEP  ☐ Amended
☐ DOL  ☐ Amendment # _
☐ DOH  ☑ Emergency (including justification)
☐ DCA  ☐ Cancellation

City, State, Zip Code Parsippany, NJ 07054

Name of Contact Mrs. Mattaliano Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence of Mrs. Margaret Mattaliano

Street Address [redacted]

City (5) Parsippany

County Code (6) Morristown

Square Feet 2000

County (6) Morris

County Code (7) [STATE USE ONLY] _

# of Floors 2

Current Use (Prior if being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
N/ A

201-295-1700 01074

Street Address 426 69th Street

City, State, Zip Code Guttenberg, NJ 07093

Project Manager for Monitoring Firm Telephone No.

Telephone No. 201-295-1700

License No. 01074

Start Date (10) 7/6/2018

Scheduled Completion Date (11) 7/7/2018

Name of OSHA Monitor Same as above

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 12

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

Floor tile Linoleum 80 SF

Amount (Specify SF or LF) x

Abatement Type

Location of Registered Waste Hauler

Tr.=State Transfer Assoc

NJDEP Waste Hauler ID No. 19551

Cubic Yards of Waste tbd

Name of Registered Landfill Minerva Enterprises Inc

City, State Waynesburg, OH

Completed by Gina Betances Title Office Manager

Signature [redacted] Date 7/3/2018

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

**Date of Notification:** 09-15

**Name of Building Owner/Operator:**

- **Company:** MACY'S CORPORATE SERVICES (FEDERATED)
- **Address:** 7 WEST SEVENTH STREET
- **City, State, Zip Code:** CINCINNATI, OHIO 45202

**Name of Contact:** Tia Wenrich
- **Telephone Number:** 513-579-7667

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:**
  - **Name:** MACY'S - WILLOWBROOK MALL
  - **Street Address:** 100 ROUTE 46 WAYNE, BERGEN

- **Type of Facility:**
  - ( ) School (K-12)
  - ( ) Sub-Chapter 8 (Other than K-12)
  - (X) Other (i.e. private & Commercial buildings, homes, etc.)

- **SF of Bldg.:** 1 MILLION +
- **# Floor:** 3
- **Age of Bldg.:** 50+

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

- **Name:** PENNONI ASSOCIATES INC
- **Street Address:** 515 GROVE STREET SUITE 1B HADDEN HEIGHTS, NJ 08035

**Name of Abatement Contractor:**

- **Name:** ACM CONSULTING CORP.
- **Street Address:** 2150 STANLEY TERRACE UNION, NJ 07083

**TO BE DETERMINED**

- **Name of OSHA Monitor:** EMSL ANALYTICAL
- **Street Address:** 307 WEST 38TH STREET NEW YORK, NY 10118

**SCHEDULED START AND COMPLETION DATES**

- **Month Day Year:** 7 16 2018
- **Month Day Year:** 7 25 2018

**Occupancy Status During Abatement:**

- **Facility Closed/Vacated During Entire Period of Abatement:**
- **Abatement Outside Normal Facility Hours:**
  - **Describe:** 9:30PM TO 7:00AM
  - **Other - Describe:**

**Scope of Work (Check Only One)**

- (X) Demolition
- (X) ≥ 160sf or ≥ 260lf
- (X) Renovation

**Location of ACM Facility**

- **2nd Floor Bathroom Corridor**

**Name of Registered Waste Hauler**

- **Name:** TRI-STATE TRANSFER ASSOC., INC.
- **Waste ID No.:** SW1896

**Disposal Date:** TBD

**Name of Registered Landfill**

- **Name:** MINERVA ENTERPRISES, INC.
- **City, State:** WAYNESBURG, OHIO

**Completed By (Print or Type)**

- **ANITA SMOLAR**
- **Title:** GENERAL MANAGER

**Date:** 7/6/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/2/18

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

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

Name of Building Owner/Operator (2)
American Landmark Dev

Street Address
1317-North Ave.

City, State, Zip Code
Elizabeth, NJ 07208

Name of Contact
Steven Munoz

Telephone Number
888-469-2900

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
980-Stuyvesant Ave.

Square Feet
5550Sqf

# of Floors
1

Blg, Age
+50

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

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Store

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

Name of Abatement Contractor (9)
Dinago Environment LLC

Street Address
339-Lafayette Street

City, State, Zip Code
Newark, NJ 07105

Telephone No.
973-491-0877

License No.
01240

Project Manager for Monitoring Firm

Start Date (10)
7-16-18

Scheduled Completion Date (11)
8-16-18

Name of OSHA Monitor

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

Other - Describe:

Scope of Work (Check All That Apply)
☐ 23 sq ft or 23 sq ft
☐ 160 sq ft or 2260 sq 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
(19)

Yes No N/A

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

Amount (Specify SF or LF) Abatement Type

Name of Registered Waste Hauler
Newark Carting

Cubic Yards of Waste
04509

Name of Registered Landfill
ISES Bethlehem Landfill

City, State
Newark, NJ 07105

Disposal Date
City, State
2336-Applebutter Rd. Bethlehem, PA

Completed by
Carlos Gomes

Title
President

Signature

Date
7-2-18

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 NJAC 8:50-12.120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/18</td>
<td>PSE&amp;G</td>
</tr>
</tbody>
</table>

**Agency Notified**

- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [x] DCA

**Type Notification**

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

**Street Address**

4000 HADLEY ROAD

**City, State, Zip Code**

SOUTH PLAINFIELD, NJ 07080

**Name of Contact**

JOHN SHUBERT

**Telephone Number**

730-236-0537

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

PSE&G

**Street Address**

95 WILLOW ST.

**City (5)**

EAST RUTHERFORD

**County (6)**

BERGEN

**Square Feet**

600

**Current Use (Prior to Demolition)**

SWITCH STATION

**Type of Facility (4)**

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

**Square Feet # of Floors Bldg. Age**

600 1 75 yrs.

**Name of Monitoring Firm Hired by Building Owner (5)**

ENVIRONMENTAL TACTICS

**ASCM No.**

0045

**Name of Abatement Contractor (9)**

UNIQUE SYSTEMS OF AMERICA INC

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Telephone No.**

732-290-2217

**License No.**

01111

**Name of OSHA Monitor**

UNIQUE SYSTEMS OF AMERICA INC.

**Street Address**

396 WHITEHEAD AVE.

**City, State, Zip Code**

SOUTH RIVER, NJ 08882

**Start Date (10)**

7/10/18

**Scheduled Completion Date (11)**

7/11/18

**Facility Closed/evacuated During Entire Period of Abatement**

- Yes

**Abatement Performed Outside of Normal Facility Hours**

- Yes

**Other - Describe:**

Mandatory Work Only

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

- Yes

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

- Renovation
- Demolition

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

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

- In Facility

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

- Yes

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

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

**Amount (Specify SF or LF)**

50 SF

**Abatement Type**

Removal

**Location of Registered Waste Hauler**

VEOLIA

**City, State**

FLANDERS, NJ

**Name of Registered Waste Hauler**

NJDEP Waste Hauler ID No.

03063138999999

**Name of Registered Landfill**

FAIRLESS

**Disposal Date**

7/3/18

**Signature**

CAROL RAIMO

**Title**

OFFICE MGR.

**Completed by**

CAROL RAIMO

**Date**

7/3/18

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

Date of Notification (1) 6/28/18

Name of Building Owner/Operator (2) PSE&G

Agency(ies) Notified  
- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07080

Name of Contact  
JOHN STUBERT

Telephone Number  
718-236-0537

Name of Facility Where Abatement is Taking Place (3) PSE&G

Street Address  
95 WILLOW ST.

City (5)  
EAST RUTHERFORD

County (6)  
BERGEN

AKSC No.  
0045

Name of Abatement Contractor (8) UNIQU SYSTEMS OF AMERICA INC

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Start Date (10) 7/1/18

Scheduled Completion Date (11) 7/1/18

Name of OSHA Monitor  
UNIQU SYSTEMS OF AMERICA INC.

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Occuancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Necessary Work Only

Scope of Work (Check All That Apply)  
- ≥ 180 sf or ≥ 280 sf
- Renovation Demolition
- Full Containment with Negative Pressure Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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)  
TRANSITE FLOOR BOARDS 50 SF

Abatement Type  
Removal

Amount (Specify SF or LF)  
N/A

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 1125

Disposal Date  
07/03

City, State  
ELIZABETH, NJ

Completed by  
CAROL RAIMO

Title  
OFFICE MGR.

Signature  
CAROL RAIMO

Date  
6/28/18

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:220)

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

**Street Address**

**City, State, Zip Code**
Cranford, NJ 07016

**Name of Contact**
Robert

**FACILITY INFORMATION**

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

**Square Feet**
2300

**# of Floors**
2

**Bldg. Age**
70

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

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

**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.**
703

**License No.**
973-764-2276

**Start Date (10)**
7/17/18

**Scheduled Completion Date (11)**
7/30/18

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

**Scope of Work (Check All That Apply)**
- [ ] 23 sf or <23 sf
- [ ] 150 sf or <250 sf
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>basement</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>floor tile</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
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</table>

**Amount (Specify SF or LF)**

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<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>75 LF</th>
<th>600 SF</th>
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</table>

**Name of Registered Waste Hauler**
Tony's Cleanup & Hauling

**NJDEP Waste Hauler ID No.**
17787

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Chrin Brothers Sanitary Landfill

**Disposal Date**
TBD

**City, State**
Easton, PA

**Completed by**
A. Scott Higgins

**Title**
President

**Signature**

**Date**
7/5/18

ASB-41 (R-08-06)

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:30 and 12:12g)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>6/7/2018</td>
<td>Pel Yi Zhang</td>
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<table>
<thead>
<tr>
<th>Agendas Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #</td>
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<td>□ DOH</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Union City, NJ 07087</td>
<td>Pel Yi (Peggy) Zhang</td>
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</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schaffer Demo &amp; Environmental Services LLC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City</td>
<td>Hudson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
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</thead>
<tbody>
<tr>
<td>2000 sq ft</td>
<td>2</td>
<td>unknown</td>
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<table>
<thead>
<tr>
<th>Single-Family</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>6/8/2018</td>
<td>6/11/2018</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other – Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>≥ 3 sf or ≥ 3 if</th>
<th>Renovation Demolition</th>
<th>Full Containment with Negative Pressure</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) (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) (2)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sliding</td>
<td>□ Yes</td>
<td>500 SF</td>
<td>X</td>
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</tr>
<tr>
<td>Pipe Insulation</td>
<td>□ Yes</td>
<td>5 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Drywall</td>
<td>□ Yes</td>
<td>300 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rovic Transport</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>20785</td>
<td>2</td>
<td>Conestoga Landfill</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverdale, NJ</td>
<td>MorganTown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/13/2018</td>
<td>Dean Schaffer</td>
<td></td>
<td></td>
<td>6/7/2018</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification**: 07 / 05 / 18

**Name of Building Owner/Operator**: Heather Holder

**Address**: Street Address

**City, State, Zip Code**: Ridgewood, NJ 07450

**Name of Asbestos Abatement Contractor**: Heather Holder

**Facility Information**

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

**Street Address**: Ridgewood, NJ 07450

**County**: Bergen

**Name of Monitoring Firm Hired by Building Owner**: Gr Tech LLC

**Street Address**: 576 Valley Rd #203

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

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

**License No.**: 01127

**Name of OSHA Monitor**: Envision Consultant, Inc.

**Street Address**: 20-21 Westgate Road, 3rd Fl, Ridgefield Park, NJ 07660

**Type of Facility**

- School (K-12)
- Subtitle 8 (Other than K-12)
- Other: private and commercial buildings, homes, etc.

**Square Ft of Building**: 4,914 sq ft

**No. of Floors**: 1

**Age of Building**: 70 years

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

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

- Location of ACM TO BE ABATED in Facility
  - Location Normally Used Solely by Maintenance/Custodial Staff
  - Presence of ACM
- Description of ACM
  - ACM Locations: Surfaces, Insulation, Vents, HVAC, Windows, etc.

**Amount (Specify SF or LF)**

- ACM to Be Replaced: 18 LF

**Abatement Type**

- Treatment Type: Evident (Bust/Scrape)

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

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

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

**Compliance By (Print or Type)**

- Owner: [Signature]

- Date: 07/05/18

---

*Do not use this form for asbestos furniture exempted activities.*
Date of Notification (1) 7-6-2018

Name of Building Owner / Operator (2) Kennedy University Hospital

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
2201 Chapel Hill Campus

City, State & Zip Code
Cherry Hill, NJ 08002

Name of Contact
Mr. Jimmy Huynh

Telephone Number
856-488-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jefferson University Hospital-Phase 2 Respiratory Hallway

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

Square Feet
250,000

# of Floors
2

Blg. Age
52

Current Use (Prior if being demolished)
Hospital

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

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

Street Address
2115 Hamilton Ave., Suite 202

City, State & Zip Code
Trenton, NJ 08619

Telephone Number
609-914-4279

License Number
01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc

Street Address
2333 Route 22 West

City, State & Zip Code
Union, NJ 07083

Scheduled Start Date (10)
07-20-2018

Scheduled Completion Date (11)
08-03-2018

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

Scope of Work (Check all that apply)

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

Abatement
Removal
Repair
Encapsulate
Endorse

Phase 2 Respiratory Hallway

Fittings
18 each

Name of Registered Waste Hauler
Resource Management Group, LLC

NJDEP Waste Hauler ID No.
0035218

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

Disposal Date
TBD

City, State
Morrisville, PA

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

Title
President

Signature

Date
07/06/2018
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

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

**Name of Contact**
Chris Pierce

**Telephone Number**
215-365-5810

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Verizon Mountain View Central Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>160 Newark Pompton Turnpike</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Wayne</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Passaic</td>
</tr>
</tbody>
</table>

**Square Feet**
25,425

**Type of Facility (4)**

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

**# of Floors**
2

**Bldg. Age**
+50

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

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

**ASCM No.**

**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

**Start Date (10)**
7 / 6 / 18

**Scheduled Completion Date (11)**
7 / 9 / 18

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

- [X] 23 sf or ≥ 23 if
- [X] ≥ 160 sf or ≥ 280 sf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Basement Tank Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>9x9 VAT and Mastic</td>
</tr>
</tbody>
</table>

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

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate

---

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

**N.J.DEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE

**Disposal Date**
TBD

**City, State**
WAYNESBURG, OH

**Completed By (Print or Type)**
Dillan DeCaro

**Title**
Estimator

**Signature**
Dillan DeCaro

**Date**
7-5-18

---

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

**State of New Jersey**

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

**Date of Notification (1)**

| 6 / 20 / 18 |

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

Verizon Communications

**Street Address**

160 Newark Pompton Turnpike

**City, State, Zip Code**

Wayne, NJ 07470

**Name of Contact**

Chris Pierce

**Telephone Number**

215-365-5810

---

**FACILITY INFORMATION**

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

Verizon Mountain View Central Office

**Type of Facility (4)**

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

**Square Feet**

25,425

**# of Floors**

2

**Bldg. Age**

+50

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

Verizon Communications

---

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

USA Environmental Management Inc

**ASCM No.**

BRISTOL ENVIRONMENTAL, INC.

**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 19007

---

**Start Date (10)**

7 / 5 / 18

**Scheduled Completion Date (11)**

7 / 11 / 18

---

**Occupancy Status During Abatement**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-5:00PM, 2:00AM

---

**Scope of Work**

- [ ] ≥3 sf or ≥3 ft
- [ ] 160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

| In Facility | (13) |

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

| Yes | No | N/A |

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

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

**Amount (Specify SF or LF)**

100 SF

**Abatement Type**

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

---

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

**City, State**

NEW CASTLE, DE

**Disposal Date**

TBD

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

WAYNESBURG, OH

**Completed By (Print or Type)**

Dillian DeCaro

**Title**

Estimator

**Signature**

Dillian DeCaro

**Date**

6-20-18

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 7/6/2018


Type Notification: [X] Initial Notification

Address: [ ] No Street Address Provided

City, State, Zip Code: [ ] Belleville, NJ, 07109

Name of Building Owner/Operator: Michelle Longo

Name of Contact: Michelle Longo

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

Square Feet: [ ]

Current Use: [ ]

Name of Facility Where Abatement is Taking Place: [ ]

Name of Abatement Contractor: [ ] AZTECH MANAGEMENT, Inc.

Street Address: [ ] 86 Christopher St.

City, State, Zip Code: [ ] Montclair, NJ 07042

Asbestos No.: [ ] N/A

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

Street Address: [ ]

Project Manager for Monitoring Firm: [ ] N/A

Telephone Number: [ ]

Scheduled Start Date: 07-21-18

Scheduled Completion Date: 07-23-18

Occupancy Status During Abatement: [ ] Facilitiy Closed/Vacated During Entire Period of Abatement

Occupancy Status During Abatement: [ ] Abatement Performed Outside of Normal Facility

[ ] Other - 

Scope of Work: [X] Renovation

[ ] Demolition

Location of Asbestos-Containing Material: [ ] Basement

Pipe Insulation: 160 LF

Is Location Normally Used Solely By Maintenance/Custodial Staff: [X] Yes

Location Description of Asbestos-Containing Material (ACM): [ ] Cubic Yards

Amount of Waste: 1.5

Name of Registered Waste Hauler: [ ] AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.: 17040

Disposal Date: 07/24/18

Name of Registered Landfill: [ ] Tri-State

City, State: [ ] Montclair, NJ 07042

Signature: [ ] Constantine Vivian

Title: [ ] President

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

Date of Notification (1)
7/6/2018

Agency Notified
[X] EPA
[X] DEP
[X] IDOL
[X] DOH
[X] DCA

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

Name of Building Owner/Operator (2)
Kelly Kozlowski

Street Address

City, State, Zip Code
Rockaway, NJ, 07866

Name of Contact
Kelly Kozlowski

Telephone Number
(973) 525-6271

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
17 Woodstone Road

City (5)
Rockaway

County (6)
Essex

County Code (7)

(State Use Only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

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

ASCM No.

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

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
07 - 26 - 18

Sched. Completion Date (11)
07 - 28 - 18

Month
Day
Year

Occupancy Status During Abatement (Check only one)

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

[X] Abatement Performed Outside of Normal Facility Hours - Describes < Off Hours Describes

[X] Other - Describes < Other Occupancy Descrips

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf

[X] Renovation

Full Containment with Negative Pressure

[X] Demolition

Mini-Enclosure

[X] Glovebag Procedure

Non-Friable Procedure

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

In Facility

(13)

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

Yes

No

N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulation

ENCLOSURE

Basement

[X] Pipe insulation

70 LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDDEP Waste Hauler ID No.
17040

Cubic Yards

Name of Registered Landfill
Tri-State

Disposal Date
07/30/18

City, State
Montclair, NJ 07042

City, State
Bronx, NY, 10474

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
7/6/2018
Check#3100

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1)
07 / 06 / 18

Name of Building Owner/Operator (2)
Susan Lib

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

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

Street Address

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Susan Lib

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Basking Ridge, NJ 07920

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Telephone No.
973-638-1777

License No.
01127

Name of DSHA Monitor
Envirosvision Consultants, Inc

Street Address
20-21 Wagarow Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
07 / 15 / 18

Scheduled Completion Date (11)
07 / 16 / 18

Occuancy Status During Abatement (Check only one)
☒ Facility Closed/ Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Times of Abatement: AM PM PM AM

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

Run on the renovation option
☐ Demolition

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

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

Yes ☒ No ☐ N/A ☐

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

Amount (Specify Sf or LF)

Abatement Type

Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Rent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Gr Tech LLC

CDDP Waste Handler ID No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Wayne, NJ 07470

Disposal Date
TBD

City, State
Tullytown, PA

Completed By (Print or Type)
N. Jevtic

Title
Owner

Signature

Date
07/06/18

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

**State of New Jersey**

**Date of Notification**: July 06, 2018

**Name of Building Owner/Operator**: Fayen 4 Urban Renewal LLC

**Address**: 40 Woolsey Street

**City**, **State**, **Zip Code**: Irvington, NJ 07111-4012

**Name of Contact**: [Project Manager]

**Telephone Number**: 973-234-7026

---

**FACILITY INFORMATION**

**Building**
- Street Address: 16-22 Woolsey
- City: Irvington
- County: Essex

**Name of Monitoring Firm Hired by Building Owner**: AET, Inc

**ASCM No.**: 0021

**Name of Abatement Contractor**: The MACK Group, LLC

**Address**:
- Street Address: 28 North Pennell Road
- City, State, Zip Code: Media, PA 19063

**Project Manager for Monitoring Firm**: Ron Khachadorian

**Telephone No.**: (800) 969-6AET

**Start Date**: 7/23/18

**Scheduled Completion Date**: 8/31/18

**Occupancy Status During Abatement**
- Facilty Closed/Vacated During Entire Period of Abatement

**Scope of Work**
- ≥3,000 ft² or ≥3,000 sf
- ≥1,500 ft² or ≥1,500 sf
- ≥250 ft² or ≥250 sf

---

**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)**

- I.e. thermal systems insulation
- Surfacing
- VAT, or other miscellaneous

**Amount (Specify SF or LF)**

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

---

**Name of Registered Waste Hauler**: Newark Carting

**Hauler ID No.**: 4509

**Cubic Yards of Waste**

**Name of Registered Landfill**: GROWS / TRRF Landfill

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

**City**, **State**: Tullytown, PA

**Completed by**: Michael Cooper

**Title**: President

**Signature**: 7/6/18

---

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

Date of Notification (1)
7/5/18

Name of Building Owner/Operator (2)
Elmwood Park Board of Education

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☑ Amended
☐ DOL ☑ Amendment #
☐ DOH ☑ Cancellation

Street Address
60 East 53rd Street

Name of Contact
David Trinidad c/o Accurate Construction

City, State, Zip Code
Elmwood Park, NJ 07407

Telephone Number
973-417-7348

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Elmwood Park Memorial High School

Street Address
375 River Drive

City (5)
Elmwood Park, NJ

County (6)
Bergen

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

ASCM No.
00079

Current Use (Prior to being demolished)
High School

Square Feet
140,000+

# of Floors
2+

Bldg. Age
60+

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

Street Address
20-10 Maple Avenue, Bldg 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
32 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

License No.
01331

Telephone No.
973-333-9175

Telephone No.
973-949-3525

Name of OSHA Monitor
Environvision Consultants, Inc.

Start Date (10)
7/7/18

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

Scheduled Completion Date (11)
7/7/18

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

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

Location Is Location
Yes No N/A

Location Normally
Used Solely by
Maintenance/ Custodial Staff?

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

Amount
(tonnes SF or LF)

Abatement Type

Various Bathrooms
X
Pipe Insulation
200 LF

Name of Registered Waste Hauler
Unicorn Contracting Corp.

Waste Hauler ID No.
0035844

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless Hills Landfill

City, State
Woodland Park, New Jersey

Disposal Date
TBD

Completed by
Dimo Golcev

Title
General Manager

Signature

Date
7/5/18
## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 5:16)

**State of New Jersey**

**AGENCIES NOTIFIED**:  
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

**Type Notification**:  
- Initial
- Amended #Rev #2-7/5/18
- Emergency (including justification)

**DATE OF NOTIFICATION**: 6/1/18

**NAME OF BUILDING OWNER/OPERATOR**: The College of New Jersey

**STREET ADDRESS**: 2000 Pennington Rd.

**CITY, STATE, ZIP CODE**: Ewing, NJ 08628

**NAME OF CONTACT**: Amanda Radosti

**TELEPHONE NUMBER**: 609-771-2881

### FACILITY INFORMATION

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE**: TCNJ-Green Hall

**STREET ADDRESS**: 2000 Pennington Rd.

**CITY**: Ewing

**COUNTY**: Mercer

**CURRENT USE (PRIOR IF BEING DEMOLISHED)**: Square Feet: 66,000; # of Floors: 2; Bldg. Age: 88

**NAME OF MONITORING FIRM Hired by Building Owner**: AET, Inc.

**ASCM No.**: 00021

**NAME of Abatement Contractor**: BRISTOL ENVIRONMENTAL, INC.

**STREET ADDRESS**: 1123 Beaver Street

**CITY, STATE, ZIP CODE**: BRISTOL, PA 19007

**LICENSE No.**: 00509

**NAME OF OSHA Monitor**: BRISTOL ENVIRONMENTAL, INC.

**STREET ADDRESS**: 1123 Beaver Street

**CITY, STATE, ZIP CODE**: BRISTOL, PA 19007

**SCOPE OF WORK**:  
- >3 sf or >3 If
- >160 sf or >260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**LOCATION OF Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Attic</th>
<th>Pipe Insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1,500 LF</td>
</tr>
</tbody>
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**LOCATION**

- Attic
- Pipe Insulation

**LOCATION Normally Used Solely by Maintenance/Custodial Staff?**

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

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

- 1,500 LF

**NAME of Registered Waste Hauler**: BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**: 18705

**CUBIC YARDS of Waste**:  
- FAIRLESS LANDFILL

**DISPOSAL DATE**:  
- City, State: MORRISVILLE, PA 19067

**COMPLETED BY (PRINT OR TYPE)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTIMATOR</td>
<td>Brian Scafio/On</td>
</tr>
</tbody>
</table>

**DATE**: 7-5-18

---

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

Date of Notification (1) 6 / 1 / 18
Name of Building Owner/Operator (2) The College of New Jersey

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #Rev #1-6/16/18
☐ Emergency (including justification)

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number
609-771-2681

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

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

Square Feet
66,000

# of Floors
2

County (6) Mercer

County Code (?)(STATE USE ONLY) 00

Bldg. Age
88

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)
AET, Inc

ASCM No. 00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
610-891-0114

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 01/07/18
Scheduled Completion Date (11) 01/07/18

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 (13)

Attic
☐ ☐ ☐

Pipe Insulation
☒ ☐ ☐

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

Amount (Specify SF or LF)
1,500 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☒ Eligible

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 18067

Completed By (Print or Type) BRIAN SCAFIO

Title ESTIMATOR

Signature

Date 6-15-18

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

**Date of Notification (1)**
6 / 1 / 18

**Name of Building Owner/Operator (2)**
The College of New Jersey

**Address (3)**
2000 Pennington Rd.
Ewing, NJ 08628

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

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (5)**
TCNJ-Green Hall

**Street Address**
2000 Pennington Rd.

**City (5)**
Ewing

**County (6)**
Mercer

**County Code (7) (STATE USE ONLY)**
66,000

**Square Feet**
88

**# of Floors**
2

**Bldg. Age**
66,000

**Current Use (Prior if being demolished)**
88

**Name of Monitoring Firm HIred by Building Owner (8)**
AET, Inc

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

**License No.**
00509

**Telephone No.**
215-768-6040

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

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

**Start Date (10)**
6 / 18 / 18

**Scheduled Completion Date (11)**
7 / 19 / 18

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

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

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>1,500 LF</td>
</tr>
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</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Asbestos Type</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>☒</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>☒</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>☒</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>☒</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
18706

**Cubic Yards of Waste**

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
BRISTOL, PA 19007

**Disposal Date**
City, State
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
BRIAN SCAFIO

**Title**
ESTIMATOR

**Signature**

**Date**
6/1/18

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

**Date of Notification (1)**: 5/22/18

**Name of Building Owner / Operator (2)**: Old Bridge Township Board of Education

**Street Address**: Patrick Torre Administration Bldg, County Route 516

**City, State & Zip Code**: Matawan, NJ 07747

**Name of Contact**: Mr. Frank Frazzitta

**Telephone Number**: 732-360-4507

### FACILITY INFORMATION

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

**Street Address**: 1 Manny Martin Way

**City (5)**: Old Bridge **County (6)**: Middlesex **County Code (7)**: Middlesex

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

**Environmental Connection**: Bristol Environmental, Inc.

**Street Address**: 1123 Beaver Street

**City, State & Zip Code**: Bristol, PA 19007

**Project Manager for Monitoring Firm**: Rollie Jones

**Telephone Number**: 609-392-4200

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

**Scheduled Completion Date (11)**: 7/9/18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 3pm to 11:30pm
- Facility Occupied During Abatement

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

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

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

- Boiler Room
- Boiler Room
- Boiler Room

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

- Yes
- No
- N/A

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

- Description: Pipe Insulation Fittings
- Description: Boiler Rib Packing
- Description: Breaching

**Amount (Specify SF or LF)**

- Pipe Insulation Fittings: 35 LF
- Boiler Rib Packing: 50 LF
- Breaching: 250 SF

**Location of Registered Waste Hauler**

- Service Transport Inc.

**Cubic Yards of Waste**

- 16 Cu Yd

**Name of Registered Lendill**

- Minerva Landfill

**Disposal Date**

- 7/9/18

**City, State**

- Waynesburg, Ohio

**Completed By (Print or Type)**

- Gino Pizzigoni

**Title**

- Project Manager

**Signature**

- Gino Pizzigoni / GM

**Date**

- 7/5/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18
Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Agencies Notified
- EPA 8978
- DEP
- DOL 954
- DOH 961
- DCA 895
- Initial
- Amended
- Emergency
- Cancellation

Type Notification

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

Street Address
Patrick Torre Administration Bldg, County Route 516
City, State & Zip Code
 Matawan, NJ 07747

Name of Contact
Mr. Frank Frazzitta
Telephone Number 732-360-4507

FACILITY INFORMATION

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

Street Address
1 Manny Martin Way

City (5) Old Bridge
County (5) Middlesex
County Code (7)

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

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
50000

# of Floors
1

Bldg. Age
40+

Current Use (Prior if being demolished)
School

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

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

Telephone Number
(215) 788-6040
License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

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

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

Describe:

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf ≥260 lf
- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure
- Removal
- Repair
- Encapsulate
- Endovac

- MIn-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

- Boiler Room
- Boiler Room
- Boiler Room

Location of Asbestos-Containing Material (ACM)
Pipe Insulation Fittings
- 35 LF
- Boiler Rib Packing
- 50 LF
- Breeching
- 250 SF

Name of Registered Waste Hauler

Service Transport Inc.

City, State
New Castle, DE

Completion Date (10) 6/25/18
Scheduled Completion Date (11) 7/18/18

Name of Registered Landfill
Minerva Landfill

Cubic Yards of Waste
16 Cu Yd

Disposal Date
7/18/18

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature

Date 5/22/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/06/2018

Name of Building Owner/Operator (2) 395-403 University Avenue, LLC.

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amendment # 1
☐ DOL Emergency (including justification)
☐ DOH Cancellation

Street Address 500 Avenue P

City, State, Zip Code Newark, New Jersey 07105-4802

Name of Contact Joe Thor

Telephone Number 973-589-5931

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G

Square Feet 10,000 # of Floors 2 Bldg. Age 50+

County (6) Essex

County Code (7) Current Use (Prior if being demolished) Commercial Building

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

Matrix New World Engineering

Street Address 26 Columbia Tpk 2nd floor

City, State, Zip Code Florham Park, New Jersey 07724

Project Manager for Monitoring Firm Gavin Gilmore

Telephone No. 973-240-1800

License No. 01104

Start Date (10) 07/15/2018 Scheduled Completion Date (11) 08/03/2018

Name of Abatement Contractor (9) Iris Environmental Laboratories, LLC

Street Address 2333 Route 22 West

City, State, Zip Code Union, NJ 07083

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

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

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

In Facility (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 of LF) Abatement Type

Removal Repair Encapsulation Enclosure

Former Day Care and Adjacent Stair Space Leading to Basement
Layer Wall Plaster brown scratch/white finish coats 2,760 SF X

Former Day Care bathrooms #1, #2, and 3
Joint Compound and Associated Gypsum Board 280 SF X

Former Day Care
Asbestos-Containing Interior/Exterior Window Glazing 4 (ea) X

Former Day Care Bathroom 1, 2, and 3
Ceramic Floor Tile Mastic and Tile 182 SF X

Former Day Care Plenum Space
Asbestos-Containing Corrugated (Airecell) Pipe Insulation 80 FL X

Former Day Care Plenum Space
Asbestos-Containing Pipe Tar at Joints (black) 12 (unit) X
<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Day Care Plenum Space</td>
<td>Asbestos-Containing All Service Jacket (ASJ) to Fiberglass Insulated Pipe(s)</td>
<td>130 LF</td>
<td></td>
</tr>
<tr>
<td>Former Day Care Plenum Space</td>
<td>Asbestos-Containing (black) Pipe Dope to Threaded Couplers</td>
<td>20 (unit)</td>
<td></td>
</tr>
<tr>
<td>1st Floor Main Hallway</td>
<td>Ceramic Floor Tile (grey) Mastic and Associated Tile</td>
<td>252 SF</td>
<td></td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation within Refrigeration Units</td>
<td>2 (unit)</td>
<td></td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation within Commercial Stove Unit</td>
<td>1 (unit)</td>
<td></td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation to Overhead Exhaust Hood</td>
<td>1 (unit)</td>
<td></td>
</tr>
<tr>
<td>1st Floor Electrical Room</td>
<td>Assumed Asbestos-Containing Electrical Panel Insulation</td>
<td>3 (unit)</td>
<td></td>
</tr>
<tr>
<td>1st Floor Electrical Room</td>
<td>Assumed Asbestos-Containing Gasket Material to Utility Meter</td>
<td>1 (unit)</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Main Storage Area</td>
<td>Asbestos-Containing 12” x 12” (brown) Vinyl Asbestos Tile (VAT)</td>
<td>1,330 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Bathroom #4</td>
<td>Asbestos-Containing Ceramic Floor Tile Mastic (grey) and Associated</td>
<td>25 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor (elevated) Electrical Room</td>
<td>Asbestos-Containing Tar (black) to Flue Pipe</td>
<td>3 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor (elevated) Dark Room</td>
<td>Asbestos-Containing Decorative Sheet Linoleum Flooring</td>
<td>162 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Common Space Limits (older construction)</td>
<td>Asbestos-Containing Multi-Layer Ceiling Plaster (brown scratch and white finish coats)</td>
<td>1,200 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Common Room #1</td>
<td>Mastic-Wood Paneling and Asbestos-Contaminated Wood Panels</td>
<td>575 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Common Room #1</td>
<td>Multi-Layer Wall/Column Plaster brown scratch and white finish coats</td>
<td>2,094 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Kitchen #2</td>
<td>Asbestos-Containing 12” x 12” (beige) VAT and Mastic</td>
<td>25 SF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Kitchen #2</td>
<td>Asbestos-Containing (black) Sink Undercoat</td>
<td>1 (unit)</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Common Space Plenum Limits</td>
<td>Corrugated (Aircell) Pipe Insulation and Associated Mudded Joints</td>
<td>200 LF</td>
<td></td>
</tr>
<tr>
<td>2nd Floor Bathroom #8</td>
<td>Asbestos-Containing Multi-Layered VAT/Linoleum and Associated Mastic</td>
<td>37 SF</td>
<td></td>
</tr>
<tr>
<td>Lower Roof Limits</td>
<td>Roofing Components/Materials roofing materials are considered asbestos</td>
<td>1,500 SF</td>
<td></td>
</tr>
<tr>
<td>Lower Roof</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 (unit)</td>
<td></td>
</tr>
<tr>
<td>Upper Roof (adjacent to Arlington Avenue)</td>
<td>Asbestos-Containing Roofing Components/Materials</td>
<td>2,100 SF</td>
<td></td>
</tr>
<tr>
<td>Upper Roof (adjacent to Arlington Avenue)</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 (unit)</td>
<td></td>
</tr>
<tr>
<td>Upper Roof (adjacent to University Avenue)</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 SF</td>
<td></td>
</tr>
<tr>
<td>Upper Roof (adjacent to University Avenue)</td>
<td>Asbestos-Containing Vent Tar</td>
<td>18 SF</td>
<td></td>
</tr>
<tr>
<td>Exterior Elevation “A”</td>
<td>Asbestos-Containing (white) Door Frame Caulk</td>
<td>30 LF</td>
<td></td>
</tr>
<tr>
<td>Exterior Elevation “D”</td>
<td>X</td>
<td>Asbestos-Containing Tar (black) to Retention Wall</td>
<td>20 SF</td>
</tr>
<tr>
<td>------------------------</td>
<td>---</td>
<td>---------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Project Limits</td>
<td>X</td>
<td>Braided Electrical Wire Insulation (various gauge and color)</td>
<td>3,000 LF</td>
</tr>
<tr>
<td>Exterior Elevation “D”</td>
<td>X</td>
<td>Assumed Asbestos-Containing (elevated) Repair Tar (black)</td>
<td>3 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilich Corporation</td>
<td>18724</td>
<td>80</td>
<td>Fairless Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Park, New Jersey</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adriana Olejarova</td>
<td>President</td>
<td>Signature</td>
<td>07/06/2018</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 8:60 and 12:120)

Date of Notification (1)
06/28/2018

Name of Building Owner/Operator (2)
PSE&G
Check No. 1155

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

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

Street Address
100 Eagle Rock Avenue suite 125
City, State, Zip Code
East Hanover, NJ 07936

Name of Contact
Michelle Butler
Telephone Number
908-412-7608

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G

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

Square Feet
10,000
# of Floors
2
Bldg. Age
50+

City (5)
Newark, New Jersey 07028

County Code (7)
Essex

County Code (7) (STATE USE ONLY) 

Current Use (Prior if being demolished)
Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World Engineering

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
26 Columbia Tpk 2nd floor
City, State, Zip Code
Florham Park, New Jersey 07934

Telephone No.
973-240-1800
License No.
01104

Project Manager for Monitoring Firm
Gavin Gilmore

Scheduled Completion Date (11)
08/03/2018

Start Date (10)
07/16/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

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

Occupancy Status During Abatement (Check Only One)
☐ 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
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF of LF)
Abatement Type
Removal Encapsulate Endorse

Former Day Care and Adjacent Stair Space Leading to Basement
X
Layer Wall Plaster brown scratch/white finish coats
2,760 SF
X

Former Day Care bathrooms #1, #2, and 3
X
Joint Compound and Associated Gypsum Board
280 SF
X

Former Day Care
X
Asbestos-Containing Interior/Exterior Window Glazing
4 (ea)
X

Former Day Care Bathroom 1, 2, and 3
X
Ceramic Floor Tile Mastic and Tile
182 SF
X

Former Day Care Plenum Space
X
Asbestos-Containing Corrugated (Aircell) Pipe Insulation
80 FL
X

Former Day Care Plenum Space
X
Asbestos-Containing Pipe Tar at Joints (black)
12 (unit)
X
<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos Component</th>
<th>Quantity</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Day Care Plenum Space</td>
<td>Asbestos-Containing All Service Jacket (ASJ) to Fiberglass Insulated Pipe(s)</td>
<td>130 LF</td>
<td>X</td>
</tr>
<tr>
<td>Former Day Care Plenum Space</td>
<td>Asbestos-Containing (black) Pipe Dope to Threaded Couplers</td>
<td>20 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Main Hallway</td>
<td>Ceramic Floor Tile (grey) Mastic and Associated Tile</td>
<td>252 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation within Refrigeration Units</td>
<td>2 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation within Commercial Stove Unit</td>
<td>1 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Kitchen #1</td>
<td>Assumed Asbestos-Containing Insulation to Overhead Exhaust Hood</td>
<td>1 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Electrical Room</td>
<td>Assumed Asbestos-Containing Electrical Panel Insulation</td>
<td>3 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor Electrical Room</td>
<td>Assumed Asbestos-Containing Gasket Material to Utility Meter</td>
<td>1 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Main Storage Area</td>
<td>Asbestos-Containing 12&quot; x 12&quot; (brown) Vinyl Asbestos Tile (VAT)</td>
<td>1,330 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Bathroom #4</td>
<td>Asbestos-Containing Ceramic Floor Tile Mastic (grey) and Associated</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor (elevated) Electrical Room</td>
<td>Asbestos-Containing Tar (black) to Flue Pipe</td>
<td>3 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor (elevated) Dark Room</td>
<td>Asbestos-Containing Decorative Sheet Linoleum Flooring</td>
<td>162 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Common Space Limits (older</td>
<td>Asbestos-Containing Multi-Layer Ceiling Plaster (brown scratch and white finish</td>
<td>1200 SF</td>
<td>X</td>
</tr>
<tr>
<td>construction)</td>
<td>mastic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor Common Room #1</td>
<td>Mastic-Wood Paneling and Asbestos-Contaminated Wood Panels</td>
<td>575 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Common Room #1</td>
<td>Multi-Layer Wall/Column Plaster brown scratch and white finish coats</td>
<td>2,094 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Kitchen #2</td>
<td>Asbestos-Containing 12&quot; x 12&quot; (beige) VAT and Mastic</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Kitchen #2</td>
<td>Asbestos-Containing (black) Sink Undercoat</td>
<td>1 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Common Space Plenum Limits</td>
<td>Corrugated (Aircell) Pipe Insulation and Associated Mudded Joints</td>
<td>200 LF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Bathroom #8</td>
<td>Asbestos-Containing Multi-Layered VAT/Linoleum and Associated Mastic</td>
<td>37 SF</td>
<td>X</td>
</tr>
<tr>
<td>Lower Roof Limits</td>
<td>Roofing Components/Materials roofing materials are considered asbestos</td>
<td>1,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Lower Roof</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>Upper Roof (adjacent to Arlington Avenue)</td>
<td>Asbestos-Containing Roofing Components/Materials</td>
<td>2,100 SF</td>
<td>X</td>
</tr>
<tr>
<td>Upper Roof (adjacent to Arlington Avenue)</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 (unit)</td>
<td>X</td>
</tr>
<tr>
<td>Upper Roof (adjacent to University Avenue)</td>
<td>Asbestos-Containing Pipe Dope to Gas Heating Unit</td>
<td>5 SF</td>
<td>X</td>
</tr>
<tr>
<td>Upper Roof (adjacent to University Avenue)</td>
<td>Asbestos-Containing Vent Tar</td>
<td>18 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Elevation “A”</td>
<td>Asbestos-Containing (white) Door Frame Caulk</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Elevation “D”</td>
<td>X</td>
<td>Asbestos-Containing Tar (black) to Retention Wall</td>
<td>20 SF</td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
<td>-----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Project Limits</td>
<td>X</td>
<td>Braided Electrical Wire Insulation (various gauge and color)</td>
<td>3,000 LF</td>
</tr>
<tr>
<td>Exterior Elevation “D”</td>
<td>X</td>
<td>Assumed Asbestos-Containing (elevated) Repair Tar (black)</td>
<td>3 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Lilich Corporation  
NJDEP Waste Hauler ID No.: 18724  
Cubic Yards of Waste: 80  
Name of Registered Landfill: Fairless Landfill  
City, State: Woodland Park, New Jersey  
Disposal Date: 08/03/2018  
City, State: Morrisville, PA  
Completed by: Adriana Olejarova  
Title: President  
Signature:  
Date: 06/29/2018

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

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

**GAC 2018**

**Date of Notification:** July 5, 2018

**Name of Building Owner/Operator:** DWIGHT PAUL

**Street Address:**

**City:** URBANA, OHIO 43078

**Telephone Number:**

**Name of Contact:** MR. DWIGHT PAUL

## FACILITY INFORMATION

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

**Street Address:**

**City:**

**County:** HUNTERDON

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

**Name of Monitoring Firm Hired by Bldg. Owner:** RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.

**Street Address:** 401 ST. JAMES AVENUE

**City:** PHILLIPSBURG, NJ 08865

**License Number:** 00840

**Name of Contractor:** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 511 MAIN STREET

**City:** BUTLER, NJ 07405

**Telephone Number:** 973-492-0477

**Name of OSHA Monitor:** ENVIROVISION, INC.

**Street Address:** 20-21 WARGAROW ROAD

**City:** FAIRLAWN, NJ

## Type of Facility

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

**So. Feet:** N/A

**# of Floors:** 2

**Bldg. Age:** 60+ years

**Current Use:** (prior if being demolished): RESIDENCE

## Occupancy Status During Abatement

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

**SHIFT HOURS 8AM - 5PM (24 Hours as needed)**

## Source of Work

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

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

- Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA

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

## Amount (Specify SF or LF)

## Abatement Type

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

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

**Basement:** PIPE INSULATION

20 LF

## Name of Registered Landfill

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

**Disposal Date:** 07/17/2018

**City:** 100 New Ford Mill Rd., Montville, Pa 18067

215-736-1700

## Notes: None

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

**RAYMOND C. PEDALINO**

**Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino

**Date:** July 5, 2018

**Copies To:** Mr. Dwight Paul, Owner and RK O&E
Date of Notification (1)  
07-06-18

Name of Building Owner/Operator (2)  
Rubenstein Properties

Agencies Notified (3)  
EPA  
DEP  
DOL  
DOH  
DCA

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

Street Address (4)  
101 East Main St.

City, State, Zip Code  
Little Falls, NJ 07424

Name of Contact (5)  
Dave Burkart  
Telephone Number  
(973) 256-6644

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (6)  
Commercial Property Building # 35

Street Address  
20 Wagarew Rd.

City (7)  
Fair Lawn

County (8)  
Bergen

Name of Monitoring Firm Hired by Building Owner (9)  
N/A

Name of Abatement Contractor (10)  
Delta Contracting LLC.

Type of Facility (11)  
School (K-12)  
Subchapter 8 (Other than K-12)  
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)  
Delta Contracting LLC.

Start Date (10)  
07-07-18  
Scheduled Completion Date (11)  
08-10-18

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

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

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

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

1st Floor / Phase 2  
x  
Pipe Insulation  
3200 LF  

Name of Registered Waste Hauler  
Delta Contracting LLC

NJDEP Waste Hauler ID No.  
35240

Cubic Yards of Waste  
30

Name of Registered Landfill  
Tullytown Resource Recovery Facility

City, State  
Union City, NJ

Completed by  
Jaime Delgado  
Title  
Proj. Manager.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 06 / 18

Name of Building Owner/Operator (2) Broadway Somerset

Agencies Notified

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

Type Notification

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

Street Address

1850 Easton Avenue

City, State, Zip Code

Somerset, NJ 08873

Name of Contact

Mike Padin

Telephone Number

201-448-5382

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Commercial

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)

ALL PRO MANAGEMENT LLC

Street Address

P.O. Box 1224

City, State, Zip Code

Union, NJ

Garfield, NJ 07026

Project Manager for Monitoring Firm

Rick Eustaquio

Telephone No.

973-494-3762

License No.

973-928-4888

Start Date (10) 07 / 16 / 18

Scheduled Completion Date (11) 09 / 14 / 18

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/____ PM-____ AM

□ Saturday

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If

☐ Demolition

☐ Renovation

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

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

IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Encapsulate

Removal

Repairs

End Result

Ballroom Roof (Topside)- Roof Area East

☐ ☐ ☒ Roofing

10,000 SF

Ballroom Roof (Underside)- Roof Area East

☐ ☐ ☒ Acoustical Plaster

5,000 SF

Transition to Rooms- Roof Area East

☐ ☐ ☒ Flashing

47 LF

Roof C Penetration Flashing

☐ ☐ ☒ Flashing

8 SF

Name of Registered Waste Hauler

ATC / Century Waste, LLC

NJDEP Waste Hauler ID No. SW-24310/32797

Cubic Yards of Waste As Needed

Disposal Date

TBD

Name of Registered Landfill

Minerva Enterprises/ GROWS Landfill/
Fairless Landfill

City, State

Waynesburg, OH / Morrisville, PA

Completed By (Print or Type)

Title

Allen Monchik

Project Manager

Signature

Date

7/6/18

* 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>Pool Lower Roof</td>
<td>X</td>
<td>Roofing</td>
<td>1,415 SF</td>
<td>X</td>
</tr>
<tr>
<td>Hotel Entry Ceiling</td>
<td>X</td>
<td>Acoustical Plaster</td>
<td>1,920 SF</td>
<td>X</td>
</tr>
<tr>
<td>Reception Offices/ Back Office</td>
<td>X</td>
<td>VAT</td>
<td>579 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>VAT</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>VAT</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Acoustical Plaster</td>
<td>10,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>Acoustical Plaster</td>
<td>10,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement-Tech Room</td>
<td>X</td>
<td>VAT</td>
<td>180 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type)  
Allen Monchik  
Title: Project Manager  
Signature: Allen Monchik  
Date: 7/6/18
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Check # 25634  

Date of Notification (1)  
7/6/2018  

Name of Building Owner/Operator (2)  
Tourville  

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

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  
1  

Bldg. Age  
65+/-  

Current Use (Prior to being demolished)  
Residential  

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

ASCM No.  

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

Street Address  
64 Broad Street  

City, State, Zip Code  
Matawan, NJ 07747  

Project Manager for Monitoring Firm  
Tom Geiger  

Telephone No.  
732-290-2217  

License No.  
00493  

Name of OSHA Monitor  
MECS  

Street Address  
PO Box 322  

City, State, Zip Code  
Allentown, NJ 08501  

Telephone No.  
609-259-9688  


Scope of Work (Check All That Apply)  
☑ 23 sf or 23 if  
☒ 2150 sf or 2260 if  

Renovation  
Demolition  

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

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

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

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

Amount (Specify SF or LF)  

Abatement Type  
Removal ☒ Repair ☒ Encapsulate ☒ Endorse ☒  

Basement ☒  

Thermal Duct Insulation  
(Wrap & Cut)  

100 lf  

Basement ☒  

VAT  

300 sf  

Name of Registered Waste Hauler  
Stevens Environmental Services  

NJDEP Waste Hauler ID No.  
18292  

Cubic Yards of Waste  
4 cu  

Name of Registered Landfill  
Fairless-Landfill  

Disposal Date  
8/15/18  

City, State  
Morrisville, PA  

Completed by  
Mahlon E. Stevens  
Title  
Project Manager  
Signature  

Date  
7/6/18  

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:560 and 5:16)

**Date of Notification:** 07/06/18

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>2 Broad Street, Suite 400</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amended Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:** Muhlenberg Urban Renewal, LLC

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

**Street Address:** 1200 Randolph Road - Building 1

**City:** Plainfield

**County:** Union

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

**Name of Abatement Contractor:** ALL PRO MANAGEMENT LLC

**Street Address:** P.O. Box 1224

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

**Name of OSHA Monitor:** ALL PRO MANAGEMENT LLC

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

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Lobbies/Floor 6 to Basement Patient Rooms &amp; Coordinators of Floors 5 &amp; 6</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Wall Cavities - Floor 6 to Basement Basement - Electrical &amp; Mechanical Room Mechanical Room</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NDEP Waste Hauler ID No. SW-24310/32797</td>
<td>Cubic Yards of Waste As Needed Name of Registered Landfill Minerve Enterprises / GROWS Landfill Fairless Landfill</td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste As Needed:**
- VAT/Mastic 37,500 SF
- Pipe Insulation - Wrap and Cut 7,500 LF
- Elbow Insulation 75 Elbows
- Tank Insulation 75 SF

**Name of Project Manager:** Allen Monchik

**Date:** 7/6/18

*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 (18)</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>Mechanical Room</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>50 Elbows</td>
<td>X</td>
</tr>
<tr>
<td>Mechanical Room</td>
<td>X</td>
<td>Duct Insulation</td>
<td>2,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Mechanical Room</td>
<td>X</td>
<td>Elbow Insulation</td>
<td>200 Elbows</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type)  
Allen Monchik  
**Title:** Project Manager  
**Signature:** Allen Monchik  
**Date:** 7/6/18