State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 7/14/18
Name of Building Owner/Operator (2) Robert Brook
Agency/Notified [ ] EPA [ ] DEP [ ] DOL [ ] DOH [ ] DCA [ ] Other
Type Notification [ ] Initial [ ] Amended [ ] Amendment # [ ] Emergency (Including Justification) [ ] Cancellation
Street Address [ ]
City, State, Zip Code Atlantic Highlands, NJ 07716
Name of Contact Robert Brook
Telephone Number [ ]

FACILITY INFORMATION
Name of Facility Where Abatement Is Taking Place (3) Brook Residence
Street Address [ ]
City (6) Atlantic Highlands
County (6) Monmouth
County Code (7) [ ]
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. [ ]
Name of Abatement Contractor (9) All Insulation Inc.
Street Address [ ]
City, State, Zip Code [ ]
License No. [ ]
Name of OSHA Monitor [ ]
Project Manager for Monitoring Firm [ ]
Telephone No. [ ]

Start Date (10) 7/13/18
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
[ ] Other – Describe:
Scope of Work (Check All That Apply)
[ ] 22 sf or 23 sf
[ ] 160 sf or 180 sf
[ ] 280 sf or 285 sf
[ ] Removolution
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Gloves Bag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Safely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. internal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craypasepocy</td>
<td>No</td>
<td>pipe insulation 20SF &amp; X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Ace Insulation Inc.
NJ/DEP Waste Hauler ID No. 12046
Cubic Yards of Waste 7
Name of Registered Landfill Farleigh Field
City, State [ ]
Disposal Date 7/18/18
City, State [ ]

Completed by Brook McGirr Title Secretary/Manager
Signature [ ]

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

(Pursuant to NJAC 8:69 and 12:22B)

**Date of Notification (1)**
2/1/18

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

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

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

**Street Address**
[redacted]

**City, State, Zip Code**
Spring Lake, New Jersey

**Facility Information**

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

**Street Address**
Spring Lake

**County Code (6)**
Monmouth

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

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

**Name of Abatement Contractor (9)**
Ace Insulation Co., Inc.

**Street Address**
[redacted]

**City, State, Zip Code**
Spring Lake, New Jersey

**Telephone No.**
[redacted]

**License No.**
00029

**Project Manager for Monitoring Firm**

**TelephoneNumber**

**Start Date (10)**
2/3/18

**Scheduled Completion Date (11)**
2/28/18

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

**Scope of Work (Check All That Apply)**
- [X] Removal
- [ ] Demolition

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff (15)**
No

**Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**
2500 lb

**Amount (Specify $F or LF)**

**Abatement Type**
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

**Name of Registered Waste Hauler**
Ace Insulation Co., Inc.

**Disposal Date**
7/2/18

**City, State**
Spring Lake, New Jersey

**Completed by**
Brian Wixted

**Title**
Director

**Signature**

**Date**
7/2/18

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

Date of Notification (1)
07/09/2018

Name of Building Owner/Operator (2)
Robert Mack

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

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

Street Address

City, State, Zip Code
Bloomfield, NJ 07003

Name of Contact
Robert Mack

FACILITY INFORMATION

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

Street Address

City (5)
Bloomfield

County (6)
Essex

County Code (7)

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior to if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8865

License No.
01311

Start Date (10)
07/19/2018

Scheduled Completion Date (11)
07/20/2018

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)
- >=3,000 sq ft or >=3 if
- >=160 sq ft or >=2260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frible Procedure

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

In Facility

(13)

Yes
No
N/A

Attic

X

Vermiculate

150 SF

X

Location Normally Used Solely by Maintenance/Custodial Staff?

Amount (Specify SF or LF)

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

Abatement Type

Removal

Repair

Encapsulate

Endorse

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

NDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, NJ

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
07/09/2018

* Do not use this form for asbestos licensure exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator:** Muhlenberg Urban Renewal, LLC

**Address:** 2 Broad Street, Suite 400
**City, State, Zip Code:** Bloomfield, NJ 07003

**Name of Contact:** Warren Sprake
**Telephone Number:** 908-670-5711

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Commercial
- **Street Address:** 1200 Randolph Road- Building 10
- **City:** Plainfield
- **County:** Union
- **County Code:** 
- **Current Use (Prior if being demolished):**

### OCCUPANCY STATUS DURING ABATEMENT
- **Facility Closed/Unoccupied During Entire Period of Abatement:** Yes
- **Abatement Performed Outside of Normal Facility Hours:** No
- **Time of Abatement:** AM
- **Saturday:**

### SCOPE OF WORK
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
  - **Basement:**
    - **Pipe Insulation- Wrap and Cut:** Yes
  - **Basement:**
    - **Elbow Insulation:** Yes

### DESCRIPTION OF ABATEMENT
- **Location:**
  - **Basement:**
    - **Pipe Insulation- Wrap and Cut:**
      - **Amount:** 170 LF

### COMPLETED BY
- **Completed By (Print or Type):** Allen Monchik
- **Title:** Project Manager

### DATE
- **Date:** 7/16/18

---

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

Date of Notification (1)
10/17/2018

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Blairstown Board of Education

Street Address
1 Sunset Hill Road

City, State, Zip Code
Blairstown, NJ 07825

Name of Contact
Molly Petty

Telephone Number
908-362-6111 Ext. 106

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Blairstown Elementary School (NON Sub 8)

Street Address
1 Sunset Hill Road

City (5) County (6) County Code (7)
Blairstown, NJ 07825 Warren

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

ASCM No. Name of Abatement Contractor (9)
0090 B & G Restoration, Inc.

Street Address
401 St James Avenue

City, State, Zip Code
Phillipsburg, NJ 08865

Project Manager for Monitoring Firm
Pat McGuinness

Phone Number
908-454-6316

Scheduled Start Date (10)
07/26/2018

Scheduled Completion Date (11)
07/28/2018

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☐ Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☐ Non-friable procedure
☐ >3 sf or >3 If
☒ ≥160 sf or ≥280 sf
☐ Mini-enclosure

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

Main Office
No

VAT & mastic

Amount (Specify SF or LF)

Re Move

Repair

Enc L

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# Name of Registered Landfill
19563 Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
07/28/2018

City, State
Pen Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Date
07/18/2018
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9085

Date of Notification (1)
10/17/11 16/11/18

Name of Building Owner/Operator (2)
Fred Pastore

RECEIVED
JUL 18 2018

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

Type Notification
- Initial
- Amendment
- Cancellation

Name of Building Owner/Operator (2)
Fred Pastore

Federal ID:

Street Address

City, State, Zip Code
Ramsey, NJ 07446

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Fred Pastore

Street Address

City (5)
Ramsey

County (5)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Bldg Owner (8)

ASCM No.
n/a

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

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

Square Feet

# of Floors

Bldg Age

Current Use (Prior if being demolished)
Residential

Scheduled Start Date (10)
07/27/2018

Scheduled Completion Date (11)
07/28/2018

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
- Other-Describe:

Describe:

Scope of Work (check all that apply)
- Demolition
- Renovation
- Financial Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encaps
Enclosure

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

crawl space A

crawl space B

Registered Waste Hauler
B & G Restoration, Inc.

Disposal Date
07/30/2018

City, State
Lincoln Park, NJ

Name of Registered Landfill
Grand Central Landfill

Cubic Yards of Waste
1 1/2

Compliant by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
07/16/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
07-12-18

Name of Building Owner/Operator (2)
PSEG

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

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

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Gloribis Bermudez

Telephone Number
732-289-4183

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Hillside Substation

Street Address
438 Hillside Ave

City (5)
Hillside

County (6)
Union

County Code (7)
N/A

(STATE USE ONLY)

Current Use (Prior to being demolished)
Control House

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

N/A

Name of Abatement Contractor (9)
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

Start Date (10)
07-24-18

Scheduled Completion Date (11)
08-24-18

Name of OSHA Monitor
WRS Environmental Services, Inc.

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: Electrical circuit cabinet

Scope of Work (Check All That Apply)

☒ 23 sf or <= 3 if
☒ 360 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 systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Yes
No
N/A

Control House

Exterior Window Glazing

20 LF

Control House

Transite panels

30 SF

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

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville PA 19067

Disposal Date
TBD

Completed by
Raymond Tutiven
Title
Supervisor

Signature
Date
07-12-18

* 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)
07-11-18

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Benjamin Lamac

Telephone Number
908-412-7655

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Third Street Substation

Street Address
163 Third Street

City (5)
Kearny

County Code (7)
Hudson

County Code (7) (STATE USE ONLY) ____________

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Switching yard

Type of Facility (4)

□ School (K-12)

□ Subchapter 8 (Other than K-12)

□ Other (i.e. private & commercial buildings, homes, etc.)

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

ASCM No.
N/A

Name of Abatement Contractor (9)
WRS Environmental Services, Inc.

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

Telephone No.
631-924-8111

License No.
01136

Project Manager for Monitoring Firm
N/A

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

Occupy Status During Abatement (Check Only One)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours

Other – Describe:
Electrical circuit cabinet

Start Date (10)
07-23-18

Scheduled Completion Date (11)
08-23-18

Scope of Work (Check All That Apply)

□ 23 sf or < 23 sf

□ ≥160 sf or ≥260 sf

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

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

□ Yes

□ No

□ N/A

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

Amount (Specify SF or LF)

Removal

Repair

Encapsulate

Endorse

Name of Registered Waste Hauler
Veolia ES Technical Solution

Veolia ES Technical Solution

NJIDP Waste Hauler ID No.
NJD0660731369

Cubic Yards of Waste
TBD

Name of Registered Landfill
EO Wayne Disposal

Disposal Date
TBD

City, State
Belleville, MI 48111

Completed by
Raymond Tutiven

Title
Supervisor

Signature

Date
07-11-18

* 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):  7/16/2018  
Name of Building Owner/Operator (2):  Kriegs  

Agencies Notified:  
- [X] EPA  
- [X] DEP  
- [X] DOL  
- [X] DOH  
- [ ] DCA  
Type Notification:  
- [X] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (Including Justification)  
- [ ] Cancellation  

Street Address:  
City, State, Zip Code:  Plainsboro, NJ 08536  

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

CITY INFORMATION  

Square Feet:  2500  
# of Floors:  2  
Bldg. Age:  90+/-  
Current Use (Prior if being demolished):  Residential  

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

Name of Abatement Contractor (9):  Stevens Environmental Services, Inc.  
Street Address:  PO Box 322  
City, State, Zip Code:  Allentown, NJ 08501  
Telephone No.:  609-259-9688  
License No.:  00493  
Name of OSHA Monitor:  MECS  

Project Manager for Monitoring Firm:  Tom Geiger  
Telephone No.:  (732) 250-2217  

Start Date (10):  8/1/2018  
Scheduled Completion Date (11):  8/10/2018  

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

Scope of Work (Check All That Apply):  
- [X] 23 sf or 25 sf  
- [X] 260 sf or 260 sf  
- [ ] Renovation  
- [X] Demolition  
- [ ] Full Containment with Negative Pressure  
- [X] Mini-Enclosure  
- [X] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure  

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

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):  Pipe Insulation  
Amount (Specify SF or LF):  40 If  

Abatement Type:  
- [X] Removal  
- [ ] Repair  
- [ ] Encapsulation  
- [ ] Endorsement  

Name of Registered Waste Hauler:  Stevens Environmental Services  
NJDEP Waste Hauler ID No.:  18292  
Disposal Date:  8/10/18  
Name of Registered Landfill:  Fairless Landfill  
City, State:  Morrisville, PA  

Completed by:  Mahlon E. Stevens  
Title:  Project Manager  
Signature:  
Date:  7/17/18  

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