STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:68-7 AND 12:120-7)
ANNUAL NOTIFICATION

Date of Notification: 07/12/17
Name of Building Owner / Operator: STEPN COMPANY
Street Address: 100 WEST HUNTER AVENUE
City, State, Zip Code: MAYWOOD, NJ 07607
Name of Contact: JOHN OSTROWSKI
Telephone Number: 1-3-2017
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: STEPN COMPANY
Street Address: 100 WEST HUNTER AVENUE
City (5): MAYWOOD  County (6): BERGEN  County Code (7): N/A
Square Feet: N/A  # Of Floors: N/A  Building Age: N/A
Current Use (Prior if being demolished): EXTERIOR
Name of Monitoring Firm Hired by Bldg. Owner: ASCM NO
Name of Abatement Contractor: NORTHSTAR CONTRACTING GROUP, INC.
Street Address: 32 WILLIAMS PARKWAY
City, State, Zip Code: EAST HANOVER, NJ 07936
Project Mngr. For Monitoring Firm: ERIC HOUSENECHT
Telephone Number: 908-218-1108
Sched. Start Date (10): 07/24/17  Sched. Completion Date (11): 07/26/17
Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: 7:00AM-3:30PM
Scope of Work (Check All That Apply)
☐ Demolition  ☐ Renovation  ☐ Full Containment with Negative Pressure
☐ >300 sf or >300 if  ☐ Non-Exempted (*) and Non-Friable Procedure
☐ >160 sf or >160 if
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>R E R E N</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: P. J. DEP WASTE HAULER
Hauler ID No.: 4509
Cubic Yards of Waste: 100 SF
Name of Registered Landfill: I.E.S.I.
Disposal Date: City, State: BETHLEHEM, PA
Completed by (Print or Type) Paul Mast
Title: Vice President
Signature: Date: 07/12/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2)
PENNSVILLE SCHOOL DISTRICT

Street Address
30 CHURCH STREET
City, State, Zip Code
PENNSVILLE NJ 08070

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PENNSVILLE HIGH SCHOOL

Street Address
110 S BROADWAY
City (5)
PENNSVILLE

Square Feet
>50,000
# of Floors
1
Bldg. Age
75

County (6)
SALEM

Name of Monitoring Firm Hired by Building Owner (8)
HEALTH AND SAFETY SERVICES

Street Address
318 12TH STREET
City, State, Zip Code
HAMMONTON, NJ 08037

License No.
00783

Name of Abatement Contractor (9)
DELTA/BDJS, INC

Street Address
1345 INDUSTRIAL BLVD
City, State, Zip Code
SOUTHAMPTON, PA 18966

Date of Abatement
7/12/17

License No.
215 322-2900

Name of OSHA Monitor
CRITERION LABS

Start Date (10)
6/13/17

Telephone No.
609 704-8850

Telephone No.
609 704-8850

Scheduled Completion Date (11)
8/31/17

Telephone No.
215 322-2900

Name of OSHA Monitor
CRITERION LABS

Street Address
400 STREET ROAD
City, State, Zip Code
BENSHELE PA 19020

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

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

LOCATION OF ASBESTOS-C含ING MATERIAL

Amendment #2

Yes No N/A

FULL CONTAINMENT WITH NEGATIVE PRESSURE

Administrative Required

Abatement Type

Demolition

Non-Exempted (*) and Non-Friable Procedure

Rehab

End Stage

Name of Registered Waste Hauler

SERVICE TRANSPORT GRP

NJDEP Waste Hauler ID No.
209990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

Completed By
MICHAEL PARSON

Title
PROJECT MANAGER

Signature

Date
7-12-2017

* 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</th>
<th>IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF?</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>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATE</th>
<th>ENCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATION AREA</td>
<td>X</td>
<td>EXTERIOR CAULK</td>
<td>24 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIBRARY CLOSET</td>
<td>X</td>
<td>DUCT WITH BLACK MASTIC (CUT AND WRAP)</td>
<td>405F</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST FL PRINCIPLES OFFICE CLOSET</td>
<td>X</td>
<td>PIPE (CUT AND WRAP)</td>
<td>10 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST FL VICE PRINCIPLES OFFICE</td>
<td>X</td>
<td>PIPE (CUT AND WRAP)</td>
<td>10 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACK ENTRANCE BY ELEVATOR</td>
<td>X</td>
<td>PIPE (CUT AND WRAP)</td>
<td>12 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification**
- 6 / 19 / 17

**Name of Building Owner/Operator**
- PENNSVILLE SCHOOL DISTRICT

**Street Address**
- 30 CHURCH STREET

**City, State, Zip Code**
- PENNSVILLE NJ 08070

**Name of Contact**
- Telephone Number

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**
- PENNSVILLE HIGH SCHOOL

**Street Address**
- 110 S BROADWAY

**City**
- PENNSVILLE

**County**
- SALEM

**Square Feet**
- >50,000

**# of Floors**
- 1

**Bldg. Age**
- 75

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

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

**Name of Abatement Contractor**
- DELTA/BJDS, INC

**Street Address**
- 318 12TH STREET

**City, State, Zip Code**
- HAMMONTON, NJ 08037

**Name of OSHA Monitor**
- CRITERION LABS

**Street Address**
- 1345 INDUSTRIAL BLVD

**City, State, Zip Code**
- SOUTHAMPTON, PA 18966

**Telephone No.**
- 215 322-2300

**License No.**
- 00783

**Project Manager for Monitoring Firm**
- AL OHSALD

**Telephone No.**
- 609 704-8850

**Start Date**
- 6 / 13 / 17

**Scheduled Completion Date**
- 8 / 31 / 17

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM 4:30PM AM

**Scope of Work**
- Yes
- No
- N/A

- For 30 sf or ≥30 sf
- For 160 sf or ≥260 sf

- Renovation
- Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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>ADMINISTRATION AREA</td>
<td>☐</td>
<td>FLOOR TILE (PLEASE SEE ATTACH)</td>
<td>12 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>ADMINISTRATION AREA</td>
<td>☒</td>
<td>SHELVING CONVECTORS</td>
<td>12</td>
<td>☒ ☒ ☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>ADMINISTRATION AREA</td>
<td>☒</td>
<td>SELECTIVE FLOOR TILE BY UV'S</td>
<td>108 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>ADMINISTRATION AREA</td>
<td>☒</td>
<td>ACM FITTINGS (ASSUMED)</td>
<td>24 SF</td>
<td>☒ ☒ ☒ ☒ ☒ ☒ ☒</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- SERVICE TRANSPORT GRP

**NJDEP Waste Hauler ID No.**
- 20990

**Cubic Yards of Waste**
- Name of Registered Landfill
- MINERVA LANDFILL

**Disposal Date**
- City, State
- WAYNESBURG, OH 44688

**Completed By (Print or Type)**
- MICHAEL PARSON

**Title**
- PROJECT MANAGER

**Signature**
- Michael Parson

**Date**
- 6-19-2017

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM)</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)</td>
<td>SPECIFY SF OR LF</td>
</tr>
<tr>
<td>24 LF</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABEATED IN FACILITY</th>
<th>ADMINISTRATION AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
The Power of Experience.
The Pride of Service.

Pennsville High School Work Plan

PENNsville HIGH SCHOOL

Floor tile in Administration Area

- Drilling 2.5" holes or smaller into approximately 50 floor tile
- Removal of existing shelving, convectors-12 UV’s
- Floor tile to be removed to next joint after 24" dimension from wall
- Assumed ACM Fittings-2 per UV to be wrapped and cut.
- Removal of exterior caulk from two intake louvers

1345 Industrial Boulevard, Southampton, PA 18966
Phone 215.322.2900  Phone 215.358.9300  Fax 215.322.1616
www.delta bjds.com
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
5 / 31 / 17

Name of Building Owner/Operator (2)
PENNSVILLE SCHOOL DISTRICT

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA

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

Street Address
30 CHURCH STREET
City, State, Zip Code
PENNSVILLE NJ 08070
Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
PENNSVILLE HIGH SCHOOL

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

Square Feet
>50,000

# of Floors
1

Bldg. Age
75

Current Use (Prior if being demolished)
SCHOOL

County Code (STATE USE ONLY)
SALEM

Name of Monitoring Firm Hired by Building Owner (8)
PENNONI ASSOCIATES, INC

ASCM No.
102

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD
City, State, Zip Code
SOUTHAMPTON, PA 18066

Project Manager for Monitoring Firm
ALAN LLOYD

Telephone No.
215 322-2900

License No.
00783

Street Address
515 GROVE STREET SUITE B
City, State, Zip Code
HADDON HEIGHTS, NJ 08035

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-10PM/4:30PM-7AM

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)

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
Endicap

Administration Area
- No
- Selective Floor Tile by UV's
- ACM Fittings (Assumed)

Administration Area
- No
- Shelving Convector
- ACM Fittings (Assumed)

Administration Area
- No
- Shelving Convector
- ACM Fittings (Assumed)

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WYNESBURG, OH 44688

Disposal Date

Completed By (Sign Here if Print or Type)
MICHAEL PARSON

Title
PROJECT MANAGER

Signature
Michael Parson

Date
5/31/2017

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<table>
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<th>LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY</th>
<th>IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)</th>
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<td>ADMINISTRATION AREA</td>
<td>X</td>
<td>EXTERIOR CAULK</td>
<td>24LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Date of Notification (1) 6/15/17

Name of Building Owner/Operator (2) Miguel Serra

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

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

Street Address [Redacted]

City (State, Zip Code) Paramus, NJ 07652

Name of Contact Miguel Serra

FACILITY INFORMATION

County (6) Bergen

County Code (STATE USE ONLY) [Redacted]

Current Use (Prior if being demolished) [Redacted]

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

ASCM No. [Redacted]

Name of Abatement Contractor (9) Super, LLC

Street Address 2200 Paterson Plank Road

City, State, Zip Code Noth Bergen, NJ 07047

Telephone No. (201) 864-6583

Name of OSHA Monitor Super, LLC

Street Address 203 Belmont Ave

City, State, Zip Code Haledon, NJ 07508

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥200 if

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

In Building (12)

Yes No N/A

1st Floor Big Room X Residual Mastic 900 SF

South East Area 1st Floor X 9x9 Floor Tile 300 SF

North West Closet X 9x9 Floor Tile 75 SF

Corridor and Office Area X Brown 9x9 Floor Tile & Mastic 3500 SF

Name of Registered Waste Hauler Super, LLC

Waste Hauler ID No. WH16329

Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management

City, State 203 Belmont Ave Haledon, NJ, 07508

Completed by Talior Dominguez Tito Project Manager

Signature [Redacted] Date 6/15/17

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<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
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</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>SF of LT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairs to Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairs to Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen Duct Closet 2nd Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Floor under Carpet Linoleum &amp; Tiles</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen West Side</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Mastic under 12x12 White Floor Tile: 175 SF
- 9x9 Floor Tile under 12x12 Floor Tile: 20 SF
- 9x9 White Speckled Floor Tile & Mastic: 70 SF
- 9x9 Floor Tile & Mastic 2 Layers: 60 SF
- 9x9 Floor Tile & Mastic: 20,000 SF
- Mastic under 12x12 Floor Tile: 800 SF
- Flashing: 1,200 SF
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
07/11/2017

**Name of Building Owner/Operator (2)**  
Empowerment Academy Charter School

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

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

**Street Address**  
240 Ege Avenue

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

**Name of Contact**  
Duanne Moeller

**Telephone Number**  
N/A

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
School

**Street Address**  
240 Ege Avenue

**City (5)**  
Jersey City

**County (6)**  
Hudson

**County Code (7)**  
00120

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

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

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

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

**Name of Asbestos Abatement Contractor (9)**
EHW ABATEMENT LLC

**Street Address**  
89 Franklin Street

**City, State, Zip Code**  
PATERSON, NJ, 07524

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

**License No.**  
01274

**Name of OSHA Monitor**
EHW ABATEMENT LLC

**Street Address**  
89 Franklin Street

**City, State, Zip Code**  
PATERSON, NJ, 07524

---

**Start Date (10)**  
07/21/2017

**Scheduled Completion Date (11)**  
08/15/2017

**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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 if</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>190 sf or 290 sf</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>Retirement</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
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<tr>
<td>Glovebag Procedure</td>
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**Location of Asbestos-Containing Material (ACM)**

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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Boiler Insulation</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Boiler Breaching</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>4LF</td>
<td>X</td>
</tr>
</tbody>
</table>

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**Name of Registered Waste Hauler**
TRI STATE TRANSFER/JIMI BROTHER

**City, State**
1199 RANDALL AVE BRONX NY

**Disposal Date**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISES

**City, State**
900 MINERVA RD WAYNESSBURG NJ

**Completed by**
VICTOR ESPIRITU

**Title**
PROJECT MANAGER

**Signature**

**Date**  
07/11/2017

---

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

**Date of Notification (1)**
07-11-17

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

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

**Type Notification**
- Initial

**Street Address**
4000 Hadley Road

**City, State, Zip Code**
South Plainfield, NJ

**Name of Contact**
Dawn Neville

**Telephone Number**
N/A

### FACILITY INFORMATION

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

**Street Address**
202 South River Street

**City (5)**
Hackensack, NJ

**County (6)**
Bergen

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

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

**ASCM No.**
N/A

**WRS Environmental Services, Inc.**

**Street Address**
17 Old Dock Rd

**City, State, Zip Code**
Yaphank NY 11980

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

**Telephone No.**
N/A

**Telephone No.**
631-924-8111

**License No.**
01136

**Start Date (10)**
07-21-17

**Scheduled Completion Date (11)**
10-21-17

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

**Name of OSHA Monitor**
WRS Environmental Services, Inc.

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

<table>
<thead>
<tr>
<th>Location of Material</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (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>Control House</td>
<td>Yes</td>
<td>VAT</td>
<td>244 SF</td>
<td>x</td>
</tr>
<tr>
<td>Control House</td>
<td>No</td>
<td>Stucco</td>
<td>1180 SF</td>
<td>x</td>
</tr>
<tr>
<td>Control House</td>
<td>x</td>
<td>Cement Panel</td>
<td>200 SF</td>
<td>x</td>
</tr>
<tr>
<td>Control House</td>
<td>x</td>
<td>Caulk</td>
<td>257 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
20

**Name of Registered Landfill**
Grows Landfill North

**City, State**
Newark NJ 07114

**Disposal Date**
TBD

**Completed by**
Raymond Tutiven

**Title**
Project Manager

**Signature**
Raymond Tutiven

**Date**
07-11-17

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: 07/11/2017

Name of Building Owner/Operator: Somerville Board of Education
Street Address: 51 West Cliff Street, Somerville, NJ 08876

Name of Contact: Jimmy Gabriel
Telephone Number: 973-567-0705

FACILITY INFORMATION

Type of Facility: School (K-12)
State: NJ
City: Somerville
County: Somerset County

Name of Facility Where Abatement is Taking Place: Van Derveer Middle School

Type of Abatement: Emergency (including justification)

Name of Monitoring Firm Hired by Building Owner: Jolene Associates, Inc.
ASCM No.: 012

Name of Abatement Contractor: Bako Construction & Restoration, Inc.
Street Address: 265A Route 46 Suite 3D, Totowa, NJ 07512

Telephone No.: 973-981-4850
License No.: 00666

Start Date: 07/27/2017
Scheduled Completion Date: 08/05/2017

Occupancy Status During Abatement: Occupied

Scope of Work: Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED: Duct Insulation
Amount (Specify SF or LF): 550SF

Abatement Type: Demolition

Description of Asbestos-Containing Material (ACM): Duct Insulation

Cubic Yards of Waste: 30yd

Disposal Date: 08/05/2017

City: Totowa, NJ

Completed by: Damir Valjevac
Title: Project Manager
Signature: [Signature]
Date: 07/11/2017

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

**Date of Notification (1)**
07/10/17

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

**Street Address**
58 Meyersville Road
Chatham, NJ 07928

**Name of Contact**
John Cataldo

**Telephone Number**

**AGENCIES NOTIFIED**

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham Middle School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>480 Main Street</td>
</tr>
<tr>
<td>CHATHAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHATHAM</td>
<td>Morris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RK Occupational &amp; Environmental Analysis, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bako Construction &amp; Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>401 St. James Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLYMOUTH, NJ 08865</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Gilbert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>908 454 6313</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/13/17</td>
<td>07/13/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>√ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe: 3pm - 11pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ 23 sf or 23 lf</td>
</tr>
<tr>
<td>√ Renovation</td>
</tr>
<tr>
<td>√ Demolition</td>
</tr>
<tr>
<td>√ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>√ Mini-Enclosure</td>
</tr>
<tr>
<td>√ Glovebag Procedure</td>
</tr>
<tr>
<td>√ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (15)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Room 152</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bako Construction &amp; Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goran Kojic</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/10/17</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:20 and 12:120)

**Name of Building Owner/Operator**
School District of Chatham

**Name of Facility Where Abatement is Taking Place**
Chatham Middle School

**Address**
58 Meyersville Road

**City**
Chatham

**County**
Passaic

**Telephone**
John Cataldo

---

**Facility Information**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility</td>
<td>Chatham Middle School</td>
</tr>
<tr>
<td>Address</td>
<td>58 Meyersville Road</td>
</tr>
<tr>
<td>City</td>
<td>Chatham</td>
</tr>
<tr>
<td>County</td>
<td>Passaic</td>
</tr>
<tr>
<td>Current Use</td>
<td>School</td>
</tr>
</tbody>
</table>

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

**Square Feet**
80,000

**# of Floors**
2

**Sp. Age**
50+

---

**Name of Owner**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bako Construction &amp; Restoration, Inc.</td>
<td>255 Route 46 Suite 1B</td>
</tr>
</tbody>
</table>

**Street Address**
401 St. James Avenue

**City**
Phillipsburg

**Zip Code**
08865

**Telephone No.**
908-452-6313

**License No.**
005555

---

**Type of Work**
- Removal
- Demolition
- Full Containment with Negative Pressure
- 
- Non-Exempted and Non-Conformance

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Room 162</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Bako Construction & Restoration, Inc.

**Disposal Plan**
TBD

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goran Kojic</td>
<td>Project Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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