**NOTIFICATION OF ASBESTOS ABATEMENT**

Date of Notification: 07/21/2018

Name of Building Owner/Operator: Patricia Martin

Name of Facility Where Abatement Is Taking Place:

House

Current Use (Prior to Demolition):

House

Name of Monitoring Firm Hired by Building Owner: N/A

Name of Abatement Contractor: D&S Abatement, Inc.

Scope of Work:

- Abatement Performed Outside of Normal Facility Hours
- Other: Occupied

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

- Basement: Pipe Insulation, 55 LF

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

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

- Description of ACM: Pipe Insulation

Amount (Specify SF or LF):

- 55 LF

Abatement Type:

- Removal
- Encapsulation
- Fortification

Name of Registered Waste Hauler:

D&S Abatement, Inc.

Name of Registered Landfill:

Waste Management of PA

City, State:

Totowa, NJ

City, State:

Morrisonville, PA

Completed by:

Ned Joksimovic

Title:

Project Manager

Signature:

Date:

07/21/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1):
07/21/2018

Name of Building Owner/Operator (2):
Paul Nagelberg

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

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

Street Address:
[Redacted]

City, State, Zip Code:
Maplewood, NJ 07040

Name of Contact:
Paul Nagelberg

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

Square Feet:
NA

Current Use (Prior to if being demolished):
House

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

ASCM No.:

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

Street Address:
11 Rosengren Avenue

City, State, Zip Code:
Totowa, NJ 07512

Project Manager for Monitoring Firm:

Telephone No.:
9733458685

License No.:
01311

Start Date (10):
08/03/2018

Scheduled Completion Date (11):
08/04/2018

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

Scope of Work (Check All That Apply):
- ≥ 3 sf or ≥ 3 lf
- ≥ 160 sf or ≥ 260 lf

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):
Pipe Insulation

Amount (Specify SF or LF):
110 LF

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

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

Completed by:
Oliver Hegedus

Title:
Project Manager

Signature:

Date:
07/21/2018

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:30 and 12:12-20)

Date of Notification (1) 07/21/2018

Name of Building Owner/Operator (2) Erin Rose Baldry

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

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

Street Address

City, State, Zip Code South Orange, NJ 07079

Name of Contact Erin Rose Baldry

Telephone Number

Facility Information

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

Street Address

City (5) South Orange

County (6) Essex

County Code (7) NA

Current Use (Prior to being demolished) House

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

ASCM No.

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

Street Address 11 Rosengren Avenue

City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No. 9733456685

License No. 01311

Start Date (10) 07/31/2018

Scheduled Completion Date (11) 08/02/2018

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- [ ] ≥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)

Attic

Yes No N/A

Vermiculite

400 SF

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 D&S Abatement, Inc.

NUDEP Waste Hauler ID No. 20996

Cubic Yards Waste TBD

Name of Registered Landfill Waste Management of PA

Disposal Date TBD

City, State Totowa, NJ Morrisville, PA

Completed by Oliver Hegedus Title Project Manager

Signature Date 07/21/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification:**
07/24/2018

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

**Street Address:**
500 North Boulevard Street

**City, State, Zip Code:**
Elizabeth, New Jersey 07208

**Name of Contact:**
Gary Schmitt

**Telephone Number:**
908-436-5000

---

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Columbus School #15</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

**Square Feet:**
30,000

**# of Floors:**
2

**Bldg. Age:**
50+

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

---

### MONITORING FIRM

**Name of Monitoring Firm Hired by Building Owner:**
Detail Associates, Inc

**Telephone No.:**
201-569-6078

**License No.:**
01104

**Name of Abatement Contractor:**
Lilich Corporation

**Street Address:**
606 McBride Ave

**City, State, Zip Code:**
Woodland Park, New Jersey

---

### ABATEMENT INFORMATION

**Start Date:**
08/17/2018

**Scheduled Completion Date:**
08/19/2018

**Occupancy Status During Abatement:**
Facility Closed/Vacated during entire period of abatement

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥30 sf if
- ≥160 sf or ≥260 sf if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure / Limited Containment & Tent
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

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

**Abatement Type:**

---

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

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

**Cubic Yards of Waste:**
3

**Name of Registered Landfill:**
Fairless Landfill

**City, State:**
Woodland Park, New Jersey

**Disposal Date:**
08/19/2018

**City, State:**
Mortonsville, PA

**Completed by:**
Adriana Olejarova

**Title:**
President

**Signature:**

---

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

---

**State of New Jersey**
**ASBESTOS CONTROL & LICENSING**
**PAID**
**RECEIVED**
**JUL 27 2018**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:49 and 12:120)

Date of Notification (1)
07/24/2018

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

Street Address
500 North Boulevard Street

City, State, Zip Code
Elizabeth, New Jersey 07208

Name of Contact
Gary Schmitt
Telephone Number
908-436-5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Thomas Edison Career & Tech Academy #37

Square Feet
30,000

County Code (7)
300

Current Use (Prior if being demolished)
High School

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Ave

City, State, Zip Code
Englewood, NJ 07631

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No.
201-569-9078

Start Date (10)
08/18/2018

Scheduled Completion Date (11)
08/20/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2330 Route 22 West

City, State, Zip Code
Union, NJ 07083

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 ≥10 sf
☐ ≥100 sf or ≥260 sf
☒ Renovation
☐ Demolition

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

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes No N/A

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

Amount (Specify SF or LF)
20 LF

Abatement Type
Removal
Encapsulate
Enclose

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
3

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
08/20/2018

City, State
Morrís ville, PA

Completed by
Adriana Olejarova

Title
President

Signature

Date
07/24/2018

* 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)**  
7/18/18

**Agency Notified**  
(X) EPA  
(D) DEP  
(X) DOH  
(X) DCA  

**Notification Type**  
(X) Initial Notification  
() Amended Certification  
() Cancelled  
() Emergency

**Name of Building Owner/Operator (2)**  
Paulsboro Refining Company

**Street Address**  
800 Billingsport Rd

**City, State, Zip Code**  
Paulsboro, NJ 08066

**Name of Contact**  
Ravi Jarecha  
Tel. Number: 856-224-4444

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Paulsboro Refining Company

**Type of Facility (4)**  
(X) Other (i.e. private & commercial bldgs., homes, etc.)

**Sq. Feet:** N/A  
**# of Floors:** N/A

**Bldg. Age:** N/A  
**Current Use (prior if being demolished):** Oil Refinery

**Name of Monitoring Firm Hired by Bldg. Owner (5)**  
ATC Associates

**ASCN No.:**

**Name of Contractor (9)**  
Mansfield Industrial, Inc.

**Street Address**  
26 Colonial Ave

**City State, Zip Code**  
Woodbury NJ 08096

**License Number:** 00857

**Project Manager for Monitoring Firm**  
John Lutz  
**Telephone Number:** 609-479-3512

**Scheduled Start Date (10):**  
8/1/18  
**Scheduled Completion Date (11):**  
10/1/18

**Occupancy Status During Abatement (Check only one):**  
(X) Other – Describe – Removal of ACM within restricted work area in outside area

**Source of Work (Check all that apply):**

() Demolition  
(X) Renovation  
() Large Proj. (160 SF or >260 LF ACM)  
(X) SM Proj. >25 <160 SF or >10 <260 LF ACM  
() Minor Proj. (<25 SF or <10 LF ACM)

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

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe in E&amp;W pipe rack west of Combination Tower-Coker</td>
<td>NO</td>
</tr>
<tr>
<td>Pipe On 2nd deck-CU6</td>
<td>NO</td>
</tr>
<tr>
<td>Support During TA activities at North Plant</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>TSI</td>
</tr>
<tr>
<td>Approx 250 LF</td>
<td>X</td>
</tr>
<tr>
<td>Approx 30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Approx 250 LF</td>
<td>NA</td>
</tr>
<tr>
<td>Approx 1,000</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**  
Waste Management, Inc.

**NJDEP Waste Hauler ID #:** 17273

**Cubic Yards of Waste:**  <1 CY

**Name of Reg. Landfill**  
Gloucester County Landfill

**City, State**  
South Harrison, NJ

**Completed by (Print or Type):**  
ANDREW GREEN  
**Title:** MANAGER – Mansfield Industrial, Inc

**Signature:**  
Site Operations Supervisor  
7-18-18

**Mail to:**  
NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

**Telephone:** 609-984-6620  
C:\WORD\MYDOCS\ASBESTOS  
9/18/00
<table>
<thead>
<tr>
<th><strong>Name of Building Owner/Operator:</strong></th>
<th>329 New Brunswick Ave Owners LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td>329 New Brunswick Ave</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Rahway</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NJ</td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>07085</td>
</tr>
<tr>
<td><strong>Name of Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place:</strong></th>
<th>329 New Brunswick Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address:</strong></td>
<td>329 New Brunswick Ave</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Rahway</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NJ</td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>07085</td>
</tr>
<tr>
<td><strong>County:</strong></td>
<td>Union</td>
</tr>
<tr>
<td><strong>County Code:</strong></td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td><strong>Current Use (Prior to being demolished):</strong></td>
<td>Commercial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Monitoring Firm Hired by Building Owner:</strong></th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Abatement Contractor:</strong></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Street Address:</strong></th>
<th>6 WHITE DOVE COURT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City:</strong></td>
<td>LAKEWOOD</td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td>NJ</td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>08701</td>
</tr>
</tbody>
</table>

| **Project Manager for Monitoring Firm:** | |
| **Telephone No.:** | 732-668-9078 |
| **License No.:** | 1200 |

| **Facility Closed/ Vacated During Entire Period of Abatement:** | |
| **Start Date:** | 8/3/18 |
| **Scheduled Completion Date:** | 9/14/18 |

| **Occupancy Status During Abatement (Check Only One):** | |
| **Scope of Work (Check All That Apply):** | |
| **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** | Pipe Insulation 7800 LF |

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

| **Amount:** | |
| **Abatement Type:** | |

| **Name of Registered Waste Hauler:** | NEWARK CARTING |
| **City:** | NEWARK |
| **State:** | NJ |

| **Disposal Date:** | 9/14/18 |
| **Name of Registered Landfill:** | IESI |
| **City:** | BETHLEHEM |
| **State:** | PA |

| **Completed by:** | JOSEPH PERLSTEIN |
| **Title:** | OWNER |

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification:** 07/24/18

**Name of Building Owner/Operator:** TAKK Enterprises

**Street Address:** 1358 Hooper Avenue, Suite 110

**City, State, Zip Code:** Toms River, NJ 08753

**Name of Contact:** Tom

**Telephone Number:** 732-270-0555

---

**FACILITY INFORMATION**

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

- **Residence**

**Street Address:** [Redacted]

**City:** Brick

**County:** Ocean

**Name of Monitoring Firm Hired by Building Owner:** Guardian Contracting, Inc.

**ASCM No.:** [Redacted]

**Name of Abatement Contractor:** Guardian Contracting, Inc.

**Street Address:** 1889 Rte. 9, Unit 61

**City, State, Zip Code:** Toms River, New Jersey 08755

**Telephone No.:** 732-349-9932

**License No.:** 00624

**Name of OSHA Monitor:** E.M.S.L. Analytical

**Street Address:** 1056 Stelton

**City, State, Zip Code:** Piscataway, New Jersey 08854

---

**Start Date:** 7/07/18

**Scheduled Completion Date:** 7/26/18

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

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM AM/PM AM/PM AM/PM**

**Scope of Work (Check all that apply):**

- 3 sf or 3 ft
- 160 sf or 260 ft
- Demolition
- Renovation

---

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

- **interior**
  - sheetrock (joint compound)

**Amount:** 120 sf

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

- thermal systems insulation, surfacing, VAT, or other miscellaneous

---

**Name of Registered Waste Hauler:** Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 4

**Name of Registered Landfill:** T.R.R.F.

**Disposal Date:** 07/26/18

---

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

**Title:** Project Manager

---

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

**Date of Notification (1)**
07-18-2018

**Name of Building Owner/Operator (2)**
South Mountain Investments LLC

**Street Address**
3 Jefferson Place

**City, State, Zip Code**
Montclair NJ 07042

**Name of Contact**
Graham Blunell

**Telephone Number**
862-202-4127

### FACILITY INFORMATION

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

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

**Private Dwelling**

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior to being demolished)**
N/A

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

**Name of Abatement Contractor (9)**
Amax Contracting LLC

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**Telephone No.**
973-692-6298

**License No.**
01266

**Name of OSHA Monitor**
Amax Contracting LLC

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**Start Date (10)**
08-28-2018

**Scheduled Completion Date (11)**
08-03-2018

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

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥5 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

**In Facility (13)**

**Does 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)**
30 LF

**Abatement Type**

**Location of**

crawlspace

**pipe insulation**

**Name of Registered Waste Hauler**
Amax Contracting LLC

**NJDEP Waste Hauler ID No.**
0036184

**Cubic Yards of Waste**
2 CY

**Name of Registered Landfill**
Fairless Hills

**City, State**
Morrisville PA

**Disposal Date**
08-08-2018

**Completed by**
Tome Maslanka

**Title**
Project Manager

**Signature**
[Signature]

**Date**
07-18-2018

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 07/24/18

Name of Building Owner/Operator (2) Bergen County Technical School District

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address 327 East Ridgewood Ave

City, State, Zip Code Paramus NJ

Name of Contact Tom Jodice

Telephone Number 201-3436000

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Adult Education Center

Street Address 200 Hackensack Ave

City (5) Hackensack NJ

County (6) Bergen

County Code (7) 

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

ASCM No. 

Name of Abatement Contractor (9)
DYV ENTERPRISES LLC

Street Address 1253 N Church St

City, State, Zip Code Moorestown NJ 08057

Project Manager for Monitoring Firm Michael R Stocku

Telephone No. 609-3043869

Name of OSHA Monitor TTI Environmental Inc

Street Address 28 Lisa Lane

City, State, Zip Code Lincoln Park NJ 07035

Telephone No. 973-9426924

License No. 01129

Start Date (10) 8-17-18

Scheduled Completion Date (11) 9-04-18

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥150 sf or ≥250 ft

- Renovation
- Demolition

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

<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, surface, 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>No</td>
<td>Sectional boilers rib insulation</td>
<td>600 LF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>boiler packing insulation</td>
<td>250 SF</td>
<td>x</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>pipe gasket insulation(grey)</td>
<td>20 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

DYV Enterprises LLC

NJDEP Waste Hauler ID No. 00341140

Cubic Yards of Waste 40Yds

Name of Registered Landfill

Newark Carting Inc.

City, State Lincoln Park NJ

Disposal Date 9-05-18

City, State Newark NJ 07105

Completed by Dorian Carpio

Title Manager

Signature

Date 07/24/18

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

Date of Notification (1) 07 / 23 / 18

Name of Building Owner/Operator (2) Medford Leas

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Medford Leas Community Building

Street Address 1 Medford Leas Way

City (5) Medford

County (6) Burlington

Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services

ASCM No. Shade Environmental, LLC

Name of Abatement Contractor (9) 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

Scope of Work (Check all that apply)

- ≥3 sf or ≥3 if
- ≥180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

Amount (Specify SF or LF) 12 LF

Abatement Type

Laundry Service Hallway

- Pipe Fitting Insulation

Name of Registered Waste Hauler Freehold Cartage

NUDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill

City, State Freehold, NJ

Disposal Date 08/08/2018

City, State Morrisville, PA

Completed By (Print or Type) Christina Lynch

Title Vice President of Operations

Signature

Date 7/28/18

* Do not use this form for asbestos licensure exempted activities.
Confirmation of notification of asbestos abatement,
(25701)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7/26/2018

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

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

Name of Building Owner/Operator (2)
Tornabene

Street Address

City, State, Zip Code
Highland Park, NJ 08904

Name of Contact
Michael Tornabene

FACILITY INFORMATION

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

Street Address

City (5)
Highland Park, NJ 08904

County (6)
Middlesex

County Code (7)

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

Square Feet
1800

# of Floors
2

Bldg. Age
85+/-

Current Use (Prior if being demolished)

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

Street Address
PO Box 322
City, State, Zip Code
Allentown, NJ 08501

Telephone No.
609-259-9668

License No.
00493

Name of GSA Monitor
MECS

Street Address
PO Box 341
City, State, Zip Code
Chesterfield, NJ 08515

Start Date (10)
4/4/2018

Scheduled Completion Date (11)
8/15/2018

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

Yes
No
N/A

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

Amount
(Specify SF or LF)

Armanent Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Stevens Environmental Services

Waste Handler ID No.
16282

Cubic Yards
2 cu

Name of Registered Landfill
Fairless Landfill

Disposal Date
8/15/18

City, State
Morrisville, PA

Completed by
Mahlon E. Stevens

Title
Project Manager

Signature

Date
7/26/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:30 and 5:16)

Date of Notification (1) 07 / 25 / 18

Name of Building Owner/Operator (2) Foundation Academies Charter School

Street Address 363 West State Street
City, State, Zip Code Trenton, NJ 08618

Name of Contact Jeff Lubieski
Telephone Number 609-571-6807

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

- Commercial
  - 363 West State Street

Square Feet

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 if being demolished)

County Code (7)/(STATE USE ONLY)

County: Mercer

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

ASCM No.

Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane

City, State, Zip Code Garfield, NJ 07026

License No. 1188

Project Manager for Monitoring Firm Rick Eustaquio

Telephone No. 973-494-3762

Name of OSHA Monitor ALL PRO MANAGEMENT LLC

Telephone No. 973-928-4888

Start Date (10) 07 / 26 / 18

Scheduled Completion Date (11) 08 / 31 / 18

Occupancy Status During Abatement (Check only one)

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

Name of Registered Waste Hauler GROWS North Landfill/ Fairless Landfill

Century Waste, LLC

Disposal Date TBD

City, State Morrisville, PA

Name of Registered Landfill

City, State

- Elizabeth, NJ

Complied By (Print or Type)

Allen Monchik

Title Project Manager

Signature Allen Monchik

Data 7/25/18

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Agency</th>
<th>Type</th>
<th>Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
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</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL</td>
<td>Initial</td>
<td></td>
<td></td>
<td>Bayonne, NJ 07002</td>
<td>Robert McQueen</td>
</tr>
<tr>
<td>DOH, DCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Private Residence</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000</td>
<td>2</td>
<td>50+</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RK Occupational &amp; Environmental Analysis, Inc.</td>
<td>00090</td>
<td>Balco Construction &amp; Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>401 St. James Avenue</td>
<td>Phillipsburg, NJ 08865</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick McGuinness</td>
<td>908 454 6316</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>08/04/18</td>
<td>08/06/18</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Demolition</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
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<tr>
<td>155 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Amount of Material to be Removed</th>
<th>Type of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify SF or LF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20889</td>
<td>TBD</td>
<td>Tullytown Resource Recovery Facility</td>
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</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/18</td>
<td>Tullytown, PA</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goran Kojic</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>07/25/18</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
07/25/2018

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

Type Notice
- Initial
- Amended
- Amendment #
- Emergency (Including justification)
- Cancellation

Name of Building Owner/Operator (2)
Artem Boguslavskiy

Street Address

City, State, Zip Code
Roselle, NJ 07203

Name of Contact
Artem

FACILITY INFORMATION

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

Street Address

City (5)
Roselle

County (6)
Union

County Code (7)

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
08/03/2018

Scheduled Completion Date (11)
08/06/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00am-5:00pm

Scope of Work (Check All That Apply)
- ≥23 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gradebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
Yes
No
N/A

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
150 LF

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endosulfate

Name of Registered Waste Hauler
Removal Safety LLC

Cubic Yards of Waste
2

Name of Registered Landfill
GROWS North

Disposal Date
TBD

City, State
Paterson, NJ

Morrisville, PA

Completed by
Risto Veskov
Title
Project Mngr

Signature

Date
07/25/2018

* 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) 7/25/18

Agencies Notified
☐ EPA
☒ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☒ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
County of Essex

Street Address
465 Dr. Martin Luther King Boulevard
City, State, Zip Code
Newark, NJ 07102

Name of Contact
Telephone Number

FACILITY INFORMATION

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

Street Address
77 South 11th Street
City (5)
Newark, NJ 07102

County (6)
Essex

County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.
Yannuzzi Environmental Services

Name of Abatement Contractor (9)

Street Address
135 Kinnelon Road, Suite 102
City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm
Telephone No.

License No.
908-218-0800
01228

Start Date (10) 7/23/18
Scheduled Completion Date (11) 7/27/18

Name of OSHA Monitor
Yannuzzi Environmental Services

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: 7AM-5PM/6PM-AM

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Encapsulate ☐
Repair ☐ Enclose ☐

Basement ☐ ☐ ☒ Air Cell Pipe ☐ ☐ ☐ 40 LF
Roof ☐ ☐ ☒ Flashing ☐ ☐ ☐ 36 SF

Name of Registered Waste Hauler
Yannuzzi Group Inc.

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Grand Central
City, State
Kinnelon, NJ 07405

Disposal Date
City, State
Penn Argyl, PA

Completed By (Print or Type)
John Mucha
Title
Project Manager
Signature

Date 7/25/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 7/24/18

Name of Building Owner / Operator (2) Simon Property Group

Street Address 225 West Washington Street
City, State & Zip Code Indianapolis, Indiana 46204

Agencies Notified Type Notification
☐ EPA ☑ Initial
☐ DEP ☑ Amended
☐ DOL ☑ Emergency
☐ DOH ☑ Cancellation

Name of Facility Where Abatement is Taking Place (3) JC PENNY STORE 1529
Street Address 755 STATE ROAD ROUTE 18

Name of Monitoring Firm Hired by Building Owner (8) Wattenston EFM
Street Address 5580 Monroe Street, Suite: 103
City, State & Zip Code SYLVANIA, OH 43680

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

Square Feet 120000 # of Floors 2 Bldg. Age 80

Current Use (Prior if being demolished) COMMERCIAL RETAIL

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

Telephone Number 215-788-6040 License Number 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Street Address 1123 BEAVER STREET
City, State & Zip Code BRISTOL, PA 19007

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours
☒ Facility Occupied During Abatement Describe: 8:00am - 4:00pm

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.
City, State NEW CASTLE, DE 19720
Name of Registered Landfill MINERVA LANDFILL
Disposal Date TBD
Completed By (Print or Type) PATRICK T. DeCARO

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ≥3 sf or ≥3 lf</td>
<td>Pipe Fittings 35 LF</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Chiller Room</td>
</tr>
<tr>
<td>☒ ≥160 sf or ≥260 lf</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Pipe Fittings</td>
</tr>
</tbody>
</table>

Cubic Yards of Waste 2

Authorized Signature Patrick T. DeCARO
Date 7/24/18
Date of Notification (1)  
7/24/2018

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

Type Notification  
X Initial  
X Amended  
X Amendment #01  
X Emergency (including justification)  
X Cancellation

Name of Building Owner/Operator (2)  
LANXESS Solutions US Inc.

Street Address  
1020 Kings George Post Road

City, State, Zip Code  
Fords, NJ 08863

Name of Contact  
Lisa Daniels

Telephone Number  
732-306-4959

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
LANXESS Solutions US Inc.

Type of Facility (4)  
X School (K-12)

X Subchapter 8 (Other than K-12)

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

Square Feet  

# of Floors  

Bldg. Age  

Current Use (Prior to being demolished)  
Storage tanks - isolated tank farm

Name of Monitoring Firm Hired by Building Owner (8)  
Emicott Associates, Inc.

ASCM No.  

Name of Abatement Contractor (9)  
Styker Demolition & Environmental Services, LLC

Street Address  
992 Old Eagle School Road, STE 910

City, State, Zip Code  
Wayne, PA 19087

Telephone No.  
484-581-7428

License No.  
01286

Name of OSHA Monitor  
Styker Demolition & Environmental Services, LLC

Street Address  
992 Old Eagle School Road, STE 910

City, State, Zip Code  
Wayne, PA 19087

Start Date (10)  
7/16/2018

Scheduled Completion Date (11)  
10/31/2018

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

X Abatement Performed Outside of Normal Facility Hours

Other - Describe: Isolated Tank Farm

Scope of Work (Check All That Apply)  
X ≥300 sf or ≥300 ft

X ≥160 st or ≥280 ft

X Renovation

X Demolition

X Full Containment with Negative Pressure

X Mini-Enclosure

X Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>180501/7-B-01/02 Oil Tanks</td>
<td>X</td>
<td>Pipe Insulation (TSI)</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>180501-B-03 Small Ester Tanks</td>
<td>X</td>
<td>Pipe Insulation (TSI)</td>
<td>20 LF</td>
<td>X</td>
</tr>
<tr>
<td>180501-B-13 Fuel Oil Tank Roof</td>
<td>X</td>
<td>Black Felt (surfacing)</td>
<td>79 SF</td>
<td>X</td>
</tr>
<tr>
<td>180501B-18 Oil ST, Frt. Botom Only</td>
<td>X</td>
<td>Insulation (TSI)</td>
<td>250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Horwich Trucks, Inc.

Disposal Date  
8/3/2018

Cubic Yards of Waste  
30

Name of Registered Landfill  
Cumberland County Landfill

City, State  
Northampton, PA

Completed by  
Mark Klotzback

Title  
Vice President

Signature  
7/24/2018

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)**
7/26/18

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

**Street Address**
4000 HADLEY ROAD
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**
GUS NAJERA

**Telephone Number**
908-477-6291

**Name of Facility Where Abatement Is Taking Place (3)**
PSE&G - Kingsland Switch

**Type of Facility (4)**
X School (K-12)

**Street Address**
1 DISPOSAL ROAD
NORTH ARLINGTON
BERGEN

**County Code (7)**

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

**Name of Abatement Contractor (8)**
UNIQUE SYSTEMS OF AMERICA INC

**Street Address**
396 WHITEHEAD AVE.
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-290-2217

**License No.**
0111

**Name of OSHA Monitor**
UNIQUE SYSTEMS OF AMERICA INC

**Street Address**
396 WHITEHEAD AVE.
SOUTH RIVER, NJ 08882

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

**Scope of Work (Check All That Apply)**
X Renovation
X Demolition

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

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

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**Cubic Yards of Waste**
APX 10

**Name of Registered Landfill**
FAIRLESS

**City, State**
ELIZABETH, NJ

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR.

**Signature**
Carol Raimo
7/26/18

* Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:69 and 8:69-8.1A)

**Agency Notified**
- [X] EPA
- [X] DEP
- [X] DCA (NJAC 5:16)
- [X] DHSS
- [ ] DCA (NJAC 5:23-8)

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

**Name of Building Owner/Operator (2)**
PERTH AMBOY BOARD OF EDUCATION

**Street Address**
178 BARRACKS STREET

**City, State, Zip Code**
PERTH AMBOY, NJ 08861

**Name of Contact**
Derek J. Jess

**Telephone Number**
732-376-6200

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

**Street Address**
300 Eagle Avenue

**City (5)**
Perth Amboy, NJ 08861

**County (6)**
Middlesex

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

**Name of Monitoring Firm Hired by Building Owner (8)**
AHERA Consultants, Inc.

**Address**
PO Box 395
Oceanville, NJ 08231

**Project Manager for Monitoring Firm**
John Smoyer

**Telephone No.**
609-652-1633

**NO.**

**Scheduled Completion Date (11)**
08/30/18

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside normal Facility Hours - Describe ____________________________

**Time of Abatement**
AM - PM
FHA - AM

**Scope of Work (Check all that apply)**
- [X] 300 sf or less
- [ ] 160 sf or less
- [ ] 280 sf or less
- [X] Renovation
- [ ] Demolition

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

**Description of Asbestos-Containing Material (ACM)**
- [ ] Used Solely by Maintenance/Custodial Staff
- [ ] Yes
- [ ] No
- [ ] N/A

**Location of Asbestos-Containing Material (ACM)**
- [X] Throughout the Building
- [ ] Exterior

**Caulking Material All Windows**
2,000 LF

**Name of Registered Waste Hauler**
APS Contractors, Inc.

**Waste Hauler ID No.**
21258

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Groves Landfill

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Svetozar Savreski

**Title**
President

**Signature**

**Disposal Date**
08/28/18

**City, State**
Paterson, New Jersey

**Received**
JUL 27 2010

**ASBESTOS CONTROL LICENSING**

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