**State of New Jersey**

**Notice of Asbestos Abatement**

**EPA**

**Name of Building Owner/Operator:** Lincoln Equities Group

**Street Address:** One Meadowlands Plaza Suite 803

City, State, Zip Code: East Rutherford NJ 07073

**Name of Contractor:** Ray Hendry

**Telephone Number:** 303-807-4421

**Date of Notification:** 5/1/18

**Type of Notification:** Initial

**Facility Information**

- **Type of Facility:** Subchapter 6 (other than K-12)
- **County Code:** S100004
- **# of Floors:** 1
- **Rdg. Age:** 50+

**ASCM No.**

**Name of Abatement Contractor:** SCE Environmental Group

**Street Address:** 1380 Mt Cobb Rd

City, State, Zip Code: Lake Ariel PA 18436

**Telephone No.:** 570-383-1511

**No. of EHS Monitor:** 01-216

**Facility Closed/Converted During Abatement:** Yes

**Name of Registered Waste Hauler:** Cardinal Waste

**City, State:** North Bergen NJ

**Disposal Date:** 8/5/18

**Name of Registered Landfill:** Fairless Hills Landfill

**Gibbs Yard:** 100

**Disposal Date:** 8/5/18

**Signature:** [Signature]

---

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

- **Location:** See attached

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

- **Description:** See attached

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

**Abatement Type:** X

---

**Do not use this form for asbestos license exempted activities.**
Date of Notification (1):
7/10/2018

Name of Building Owner/Operator (2):
Elizabeth Molinaro

Street Address:

City, State, Zip Code:

Name of Contact (2):

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3):

Name of Monitoring Firm Hired By Building Owner (4):

Project Manager:

Size/Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Scheduled Completion Date (11):
7/25/2018

Licensor No.:

Type of Facility:

Square Feet:
2900

# of Floors:
3

Building 12 (Other than K-12): private or commercial buildings, homes, etc.

Owner:

Scope of Work (Check All That Apply):

Renovation

Demolition

Location of Asbestos-Containing Material (ACM) To Be Removed:

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

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

tile and mastic

Amount (Specify SF or LF):
140 sf

Abatement Type:

Removal

Repair

Encapsulate

Dispose

Name of Registered Waste Hauler:

All Stages:

Njdp waste hauler:

Hauler ID No.:
0035592

Cubic Yards of Waste:
5

Name of Registered Landfill:

Gran centr.

Disposal Date:
7/10/2018

Completed by:
tonio pallombo

Title:
owner

Signature:

* Do not use this form if asbestos license exempted activity.
Date of Notification (1):
5/9/2018

Name of Building Owner/Operator (2):
Helen Hultmacher

Agency Notified:
- EPA
- DEP
- DOL
- DOH
- BCA

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

Street Address:
City, State, Zip Code
Paramus, NJ 07652

Name of Contact:
Helen Hultmacher

Telephone Number:

FACILITY INFORMATION

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

City (5):
Paramus

County (6):
Bergen

County Code (7): (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (9):

ASCM No.:

Name of Abatement Contractor (9):
GSC Services Corp

Street Address:
1465 Route 23 South, #111

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-750-0752

License No.:
01253

Start Date (10):
5/19/2018

Scheduled Completion Date (11):
5/20/2018

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

Scope of Work (Check All That Apply):
- ≤ 3 sf or ≤ 33 ft
- ≥ 3 sf or ≥ 33 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

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):
VAT

Amount (Specify SF or LF):
100sf

Abatement Type:

Name of Registered Waste Hauler:
GSC Services Corp.

NADEP Waste Hauler ID No.:
0036309

Cubic Yards of Waste:

Name of Registered Landfill:
TRRF

Disposal Date:

City, State:
Wayne, NJ

Completed by:
Daniela Antic

Title:
Owner

Signature:

Date:
5/9/2018

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
6/1/2018

Name of Building Owner/Operator (2):
LOLA KASSIM

Street Address:

City, State, Zip Code:
WEST ORANGE, NJ 07052

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

County (6):
ESSEX

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

Name of Abatement Contractor (9):
G S C SERVICES CORP

Street Address:
1465 ROUTE 23 SOUTH #111

City, State, Zip Code:
WAYNE, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-750-0752

License No.:
01253

Start Date (10):
6/4/2018

Scheduled Completion Date (11):
6/6/2018

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

Scope of Work (Check All That Apply):
20-21 WAGARAW ROAD

City, State, Zip Code:
FAIR LAWN, NJ 07410

Name of Registered Waste Hauler:
G S C SERVICES CORP

Cubic Yards of Waste:

Name of Registered Landfill:
TRRF

City, State:
WAYNE NJ

Completed by:
DANIELA ANTIC
Title:
OWNER

Signature:

Date:
6/1/2018

* Do not use this form for asbestos licensure exempted activities.
### Date of Notification (1)
6/8/2018

### Name of Building Owner/Operator (2)
Mike & Donna Ruchok

### EPA
- Type Notification: Initial
- Street Address: [redacted]
- City, State, Zip Code: Cranford, NJ 07016
- Name of Contact: Mike & Donna Ruchok
- Telephone Number: [redacted]

### Name of Facility Where Abatement Is Taking Place (3)
Private

### Street Address
[redacted]

### City (6)
Cranford

### County (8)
Union

### ASCM No.
[redacted]

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

### Square Feet
[redacted]

### # of Floors
[redacted]

### Bidg. Age
[redacted]

### Name of Abatement Contractor (9)
G S C Services Corp

### Street Address
1465 Route 23 South, #111

### City, State, Zip Code
Wayne, NJ 07470

### Telephone No.
973-750-0752

### License No.
01255

### Name of OSHA Monitor
EnviroVision Consultants

### Street Address
20-21 Wagarsaw Road

### City, State, Zip Code
Fair Lawn, NJ 07410

### Scope of Work (Check All That Apply)
- [ ] ≥3 af or ≥5 if
- [ ] ≥160 sf or ≥260 sf
- [ ] Renovation
  - [ ] Demolition
  - [ ] Full Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [ ] Glovesbag Procedure
  - [ ] Non-Exempted (*) and Non-Frittable 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
- [ ] Specified SF or LF
- [ ] TSI
- 40LF

### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

### Name of Registered Waste Hauler
G S C Services Corp

### NJDEP Waste Hauler ID No.
0038309

### Cubic Yards of Waste
[redacted]

### Name of Registered Landfill
TRRF

### City, State
Tullytown, PA

### Completed by
Daniela Antic

### Title
Owner

### Signature
[signature]

### Date
6/8/2018

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Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

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

Name of Building Owner/Operator (2):
WALTER EMANUEL

Street Address:

City, State, Zip Code:
DUMONT, NJ 07628

Name of Contact:
WALTER EMANUEL

Telephone Number:

PRIVATE

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

Type of Facility (4):

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (6):

ASCM No.

Name of Abatement Contractor (9):
G S C SERVICES CORP

Street Address:
1465 ROUTE 23 SOUTH #111

City, State, Zip Code:
WAYNE, NJ 07470

Telephone No.:
973-750-0752

License No.:
01253

Name of OSHA Monitor:
ENVIROVISION CONSULTANTS

Street Address:
20-21 WAGARAW ROAD

City, State, Zip Code:
FAIR LAWN, NJ 07410

Facility Closed/Vacated During Entire Period of Abatement:

Scope of Work (Check All That Apply):

GENERAL:

≥30 sf or ≥33 ft

≥150 sf or ≥260 ft

Ranovation

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:

Location Normally Used Solely by Maintenance/Custodial Staff:

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

Amount (Specify SF or LF):

Abatement Type:

Location

Removal

Encapsulation

Endoscopy

Cubic Yards of Waste

Name of Registered Landfill:
TRRF

City, State:
WAYNE NJ

Completed by:
DANIELA ANTIC
Title:
OWNER

Disposal Date:
City, State:
TULLY TOWN, PA

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
6/5/2018

Agendas Notified  
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification  
Initial  
Amended  
Emergency (Including Justification)  
Cancellation

Name of Building Owner/Operator (2)  
Christi & David Relis

Street Address  
City, State, Zip Code  
Red Bank, NJ 07701

Name of Contact  
Christi Relis

FACILITY INFORMATION

Private

Street Address  
Red Bank

City (6)  
Red Bank

County (6)  
Monmouth

County Code (7)  

Current Use (Prior to Being Demolished)  

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  
Built Age  

Name of Facility Where Abatement Is Taking Place (3)

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)  
5/10/2018

Scheduled Completion Date (11)  
6/12/2018

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

x x 2d sf or x2 160 sf or >250 sf  
x x Renovation Demolition  

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

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

In Facility (13)  

Yes  
No  
N/A

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

Amount (Specify SF or LF)

Abatement Type  
Removal  
Repair  
Encapsulate  
Encore

Name of Registered Waste Hauler  

NJ/DEP Waste Hauler ID No.  
0036309

Cubic Yards of Waste  

Name of Registered Landfill  

TRRF

Disposal Date  

City, State  
Tullytown, PA

Completed by  
Daniela Antic

Title  
Owner

Signature  
Date  
5/9/2018

* Do not use this form for asbestos license exempted activities.
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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5/8/2018</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>James Mueller</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>North Arlington, NJ 07031</td>
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<tr>
<td>Name of Contact</td>
<td>James Mueller</td>
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<tr>
<td>Type of Facility (4)</td>
<td>[ ] School (K-12)</td>
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<tr>
<td>Square Feet</td>
<td>[ ]</td>
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<tr>
<td># of Floors</td>
<td>[ ]</td>
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<tr>
<td>Building Age</td>
<td>[ ]</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>[ ] Renovation</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Boiler insulation boards 24sf</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Basement</td>
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<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>[ ]</td>
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<tr>
<td>Abatement Type</td>
<td>[ ] Removal</td>
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<td></td>
<td>[ ] Repair</td>
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<td></td>
<td>[ ] Encapsulation</td>
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<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 0036309</td>
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<tr>
<td>City, State</td>
<td>Wayne, NJ</td>
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<td>Name of Registered Landfill</td>
<td>TRRF</td>
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<tr>
<td>City, State</td>
<td>Telfordtown, PA</td>
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<td>Disposal Date</td>
<td>[ ]</td>
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<tr>
<td>Signature of Owner</td>
<td>[ ]</td>
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<tr>
<td>Date</td>
<td>5/8/2018</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 8:80 and 12:120)  

Date of Notification (1)  
7/19/18  

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

Name of Building Owner/Operator (2)  
Seeman Brothers  

Street Address  
439 Highway 34  

City, State, Zip Code  
Matawan, NJ 07747  

Name of Contact  
Eric Meyers  

Telephone Number  
732-583-6700  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Future Dollar Tree Space  

Street Address  
439 Highway 34  

City (4)  
Matawan  

County (5)  
Monmouth  

County Code (7) (STATE USE ONLY)  

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

Square Feet  
5,100  

# of Floors  
1  

Bidg. Age  
40+  

Current Use (Prior if being demolished)  
Retail  

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

Name of Abatement Contractor (9)  
eoservices, LLC  

Street Address  
700 Turner Industrial Way, Suite 105  

City, State, Zip Code  
Aston, PA 19014  

Project Manager for Monitoring Firm  
Dave Turotsky  

Telephone No.  
610-558-8902  

Start Date (10)  
8/6/18  

Scheduled Completion Date (11)  
8/17/18  

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)  

☐ a3 sf or a3 if  
☒ ≥160 sf or ≥260 if  
☐ Renovation  
☒ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glazing 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)  
5,100 SF  

Abatement Type  

Future Dollar Tree Space  

Floor tile mastic  

X  

Name of Registered Waste Hauler  

Waste Management  

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  
30  

Name of Registered Landfill  

GROWS Landfill  

City, State  
Trenton, NJ  

Disposal Date  
TBD  

City, State  
Morrisville, PA  

Completed by  
Jack Bally  

Title  
Sr. Project Manager  

Signature  

Date  
7/19/18  

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

Date of Notification (1): 07 / 19 / 18

Name of Building Owner/Operator (2): Verizon

Street Address: 1 Verizon Way
City, State, Zip Code: Basking Ridge, NJ 07902
Name of Contact: Chris Pierce
Telephone Number: 201-492-3165

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon
Street Address: 35 North Franklin Turnpike
City (5): Ramsey, NJ
County (6): Bergen
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management Inc.
ASCM No.: JVN Restoration Inc

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

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

Current Use (Prior to if being demolished):

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

Scope of Work (Check all that apply):
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Fireproof 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:
- Removed
- Repair
- Encapsulate
- Endorse

Cubic Yards of Waste:
- 30

Name of Registered Landfill: G.R.O.W.S., Inc.

Cellar battery room:
- Floor Tile and Mastic: 3000

Name of Registered Waste Hauler: Newark Carting
City, State: Hackettstown, NJ

Completed By (Print or Type): Charles Tardy
Title: Project Manager
Signature: **
Date: 07/19/11

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

Date of Notification (1)  
7 / 17 / 18  

Name of Building Owner/Operator (2)  
Middle Township Public Schools / Job #1706-5166 / Check #103G8  

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

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

Street Address  
216 South Main Street  

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

Name of Contact  
Administration  
Telephone Number  
609-465-1800  

---  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Middle Township ES #1  

Street Address  
215 Eldredge Rd.  

City (6)  
Cape May Court House, NJ 08210  

County (6)  
Cape May  

County Code (7) (STATE USE ONLY)  

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)  
NA  

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.  

Street Address  
30 Maple Ave. PO Box 25  

City, State, Zip Code  
08009 Lumberton, NJ 08048  

Telephone No.  
609-265-2107  

License No.  
00529  

Project Manager for Monitoring Firm  

Telephone No.  

Name of OSHA Monitor  
EMSL Analytical  

Start Date (10)  
7 / 27 / 18  

Scheduled Completion Date (11)  
8 / 10 / 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/ _____ PM- _____ AM  

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 systems insulation, surfacing, VAT, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  
□ Removal  
□ Repair  
□ Encapsulate  
□ Replace  
□ Enclosure  

Name of Registered Waste Hauler  
AbateTech, Inc.  

NJDEP Waste Hauler ID No.  
18759  

Cubic Yards of Waste  
40  

Name of Registered Landfill  
Fairless Landfill  

City, State, Zip Code  
Lumberton, NJ 08048  

Disposal Date  
8/10/18  

City, State, Zip Code  
Tullytown, PA  

Completed By (Print or Type)  
Gwendolyn Trumbetti  

Title  
Operations Coordinator  

Signature  

Date  
7/17/18  

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* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>7 / 18 / 18</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Millburn Board of Education / Job #1803-5285 - Check #10369</td>
</tr>
<tr>
<td>Street Address</td>
<td>434 Millburn Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Millburn, NJ 07041</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Carlos Edmundo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-376-3600 ext. 145</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Millburn HS</td>
</tr>
<tr>
<td>Street Address</td>
<td>462 Millburn Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Millburn, NJ 07041</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Whitman Companies</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-265-2107</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>200 Route 130 North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cinnaminson, NJ 08077</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>&gt;3 sf or &gt;3 fl</td>
<td></td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 fl</td>
<td></td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Yes</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation 1,000 LF</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Repair</td>
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<td>Encapsulation</td>
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<td>Cubic Yards of Waste</td>
<td>40</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.* Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/31/18</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gwendolyn Trumbetti</td>
</tr>
<tr>
<td>Title</td>
<td>Operations Coordinator</td>
</tr>
<tr>
<td>Signature</td>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  7 / 16 / 18

Name of Building Owner/Operator (2)
Robert Wood Johnson Hospital / Job #1802-5265 / Checks #10366

Street Address
One Robert Wood Johnson Place

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Kristen Bell

Telephone Number
732-937-8701

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital

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)
Omega Environmental

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
280 Huylar Street

City, State, Zip Code
South Hackensack, NJ 07606

Lumberton, NJ 08048

Project Manager for Monitoring Firm
Geiser Fajardo

Telephone No.
201-489-8700

License No.
00529

Start Date (10)  4 / 30 / 18

Scheduled Completion Date (11)  11 / 27 / 18

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 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

Yes No N/A

Exterior 2nd Floor 58 Building

☐ ☐ ☐ Window Caulk/glazing

3rd Floor

☐ ☐ ☐ Window Caulk/glazing

4th Floor

☐ ☐ ☐ Window Caulk/glazing

ED Area

☐ ☐ ☐ Floor tile and mastic

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Amount (Specify SF or LF)

Abatement Type

Disposal Date
11/27/18

City, State
Lumberton, NJ

G.R.O.W.S. Landfill

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Name of Registered Waste Hauler
AbateTech, Inc.

NJDDE Waste Hauler Id No.
18750

Cubic Yards of Waste
40

Name of Registered Landfill

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

## NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**
7 / 16 / 18

**Name of Building Owner/Operator (2)**
JCP&L/FirstEnergy Company / Job #1806-5323 Check #10344

**Street Address**
10 Legion Place - Building A

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
John Greco

**Telephone Number**
201-602-1499

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
JCP&L- East Hanover

**Street Address**
159 Ridgedale Avenue

**City (5)**
East Hanover, NJ 07936

**County (6)**
Morris

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

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

**Name of Monitoring Firm Hired by Building Owner (8)**
1 Source Safety & Health, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**Telephone No.**
609-265-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

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

## Location of Asbestos-Containing Material (ACM)

**TO BE ABATED IN Facility (13)**

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

- [ ] Pipe Fittings
  - [ ] 15 total
- [ ] Pipe Insulation
  - [ ] 100 LF
- [ ] Ceiling tile & wipe down grid
  - [ ] 150 SF
- [ ] Floor tile & mastic
  - [ ] 300 SF

**Name of Registered Waste Hauler**
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
2

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

**City, State**
Lumberton, NJ 08048

**Disposal Date**
7/20/18

**City**
Tullytown, PA

**Date**
7/11/18

---

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

Date of Notification (1) 7 / 13 / 18

Name of Building Owner/Operator (2) PSE&G / Job # 1806-5327

Check #

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

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

Street Address 4000 Hadley Road
City, State, Zip Code South Plainfield, NJ

Name of Contact Andrew Puk
Telephone Number 201-481-2415

FACILITY INFORMATION

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

Square Feet
# of Floors
Bldg. Age

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

Facility Name Mercers

Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas

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

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

Time of Abatement: AM- PM- AM-

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

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

Endisclosure

Name of Registered Waste Hauler Waste Management

Name of Registered Landfill Fairless Landfill

Completed By (Print or Type) Gwendolyne Trumbetti

Title Operations Coordinator

Signature

Date 7/13/18

ASB-41
MAY 11

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

Date of Notification (1)  7 / 16 / 18

Name of Building Owner/Operator (2)  Farmingdale BOE / Job # 1803-5290 Check#  

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

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

Street Address  
49 Academy Street  

City, State, Zip Code  
Farmingdale, NJ  11735  

Name of Contact  
Frank Bennett  
Telephone Number  973-332-6053

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Farmingdale ES  

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

Current Use (Prior if being demolished)  

School  

Street Address  
56 East Bridge Street  

City, State, Zip Code  
Morristown, PA 19067  

Project Manager for Monitoring Firm  
Rick Beach  

Telephone No.  267-991-9212  

License No.  00529  

Name of Abatement Contractor (9)  AbateTech, Inc.  
Street Address  
30 Maple Ave. PO Box 25  
City, State, Zip Code  
Lumberton, NJ 08048  

Name of GSHA Monitor  
EMSL Analytical  
Street Address  
200 Route 130 North  
City, State, Zip Code  
Cinnaminson, NJ 08077  

Start Date (10)  6 / 18 / 18  
Scheduled Completion Date (11)  7 / 20 / 18

Scope of Work (Check all that apply)  

- ≥ 3 sf or ≥ 3 if  
- ≥ 180 sf or ≥ 260 lf  

Renovation  

Demolition  

Full Containment with Negative Pressure  

Mini-Enclosure  

Glovebag Procedure  

Non-Exempted (*) and Non-Friable Procedure

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

IN FACILITY  

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

Throughout  

1920 Area  

1928 Area  

Boiler Room  

Name of Registered Waste Hauler  
AbateTech, Inc.  
NJDEP Waste Hauler ID No. 18750  
Cubic Yards of Waste 40  
Name of Registered Landfill  G.R.O.W.S. Landfill  
City, State  Lumberton, NJ  
Disposal Date  7/20/18  

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  Operations Coordinator  
Signature  
Date  7/11/18

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

Date of Notification (1) 07 / 18 / 18

Name of Building Owner/Operator (2)
Camden Redevelopment Agency

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

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

Street Address
520 Market St, City Hall- Suite 1300
City, State, Zip Code
Camden, NJ 08101-5120

Name of Contact
James Harveson
Telephone Number
856-757-7600

FACILITY INFORMATION

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

Street Address
1667 Davis Street
City (9)
Camden
County (6)
Camden

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

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

Square Feet # of Floors Bidg. Age

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

Telephone No.
267-851-9212
License No.
973-826-4888

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane
City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
James Frisbee

Start Date (10)
07 / 23 / 18
Scheduled Completion Date (11)
08 / 23 / 18

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

Selection of Abatement 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

Location of Asbestos-Containing Material (ACM)
- Exterior

- Wet Demo

- Name of Registered Waste Hauler
  Newark Carting

- NJDEP Waste Hauler ID No.
  02383

- Cubic Yards of Waste
  As Needed

- Name of Registered Landfill
  IESI Bethlehem Landfill / Grand Central Sanitary Landfill

- City, State
  Bethlehem, PA / Pen Argyl, PA

Completed By (Print or Type)
Allen Monchik
Title
Project Manager
Signature

TBD

Data 7/18/18

* 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)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 13 / 18</th>
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<tbody>
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<td>Agencies Notified</td>
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<tr>
<td>☑ EPA</td>
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<td>☑ DOLWD</td>
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<td>☑ RCA</td>
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<td>☑ NJAC 5:23-6</td>
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<table>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>Camden Redevelopment Agency</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>520 Market St, City Hall - Suite 1300</td>
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<td>City, State, Zip Code</td>
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<td>Camden, NJ 08101-5120</td>
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<td>Name of Contact</td>
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<tr>
<td>James Harveson</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>856-757-7600</td>
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<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
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<tr>
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<td>Street Address</td>
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<td>1687 Davis Street</td>
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<td>City (5)</td>
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<td>Camden</td>
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<td>County (5)</td>
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<td>County Code (7)</td>
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<tr>
<td>[STATE USE ONLY]</td>
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<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) |
| Bio Terra Solutions |
| Street Address |
| P.O. Box 1224 |
| City, State, Zip Code |
| Union, NJ |
| Project Manager for Monitoring Firm |
| Rick Eustaquio |
| Telephone No. |
| 973-494-3762 |
| Start Date (10) |
| 07 / 23 / 18 |
| Scheduled Completion Date (11) |
| 08 / 23 / 18 |
| Name of Abatement Contractor (9) |
| ALL PRO MANAGEMENT LLC |
| Street Address |
| 27 Outwater Lane |
| City, State, Zip Code |
| Garfield, NJ 07026 |
| License No. |
| 1188 |

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

| Scope of Work (Check all that apply) |
| ☑ 3 sf or >3 sf |
| ☑ 160 sf or >260 sf |
| ☑ Renovation |
| ☑ Demolition |
| ☑ Full Containment with Negative Pressure |
| ☑ Mini-Enclosure |
| ☑ Glovebag Procedure |
| ☑ Non-Exempted (*) and Non-Friable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Exterior |
| ☑ ☑ ☑ Wet Demo |

| Name of Registered Waste Hauler |
| Weigle Trucking, LLC |
| NJDEP Waste Hauler ID No. PA-589 |
| Cubic Yards of Waste As Needed |
| Minerva Enterprises |
| Name of Registered Landfill |
| City, State |
| Linden, PA |
| Disposal Date |
| TBD |
| City, State |
| Waynesburg, OH |
| Completed By (Print or Type) |
| Allen Monchik |
| Title |
| Project Manager |
| Signature |
| Allen Monchik |
| Date |
| 7/13/18 |

* 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) 07 / 18 / 18

Name of Building Owner/Operator (2)
Broadway Somerset

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ 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 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Street Address
1850 Easton Avenue

City (5)
Somerset

County (6)
Somerset

County Code (7) (STATE USE ONLY)

Current Use (Prior to 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
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3782

License No.
973-928-4888

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

Start Date (10)
07 / 19 / 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

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, V/A, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Endorse

Further

Rehab

Removal

Name of Registered Waste Hauler
ATC / Century Waste, LLC

Cubic Yards of Waste As Needed

Name of Registered Landfill
Minerva Enterprises / GROWS Landfill / Fairless Landfill

City, State
Waynesburg, OH / Morrisville, PA

Disposal Date
TBD

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
7/18/18

* 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>1850 Easton Avenue</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Pool Lower Roof</td>
<td>X</td>
<td>Roofing</td>
<td>1,416 SF</td>
<td>X</td>
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<tr>
<td>Hotel Entry Ceiling</td>
<td>X</td>
<td>Acoustical Plaster</td>
<td>1,920 SF</td>
<td>X</td>
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<tr>
<td>Reception Offices/ Back Office</td>
<td>X</td>
<td>VAT</td>
<td>579 SF</td>
<td>X</td>
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<tr>
<td>1st Floor</td>
<td>X</td>
<td>VAT</td>
<td>400 SF</td>
<td>X</td>
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<td>2nd Floor</td>
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<td>1st Floor</td>
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<td>2nd Floor</td>
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<td>10,000 SF</td>
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<td>Basement-Tech Room</td>
<td>X</td>
<td>VAT</td>
<td>180 SF</td>
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Completed by: (Print or type)  
Allen Monchik  
Title: Project Manager  
Signature:  
Date: 7/18/18
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Date of Notification (1)**

| 07 / 06 / 18 |

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

Broadway Somerset

**Street Address**

1850 Easton Avenue

**City, State, Zip Code**

Somerset, NJ 08873

**Name of Contact**

Mike Padin

**Telephone Number**

201-448-5382

---

**FACILITY INFORMATION**

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

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

<table>
<thead>
<tr>
<th>Commercial</th>
</tr>
</thead>
</table>

**Type of Abatement (5)**

- Evaluation
- Removal
- Encapsulation
- Mitigation

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1850 Easton Avenue</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerset</td>
</tr>
</tbody>
</table>

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

- Ballroom Roof (Topside)- Roof Area East
- Ballroom Roof (Underside)- Roof Area East
- Transition to Rooms- Roof Area East
- Roof C Penetration Flashing

**Name of Registered Waste Hauler**

ATC / Century Waste, LLC

**Cubic Yards of Waste As Needed**

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

**Name of Registered Landfill**

Minerva Enterprises/ GROWS Landfill/ Fairless Landfill

City, State

Waynesburg, OH / Morrisville, PA

**Completed By (Print or Type)**

Allen Monchik

**Signature**

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 Faculty (13)</th>
<th>1850 Easton Avenue</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Amount (Specify SF or LF)</td>
<td>Removal</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pool Lower Roof</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hotel Entry Ceiling</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reception Offices/ Back Office</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Basement- Tech Room</td>
<td>X</td>
<td></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)

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

**Street Address:**

**City, State, Zip Code:**
Maplewood, NJ, 07040

**Name of Contact:**
Ross Moreno

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3):**
PRIVATE HOUSE

**Type of Facility (4):**
PRIVATE HOUSE

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

**County Code (7):**

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

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

**ASCM No.:**

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

**Street Address:**
89 FRANKLIN STREET

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

**Project Manager for Monitoring Firm:**

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

**License No.:**
01274

**Start Date (10):**
07/28/2018

**Scheduled Completion Date (11):**
07/29/2018

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

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

**Abatement Performed Outside of Normal Facility Hours:**

**Other — Describe:** OCCUPIED

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

- [ ] 2-10 sf or 2-10 ft
- [ ] 160 sf or 2-60 sf
- [ ] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**In Facility:**

<table>
<thead>
<tr>
<th>(13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Abatement Type:**

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

**NJDEP Waste Hauler ID No.:**
0037095

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
TRI STATE TRANSFER

**Disposal Date:**
TBD

**City, State:**
BRONX, NY

**Completed by:**
Victor Espiritu

**Title:**
Project Manager

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>07/17/2018</td>
</tr>
</tbody>
</table>

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

---

**Print Form**
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/17/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>South Plainfield BOE</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Middle School</td>
</tr>
<tr>
<td>Street Address</td>
<td>2201 Plainfield Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>South Plainfield</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00120</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EHW ABATEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>208 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EHW ABATEMENT LLC</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Type of Facility (4)**: School (K-12)
- **Square Feet**: N/A
- **# of Floors**: N/A
- **Bldg. Age**: N/A
- **Current Use (Prior if being demolished)**: School

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

### Scope of Work
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**: In Facility
- **Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**: Yes
- **Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**: DESCRIPTION
- **Amount (Specify SF or LF)**: TBD
- **Abatement Type**:
  - Removal
  - Encapsulate
  - Dispose
  - Endorse

### Other
- **Crawl Space**: Yes
- **Renovation**: Demolition
- **Full Containment with Negative Pressure**: Yes
- **Mini-Enclosure**: Yes
- **Glovebag Procedure**: Yes
- **Non-Exempted (*) and Non-Friable Procedure**: Yes

### Disposal
- **Name of Registered Landfill**: TRI STATE TRANSFER
- **Disposal Date**: TBD
- **City, State**: BRONX, NY
- **Completed by**: Victor Espiritu
- **Title**: Project Manager
- **Date**: 07/17/2018

---

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

*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 / 29 / 18

Name of Building Owner/Operator (2) 
NJTA / Job #1710-2243

 Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-8)
☐ Emergency (including justification)
☐ Cancellation

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2

Street Address
1 Turnpike Plaza

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Robert Womelsdorf

Telephone Number
732-442-8600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJTA MUB - E - Hightstown

Street Address
Milepost 67 S - NJ Turnpike

City (5)
East Windsor/Hightstown

County (6)
Mercer

Square Feet
20,000

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
Office & Shops

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone No.
856-646-0800

Telephone No.
609-702-0400

License No.
00862

Start Date (10)
6 / 27 / 18

Scheduled Completion Date (11)
7 / 31 / 18

Name of OSHA Monitor
EMSL Analytical, Inc.

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM - 3 PM - 7 PM - 3 AM

Scope of Work (Check all that apply)
☐ >3 s f or >31 if
☐ ≥160 s f or ≥260 if
☐ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

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

SEE ATTACHED SCOPE SHEET

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

☐ ☐ ☒

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
7/31/18

City, State
Penn Argyle, PA

Completed By (Print or Type)
Joann Mullarkey

Title
Office Coordinator

Signature

Date
7/19/19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Bulk Sample ID</th>
<th>Homogeneous ID</th>
<th>Sampled By</th>
<th>Material</th>
<th>Sample Location</th>
<th>Positive PLM/TEM</th>
<th>Approximate SF/LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>H-04</td>
<td>PMK Group</td>
<td>Green 9x9 Ft. Tiles</td>
<td>Multi-Use Building/Garage Inventory Room</td>
<td>3.6% Chrysotile</td>
<td>96 sf</td>
</tr>
<tr>
<td>11</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 Ft. Tiles</td>
<td>Hallway Locker Room Garage</td>
<td>1.7% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>12</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 Ft. Tiles</td>
<td>Hallway Locker Room Garage</td>
<td>1.2% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>13</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 Ft. Tiles</td>
<td>Locker Room Garage</td>
<td>1.2% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>14</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 Ft. Tiles</td>
<td>Locker Room Garage</td>
<td>1.4% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>15</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 Ft. Tiles</td>
<td>Adjacent To Locker Room Garage</td>
<td>1.1% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>16</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 Ft. Tiles</td>
<td>Adjacent To Locker Room Garage</td>
<td>2.1% Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>36</td>
<td>H-12</td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12% Chrysotile</td>
<td>1300 sf</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12% Chrysotile</td>
<td>2300 sf</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12% Chrysotile</td>
<td>2300 sf</td>
</tr>
</tbody>
</table>

Also:
- **Lunchroom** - 200 LF of cove bulk mastic
- **Office next to Lunchroom** - 130 SF of floor tile
- **Garage** - 200 LF of expansion joint material
- **7 SF of glue cuts on garage doors**
- **Auto Shop** - 40 SF of exterior door caulking
- **Multi-Use building** - 200 SF of window glazing

**Floor Tile Total** - 2415 SF

**Rip insulation** - 1481 LF

**Check #50100** - $1,200.00
# NOTIFICATION OF ASBESTOS ABATEMENT

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 18 / 18</th>
</tr>
</thead>
</table>

| Name of Building Owner/Operator (2) | SAF 427 Bloomfield, LLC / Job #1807-2322 / Chk. #5082 |

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

| Street Address     | 339 Jefferson Road |
| City, State, Zip Code | Parsippany, NY 07054 |

| Name of Contact | Matthew Rinaldi |
| Telephno Number | 973-853-2355 |

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>427 Bloomfield Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Montclair</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7/STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

| Square Feet | 30,000 |
| # of Floors | 4 |
| Bidg. Age | 1910 |

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

| Name of Abatement Contractor (9) | Asbestos and Mold Services, Corp. |
| Telephone No. | (888) 715-2211 |
| License No. | 00862 |

| Start Date (10) | 7 / 30 / 18 |
| Scheduled Completion Date (11) | 8 / 1 / 18 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-6:30 PM - PM-2:30AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3 sf or &gt;3 If</td>
<td></td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 If</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<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>

| 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 | |
| Reiger | |
| Encapsulate | |

<table>
<thead>
<tr>
<th>4th Floor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpet &amp; Floor Tile</td>
<td>800 SF</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | NUDEP Waste Hauler ID No. 17273 |
| City, State | Lafayette, NJ |

| Disposal Date | 8/2/18 |
| City, State | Penn Argyle, PA |

| Completed By (Print or Type) | Kimberly A. Trumbetti |
| Title | Office Coordinator |

| Signature | Date 1-10-18 |

*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) 7/17/16

Name of Building Owner / Operator (2) Wells Fargo Bank

Street Address One South Broad Street
City, State & Zip Code Philadelphia, PA 19107

Name of Contact Anmar Baban Telephone Number 212-703-3647

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wells Fargo NBDC

Street Address 100 Fidelity Plaza

City (5) North Brunswick
County (6) Middlesex
County Code (7) 

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

Environmental Connection

Street Address 120 North Warren Street
City, State & Zip Code Trenton, NJ 08601

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

Scheduled Start Date (10) 7/27/18 Scheduled Completion Date (11) 7/27/18

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00PM to 1:30AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥160 sf ≤260 if

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

Storage Room

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

Yes No N/A

Description of Asbestos-Containing Material (ACM)

Pipe Insulation 20 LF

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler

Service Transport Inc.

City, State New Castle, DE

Completed By (Print or Type) Gino Pizzigoni

Title Project Manager

Disposal Date 7/27/18

Name of Registered Landfill Minerva Landfill

City, State Waynesburg, Ohio

Date 7/17/18

GI18130
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

07 / 17 / 18

Name of Building Owner/Operator (2)

800 Centennial Urban Renewal, LLC

Street Address

271 Main Street

City, State, Zip Code

Gladstone, NJ 07934

Name of Contact

Don Bryant

Telephone Number

732-735-7481

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Commercial

Type of Facility (4)

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

Street Address

800 Centennial Avenue

Square Feet

Current Use (Prior if being demolished)

City (5)

Piscataway

□ of Floors

Bldg. Age

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)

Bio Terra Solutions

ASCN No.

Name of Abatement Contractor (9)

ALL PRO MANAGEMENT LLC

Street Address

P.O. Box 1224

City, State, Zip Code

Union, NJ

License No.

973-928-4888

ALL PRO MANAGEMENT LLC

Start Date (10)

07 / 12 / 18

Scheduled Completion Date (11)

07 / 20 / 18

Name of OSHA Monitor

Street Address

27 Outwater Lane

City, State, Zip Code

Garfield, NJ 07026

Occupy Status During Abatement (Check only one)

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

Time of Abatement: __AM__/ __PM__/ __PM__/ __AM__

Scope of Work (Check all that apply)

□ ≥300 sf or ≥3 if
□ ≥160 sf or ≥250 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

(15)

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
Encapsulate
Enclosure

Location

Exterior
Exterior

Transite Pipe
Amosite Pipe

Approx. 80 LF
80 LF

Name of Registered Waste Hauler

Century Waste LLC

NUDEP Waste Hauler ID No.
32797

Cubic Yards of Waste

As Needed

Name of Registered Landfill

GROWS Landfill / Fairless Landfill

City, State
Elizabeth, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
7/17/18

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07 / 11 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>800 Centennial Urban Renewal, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>[ ] Initial</td>
</tr>
<tr>
<td>[ ] DOLWD</td>
<td>[ ] Amended</td>
</tr>
<tr>
<td>[ ] DOH (NJAC 5:23-8)</td>
<td>[ ] Amendment #</td>
</tr>
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<td>[ ] DCA (NJAC 5:23-8)</td>
<td>[ ] Emergency (including justification)</td>
</tr>
<tr>
<td>[ ] Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>271 Main Street</th>
</tr>
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<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Gladstone, NJ 07934</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Don Bryant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>732-735-7481</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Commercial</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>800 Centennial Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway</td>
</tr>
<tr>
<td>County (5)</td>
<td>Middlesex</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>Bio Terra Solutions</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rick Euasotio</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
</tr>
<tr>
<td>License No.</td>
<td>1188</td>
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<td>Start Date (10)</td>
<td>07 / 12 / 18</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07 / 20 / 15</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>ALL PRO MANAGEMENT LLC</td>
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<tr>
<td>Street Address</td>
<td>27 Outwater Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Garfield, NJ 07026</td>
</tr>
</tbody>
</table>

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

Scope of Work (Check all that apply):
[ ] 3 sf or 3 ft
[ ] 160 sf or 260 ft
[ ] Renovation
[ ] Demolition
[ ] Friable Procedure
[ ] 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>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Transite Pipe</td>
<td>40 LF</td>
<td></td>
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Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>Century Waste LLC</td>
</tr>
<tr>
<td>NUDP Waste Hauler ID No. 32797</td>
</tr>
<tr>
<td>Cubic Yards of Waste As Needed</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>GROWS Landfill / Fairless Landfill</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
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<td>Date</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
7 / 16 / 18

Name of Building Owner/Operator (2)
SIMON PROPERTY GROUP INC.

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

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

Street Address
225 WEST WASHINGTON STREET

City, State, Zip Code
INDIANAPOLIS, INDIANA 46204

Name of Contact
Telephone Number
317-636-1600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
QUAKERBRIDGE MALL - JC PENNEYS

Street Address
500 QUAKER BRIDGE MALL

City (5)
TRENTON, NJ 08648

County (6)
MERCE

County Code (7)
MERCE

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

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
Watterson EFM

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Dave Dukat

Telephone No.
419-824-5210

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-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
Endorse

ROOF TOP COOLING TOWER
☐ TRANSITE PANELS
550 SF

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL INC
NJ/DEP Waste Hauler ID No.
18706
Cubic Yards of Waste
5 Cu Yds

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA
FAIRLESS HILLS, PA

Disposal Date
7/31/18

Completed By (Print or Type)
Gino Pizzigoni
Title Estimator

Signature

Date
7-16-18

* 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)**  
07/19/18

**Name of Building Owner/Operator (2)**  
Phillips 66 Domestic Trades Terminal

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Phillips 66 Domestic Trades Terminal

**Street Address**  
Route 1 North

**City (5)**  
Linden

**Square Feet**  
700

**County Code (7)**  

**County (6)**  
Union

**County Code (7)**  

**County (6)**  
Union

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

**Name of Abatement Contractor (9)**  
Advanced Specialty Contractors

**Street Address**  
2400 Main Street Extension Suite 10

**City, State, Zip Code**  
Sayreville, NJ 08872

**Telephone No.**  
732-525-0100

**License No.**  
00750

**Name of OSHA Monitor**  
Tiger Environmental

**Street Address**  
234 20th Ave

**City, State, Zip Code**  
Brick, NJ 08724

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

**Scheduled Completion Date (11)**  
08/03/18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Encapsulation of ACM in pipe rack and glove bag removal

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

- ≥300 sq or ≥3,000 sf
- ≥400 sq or ≥4,000 sf

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

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

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Pipe Insulation</td>
<td>700 LF</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

**Name of Registered Waste Hauler**

**Freehold Cartage**

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Fairless Landfill</td>
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</table>

**Disposal Date**

08/03/18

**City, State**

Morrisville, PA

**Completed by**

<table>
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<tr>
<th>Completed by</th>
<th>Title</th>
<th>Safety Agent</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Dan Baptista</td>
<td></td>
<td></td>
<td></td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07-16-18

Name of Building Owner/Operator (2)
City of Clifton

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

Type Notification
Initial
Amended
Emergency (including Justification)
Cancellation

Street Address
900 Clifton Avenue

City, State, Zip Code
Clifton, NJ 07013

Name of Contact
Michael Lardner, P.E.

Telephone Number
(973) 470-5800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Renaissance Drive Roadway Rehabilitation

Street Address
9 Renaissance Drive

City (5)
Clifton, NJ 07013

County (6)
Passaic

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

Type of Facility (4)
☑ 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)
Exterior

Name of Monitoring Firm Hired by Building Owner (8)
Neglia Engineering Associates

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

City, State, Zip Code
Carlstad, NJ 07072

Project Manager for Monitoring Firm
Joseph Fazio

Telephone No.
(201) 939-8805

Telephone No.
201-939-6565

License No.
00756

Name of OSHA Monitor
Even-Air Inc.

Street Address
10-59 Jackson Avenue

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

Start Date (10)
07-18-18

Scheduled Completion Date (11)
08-18-18

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

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

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

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

Amount (Specify SF or LF)
180LF

Abatement Type
Endure

Endure

Endure

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY / Bronx, NY

Disposal Date
TBD

City, State
Waynesburg, OH 44688

Completed by
Richard Doran

Title
Project Manager

Signature

Date
07-16-18

* Do not use this form for asbestos licensure exempted activities.
9 Renaissance Drive
Clifton NJ
Asbestos Abatement Work Plan

Locations of Abatement:

9 Renaissance Drive Clifton NJ
Asbestos Materials,
- Transite pipe

Sequence of Tasks:
- New Jersey State Filings
- Mobilization
- Asbestos Abatement

Asbestos Abatement:

A 3 chamber Decontamination unit with a shower filtration unit and water heater, will be provided at the scheduled location. A restricted area will be established at the location scheduled for abatement. Asbestos warning signs will be posted at all entrances to the work area. All other required information will be posted at the decontamination unit entrance. Pipe will be wrapped in 2 layers of 6 mil poly in approximately 12 ft sections. The piping will be removed from the trench and placed in the waste container by mechanical means.

All personnel used on this project will be local 78 and NJS DOL certified asbestos handlers. They will be supervised by a NJS DOL certified asbestos supervisor/competent person per OSHA. All Pinnacle supervisors are highly experienced in asbestos work. All employees will comply with the Pinnacle medical surveillance and respiratory protection programs (Pinnacle HASP Plan will be provided). OSHA personal exposure monitoring will be conducted for asbestos exposure from the onset of the project. Respiratory protection will be adjusted should results dictate the need.

Half-face air purifying respirators with HEPA filters will be worn during work area preparation, removal and clean up. When the work area has been prepared as described, Employees will don disposable suits, gloves, boots and respirators equipped with HEPA filters and enter the restricted area.
Locations of Abatement:

9 Renaissance Drive Clifton NJ
Asbestos Materials.
- Transite pipe

Sequence of Tasks:
- New Jersey State Filings
- Mobilization
- Asbestos Abatement

Asbestos Abatement:

A 3 chamber Decontamination unit with a shower filtration unit and water heater, will be provided at the scheduled location. A restricted area will be established at the location scheduled for abatement. Asbestos warning signs will be posted at all entrances to the work area. All other required information will be posted at the decontamination unit entrance. Pipe will be wrapped in 2 layers of 6 mil poly in approximately 12 ft sections. The piping will be removed from the trench and placed in the waste container by mechanical means.

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Half-face air purifying respirators with HEPA filters will be worn during work area preparation, removal and clean up. When the work area has been prepared as described, Employees will don disposable suits, gloves, boots and respirators equipped with HEPA filters and enter the restricted area.
Asbestos waste will be transported by:

Asbestos Transportation Co., Inc.,
2 Moriches Middle Island Road
Shirley, NY 11967
Tel: 516-924-5050
NJDEP Waste Hauler No. 24310

Or:

Jimmy Byrne JBT
1199 Randall Avenue,
Bronx, NY 10474
Tel: 718-617-0771
NJDEP Waste Hauler No. 50071

The landfill to be used for disposal of waste from this project is:

Minerva Enterprises
9000 Minerva Road
Waynesburg OH 44688
Permit # P0104984
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<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>
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<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td>x</td>
<td></td>
<td>Floor tile</td>
<td>200 LF</td>
<td>x</td>
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<tr>
<td>Basement</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>200 LF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior</td>
<td></td>
<td></td>
<td>x</td>
<td>Siding</td>
<td>1400 SF</td>
<td>x</td>
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</table>

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

Date of Notification (1)
7-16-2018

Name of Building Owner/Operator (2)
AION Construction Services, LLC

Agencies Notified Type Notification
☐ EPA ☑ DEP ☑ DOL
☐ Amended ☑ Amendment #
☐ Emergency (including ☑ Justification)
☐ Cancellation

Street Address
11 East 44th Street, Suite 1000

City, State, Zip Code
New York, NY 10017

Name of Contact
Lakesha E. Henry

Telephone Number
856-397-8074

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

Street Address
53 Maier Street

City (5)
Belleville, NJ 07109

County Code (6)
Essex

Current Use (Prior to being demolished)

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

Square Feet
20000

# of Floors
1

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-333-8855

License No.
01174

Start Date (10)
7-30-2018

Scheduled Completion Date (11)
8-17-2018

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

Scope of Work (Check All That Apply)
☐ 23 sf or <33 sf
☒ 160 sf or ≥250 sf

☒ Renovation
☐ Demolition

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

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

In Facility (13)

| Storage rooms/ Thruout the property | Yes | □ | Pipe insulation | 180 LF | ☑ |
| Boiler rooms/Thruout the property | Yes | □ | Pipe insulation | 20 LF | ☑ |
| Meter rooms/ Thruout the property | Yes | □ | Pipe insulation | 200 LF | ☑ |
| Laundry rooms/ Thruout the property | Yes | □ | Pipe insulation | 80 LF | ☑ |

Name of Registered Waste Hauler
Green Environmental Services

Waste Hauler ID No.
0034889

Cubic Yards of Waste
30

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

Disposal Date
8-17-2018

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager

Signature
Date 7-16-2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended Amendment</td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<td>DOH</td>
<td>Inspection</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
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| Name of Building Owner/Operator (2) | The Children's Home |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>243 Pine Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Mt Holly NJ 08057</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Brian Burns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>609-684-4226</td>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>The Children's Home Gym Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>243 Pine Street</td>
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<tr>
<td>City</td>
<td>Mt Holly NJ 08057</td>
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<table>
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<tr>
<th>County Code (7)</th>
<th>0700</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>TTI Environmental Inc.</th>
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</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>0003</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Pernaco Inc</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 329</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>West Berlin NJ 08091</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Jim Guiardi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>609-314-1683</td>
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<th>Start Date (10)</th>
<th>8/1/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/15/18</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3 sf or ≥3 ft</td>
</tr>
<tr>
<td>≥190 sf or ≥260 ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym Boiler Room</td>
</tr>
<tr>
<td>Gym Boiler Room</td>
</tr>
<tr>
<td>Gym Boiler Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym Boiler Room</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Morrisville PA 1960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Anthony T Perne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>7/17/18</th>
</tr>
</thead>
</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)
7/16/18

Name of Building Owner/Operator (2)
Rancocas Valley Regional School District

Agency/ies Notified
☐ EPA ☐ DOL ☐ DOH ☐ DCA
☒ DEP ☐ Amended ☐ Amendment # 1_2 ☐ Emergency (Including
☐ Cancellation

Street Address
520 Jacksonville Road
City, State, Zip Code
Mt. Holly, NJ 08060

Name of Contact
Scott Klein
Telephone Number
609-864-0848

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rancocas Valley Regional High School

Street Address
520 Jacksonville Road

City (5)
Mt. Holly

County Code (7)
Burlington

Square Feet
100,000

# of Floors
2+

Bldg. Age
80+

Current Use (Prior to if being demolished)
School

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

License No.
01331

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

Telephone No.
856-452-311

ASCM No.
0050

Unicorn Contracting Corp.

Name of Abatement Contractor (9)

Street Address
32 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager from Monitoring Firm
Jim Proctor

Telephone No.
973-333-9176

License No.
01331

Name of OSHA Monitor
Envirosense Consultants, Inc.

Telephone No.
500-630-5062

Start Date (10)
6/27/18

Scheduled Completion Date (11)
7/27/18

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _Sub:8 Occupied Abatement

Scope of Work (Check All That Apply)
☐ ≥ 30 ft or ≥ 300 L
☒ ≥160 sf or ≥260 sf
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Demolition
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Firable 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

VAT & Mastic
6,094 SF
X

Ceiling Tile
8,500 SF
X

Chalk boards & associated glue dots
2,120 SF
X

Cubic Yards of Waste
Name of Registered Landfill

0035844
Fairless Hills Landfill

Name of Registered Waste Handler
Unicorn Contracting Corp.

City, State
Woodland Park, NJ

Completed by
Zhivko Nikolov
Title
President

Signature

Date
7/16/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 07/16/2018

Name of Building Owner/Operator: Dobco

Agencies Notified:
- EPA
- DEP
- DOL (Amendment #)
- DOH (Justification)
- DCA (Cancelation)

Street Address: 30 Galesi Drive, Suite 202 A
City, State, Zip Code: Wayne, NJ 07470
Name of Contact: Michael Harrington
Telephone Number: 973-317-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Garden State Parkway Maintenance District 5, Bldg 150
Street Address: Milepost 116, Telegraph Hill
City, State, Zip Code: Holmdel, NJ 07732
County Code: Monmouth

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

Square Feet: 3,000+
# of Floors: 2
Bldg. Age: 50+

Current Use (Prior to Demolition):
Vehicle Maintenance Bldg

Name of Monitoring Firm Hired by Building Owner:
ASCM No. Unicorn Contracting Corp.
Street Address: 32 Willow Way
City, State, Zip Code: Woodland Park, NJ 07424

Project Manager for Monitoring Firm:
Telephone No. 973-333-9176
Name of OSHA Monitor: Envirovision Consultants, Inc.

Start Date: 07/26/2018
Scheduled Completion Date: 08/09/2018

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

Scope of Work:
- 23 sf or 33 if
- 160 sf or 260 if
- Demolition
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAULK</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>CAULK</td>
<td>100 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Unicorn Contracting Corp.
NJDEP Waste Hauler ID No.: 0035844
Cubic Yards of Waste: 3+

City, State: Woodland Park, New Jersey
City, State: Fairless Hills Landfill

Completed by: Zhivko Nikolov
Title: President
Signature
Date: 07/16/2018
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
7/17/18

Name of Building Owner/Operator (2)  
Matt's Construction

Agencies Notified  
- [ ] EPA  
- [x] DEP  
- [x] DOL  
- [x] DOH  
- [x] DCA  
- [x] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

Street Address  
14 Irene Ct  
City, State, Zip Code  
Lakewood, NJ 08701

Name of Contact  
Faigy  
Telephone Number  
732-905-4494

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
1257 Coronado St

Street Address  
1257 Coronado St

City (5)  
Lakewood

County Code (7) (STATE USE ONLY)  

County (6)  
Ocean

Square Feet  
1258

# of Floors  

Bldg. Age

Current Use (Prior to being demolished)  
home

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKewood, NJ 08701

Telephone No.  
732-888-9078

License No.  
1200

Start Date (10)  
7/27/18

Scheduled Completion Date (11)  
7/31/18

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKewood, NJ 08701

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe:  

Scope of Work (Check All That Apply)  

- [ ] 23 sf or 23 if  
- [x] 160 sf or 2260 if  
- [ ] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility (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)  
2000SF

Abatement Type  

Removal  
Repair  
Encapsulate

Endorse

EXTerior

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
10

Name of Registered Landfill  
IESI

City, State  
NEWARK, NJ

Disposal Date  
7/31/18

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature  

Date

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

Date of Notification (1) 7/12/2018

Name of Building Owner/Operator (2) Dumont Washington Promenade Urban Renewal LLC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Name of Facility Where Abatement is Taking Place (3)
Former Municipal Building

Street Address
820 Morris Turnpike
City, State, Zip Code
Short Hills, NJ 07078

Name of Contact
Mr. Joseph DeNivo

Telephone Number
(973) 487-5000

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
35,000

# of Floors
3

Bldg. Age
95

Office Building

Current Use (Prior if being demolished)

County Code (7) (STATE USE ONLY)

Street Address
50 Washington Avenue

City (5)
Dumont

County Code (6)
Bergen

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

Name of Abatement Contractor (9)
Sky Contracting, LLC

ASCM No.

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
(973) 928-5040

License No.
00874

Start Date (10)

2/3/18

Occupancy Status During Abatement (Check Only One)

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

Scheduled Completion Date (11)

9/1/18

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
- 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, VAC, or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Completed by
Predrag Sarcev
Vice President

Signature

Date
7/12/2018

* 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>Basement (throughout)</td>
<td>x</td>
<td>Pipe Insulation &amp; associated fittings</td>
<td>400 LF</td>
<td>x</td>
</tr>
<tr>
<td>Basement (throughout)</td>
<td>x</td>
<td>Floor Tiles Beige (bottom layer) &amp; mastic</td>
<td>11,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>First Floor (throughout)</td>
<td>x</td>
<td>Floor Tiles Beige (bottom layer) &amp; mastic</td>
<td>7,500 SF</td>
<td>x</td>
</tr>
<tr>
<td>Second Floor (throughout)</td>
<td>x</td>
<td>Floor Tiles Beige (bottom layer under plywood) &amp; mastic</td>
<td>12,000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Third Floor Playroom &amp; Kitchen</td>
<td>x</td>
<td>Floor Tiles Beige &amp; mastic</td>
<td>1,500 SF</td>
<td>x</td>
</tr>
<tr>
<td>Roof</td>
<td>x</td>
<td>Roofing Material &amp; Roof Flashing</td>
<td>18,000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 4959/17 CHECK # 29036 AMENDMENT #9 - WORK HOURS CHANGED

Date of Notification (1) 7/13/18
Agency Notified Name of Building Owner / Operator (2)
NJIT

Name of Facility Where Abatement is Taking Place (3)
NJIT - FACULTY MEMORIAL HALL

Street Address
323 DR. MARTIN LUTHER KING BLVD.
NEWARK, NJ 07102

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

Square Feet 92,516
# of Floors 5
Bldg. Age 51

Current Use (Prior if being demolished)
UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)
OMEGA ENVIRONMENTAL ASCM No. 00120

Name of Abatement Contractor (9)
ETS CONTRACTING, INC.

Street Address
280 HUYLEY STREET
SOUTH HACKENSACK, NJ 07606

City, State & Zip Code
NEWARK ESSEX

Street Address
160 CLAY STREET
BROOKLYN, NY 11222

City, State & Zip Code

Project Manager for Monitoring Firm
ALEX PALLETS Telephone Number 201-310-9665

Telephone Number
718-709-6300

License Number 00511

Name of OSHA Monitor
TESTOR TECH.

Street Address
10 59 JACKSON AVENUE
LONG ISLAND CITY, NY 11101

City, State & Zip Code

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours -
Describe: MONDAY - SATURDAY 6:00 AM - 2:30 AM

Scope of Work (Check all that apply)
Demolition
Renovation
Large Project

Quantity is ≥ 3 SF or ≥ 3 LF ACM

Quantity is ≥ 160 SF or ≥ 260 LF ACM

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 Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

BASEMENT - BOILER ROOM
Yes
PIPE INSULATION
150 LF
TENT / GLOVEBAG OR GLOVEBAG

ROOF LEVEL
Yes
ROOFING & FLASHING
2400 SF
EXTERIOR NON-FRIABLE PROCEDURES

BASEMENT - BOILER ROOM
Yes
PIPE INSULATION (WRAP & CUT)
60 LF
TENT

BASEMENT - HALLWAY & ROOMS
No
PIPE INSULATION
45 LF
TENT

FACADES - NORTH & SOUTH
No
TRANSITE
2,000 SF
EXTERIOR NON-FRIABLE PROCEDURES

1st FLOOR
No
PIPE INSULATION (WRAP & CUT)
WINDOW GLAZING
213 LF
76 SF
TENT
EXTERIOR NON-FRIABLE PROCEDURES
<table>
<thead>
<tr>
<th>Floor</th>
<th>Insulation</th>
<th>Length (LF)</th>
<th>Area (SF)</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>No</td>
<td>100</td>
<td>213</td>
<td>TENT</td>
</tr>
</tbody>
</table>
|          | PIPE INSULATION (WRAP & CUT)
|          | WINDOW GLAZING |              | EXTERIOR NON-FRIABLE PROCEDURES |
|          | FLOOR TILES & MASTIC | 96       | NON-FRIABLE PROCEDURES |
| 3rd      | No         | 100         | 213       | TENT       |
|          | PIPE INSULATION (WRAP & CUT)
|          | WINDOW GLAZING |              | EXTERIOR NON-FRIABLE PROCEDURES |
|          | FLOOR TILES & MASTIC | 96       | NON-FRIABLE PROCEDURES |
| 4th      | No         | 100         | 213       | TENT       |
|          | PIPE INSULATION (WRAP & CUT)
|          | WINDOW GLAZING |              | EXTERIOR NON-FRIABLE PROCEDURES |
|          | FLOOR TILES & MASTIC | 96       | NON-FRIABLE PROCEDURES |
| Penthouse| No         | 213         |           | TENT/GLOVEBAG OR GLOVEBAG |

Name of Registered Waste Hauler #1: JIMMY BYRNE T/A JIMMY BYRNE TRUCKING
NJDEP Waste Hauler ID #: 19551
Cu. Yds. of Waste: 90
Name of Registered Landfill #1: MINERVA ENTERPRISES, INC.
City, State: 1199 RANDALL AVENUE, BRONX, NY 10474
Disposal Date: TBD
City, State: 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By: THOMAS AHERN
Title: Project Executive
Signature: [Signature]
Date: 7/28/2018

RECEIVED
JUL 20 2018
ASBESTOS CONTROL & LICENSING