**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12;120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/19</td>
<td>sarah izzo</td>
<td>EPA</td>
<td>Initial</td>
<td>sarah izzo</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>sarah izzo</td>
<td>MAPLEWOOD, NJ 07040</td>
</tr>
</tbody>
</table>

**Type of Facility**

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

**Square Feet # of Floors**

**Current Use**

**Scope of Work**

- 2 sf or 2 ft
- Renovation
- 160 sf or 260 ft
- Demolition

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>115 LF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>BASEMENT BOILER, storage, crawl space</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

**Disposal Date**

07/19/2016

---

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

Date of Notification (1)  
07/17/16

Name of Building Owner/Operator (2)  
decker residence

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

Type Notification  
☐ Initial  
☒ Amended  
☐ Amendment #: 1

Emergency (Including justification)  
Scotch Plains, NJ 07076

Name of Contact  
hobbiemulvec

Telephone Number

Name of facility where abatement is taking place (3)  
decker residence

Street Address

City (5)  
Scotch Plains

County (6)  
UNION

County Code (7)  
(State use only)

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior if being demolished)

Start Date (10)  
07/20/16

Sched. Completion Date (11)  
08/15/16

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

Scope of Work (check all that apply)  
☒ ≥3 sf or ≥3 If  
☒ ≥160 sf or ≥260 lf  
☐ Demolition

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

Yes  
No  
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)  
20 LF FT

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

BASEMENT  

PIPE INSULATION

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERN, NJ 07503

Disposal Date  
07/21/16

City, State  
TULLYTOWN, PA

Complied by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

Date  
02/18/2016

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. / 21 / 16

Name of Building Owner/Operator (2)  
NJ DPMC/ Job # 1509-4949 Check #  

Agencies Notified  
☑ EPA  ☑ DOLWD  ☑ DHSS  
☐ DCA (NJAC 5:23-8)  
Type Notification  
□ Initial  
□ Amended  
□ Amendment #10  
□ Emergency (including justification)  
□ Cancellation

Street Address:  
PO Box 034

City, State, Zip Code  
Trenton, NJ 08625

Name of Contractor  
Scott Fertig

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
NJ Training School for Boys

Street Address  
1 State Street

City (5)  
Jamesburg, NJ

County (6)  
Middlesex

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

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
120 North Warren Street

City, State, Zip Code  
Trenton, NJ 08608

Project Manager for Monitoring Firm  
Dominic Derrico

Telephone No.  
609-392-4200

License No.  
00529

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

Time of Abatement: AM- PM

Scope of Work (Check all that apply)  
☐ ≥ 25 sf or ≥ 3 If  
☐ ≥ 190 sf or ≥ 60 If  
☑ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (1) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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, surfaceing, V/A, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson School Bldg. #3</td>
<td>☐</td>
<td>Plaster</td>
<td>&lt;25 SF</td>
<td>☐</td>
</tr>
<tr>
<td>Wilson School Bldg. #3</td>
<td>☐</td>
<td>Pipe Fitting Insulation</td>
<td>60 LF</td>
<td>☐</td>
</tr>
<tr>
<td>Carpentry Shop Bldg. #35</td>
<td>☐</td>
<td>Floor tile &amp; Mastic</td>
<td>325 SF</td>
<td>☐</td>
</tr>
<tr>
<td>Carpentry Shop Bldg. #35</td>
<td>☐</td>
<td>Pipe Fitting Insulation</td>
<td>40 LF</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
32

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

City, State  
Lumberton, NJ  
Tullytown, PA

Disposal Date  
8/31/16

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator

Signature  
Date 7/2/16

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

Date of Notification (1)  
7 / 21 / 16

Name of Building Owner/Operator (2)  
NJ DPMC/ Job # 1509-4949 Check #  

Agencies Notified  
☐ EPA  
☐ DOLWD  
☐ DHSS  
☐ DCA (NJAC 6:23-8)  

Type Notification  
☐ Initial  
☐ Amended Amendment #10  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
PO Box 034  

City, State, Zip Code  
Trenton, NJ 08625  

Name of Contact  
Scott Fertig  

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
NJ Training School for Boys

Street Address  
1 State Street

City (5)  
Jamesburg, NJ

County (6)  
Middlesex

County Code (7) (STATE USE ONLY)  

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
120 North Warren Street

City, State, Zip Code  
Trenton, NJ 08608

Project Manager for Monitoring Firm  
Dominic Derricole

Telephone No.  
609-392-4200

Start Date (10)  
10 / 21 / 15

Scheduled Completion Date (11)  
8 / 31 / 16

Current Use (Prior if being demolished)  
Training School

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

Square Feet  

# of Floors  

Bldg. Age

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  
☐ 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? (14)  
Yes  
No  
N/A

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

Amount (Specify SF or LF)  

Abatement Type

☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclose

Carpentry Shop Bldg. #35  

☐  
☐  
☐ Debris Clean up  
5 cy

Cottage #10  

☐  
☐  
☐ Pipe Fitting Insulation  
8 LF

Attic  

☐  
☐  
☐ Damaged Pipe Insulation  
20 LF

Wilson School #3  

☐  
☐  
☐ Floor tile & Mastic  
190 SF

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No.  
18750

Cubic Yards of Waste  
32

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

City, State  
Lumberton, NJ  
Tullytown, PA

Disposal Date  
8/31/16

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  
Operations Coordinator  
Signature  
Date  
7/21/16
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1):** 7 / 21 / 16

**Name of Building Owner/Operator (2):**
NJ DPMC/ Job # 1509-4949 Check #

**Street Address:** PO Box 034
**City, State, Zip Code:** Trenton, NJ 08625
**Name of Contact:** Scott Fertig

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
NJ Training School for Boys

**Street Address:** 1 State Street
**City:** Jamesburg, NJ
**County:** Middlesex
**County Code (NY STATE USE ONLY):**
**Current Use (Prior to being demolished):** Training School
**Square Feet:**
**# of Floors:**
**Bldg. Age:**

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

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

**Telephone No.:** 609-392-4200
**License No.:** 00529

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

**ASCM No.:**

**Project Manager for Monitoring Firm:**
Dominic Derricole

**Telephone No.:** 609-255-2107

**Start Date (10):** 10 / 21 / 15
**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 -

**Time of Abatement:**
- AM:
- PM:

**Scope of Work (Check all that apply):**
- ≥36 sq ft or ≥33 If
- ≥160 sq ft or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Rooms at unit vent locations</td>
<td>148 SF</td>
<td>☐ Removal ☐ Repair ☐ Encapsulate ☐ Endorse</td>
</tr>
<tr>
<td>Wilson School</td>
<td>15 SF</td>
<td>☐ Removal ☐ Repair ☐ Encapsulate ☐ Endorse</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:** 18750
**Cubic Yards of Waste:** 12
**Name of Registered Landfill:**
G.R.O.W.S. Landfill

**Disposal Date:** 8/31/16
**City, State:** Tullytown, PA

**Completed By (Print or Type):**
Gwendolyn Trumbetti
**Title:** Operations Coordinator
**Signature:**

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

State of New Jersey

Date of Notification (1) 7 / 20 / 16

Name of Building Owner/Operator (2) Camden County Technical Schools / Job #1608-5027 Check # 8449

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

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

Street Address
343 Berlin-Cross Keys Road

City, State, Zip Code
Sicklerville, NJ

Name of Contact
Robert Wilkinson

Received_ 2/5/2016

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden County Tech School

Street Address
343 Berlin-Cross Keys Road

City (5)
Sicklerville, NJ

County (6)
Camden

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Name of Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

License No.
00529

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

Current Use (Prior to being demolished)
School

Scope of Work (Check all that apply)
- 2-3 sf or 2-3 if
- 2-3 sf or 2-3 if
- 2-3 sf or 2-3 if
- 2-3 sf or 2-3 if
- Renovation
- Demolition

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

Amount (Specify SF or LF)

Abatement Type

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

Bathrooms & Closets

Pipe Insulation
3 LF

Fire Doors
2 each

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
4

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

City, State
Lumberton, NJ

Complanted By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Disposal Date
8/9/16

City, State
Tullytown, PA

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 / 15 / 16

**Name of Building Owner/Operator (2)**  
PSE&G / Job #1055-5019 Check #836

**Street Address**  
4000 Hadley Road

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

**Name of Contact**  
Chris Coleman

**FACILITY INFORMATION**

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

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

**Substation**  

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health and Safety Services

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

**Street Address**  
1475 Prospect Street

**City, State, Zip Code**  
Ewing, NJ 08638

**PO BOX 365**

**Berlin, NJ 08009**

**Project Manager for Monitoring Firm**  
Jim Proctor

**Telephone No.**  
856-452-1311

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

**License No.**  
00529

**Start Date (10)**  
6 / 20 / 16

**Scheduled Completion Date (11)**  
8 / 31 / 16

**Name of OSHA Monitor**  
EMSL Analytical

**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**

**Street Address**  
200 Route 130 North

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

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

**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)**  
144 LF

**Abatement Type**

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

**TO BE ABATED IN FACILITY**

**Along vertical sides of glass block frame windows**

**Loft Bathrooms**

**Please see attached**

**Name of Registered Waste Hauler**  
Environmental Transport Group, INC.

**NJDEP Waste Hauler ID No.**  
000692061

**Cubic Yards of Waste**  
40

**Name of Registered Landfill**  
Conestoga Landfill

**City, State**  
Flanders, NJ

**Disposal Date**  
8/31/16

**City, State**  
Morgantown, PA

**Completed By (Print or Type)**

**Gwendolyn Trumbetti**

**Operations Coordinator**

**Signature**

**Date**  
7/15/16

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Item / Description</th>
<th>Location</th>
<th>Potential Regulated Material</th>
<th>Estimated Total Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caulking</td>
<td>Along vertical sides of glass block frame windows</td>
<td>Asbestos</td>
<td>144 LF</td>
</tr>
<tr>
<td>VAT (Flooring)</td>
<td>Loft Bathrooms</td>
<td>Asbestos</td>
<td>240 SF</td>
</tr>
<tr>
<td>Black Expansion Joint</td>
<td>Center Warehouse Area Floor</td>
<td>Asbestos</td>
<td>64 LF</td>
</tr>
<tr>
<td>Exterior Black Coating on Red Brick</td>
<td>Exterior of Offices on Red Brick</td>
<td>Asbestos</td>
<td>140 SF</td>
</tr>
<tr>
<td>Vibration Cloth</td>
<td>HVAC Closet - Northeast Corner of Old/Front Office Area</td>
<td>Asbestos</td>
<td>2 SF</td>
</tr>
<tr>
<td>Black Vapor Barrier</td>
<td>Under/Behind Exterior Brick Façade of Old/Front Office Area</td>
<td>Asbestos</td>
<td>540 SF</td>
</tr>
<tr>
<td>Roofing Material</td>
<td>Front Office Roof</td>
<td>Asbestos</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Center Warehouse Roof</td>
<td>Asbestos</td>
<td>10,200 SF</td>
</tr>
<tr>
<td>9x9 inch Floor Tile (gray w/white streaks) and Associated Mastic</td>
<td>Mezzanine</td>
<td>Asbestos</td>
<td>240 SF</td>
</tr>
<tr>
<td>Black Floor Mastic</td>
<td>Old/Front Office Area Floor</td>
<td>Asbestos*</td>
<td>480 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Front Office Roof</td>
<td>Asbestos*</td>
<td>140 SF</td>
</tr>
<tr>
<td>Roof Flashing</td>
<td>Back Warehouse Roof</td>
<td>Asbestos*</td>
<td>140 SF</td>
</tr>
<tr>
<td>Green-Painted Wood Windows</td>
<td>Downstairs Front Office</td>
<td>LBP Haz Lead</td>
<td>(8) 3x4ft Windows, Sills, Frames</td>
</tr>
<tr>
<td></td>
<td>Upstairs Loft Area</td>
<td></td>
<td>(8) 3x5.5ft Windows, Sills, Frames</td>
</tr>
<tr>
<td></td>
<td>Downstairs Office Bathrooms</td>
<td></td>
<td>(2) 2x3ft Windows, Sills, Frames</td>
</tr>
<tr>
<td>Fluorescent Light Bulbs</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>192</td>
</tr>
<tr>
<td>Thermostats, Timers, etc.</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>8</td>
</tr>
<tr>
<td>High Intensity Flood Lamps</td>
<td>Throughout building</td>
<td>Mercury</td>
<td>28</td>
</tr>
<tr>
<td>Fluorescent Light Ballasts</td>
<td>Throughout building</td>
<td>PCB / Non-PCBs</td>
<td>150</td>
</tr>
</tbody>
</table>

**NOTES:**

*: PCBs were detected between 2.0ppm and 4.2 ppm below the EPA's 50ppm TSCA Bulk Product Waste requirements.

Potential regulated waste inventory as detailed from the Omega Pre-Renovation Report dated February 20, 2015 and the Bureau Veritas NA ACM, PCBs and LBP reports dated May 16, 2016. The Contractor is to notify PSE&G immediately should they encounter or identify any other suspected potential regulated waste.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 19 / 16

Name of Building Owner/Operator (2)
Point Pleasant Beach School District / Job #1603-5001 Check #5405

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

Type Notification
☑ Initial
☑ Amendment #1
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
299 Cooks Lane

City, State, Zip Code
Point Pleasant Beach, NJ 08742

Name of Contact
Mark McNamara

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Point Pleasant Beach High School

Street Address
700 Trenton Ave.

City (5)
Point Pleasant Beach, NJ 08742

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
High School

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
56 East Bridge Street

City, State, Zip Code
Morrisonville, PA 19067

Project Manager for Monitoring Firm
Richard Beach

Telephone No. 267-991-9212

Start Date (10) 7 / 18 / 16

Scheduled Completion Date (11) 7 / 25 / 16

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Richard Beach

Telephone No. 609-265-2107

License No. 00529

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 PW 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 (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

Endorsements

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

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

Breeze Way

☐ ☐ ☐ Window Caulk & Glazing 936 LF

☐ ☐ ☐ Transite Panels 960 SF

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Name of Registered Waste Hauler
AbateTech, Inc.

N.JDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
12

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

City, State
Lumberton, NJ

Disposal Date
7/25/16

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 7/19/16

MAY 11

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

**Date of Notification:** 7/18/16

**Name of Building Owner/Operator:** Johanna Lamstein

**Address:**
- **Street:** [redacted]
- **City:** River Edge
- **State:** NJ
- **Zip Code:** 07661

**Name of Contact:** Johanna Lamstein

**Telephone:** [redacted]

### Facility Information

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

**Street Address:** [redacted]

**City:** River Edge

**State:** NJ

**Zip Code:** 07661

**County:** Bergen

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

**Square Feet:** 1700

**# of Floors:** 2

**Bldg. Age:** 60 yrs

**Current Use:** Residential Home

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

**Type of Facility (4):**

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

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

**City:** Saddle Brook

**State:** NJ

**Zip Code:** 07663

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

**License No.:** 01305

**Name of OSHA Monitor:** [redacted]

**Start Date:** 8/1/16

**Scheduled Completion Date:** 8/20/16

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

**Scope of Work:**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frangible Procedure

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

**Location:**
- Basement

**Description:**
- VAT

**Amount:** 300 SF

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

**Normal Use by Maintenance/Custodial Staff:** Yes

**Location Normally Used by Maintenance/Custodial Staff:**

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

**Amount:** 300 SF

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

**Waste Hauler ID No.:** 04509

**Cubic Yards of Waste:** 4 CU

**Name of Registered Landfill:** IESI Landfill

**Disposal Date:** TBD

**City:** Bethlehem

**State:** PA

**Completed by:** Richard Cristofoli

**Title:** President

**Signature:** [redacted]

**Date:** 7/18/16

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:120)

Date of Notification (1):
07/19/2016

Name of Building Owner/Operator (2):
Manalapan-Englishtown Regional School

Manalapan-Englishtown Regional School

Agency Notified:

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:

- Initial
- Amended
- Amendment
- Emergency (Including justification)
- Cancellation

Street Address:
54 Main St
City, State, Zip Code:
Manalapan, NJ 07726

Name of Contact:
Vince Pietruchna

Facility Information:

Name of Facility Whose Abatement is Taking Place (3):
Lafayette Mills School
Street Address:
68 Maxwell Rd
City:
Manalapan, NJ
County:
Monmouth County

Name of Monitoring Firm Hired by Building Owner (8):
AHERA
Street Address:
P.O BOX 385
City, State, Zip Code:
Oceanville, NJ 08231

Project Manager for Monitoring Firm:
John Smoyer
Telephone No.:
(609)652-1833

Start Date (10):
08/03/2016

Scheduled Completion Date (11):
08/05/2016

Occupancy Status During Abatement (Check Only One):

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

Scope of Work (Check All That Apply):

- 

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

- 2 area - first floor

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):

- Wrap & Cut

Amount (Specify SF or LF):
22 Fittings

Abatement

- Removal
- Repair
- Encapsulate
- Presence

Waste Hauler:
Nick Restoration LLC

Waste Hauler ID No.:
33782

Cubic Yards of Waste:
TBD

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

Disposal Date:
TBD

City, State:
Randolph, NJ 07869

Completed by:
Elvira Mrda
Title:
President
Signature:
Date:
07/19/2016
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification:** 07/20/2016

**Name of Building Owner/Operator:** Phillipsburg Board of Education

**Street Address:** 445 Marshall Street

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

**Name of Contact:** Barry Coopersmith

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Barber School Conversion to Administrative Offices

**Street Address:** 50 Sargent Avenue

**City:** Phillipsburg

**County:** Warren

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

**Type of Facility:** School (K-12)

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

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

**Square Feet:**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address:** 235 Watchung Avenue

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

**Telephone No.:** 973-639-2900

**License No.:** 01231

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

**Street Address:** 2512 W Cary Street

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

**Telephone No.:**

---

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

- [ ] New Construction
- [ ] 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:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of ACM</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
</tbody>
</table>

- **Location Normally Used Solely by Maintenance/Custodial Staff?**
  - [ ] Yes
  - [x] No
  - [ ] N/A

- **Boiler Room:** Fire Door Insulation 28SF

- **Basement Storage Room:** Fire Door Insulation 56SF

- **Attic:** HVAC Duct Bands at Seams 100SF

**Name of Registered Waste Hauler:** Future Sanitation Inc.

**Future Sanitation Inc.:**

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

**Disposal Date:**

**City, State:**

**Tullytown, PA**

**Completed by:** Barbara Reed

**Title:** President

**Signature:**

---

* Do not use this form for asbestos licensees exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:60 and 12:20)

Date of Notification (1)
7/19/16

Name of Building Owner/Operator (2)
Dumont Terrace Apartments, Inc.

Agency Notified
- DEP
- DOH

Type Notification
- Initial
- Amended
- Emergency

Address Information
Street Address: 18 Dulles Drive
City, State, Zip Code: Dumont, NJ 07628

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Dumont Terrace Apartments, Inc.

Type of Facility (4)
- K-12 School
- Subchapter 8 (Other than K-12)
- Other

City (5)
Dumont

Square Feet: 7000

County Code (7) (STATE USE ONLY)
Bergen

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm HIred by Building Owner (8)
ACOM No.

Name of Abatement Contractor (9)
Best Removal Inc

Street Address
450 South River St

City, State, Zip Code
Hackensack, N.J. 07601

Telephone Number
201-329-7444

License No.
00388

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huyler St

City, State, Zip Code
S. Hackensack, N.J. 07606

Scope of Work (Check all that apply)

- "3 of 3 of or 3 If
- ≥ 160 sf of or ≥ 250 sf
- Demolition
- Cleaning
- Removal
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Erected (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Room #</th>
<th>Description</th>
<th>Amount/Spec (SF, LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room #4</td>
<td>Thermal Insulation</td>
<td>10 SF</td>
</tr>
<tr>
<td>Boiler Room #4</td>
<td>Thermal Insulation</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Best Removal Inc

Cubic Yards of Waste
2 1/2 yd

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Hackensack, N.J. 07601

Complied by
J. Maiorano
Estimator

Signature
*

Data
7/19/16

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

Date of Notification (1) 7/20/16
Name of Building Owner/Operator (2) PARKERS WALK URBAN RENWAL
Agency Notified
EPA ☒ DEP ☐ DGL ☐ DOH ☐ DCA ☐
Type Notification Initial/Amended
Amendment #
Street Address 1970 BRUNSWICK PKWY SUITE 100
City, State, Zip Code LAWRENCEVILLE, NJ 08648
Name of Contact MARK ISSA Telephone Number
Name of Facility Where Abatement is Taking Place (3)
Street Address 200-220 PARKER ROAD
City (5) ELIZABETH N.J. 07208
County (8) UNION 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 20,000 # of Floors 4 Bidg. Age 60
Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
□ NOVATECH INC
Street Address P.O. BOX 814
City, State, Zip Code OLD BRIDGE N.J. 08857
Project Manager for Monitoring Firm Telephone No.
□ NOVATECH INC License No.
□ Telephone No.
Start Date (10) 7/29/16
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:
Name of Abatement Contractor (9)
□ NOVATECH INC
□ Street Address
□ City, State, Zip Code
□ Telephone No.
□ License No.
Scope of Work (Check All That Apply)
□ e.g. 3 sf or 33 if
□ ≥160 sf or ≥280 ft
Removal
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Gluebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED
□ Location Normal ly 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 (Specifically SF or LF)
Abatement Type
□ Removal
□ Repair
□ Encapsulation
□ Enclosure
Name of Registered Waste Hauler NOVATECH INC
NJ DEP Waste Hauler ID No. 18501
Cubic Yards of Waste 30
Name of Registered Landfill G ROWS.
City, State OLD BRIDGE N.J. 08857
Disposal Date 9/1/16
Completed by CARLOS ALMEIDA
Title PRESIDENT
Signature / Date 7/20/16

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/20/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JS. JEAN BARNES JUL 25 2016</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td><strong>[Redacted]</strong></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SUMMIT, NJ 07901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>JS. BARNES</td>
</tr>
<tr>
<td>Telephone Number</td>
<td><strong>[Redacted]</strong></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | JS. JEAN BARNES |
| City (5) | SUMMIT |
| County (6) | UNION |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N. J. 07601 |
| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Name of Abatement Contractor (9) | Omega Environmental |
| Street Address | 280 Huyler St |
| City, State, Zip Code | S. Hackensack, N. J. 07606 |

Start Date (10) | 8/15/16 |
| Scheduled Completion Date (11) | 8/16/16 |
| Occurrence Status During Abatement (Check only one) | |
| Scope of Work (Check all that apply) | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | BASEMENT, THERMAL SURFACING |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes |
| Description of Asbestos-Containing Material (ACM) | |
| Amount (Specify SF or LF) | 28 SF |
| Abatement Type | |

Name of Registered Waste Hauler | Best Removal Inc |
| NJDEP Waste Hauler ID No. | 17109 |
| Cubic Yards of Waste | 1/2 |
| Name of Registered Landfill | Minerva Enterprises, LLC |
| City, State | Hackensack, N. J. 07601 |
| Disposal Date | 8/15/16 |
| City, State | Waynesburg, Oh. 44688 |
| Completed by | J. Maiorano |
| Title | Estimator |

* 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 / 20 / 16

Name of Building Owner/Operator (2)
Parish of the Holy Cross

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

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

Street Address
46 Central Avenue

City, State, Zip Code
Bridgeton, NJ 08302

Name of Contact
Trimark Building Contractors

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Saint Teresa of Avila Church

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

Square Feet
20,000

Current Use (Prior to being demolished)
Church

City (5)
Bridgeton

County Code (7) STATE USE ONLY

County (6)
Cumberland

Bidg. Age
100

Name of Building Owner/Operator (8)
MDG Environmental, LLC

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1000 Maplewood Drive, Suite 207

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

City, State, Zip Code
Maple Shade, NJ 08052

Telephone No.
856-755-3900

Telephone No.
856-755-0099

License No.
00842

Name of OSHA Monitor
EMSL Analytical, Inc.

Project Manager for Monitoring Firm
Chris Macri

Start Date (10)
07 / 26 / 16

Scheduled Completion Date (11)
07 / 29 / 16

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 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure Procedure
- 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

Boiler Room
- Pipe Insulation

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

Amount (Specify SF or LF)
170 LF

Abatement Type
- Removal
- Repair
- Encapsulation
- Capping

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
02285

Cubic Yards of Waste
2

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
07/29/2016

City, State
Newburg, PA

Completed By (Print or Type)
Christina Lynch
title
Operations Manager

Signature

Date
7/20/16

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

**Date of Notification (1)**  
07/18/2016

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

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

**Type Notification**  
- Initial

**Street Address**  
[redacted]

**City, State, Zip Code**  
Summit, NJ 07901

**Name of Contact**  
Mona Baldwin

**FACILITY INFORMATION**

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

**Street Address**  
[redacted]

**City (5)**  
Summit

**County (6)**  
Essex

**County Code (7)**  
[STATE USE ONLY]  
[redacted]

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

**ASCM No.**  
N/A

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

**Street Address**  
11 Rosengren Avenue

**City, State, Zip Code**  
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**  
973-345-8685

**License No.**  
01311

**Start Date (10)**

08/01/2016

**Scheduled Completion Date (11)**

08/02/2016

**Name of OSHA Monitor**  
D&S Abatement, Inc

**Street Address**  
11 Rosengren Avenue

**City, State, Zip Code**  
Totowa, NJ 07512

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

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

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

- 23 sf or 3 sq ft
- 160 sf or 260 sf

- Renovation
- Demolition

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

**In Facility (13)**

- basement  
- duct insulation

**Yea**

- No

**N/A**

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

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

**Amount (Specify SF or LF)**

- 150 SF

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
20996

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Waste Management of PA

**City, State**  
Totowa, NJ

**Disposal Date**

TBD

**City, State**  
Tullytown, PA

**Completed by**  
Ned Joksimovic

**Title**

PM

**Signature**

[Signature]

**Date**

07/18/2016

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:76 and 12:120)

**Date of Notification (1)**: 7-20-16

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

**Name of Contact**: Kendra Broad

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: Single Family Dwelling
- **Type of Facility (4)**: Single Family Dwelling
- **Square Feet**: 2
- **Bed. Age**: 70+ -

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

- **Location**: Garage
  - **Type of ACM**: Cardboard TSI
  - **Amount**: 100 SF

**Name of Registered Waste Hauler**:

EPC Technologies

**City, State**: New Egypt, NJ

**Debris Management of PA**

**Disposal Date**: 8-2-16

**City, State**: Mauriceville, PA

**Completed by**:

Steve Schenker

**Title**: President

**Signature**: Steve Schenker

**Date**: 7-30-16

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1): 7-20-16
Name of Building Owner/Operator (2): Lee DiNardo

Agencies Notified: 
- EPA
- DEP
- DOH
- DCA

Type of Notification: Initial
Amended
Amendment #
Emergency (Including justifications)
Cancellation

Street Address: [redacted]
City, State, Zip Code: East Brunswick, NJ 08816

Name of Contact: Lee DiNardo
Telephone Number: [redacted]

Name of Facility Where Abatement is Taking Place (3): Single Family Dwelling

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

Square Feet: [redacted]
# of Floors: 2
Bldg. Age: 50yrs

City (5): East Brunswick
County (6): Middlesex

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies
ASCM No: N/A

Name of Abatement Contractor (9): EPC Technologies Inc
Street Address: P.O. Box 337
City, State, Zip Code: New Egypt, NJ 08533

Telephone No.: 609-758-3365
License No. 00394

Start Date (10): Aug 7, 2016
Scheduled Completion Date (11): Aug 27, 2016

Occuancy 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): 
- @ 52 sf or 23 ft²
- @ 180 sf or 2200 sf

Renovation
Demolition

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):
Air Duct WRAP

Amount (Specify SF or LF): 50 SF

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

Name of Registered Waste Hauler:
- EPC Technologies

NJDEP Waste Hauler ID No.: 17000

Cubic Yards of Waste: 1

Waste Management of PA

City, State: New Egypt, NJ

Disposal Date: 8-3-16
City, State: Meansville, PA

Name of Registered Landfill:

Completed by:
Steve Schenke
Title: President
Signature: [signature]
Date: 7-20-16

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

Date of Notification (1) 7/20/2016

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>[ ] DEP</td>
<td>[ ] Amended Notification</td>
</tr>
<tr>
<td>[X] DOL</td>
<td>[ ] Emergency (including justification)</td>
</tr>
<tr>
<td>[X] DOH</td>
<td>[ ] Cancellation</td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
Macaluso Tree Service
Street Address
502 Church Road
City, State, Zip Code
Point Pleasant, NJ 08742

Name of Contact
Chris Macaluso
Telephone Number

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 1000 sf
# of Floors 1
Bldg. Age 60
Current Use (Prior if being demolished)
Marina

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

Project Manager for Monitoring Firm
Name of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address
1889 Route 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755-1271
Telephone Number
732-349-9932
License Number 00624
Name of OSHA Monitor
E.M.S.I. Analytical
Street Address
1056 Stetson Road
City, State, Zip Code
Piscataway, New Jersey 08854

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 <30 if
[ ] ≥160 sf or ≥260 sf
[ ] ≥300 sf or ≥420 sf
[ ] ≥3000 sf or ≥4200 sf
[ ] ≥1600 sf or ≥2600 sf
[ ] ≥160 sf or ≥260 sf
[ ] ≥300 sf or ≥420 sf
[ ] ≥3000 sf or ≥4200 sf

Abatement Type
REMOVAL
REPAIR
ENCAPSULE
ENCLOSER

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

Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location Normally used</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems, insulation, surfacing,</td>
</tr>
<tr>
<td></td>
<td>VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LP)
1000 sf

Exterior
X
Asbestos siding

Name of Registered Waste Hauler
Guardian Contracting, Inc.
NIDEP Waste Hauler ID No.
200222
Cubic Yards of Waste
3
Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey
Disposal Date
8/1/16
City, State
Tullytown, Pennsylvania

Completed by (Print or Type)
Nicholas Fennica
Title
Project Manager
Signature
Date
7/20/2016

*Do not use this form for asbestos licensure exempted activities.
**DEMOlITION / RENOVATION NOTIFICATION**

<table>
<thead>
<tr>
<th>Operator Project #</th>
<th>Postmark</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>II IS ASBESTOS PRESENT? (Yes/No): Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II</th>
<th>FACILITY INFORMATION (identify owner, removal contractor and other operator)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OWNER NAME: Macaluso Tree Service</td>
</tr>
<tr>
<td></td>
<td>Address: 502 Church Road</td>
</tr>
<tr>
<td></td>
<td>City: Point Pleasant</td>
</tr>
<tr>
<td></td>
<td>Contact: Chris Macaluso</td>
</tr>
<tr>
<td></td>
<td>REMOVAL CONTRACTOR: Guardian Contracting, Inc.</td>
</tr>
<tr>
<td></td>
<td>Address: 1889 Route 9, Unit 61</td>
</tr>
<tr>
<td></td>
<td>City: Toms River</td>
</tr>
<tr>
<td></td>
<td>Contact: Nicholas Fennicola</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER OPERATOR (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact:</td>
</tr>
</tbody>
</table>

| IV | TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D |
|V  | FACILITY DESCRIPTION (Including building name, number and floor or room number) |
|   | Building Name: Residence |
|   | Address: 72 Sandy Point Drive |
|   | City: Brick                 | State: New Jersey  | County: Ocean |
|   | Site Location: Exterior     | |
|   | Building Size: 1000 sf      | # of Floors: 1     | Age in Years: 60 |
|   | Present Use: Residence      | Prior Use: Residence |

| VI | PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |

| VII | APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: |
|     | 1. Regulated ACM to be removed         | RACM To Be Removed |
|     | 2. Category I ACM not removed          | LOCATION |
|     | 3. Category II ACM not removed         | Non-Friable Asbestos Material Not To Be Removed |
|     | Pipes (Linear feet):                   | Cat I  | Cat II |
|     | Surface Area (Square feet): 1000 sf    | Asbestos siding | Exterior |
|     | RACM Off Facility Component (Cubic feet): | |

| VIII | SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) |
|      | Start: 7/21/16 | Complete: 7/29/16 |
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground. Debris removal will be performed by air transfer, vacuum, and bagging. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

xiii. WASTE TRANSPORTER #2 Name: 
Address: 
City: 
State: 
Zip: 
Contact Person: 

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone 215-943-9732 Permit #: 101494 

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER:
Name: 
Title: 
Authority: 
Date of Order (MM/DD/YY): 
Date Ordered to Begin (MM/DD/YY): 

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager (Printed Name/Title) July 20, 2016 (Signature of Owner/Operator) (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Nicholas Fernicola / Project Manager (Printed Name/Title) July 20, 2016 (Signature of Owner/Operator) (Date)
State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1):
July 21, 2016

Agencies Notified:
X EPA
X DOH
X DEP
X DOL

Name of Building Owner/Operator (2):
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086
PRINCETON UNIVERSITY CAMPUS

City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
Michael Smith, ENV HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
NEWELL CENTRAL HEATING PLANT, BLDG# 6280

Street Address:
DOUGLAS CAMPUS

City (5):
New Brunswick

County (6):
Middlesex

County Code (7):
ASCM No. 0098

Type of Facility (4):
☐ School (K-12)
☐ Subchapter 8 (other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60 years

Current Use (prior to being demolished):
Academic

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
3 TERRI LANE
BURLINGTON, NJ 08016

City, State, Zip Code:
Butler, NJ 07405

Telephone Number:
609-396-8800

License Number:
973-492-0477 00840

Name of OSHA Monitor:
EMSL inc.

Street Address:
1056 Stelton Road
Piscataway, NJ 08854

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:
Other - Describe: Sub 8 Occupied

Schedule: 3pm-12 Mid (24 Hours & Weekends as needed)

Source of Work (Check all that apply):
☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 180 sf or ≥ 260

☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13):
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

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

Boiler Room
Boiler Room

Name of Registered Landfill:
GROWS North Landfill

Disposal Date:
August 9, 2016

City, State:
100 New Ford Mill Road, Morristown, PA 19067
215-736-1700

HAULER INFORMATION

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

The SENIOR PROJECT MANAGER

Signature:
Raymond C. Pedalino

Date:
July 21, 2016

GAC # 2016-060
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 5:20 and 12:120)  

Date of Notification (1):  
07/19/2016

Name of Building Owner/Operator (2):  
KLAA, LLC/Long & Foster Property Mgmt.

Name of Contact:  
Andrea Previte/Property Manager

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

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

Street Address:  
150 Piedra Springs Road

City, State, Zip Code:  
Arroyo Grande, CA 93420

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

Square Feet:  
# of Floors:  
Bldg. Age:

Current Use (Prior if being demolished):  

Name of Facility Where Abatement is Taking Place (3):  
Angelo's Pizzeria shop

Street Address:  
122 Haddon Avenue

City:  
Haddonfield

County:  
Camden

County Code:  

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

ASCM No.:  

Name of Abatement Contractor (9):  
Lillich Corporation

Street Address:  
555 Broad Street

City, State, Zip Code:  
Glen Rock, NJ 07452

Telephone No.:  
201-852-1119

License No.:  
01104

Start Date (10):  
07-29-16

Scheduled Completion Date (11):  
08-01-16

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):  
- ≤25 sf or ≥3 if
- ≤160 sf or ≥200 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (T) and Non-Friable Procedure

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

Yes | No | N/A
--- | --- | ---
X | | 

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):  
pipe insulation 30 LF

Amount (Specify SF or LF):  

Abatement Type:  

Location of Registered Waste Hauler:  
NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste:  

Name of Registered Landfill:  
GROWS Landfill

City, State:  
Woodland Park, New Jersey

Disposal Date:  

Completed By:  
Momo Glevatovic

Title:  
vice president

Signature:  

Date:  
07/19/16

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

Date of Notification (1) 7/20/16

Name of Building Owner/Operator (2) Jenna Dave

EPA
DEP
DOL
DOH
DCA

Agencies Notified Type Notification

Initial
Amended

Amendment #
Emergency (including
justification)
Cancellation

Street Address

City, State, Zip Code
Long Valley, NJ 07853
ASBESTOS CONTROL & LICENSING

Name of Contact
Eric Plackis

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Long Valley

County (6) Morris

County Code (7) (STATE USE ONLY) ______

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Telephone No.
(732)899-7499

License No.
01196

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 7/21/16

Scheduled Completion Date (11) 12/28/16

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)

≥200 sf or ≥2,000 sf
≥160 sf or ≥260 sf

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes No N/A

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No.
21602

Cubic Yards of Waste
300

Name of Registered Landfill
GROWS Inc.

City, State
Brick, New Jersey

Completed by
Eric Plackis

Title
President

Signature

Disposal Date
7/21/16

City, State
PA

Date
7/20/16

* 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 (1) 7 / 19 / 16

Name of Building Owner/Operator (2) Natalie and Philip Caccese

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DGA (NJAC 5:25-8)

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

Street Address [Redacted]

City, State, Zip Code Pennington, NJ 08109

Name of Contact Linda Caccese

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) Pennington

County (6) Camden

Square Feet 2,000

# of Floors 3

Bldg. Age 80

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

Current Use (Prior to being demolished) Residence

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Mgmt. & Environmental Consulting Services Shade Environmental, LLC

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. 609-298-4070

License No. 00842

Start Date (10) 07 / 16 / 16

Scheduled Completion Date (11) 07 / 18 / 16

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: AM/PM AM/PM AM

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

Abatement Type
☒ 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) 80 SF

Amount (Specify SF or LF) $0

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate

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) 80 SF

Amount (Specify SF or LF) $0

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate

Name of Registered Waste Hauler Freehold Cartage

Freehold Cartage NJDEP Waste Hauler ID No. 18939

Cubic Yards of Waste 1

Name of Registered Landfill Cumberland County Landfill

City, State Freehold, NJ

Completed By (Print or Type) Christina Lynch
Title Operations Manager
Signature

Disposal Date 07/18/2016

City, State Newburg, PA

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 8:60 and 12:120)

#### Date of Notification
7/19/2016

#### Name of Building Owner/Operator
DUMONT BOARD OF EDUCATION

#### Street Address
25 DEPEW STREET

#### City, State, Zip Code
DUMONT, NJ 07628

#### Name of Contact
KEVIN DUNNE

#### Agencies Notified
- [X] EPA
- [ ] DEP
- [ ] DOL
- [X] DOH
- [ ] DCA

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

#### Name of Facility Where Abatement is Taking Place
DUMONT HIGH SCHOOL

#### Street Address
101 NEW MILFORD AVENUE

#### City
DUMONT

#### County
BERGEN

#### County Code
(State Use Only)

#### Name of Monitoring Firm Hired by Building Owner
KARL & ASSOCIATES, INC.

#### ASCM No.

#### Name of Abatement Contractor
TWO BROTHERS CONTRACTING, INC.

#### Street Address
11 VREELAND AVENUE

#### City, State, Zip Code
TOTOWA, NJ 07512

#### Telephone No.
973-966-8700

#### License No.
00494

#### Name of OSHA Monitor
SAME AS (9) ABOVE

#### Scope of Work
- [X] Demolition
- [ ] Renovation

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

#### Is Location Normally Used Solely by Maintenance, Custodial Staff?
- [X] Yes
- [ ] No
- [ ] N/A

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

#### Amount (Specify SF or LF)
40 LF

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

#### Occupancy Status During Abatement
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other: Describe

#### Start Date
7/21/2016

#### Scheduled Completion Date
7/23/2016

#### Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

#### NJDEP Waste Hauler ID No.
18743

#### Cubic Yards of Waste
2

#### Name of Registered Landfill
WASTE MANAGEMENT G.R.O.W.S.

#### City, State
TOTOWA, NJ

#### Disposal Date
07/23/2016

#### City, State
MORRISVILLE, PA

#### Completed by
VIVECA RAMOS

#### Title
PROJECT COORDINATOR

#### Signature

#### Date
7/19/2016

---

*Do not use this form for asbestos licensure exempt activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:65B and 12:11B)

**Name of Building Owner/Operator:** DUMONT BOARD OF EDUCATION

**Date of Notification:** 7/19/2016

**Name of Facility Where Abatement is Taking Place:** DUMONT HIGH SCHOOL

**Address:** 101 NEW MILFORD AVENUE

**City:** Dumont

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** KARL & ASSOCIATES, INC.

**Project Manager for Monitoring Firm:** MIKE KRISHER

**Telephone No.:** 810-886-7700

**Facility Information:**

- **Type of Facility:** School (K-12)
- **Square Feet:**
- **# of Floors:**
- **Age:**

**Type of Abatement:**

- **Is Dispensation Status During Abatement (Choose One):**
  - Abatement Performed Outside of Normal Facility Hours
  - Abatement Performed Inside of Normal Facility Hours

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

**DEPARTMENT:**

- **Location Normally Used Only by Maintenance/Custodial Staff:**
  - Yes
  - No
  - N/A

**Date of Completion:** 7/23/2016

**Location of ACM:**

- **Window Caulking:** 42 LF

**Location of ACM:**

- **Exterior (Kitchen and second floor science room):**

**Name of Registered Waste Hauler:** TWO BROTHERS CONTRACTING

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

**City:** Totowa, NJ

**Disposal Date:** 07/23/2016

**Compiled by:** VIVÉCA RAMOS

**Title:** Project Coordinator

**Signatures and Dates:**

- **FACILITY INFORMATION:**
  - **Name of Building Owner/Operator:** DUMONT BOARD OF EDUCATION
  - **Street Address:** 25 DEPRAW STREET
  - **City, State, Zip Code:** DUMONT, NJ 07628

- **Name of Monitoring Firm Hired by Building Owner:** KARL & ASSOCIATES, INC.
  - **Street Address:** 20 LAUCK ROAD
  - **City, State, Zip Code:** MONTROE, PA 07648

- **Project Manager for Monitoring Firm:** MIKE KRISHER
  - **Telephone No.:** 810-886-7700

**NOTE:**

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/19/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA, DSH, DOL, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification), Cancellation</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Cedar Grove Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Pompton Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Cedar Grove, NJ 07009</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Mario Gallo</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 (5)</th>
<th>North End School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>122 Stevens Ave</td>
</tr>
<tr>
<td>City (6)</td>
<td>Cedar Grove</td>
</tr>
<tr>
<td>County (7)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Alera Consultants, Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Lillie Corporation</td>
</tr>
<tr>
<td>Street Address</td>
<td>808 McBride Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, NJ 07424</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Joe Capone</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>800-662-1833</td>
</tr>
<tr>
<td>License No.</td>
<td>01104</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Hits Environmental Laboratories, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>2333 Route 22 West</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ 07083</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
- Other - Describe...

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

- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Strategy
- Non-Exempted (*), Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>main office</td>
<td>300 SF</td>
</tr>
<tr>
<td>main office</td>
<td>30 LF</td>
</tr>
<tr>
<td>principal's office</td>
<td>300 SF</td>
</tr>
<tr>
<td>principal's office</td>
<td>300 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Transportation Corp</td>
<td>S-24310</td>
</tr>
</tbody>
</table>

**Disposal Date:**

City, State: Montville, PA

**Completed by:**

Momo Giavalovico, Title: vice president

**Signature:**

Date: 07-19-2016

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

(Pursuant to NJAC 8:10 and 12:129)

**Date of Notification:** 07-20-2016

**Name of Building Owner/Operator:** East Brunswick BOE

**Street Address:** 760 Route 18

**City, State, Zip Code:** East Brunswick, NJ 08816

**Name of Contact:** Randy Leazer

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Irwin Elementary School

**School Address:** 71 Racetrack Road

**City:** East Brunswick

**County:** Middlesex

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

**Environmental Design, Inc**

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:** 5434 King Ave

**City/State/Zip Code:** Pennsauken, NJ 08109

**License No.:** 973-225-8400

**Telephone No.:** 856-616-9516

**Name of OSHA Monitor:** Iris Environmental Laboratories, LLC

**Street Address:** 2333 Route West 22

**City/State/Zip Code:** Union, NJ 07083

**Scheduled Completion Date:** 07-27-2016

**Start Date:** 07-21-2016

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

- □ Renovation
- □ Demolition

**Type of Facility:**

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

**Square Feet:**

**% of Floors:**

**Bldg. Age:**

---

**ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

**In Facility:**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>classroom</td>
<td>X</td>
<td>pipes/fittings</td>
<td>100 LF</td>
</tr>
<tr>
<td>classroom</td>
<td>X</td>
<td>transite panels(non-frll)</td>
<td>1,100 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Lilich Corporation

**NJDEP Waste Hauler ID No.:** 18724

**Cubic Yards of Waste:**

**Name of Registered Landfill:** GROWS, Landfill

**Disposal Date:**

**City/State:**

---

**Completed by:** Momo Glavaticovic

**Title:** Vice President

**Signature:**

---

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

Date of Notification (1) 07/20/2016

Name of Building Owner/Operator (2) Franklin Township Public Schools

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

Street Address
1755 Amwell Road

City, State, Zip Code
Somerset NJ 08873

Name of Contact
James Strimple

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sampson G. Smith School

Street Address
1649 Amwell Road

City (5)
Somerset NJ 08873

County (6)
Somerset

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 0057

Name of Abatement Contractor (9)
Savic Construction Corp

Street Address
PO Box 385

City, State, Zip Code
Oceanville, NJ 08231-0385

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
609-652-1833

Start Date (10)
07/22/2016

Scheduled Completion Date (11)
07/24/2016

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☒ Other – Describe: Start 3pm

Scope of Work (Check All That Apply)
☒ 23 sf or 23 if
☒ ≥100 sf or ≥260 if
☒ Renovation
☒ Demolition

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

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

Yes No N/A

Main Office
X transite panels 262 SF x

Science Classrooms 402, 404, 408
X cementitious slate window sills 48 SF x

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
0

Name of Registered Landfill
GROWS

City, State
Newark NJ

Completed by
Milos Savic

Title
Project Manager

Signature

Date
07/20/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:80 and 12:120)

Date of Notification (1)
07/19/2016

Name of Building Owner/Operator (2)
Cedar Grove Board of Education

Agencies Notified (3)
EPA
DEP
DOL
DOH
DCA

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

Name of Facility Where Abatement is Taking Place (3)
North End School

Street Address
520 Pompton Avenue

City, State, Zip Code
Cedar Grove, NJ 07009

Name of Contact
Mario Gallo

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
150,000

Current Use (Prior if being demolished)
school

Name of Abatement Contractor (9)
Lillich Corporation

Name of Monitoring Firm HIred by Building Owner (8)
Aharà Consultants, Inc

Street Address
POB 365

City, State, Zip Code
Oceanville, NJ 08231

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Project Manager for Monitoring Firm
Joe Capone

Telephone No.
609-852-1833

Start Date (10)
07-20-16

Scheduled Completion Date (11)
07-24-16

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

Scope of Work (Check All That Apply)

- Asbestos-Containing Material (ACM) in Facility

- Location
  Main Office/Principal Office

- Is Location Normally Used Solely by Maintenance/Custodial Staff?
  Yes

- Description of Asbestos-Containing Material (ACM)
  (i.e., asbestos insulation, surfacing, etc., or other miscellaneous)

- Amount
  3,000 SF

- Abatement Type
  Removal

- Name of Registered Waste Hauler
  NJDEP Waste Hauler ID No. S-24310

- Cubic Yards of Waste
  GROWS, Landfill

- Name of Registered Landfill

- Disposal Date
  City, State
  Morrisville, PA

- Complied by
  Momu Giriatovic
  Title
  Vice President

- Signature
  Date
  07-19-2016

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

Date of Notification (1)  
07 / 21 / 16  

Name of Building Owner/Operator (2)  
New Jersey Turnpike Authority  

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DCA (NJAC 5-16)  
☐ DHSS  
☐ DCA (NJAC 5-23-8)  

Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation  

Street Address  
581 Main St.  
City, State, Zip Code  
Woodbridge NJ 07095  

Name of Contact  
Robert Wovensdorf  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Existing Bldg  

Street Address  
MP E111.5  
City (5)  
Secaucus  
County (6)  
Hudson  

County Code (7) [STATE USE ONLY]  

Name of Monitoring Firm Hired by Building Owner (8)  
Bio Terra Environmental Solutions LLC  

ASCM No.  
06-15995  

Name of Abatement Contractor (9)  
APS Contracting, Inc.  

Street Address  
PO Box 1224  
City, State, Zip Code  
Union , NJ 07083  

Telephone No.  
973-494-3762  

License No.  
973-754-1908  
01-287  

Current Use (Prior if being demolished)  

Prosecutor’s Office  

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

Square Feet  
6900  

# of Floors  
1  

Bldg. Age  
1960  

Start Date (10)  
08 / 10 / 16  

Scheduled Completion Date (11)  
08 / 19 / 16  

Name of OSHA Monitor  
APS Contracting, Inc.  

Street Address  
155-161 Pennsylvania Avenue  
City, State, Zip Code  
Paterson, NJ 07503  

Scope of Work (Check all that apply)  

☐ □ ≥3 sf or ≥3 if  
☐ □ ≥150 sf or ≥250 If  

☐ □ Demolition  

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

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)  

Thruout Bldg  
VAT  
8,448 sf.  

Thruout Bldg  
Fiberglass Wall Insul/Cement Brd  
324sf  

EC Rm1038  
Mastic/Cork Floor Tile  
7,940sf  

EC Rms 1040  
Cement Piping/ Pipe Insulation  
22 If  

Name of Registered Waste Hauler  
APS Contractors, Inc.  

NJDEP Waste Hauler ID No.  
21259  

Cubic Yards of Waste  
40 Yards  

Name of Registered Landfill  
Grows Landfill  

Disposal Date  
08/20/16  
City, State  
Morrisville, PA 19067  

Completed By (Print or Type)  
Svetozar Savreski  
Title  
President  
Signature  

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

**State of New Jersey**

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

**Name of Building Owner/Operator:** Roselle Public Schools

**Street Address:** 710 Locust Street
**City, State, Zip Code:** Roselle, NJ 07023

**Name of Contact:** Kelvin White

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:** Harrison Elementary School

**Street Address:** 310 Harrison Avenue
**City:** Roselle
**County:** Camden

**Name of Monitoring Firm Hired by Building Owner:** EnviroVision Consultants, Inc.

**Name of Abatement Contractor:** GL Group, Inc.

**Street Address:** 140 Hamburg Tpke
**City, State, Zip Code:** Bloomington, NJ 07403

**Project Manager for Monitoring Firm:** Guillermo M Morales

**Telephone No.:** (973) 636-8145

**License No.:** 01084

**Start Date (10):** 7-23-2016
**Scheduled Completion Date (11):** 8-3-2016

**Occupancy Status During Abatement:** Full Containment with Negative Pressure
**Glovebag Procedure**

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

### Asbestos-C containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Duct Insulation</td>
<td>370 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe &amp; Fittings Insulation</td>
<td>245 LF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Exterior Water Tank Insulation</td>
<td>110 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Exterior Boiler Insulation/Interior Boiler Material</td>
<td>690 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** GL Group, Inc

**GDPR Waste Hauler ID No.:** 0033034

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Minerva

**City, State:** Bloomington, NJ

**Disposal Date:** TBD

**City:** Waynesburg, OH

**Completed by:** Elena Solakov
**Title:** President

**Signature:**

**Date:** 7-20-2016

---

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

State of New Jersey

Date of Notification (1)
7/18/2016

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

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

Street Address
1 Henry C. Luthin Place

City, State, Zip Code
Bogota, NJ 07603

Name of Contact
Letizia Pantoliano

RECEIVED
JUL 25 2016

Telephone Number

— CONTROL &

Facility Information

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

Name of Facility Where Abatement is Taking Place (3)
Bogota High School

City (5)
Bogota

County Code (7) (STATE USE ONLY)

Square Feet
10,000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Ahera Consultants Inc

PO Box 385
Oceanville, NJ 08231-0385

Project Manager for Monitoring Firm
John Smoyer

Telephone No.
(609) 652-1833

Start Date (10)
7-29-2016

Scheduled Completion Date (11)
8-2-2016

Occupy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Weekend work 6am - 2 pm

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-Exempt (*) and Non-Friable Procedure

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

(12)

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Name of Registered Waste Hauler
GL Group, Inc

NJDEP Waste Hauler ID No.
0033034

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva

City, State
Bloomingdale, NJ

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Elena Solakov

Title
President

Signature

Date
7-18-2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartments A-H</td>
<td>Drywall and Joint Compound</td>
<td>27,668 SF</td>
<td>x</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>Stud/Joist Adhesive</td>
<td>14,616 LF</td>
<td>x</td>
</tr>
<tr>
<td>Apartments A-H</td>
<td>Resilient Floor Coverings</td>
<td>3,796 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
07/22/16

Name of Building Owner/Operator (2)
Calpine New Jersey Generation LLC

Agencies Notified
(X) EPA  ( ) DEP  (X) DOL  (X) DOH  ( ) DCA

Notification Type
( ) Initial Notification  (x) Amended Certification  ( ) Cancelled

Street Address
717 Texas Ave, Suite 1000
City, State, Zip Code
Houston, TX 77002-2743

Name of Contact
Paul Ostberg  Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Calpine New Jersey Generation LLC

Street Address
373 N. Broadway
City (5)  County (6)  County Code (7)
Pennsville  Salem

Name of Monitoring Firm Hired by Bldg. Owner (8)
Horizon Environmental Group  ASCM No.
00073

Name of Contractor (9)
Brandenburg Industrial Service Company

ASCM No.
00073

Describe Demolition
(x) Schedule Demo Start 07/11/16
Scheduled Demo Completion 09/25/16

Source of Work (Check all that apply)
(x) Demolition  ( ) Renovation
(x) Large Proj, (>150 SF or >250 LF ACM)  ( ) SM Proj, (>25<150 SF or >10 <250 LF ACM)
(x) Full Containment with Negative Pressure  (x) Mini-Enclosure  (x) Glovebag Procedure

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

Plant Boilers  x
Plant Boilers  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
Main Plant  x
MaaS Small Out Bldgs  x
MaaS Small Out Bldgs  x
MaaS Small Out Bldgs  x
MaaS Small Out Bldgs  x

Location of Reg. Waste Hauler
Brandenburg Industrial Serv Co  NJDEP Waste Hauler ID #
21838

Cubic Yards of Waste
15,000 cy

Name of Reg. Landfill
Waste Management - Tullytown Landfill

Disp. Date
TBD

City, State
Bethlehem, PA