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

**Date of Notification:** 07/19/2016

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Phillipsburg Board of Education</td>
</tr>
</tbody>
</table>

**Street Address:** 445 Marshall Street

**City, State, Zip Code:** Phillipsburg, NJ 08865

**Name of Contact:** George Rullo

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Phillipsburg High School

**Street Address:** 200 Hillcrest Boulevard

**City:** Phillipsburg, NJ 08865

**County:** Warren

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

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Monitoring Firm Hired by Building Owner:** Aero Environmental Services

**ASCM No.:**

**Name of Abatement Contractor:** Be Construction Corporation

**Street Address:** 236 Watchung Avenue

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

**Telephone No.:** 973-328-3160

**License No.:** 01231

**Name of OSHA Monitor:** Schneider Laboratories Global Inc.

**Street Address:** 2512 W Cary Street

**City, State, Zip Code:** Richmond, VA. 23220

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

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

**Start Date:** 07/30/2016

**Scheduled Completion Date:** 08/01/2016

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

- 23 sf or 23 if
- 180 sf or 2260 if

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement - beneath boys locker rm</td>
<td>X</td>
<td>Yes</td>
</tr>
<tr>
<td>Basement - beneath girls locker rm</td>
<td>X</td>
<td>No</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material:**

- Pipe Insulation

**Amount (Specify SF or LF):** 4LF

**Abatement Type:**

- Removal
- Encapsulate
- Dispose
- Endorse

**Name of Registered Waste Hauler:** Be Construction Corporation

**NJDEP Waste Hauler ID No.:**

**Cubic Yards of Waste:**

**Name of Registered Landfill:** Tullytown Facility

**City, State:** West Orange, NJ 07052

**Disposal Date:**

**Completed by:** Barbara Reed

**Title:** President

**Signature:**

**Date:** 07/19/2016

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>07/14/2013</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Dover BOE</td>
</tr>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendment # Emergency (including justification) Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Grace St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Dover, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Gomez</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>East Dover Elementary School</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 E. McFarlan St</td>
</tr>
<tr>
<td>City</td>
<td>Dover, NJ</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Passaic</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility</td>
<td>School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>RAMM</td>
</tr>
<tr>
<td>telephone No.</td>
<td>(201)475-9880</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Nick Restoration LLC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-933-2550</td>
</tr>
<tr>
<td>License No.</td>
<td>01133</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Iris Environmental</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rodger Headrick</td>
</tr>
<tr>
<td>Street Address</td>
<td>77 Nottingham Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn</td>
</tr>
<tr>
<td>Project Completion Date</td>
<td>07/18/2016</td>
</tr>
<tr>
<td>07/16/2016</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Other – Describe</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Anglo Ame, Demolition to 33 sf or 33 sf or 22 sf or 280 sf</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) To Be Abated in Facility</td>
<td>Fields House TSI- Wrap &amp; Cut</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>Fields House TSI- Wrap &amp; Cut</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff</td>
<td>Fields House TSI- Wrap &amp; Cut</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Fields House TSI- Wrap &amp; Cut</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Nick Restoration</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>G.R.O.W.S</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ 07083</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TDB</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>TBD</td>
</tr>
<tr>
<td>Completed by</td>
<td>Elvira Mrda</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td>Elvira Mrda</td>
</tr>
<tr>
<td>Date</td>
<td>07/14/2016</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:80 and 12:128)

**Date of Notification:** 7/14/16  
**Name of Building Owner/Operator:** Arleen Dunne

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

**Type Notification:** Initial

**Street Address:** [Redacted]

**City, State, Zip Code:** Hasbrouck Heights, NJ 07604

**Name of Contact:** Arleen Dunne

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

**Type of Facility:** Residential Home

**Square Feet:** 1600

**Number of Floors:** 2

**Building Age:** 80+/-

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

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

**Name of Abatement Contractor:** All Stages Abatement Inc.

**Street Address:** 280 N. Midland Ave.

**City, State, Zip Code:** Saddle Brook, NJ 07663

**Telephone No.:** 201-600-3184

**License No.:** 01305

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**Start Date:** 7/29/16

**Scheduled Completion Date:** 8/12/16

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

**Scope of Work:**

- Renovation
- Demolition

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

- Basement

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

- Yes: x

**Description of Asbestos-Containing Material (ACM):** Pipe Insulation 52

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

**Abatement Type:**

- Removal
- Repair
- Encapsulation
- Endorsement

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

**NJ/DEP Waste Hauler ID No.:** 04509

**Cubic Yards of Waste:** 2CU

**Name of Registered Landfill:** IESI Landfill

**Disposal Date:** TBD

**City, State:** Bethlehem, PA

**Completed by:** Richard Cristofol

**Title:** President

**Signature:** [Signature]

**Date:** 7/14/16

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
07/08/2016

Name of Building Owner/Operator (2)  
Onofrio Chillemi

Street Address  
513 Willow Avenue

Name of Contact  
Bruce Russo

City, State, Zip Code  
Hoboken, NJ 07030

FACILITY INFORMATION

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

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

Sq. Feet: 6,00  
# of Floors: 1  
Bldg. Age: 80

Current Use (if being demolished):  

Name of Contractor (9)  
Industrial Safety & Environmental Solutions, Inc.

Street Address  
3300 Hudson Avenue

License Number  
01124

City State, Zip Code  
Union City, NJ 07087

Name of OSHA Monitor  
ISES, Inc.

Project Manager for Monitoring Firm  
ISES

Telephone Number  
(201)325-0055

Street Address  
3300 Hudson Avenue

Telephone Number  
(201)325-0055

City State, Zip Code  
Union City, NJ 07087

License Number  
01124

Name of OSHA Monitor  
ISES, Inc.

Scheduled Start Date (10)  
07/18/2016

Scheduled Completion Date (11)  
07/22/2016

Occupancy Status During Abatement (Check only one)  
( ) Facility Closed/Vacated During Entire Period of Abatement  
( ) Abatement Performed Outside of Normal Facility Hours -  
( ) Other - Describe: Building Garage not occupied

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

( ) Minor Project (< 25 SF or < 10 LF ACM)  
( ) Small Project (>25 <160 SF or >10 <280 LF ACM)  
( X ) Large Project (>160 SF or > 280 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)  
YES NO N/A

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

Amount (Specify SF or LF)  

Abatement Type

( ) Removal  
( ) Repair  
( ) Encapsulate  
( X ) Endorsement

Location of Asbestos-Containing Material (ACM)  
To be Abated in Facility (13)

Name of Reg. Waste Hauler  
Atlas Disposal Options, Inc.

NJDEP Waste Hauler ID #  
50452

Cubic Yards of Waste  
15

Name of Reg. Landfill  
Grand Central Sanitation
1963 Pen Argyl Road

City State  
311 East Blackwell Street, Dover, NJ 07801

Disp. Date  
07/20/2016

City State  
Pen Argyl, PA 18072

Completed by (Print or Type)  
David Camacho  
Project Supervisor

Signature  

Date  
07/08/2016
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-19-16</td>
<td>ESTATE OF SUSAN BARONE</td>
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</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Amended</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
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<table>
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<tr>
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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>GLEN RIDGE, NJ 07028</td>
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<table>
<thead>
<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>
<td>ESTATE OF SUSAN BARONE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
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<tr>
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<td>GLEN RIDGE</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
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<tbody>
<tr>
<td>ESSEX</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No. (specify each)</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>7-29-16</td>
<td>7-30-16</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe: 8AM 5PM</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 fl</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 280 sf</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN. Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
</tr>
<tr>
<td>SF or LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17109</td>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4 yd</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises ,LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack</td>
<td>7-30-16</td>
<td>Waynesburg, Oh. 44688</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. WELDRAM</td>
<td>Estimator</td>
<td>R. WELDRAM</td>
<td>7-19-16</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos removal exempted activities.*
# 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>
<th>7/18/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EVANS COMMUNITY SERVICES</td>
</tr>
<tr>
<td>Street Address</td>
<td>99 DEGROFF PLACE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>FAIR RIDGE - 07668</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>TIMOTHY GILMARTN</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>-</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>EVANS COMMUNITY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>99 DEGROFF PLACE</td>
</tr>
<tr>
<td>City (5)</td>
<td>FAIR RIDGE</td>
</tr>
<tr>
<td>County Code (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>DETAIL ASSOCIATES</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>0012</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>BEST REMOVAL INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 SOUTH RIVER ST</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HACKENSACK, N.J. 07601</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>STEPHEN K. ZELEWSKY</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444 - 00388</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/4/16</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>8/5/16</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>- Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>- Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>- Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>≥ 3 of or ≥ 3 ft</td>
<td></td>
</tr>
<tr>
<td>≥ 10 of or ≥ 3 ft</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>IN Facility</td>
</tr>
<tr>
<td>Used Solely by</td>
<td>Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
<td></td>
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<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Pristine Procedure</td>
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**FIRST FLOOR**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>BEST REMOVAL INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINVERA ENTERPRISES, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>HACKENSACK, N.J. 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/4/16</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. MAIORANO</td>
</tr>
<tr>
<td>Title</td>
<td>ESTIMATOR</td>
</tr>
<tr>
<td>Signature</td>
<td>MAIORANO</td>
</tr>
<tr>
<td>Date</td>
<td>7/18/16</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 8:69 and 12:120)

**Name of Building Owner/Operator:** SHLOMO HOROWITZ

- **Street Address:** 1301 VENTURA DRIVE
  City, State, Zip Code: LAKewood, NJ, 0871

**Name of Contact:** SHLOMO HOROWITZ

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** [Redacted]
- **County Code:** OCEAN
- **Current Use:** HOME
- **Type of Facility:** School (K-12)
- **Square Feet:** 2,000
- **# of Floors:** 3
- **Blg. Age:**

**Name of Monitoring Firm Hired by Building Owner:** [Redacted]

**Name of Abatement Contractor:** AAA LEAD PROFESSIONALS

- **Street Address:** 6 WHITE DOVE COURT
  City, State, Zip Code: LAKewood, NJ, 08701

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

**Scope of Work (Check All That Apply):**
- [x] 23 sf or <23 sf
- [x] 160 sf or >=260 sf
- [ ] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR</td>
<td>Yes</td>
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</tbody>
</table>

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

**Amount (Specify SF or LF):** 2500 SF

**Abatement Type:**
- [x] Endorse

**Name of Registered Waste Hauler:** NEWARK CARTING

- **NJDEP Waste Hauler ID No.:** 04509

**Disposal Date:** 08/08/16

**Name of Registered Landfill:** IESI

**City, State:** BETHLEHEM, PA

**Completed by:** JOSEPH PERLSTEIN

- **Title:** Owner

**Signature:** [Signature]

**Date:** 07/19/16

---

*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:** 07 / 19 / 16

**Name of Building Owner/Operator:** Robert Butler

**Agencies Notified:**
- [X] DOLWD
- [X] DHSS
- [ ] EPA
- [ ] DCA (NJAC 5:23-8)

**Type Notification:**
- [X] Initial
- [ ] Amended

**Amendment #**
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:**

**City, State, Zip Code:**

**Name of Contact:**

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Private house**

**Street Address:**

**City:** Essex Fells, NJ 07021

**County:** Essex

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

---

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

**ASCM No.:**

**Name of Abatement Contractor:**

Gr Tech LLC

**Street Address:**

576 Valley Rd #283

**City, State, Zip Code:**

Wayne, NJ 07470

**Telephone No.:**

973-638-1777

**License No.:**

01127

**Name of OSHA Monitor:**

Envirosion Consultants, Inc

**Street Address:**

20-21 Wagawar Road, Bldg. #35E

**City, State, Zip Code:**

Fair Lawn, NJ 07410

---

**Occcupancy Status During Abatement:**

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

**Time of Abatement:**

- [ ] AM
- [ ] PM

**Scope of Work:**

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

---

**Location of Asbestos-Containing Material (ACM) to Be Abated:**

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ] Yes</td>
<td>Pipe insulation</td>
<td>8 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>[X] No</td>
<td>Duct insulation</td>
<td>150 SF</td>
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**Name of Registered Waste Hauler:**

Gr Tech LLC

**NDEP Waste Hauler #:**

0033785

**Cubic Yards of Waste:**

TBD

**Name of Registered Landfill:**

T.R.R.F. Inc

**Disposal Date:**

TBD

**City, State:**

Tullytown, PA

**Name of Registered Landfill:**

**Date:**

07/19/16

---

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

**Title:**

**Signature:**

**Date:**

07/19/16

---

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

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

**Date of Notification:** July 18, 2016

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

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

**Name of Building Owner/Operator:** The Valley Hospital

**Street Address:** 223 North Van Dien Avenue

**City, State, Zip Code:** Ridgewood, NJ 07450-2736

**Name of Contact:** William Stasiak

**Telephone Number:**

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** The Valley Hospital
- **Street Address:** Bergen Wing, Lower Level- Telecom Room
- **City:** Ridgewood
- **County:** Bergen

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

**Sq. Feet:** Unknown

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

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

**Street Address:** 511 MAIN STREET

**City, State, Zip Code:** Butler, NJ 07405

**License Number:** 00840

**Name of OSHA Monitor:** EMSL Inc.

Street Address:
- **1056 Stelton Road**
- **City, State, Zip Code:** Piscataway, NJ 08854

**Source of Work (Check all that apply):**
- [X] 160 sf or ≥ 200
- 2 or 3 sf or ≥ 100

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
- Other - Describe: 4pm-1am

- [X] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Meadowfill Landfill

**Disposal Date:**
- **Hauler #1:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
  - NJ DEP # 12561
- **Hauler #2:** Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

**Completed by:**
- **Marin Graure:** SENIOR PROJECT MANAGER

**Signature:** Marin Graure

**Date:** July 18, 2016

**GAC #:** 2016-575
State of New Jersey - Notification of Asbestos Abatement

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

**Date of Notification**
July 19, 2016

**Name of Building Owner/Operator**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Notification Type**
- X Initial Notification
- □ Amended Certification
- □ Emergency (including justification)
- □ Cancelled

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
PISCATAWAY, NJ 08854

**City, State, Zip Code**

**Name of Contact**
Michael Smith, ENV HEALTH & SAFETY

**Telephone Number**

**Name of Facility Where Abatement is Taking Place**
School Dental Medicine- Bldg # 7253

**Street Address**
RBHS Newark Campus

**City**
Newark

**County**
Essex

**County Code**
0098

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

**Type of Facility**
- □ School (K-12)
- X Subchapter B (other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
  - Sq. Feet: Unknown
  - # of Floors: 7
  - Built Age: 70 years

**Current Use (prior to being demolished):**
Academic

**Name of Monitoring Firm Hired by Bldg. Owner**
ATC Associates

**Street Address**
3 TERRI LANE

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

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-386-8800

**Scheduled Start Date**
July 29, 2016

**Scheduled Completion Date**
August 1, 2016

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
  - Other - Describe: 5am – 5am

**Source of Work (Check all that apply)**
- X ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260

**X** Renovation

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

**Is Location Normally Used Solely by Maint./Custodial Staff?**

**YES**

**NO**

**NA**

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

**Name of Registered Landfill**
GROWS North Landfill

**Name of Registered Landfill**

**Disposal Date**
August 1, 2016

**City, State, Zip Code**

**Name of Registered Landfill**

**Name of Registered Landfill**

**Name of Registered Landfill**

---

**Hauler #1**
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

**Hauler #2**
Newark Carting, Inc. Newark, NJ NJDEP # 4509

**Completed by (Print or Type):**
Raymond C. Pedalino

**Title**
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
July 19, 2016
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Initial Friable Notification**  
Check #: 6680

**Date of Notification:** 07/01/2016  
**Receive:** JUL 22 2016

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

**Type of Notification:**  
- [X] Initial Notification  
- [ ] Amended Notification  
- [ ] Cancellation

**Name of Building Owner/Operator:**  
Newark Public Schools  
Street Address: 2 Cedar Street  
City, State, Zip Code: Newark, NJ 07107

**Name of Contact:**  
Benjamin Olagadeyo  
Telephone Number:

**Facility Information**

**Name of Facility Where Abatement is Taking Place:**  
Abington Avenue School  
Street Address: 209 Abington Avenue  
City: Newark, NJ 07107  
County: Essex  
**Type of Facility:**  
- [X] School (K-12)  
- [ ] Subchapter B (Other than K-12)  
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 60000  
**# of Floors:** 3  
**Bldg. Age:** 50

**Name of Monitoring Firm Hired by Building Owner:**  
TTL-Environmental Inc  
**Building ASCM No.:** 0003

**Name of Abatement Contractor:**  
Four Strong Builders, Inc.  
Street Address: 1253 North Church Street  
City, State, Zip Code: Moorestown, NJ 08057  
**Telephone Number:** 609-840-8815

**Project Manager for Monitoring Firm:** Jim Guilardi  
**License Number:** 973-614-0377  
**Name of OSHA Monitor:**

**Scheduled Start Date:** 07/01/2016  
**Scheduled Completion Date:** 07/17/2016  
**Occupancy Status During Abatement:**  
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:

**Scope of Work:**  
- [X] Demolition  
- [ ] 3 sf of 0 - 1500 sf  
- [X] 160 sf or >2600 sf  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**  
Throughout the school  
- X removal of wall and ceiling plaster  
- X pipe insulation removal

**Amount (Specify SF or LF):**  
- 29464 sq.ft  
- 250 Lf.

**Name of Registered Waste Hauler:**  
Four Strong Builders, Inc.  
**Hauler ID No.:** 12609

**Name of Registered Landfill:**  
G.R.O.W.S., Inc.  
City, State: Clifton, NJ 07013  
**Disposal Date:**

**Completed By:** Nevenko Zivkovic  
**Title:** Officer  
**Signature:**  
**Date:** 7/19/16

---

**G4657**
Date of Notification (1) 7-21-16

Name of Building Owner/Operator (2) DEPT OF THE ARMY

Street Address P.O. BOX 1600

City, State, Zip Code HUNTSVILLE, PA 35807

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORT MONMOUTH ARMY BASE

Street Address 502 BREWER AVENUE

City (5) OCEANPORT

County (6) MONMOUTH

County Code (7) (STATE USE ONLY) 

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

Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES

Project Manager for Monitoring Firm ERIC SUTHERLAND

Telephone No. 610-891-0114

Start Date (10) 7-25-16

Scheduled Completion Date (11) 8-31-16

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovabag 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

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No. 

Cubic Yards of Waste 

Name of Registered Landfill A & L SALVAGE

City, State NEW CASTLE, DE

Disposal Date 

City, State LIBSON, OH

Completed by JENNIFER NIVEN Title DIR. OF OPERATIONS Signature 

Date 7-21-16

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

**PRICE SPREADSHEET**

Contractor may provide additional relevant fixed unit pricing if needed to complete the effort. Unit Prices included herein have no bearing of the contract price and are proposed as an estimate only to provide a basis for determining a fair and reasonable price. This is a performance-based contract and the inclusion of unit prices in the proposal shall in no way be construed as the Government is procuring a specified number of units of any given service.

<table>
<thead>
<tr>
<th>Task</th>
<th>Task Name</th>
<th>Task Pricing</th>
<th>Unit Price</th>
<th>Units</th>
<th>Number of Units</th>
<th>Total Price</th>
</tr>
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<tbody>
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<td>1</td>
<td>Work Plans (to include all Drafts/ Final Documents, Draft QASP and comment response)</td>
<td>FFP</td>
<td>LS</td>
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<td>Building 209</td>
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<td>2.1</td>
<td>1st Fl, SW; Removal of ACM 50 LF</td>
<td>FFP</td>
<td>LS</td>
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<td>1st Fl, NC; Removal of ACM 50 LF</td>
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<td>LS</td>
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<td>1st Fl, NW; Removal of ACM 50 LF</td>
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<td>3.1</td>
<td>Basement – Repair of 400 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td>3,000</td>
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<td>3.2</td>
<td>Basement – Repair of 40 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td>1,200</td>
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<td>3.3</td>
<td>1st Fl – Repair of 15 LF of ACM Pipe Insulation</td>
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<td>3.4</td>
<td>2nd Fl – Room 4 Removal of 10 SF of ACM TSI Debris</td>
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<td>4.1</td>
<td>Basement – Removal of Flue Packing 2 SF</td>
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<td>4.2</td>
<td>Attic and Chase – Repair of 30 LF of Four Inch ACM Pipe Insulation</td>
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<td>LS</td>
<td>1,200</td>
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<td>Building 286</td>
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<tr>
<td>5.1</td>
<td>Boil Room - 1st Fl – Removal of 2 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
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<td>5.2</td>
<td>Basement – Room 024A – Removal of 1 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
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<td>Basement – Room 009A – Removal of 1 LF of ACM Pipe Insulation</td>
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<td>LS</td>
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<td>5.4</td>
<td>2nd Fl, Womens Room – Room 024A – Removal of 50 LF of ACM Pipe Insulation</td>
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<td>6.1</td>
<td>Southeast – Repair 25 LF of ACM Pipe Insulation</td>
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<td>LS</td>
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<td>7.1</td>
<td>Mechanical Rm – Repair 10 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
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<tr>
<td>7.2</td>
<td>Mechanical Rm – Repair 10 LF of ACM Pipe Fittings</td>
<td>FFP</td>
<td>LS</td>
<td>200</td>
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<tr>
<td>Task</td>
<td>Task Name</td>
<td>Task Pricing</td>
<td>Unit Price</td>
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<td>Outside Office – Removal 1 of ACM Pipe Fitting</td>
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<td>100</td>
<td>1,200</td>
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<td>8.1</td>
<td>Basement Battery Room – Repair 100 LF of ACM Duct Insulation</td>
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<td>9.1</td>
<td>AC Room – Repair 26 ACM Duct Pipe Fittings</td>
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<td>300</td>
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<td>Concession/HVAC/Storage Room – Repair 12 ACM Duct Pipe Fittings</td>
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<td>LS</td>
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<td>300</td>
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<td>Boiler Room – Repair 22 SF Tank Insulation</td>
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<td>Boiler Room – Removal 90 SF Boll Insulation</td>
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<td>Basement – Corridor – Removal of 133 LF of ACM Pipe Insulation</td>
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</tr>
<tr>
<td>10.2</td>
<td>1st Fl – Room 107 – Repair of 5 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>10.3</td>
<td>1st Fl – Women's Room – Repair of 10 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>10.4</td>
<td>1st Fl – Women's Room (former men's room) – Repair of 5 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>10.5</td>
<td>1st Fl – Janitor's Closet by room 162 – Repair of 20 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>10.6</td>
<td>1st Fl – Stairwell by room 162 – Repair of 25 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>10.7</td>
<td>1st Fl – Wing North – Repair of 800 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>8,250</td>
<td></td>
</tr>
<tr>
<td>10.8</td>
<td>2nd Fl – Room 231 – Repair of 10 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>10.9</td>
<td>2nd Fl – Room 230 – Removal of 1 LF of ACM Debris</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>10.10</td>
<td>2nd Fl – Throughout Wing on West – Removal of 20,000 SF of 2 X 2 Tiles</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>84,000</td>
<td></td>
</tr>
<tr>
<td>10.11</td>
<td>Basement, Crawlspace 2 – Repair of 800 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>8,000</td>
<td></td>
</tr>
<tr>
<td>10.12</td>
<td>Basement, Crawlspace 2 – Removal of 5200 SF of ACM Debris with Detailed cleaning</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>26,000</td>
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</tr>
<tr>
<td>10.13</td>
<td>Basement, Crawlspace 1 – Repair of 2000 LF of ACM Pipe Insulation</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>10.14</td>
<td>Basement, Crawlspace 1 – Removal of 13,780 SF of ACM Debris with Detailed cleaning</td>
<td>FFP</td>
<td>LS</td>
<td></td>
<td>65,520</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTINGENCY TASKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.1</td>
<td>Repair of 4000 LF of ACM Pipe Insulation. Provide a cost per unit up to 4000 LF</td>
<td>FFP</td>
<td>LS 15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.2</td>
<td>Repair of 100 EA Pipe Fittings. Provide a cost per unit up to 100 Pipe Fittings</td>
<td>FFP</td>
<td>LS 20.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.3</td>
<td>Removal of 1000 LF of ACM Pipe Insulation. Provide a cost per unit up to 1000 LF</td>
<td>FFP</td>
<td>LS 25.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.4</td>
<td>Removal of 100 EA Pipe Fittings. Provide a cost</td>
<td>FFP</td>
<td>LS 26.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:120)

Date of Notification (1) 7/19/16

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

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

Name of Building Owner/Operator (2)
210 MAIN URBAN RENEWAL, LLC

Street Address
210 MAIN STREET

City, State, Zip Code
HACKENSACK, NJ 07601

Name of Contact
DAVE WILLIAMS

Facility Information

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

Street Address
210 MAIN STREET

City (5)
HACKENSACK

County Code (7)
BERGEN

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

ASCM No.

Name of Abatement Contractor (9)
A. MAC Contracting Inc

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

Square Feet
119,000

# of Floors
10

Bldg. Age
60

Current Use (Prior if being demolished)
RESIDENTIAL

Name of OSHA Monitor
Omega Environmental Services Inc

Street Address
185 Highfield Ave.

City, State, Zip Code
Midland Park, NJ 07432

Project Manager for Monitoring Firm
JEREMY HAVETT

Telephone No.
909-665-7777

License No.
00156

Start Date (10)
8/1/16

Scheduled Completion Date (11)
11/1/16

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

Location of Asbestos-Containing Material (ACM)

Location of
Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler
Newark Carting, Inc

Cubic Yards of Waste

Disposal Date
8/1/16

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code
Newark, NJ 07105

NJDEP Waste Hauler ID No.
04509

Name of Registered Landfill

Completed by
R. McDonald

Title
President

Signature

Date
7/19/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1) 7/19/16

Name of Building Owner/Operator (2) Puskas

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

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

Street Address [REDACTED]

City, State, Zip Code New Brunswick, NJ 08901

Name of Contact Joseph Puskas

Telephone Number

FACILITY INFORMATION

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

Street Address [REDACTED]

City (5) New Brunswick, NJ 08901

County (6) Middlesex

County Code (7) (STATE USE ONLY) 00493

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

ASCM No.

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

Street Address PO Box 341

City, State, Zip Code Crosswicks, NJ 08515

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 7/29/16

Scheduled Completion Date (11) 8/5/16

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am - 4 pm

Scope of Work (Check all that apply)
- 23 sf or 23 if
- 160 sf or 260 if

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

IN Facility (13)

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)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

NJ/DEP Waste Hauler ID No. 18292

Cubic Yards of Waste 3 CU

Name of Registered Landfill GROWS Landfill

City, State Allentown, NJ

Disposal Date 8/5/16

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 7/19/16

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