State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
7/20/18

Name of Building Owner/Operator (2)
Paramus Southbound Property

Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
</table>

Type Notification

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

Name of Building Owner/Operator (2)
Paramus Southbound Property

Street Address
1041 US Highway 202-206

City, State, Zip Code
Bridgewater, NJ 08807

Name of Contact
Bruce Katona

Telephone Number
908 254-3111

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
N/A

Street Address
311 Route 17 South

City (5)
Paramus, NJ 07652

County (6)
Bergen

County Code (7)
(State use only)

Current Use (Prior to being demolished)

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

Square Feet

# of Floors

Eldg. Age

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

ASCM No

Name of Abatement Contractor (9)
Super, LLC

Street Address
203 Belmont Ave

City, State, Zip Code
Haledon, NJ 07508

Project Manager for Monitoring Firm
Carmelo Alcorto

Telephone No.
201 864-6583

Telephone No.
201 336-0477

License No.
01195

Name of OSHA Monitor
Super, LLC

Street Address
203 Belmont Ave

City, State, Zip Code
Haledon, NJ 07508

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)

- ≤30 sf or ≤30 ft
- >190 sf or >260 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Concrete Slab</td>
<td>X</td>
<td>5,000 SF under concrete slab</td>
<td>5,000</td>
<td>x</td>
</tr>
<tr>
<td>Corrugate Transite Panels</td>
<td>X</td>
<td>1,600 SF Corrugate Transite Panel</td>
<td>1,600</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Super, LLC

NJDEP Waste Hauler ID No.
WH18329

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management

City, State
Haledon, NJ 07508

Disposal Date
TBD

Completed by
Tailor B. Dominguez
Title
Project Manager
Signature

Date
7/20/18

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

Date of Notification (1) 7-24-18
Name of Building Owner/Operator (2) Alysun DE-17AS0

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

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

Street Address

City, State, Zip Code MIDDLETOWN NJ 07748

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

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
1400

# of Floors
2

Bldg Age
N/A

Current Use (Prior if being demolished) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTOR

ASCM No.

Name of Abatement Contractor (9) FRYMAR CONSTRUCTION

Street Address
60 BOX 11645

City, State, Zip Code PHIJA PA 19116

Name of OSHA Monitor DVA

Street Address
279 HEMORIX PL

City, State, Zip Code PHIJA PA 19116

Start Date (10) 7-28-18
Scheduled Completion Date (11) 7-28-18

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

Other – Describe:

Scope of Work (Check All That Apply)
- 23 of or 236
- 160 sf or 260 sf
- Demolition
- Renovation

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

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

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Exclude

Name of Registered Waste Hauler FRYMAR CONSTRUCTION

NIDEQ Waste Hauler ID No. 03678

Cubic Yards of Waste

Name of Registered Landfill WESTERN BURKS

City, State PHIJA PA

Disposal Date 7-26-18

City, State BIRDSBORO PA

Completed by EPRAIR DVA Title VP. PRES

Signature  Date 7-24-18

ASB-41 (R-06-08)

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

Date of Notification (1):
7/24/2018

Name of Building Owner/Operator (2):
Passaic Properties LLC

Address:
Street Address
10 West 33rd Street, Suite 800
City, State, Zip Code
New York, New York 10001

Name of Contact:
Mr. Joseph Smouha
Telephone Number:
(212) 947-9400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Old Boiler Building

Street Address:
90 Dayton Avenue

City (5):
Passaic

County (6):
Passaic

Type of Facility (4):

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

Square Feet:
9,000

# of Floors:
1

Bldg. Age:
120

Current Use (Prior if being demolished):
Boiler Building

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

ASCM No.:

Name of Abatement Contractor (9):
Sky Contracting, LLC

Street Address:
1385 Valley Road, Suite K

City, State, Zip Code:
Wayne, New Jersey 07470

Project Manager for Monitoring Firm:

Telephone No.:
(973) 928-5040

License No.:
00874

Start Date (10):
8/6/2018

Scheduled Completion Date (11):
9/25/2018

Name of OSHA Monitor:
Sky Contracting, LLC

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

☐ Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply):

☒ 23 sf or 23 ft²

☒ 160 sf or 260 ft²

☒ Renovation

☒ Demolition

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

Yes
No
N/A

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

Endorsement

Location

Disposal Date

Signature

Date

Name of Registered Waste Hauler:
Service Transport Group, Inc.
NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Minerva Enterprises, LLC

City, State:
Waynesburg, Ohio

Completed by:
Predrag Sarcev
Title:
Vice President
Signature:
Date:
7/24/2018

* 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)
7/25/18

Name of Building Owner/Operator (2)
Eric Davis

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

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

Street Address

City, State, Zip Code
Westfield, NJ 07090

Name of Contact
Eric

Facility Information

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

Street Address

City (5)
Westfield

County (6)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-764-2276

License No.
703

Start Date (10)
8/6/18

Scheduled Completion Date (11)
8/13/18

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

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-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

garage

duct insulation

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)
100 SF

Abatement Type
x

Full Encapsulation
Removal
Repair
Encapsulation
Enforced
Endorse

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President
Signature
Date
7/25/18

* 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)

Date of Notification (1)
7/25/18

Name of Building Owner/Operator (2)
Ari Hernandez

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

Type Notification
☑ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Street Address
[Redacted]

City, State, Zip Code
Rutherford, NJ

Name of Contact
Ari

Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Rutherford

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
home

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
8/8/18

Scheduled Completion Date (11)
8/16/18

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥280 if
☐ Renovation
☑ Demolition
☐ Full Containment with Negative Pressure
☐ Min-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes
No
N/A

basement

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)
175 LF

Abatement Type

Endorse

Name of Registered Waste Hauler
Freehold Cartage

NJ DEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title
President

Signature

Date
7/25/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 25, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rapid Response DKI</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 2292</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Flemington, NJ 08822</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eddie Coffman</td>
</tr>
<tr>
<td>Facility Information</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling</td>
</tr>
<tr>
<td>Street Address</td>
<td>Montclair, NJ 07042</td>
</tr>
<tr>
<td>City (5)</td>
<td>Essex</td>
</tr>
<tr>
<td>County (6)</td>
<td>County Code (7)</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler (9)</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8-1-18</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenkke</td>
</tr>
</tbody>
</table>

**Abatement Details**

<table>
<thead>
<tr>
<th>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 LT)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen 3rd floor</td>
<td>Floor Tile</td>
<td>150 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7/25/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Grand Oak Enterprises LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 2121</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Blue Bell, PA 19422</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Barry C</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>267-922-2223</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place | Resident |
| City | Brigantine |
| County | Atlantic |
| Name of Monitoring Firm | ASCM No. |
| Street Address | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm | |
| Start Date | 8/4/18 |
| Scheduled Completion Date | 9/4/18 |

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2500</td>
</tr>
</tbody>
</table>

**Abatement Type**

- Renovation/Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (T) and Non-Friable Procedure

| Name of Registered Waste Hauler | Avilone LLC |
| City, State |  |
| Disposal Date | TBD |
| City, State |  |

**Completed by**

[Signature] 7/25/18  

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

Date of Notification (1)
7-24-2018

Name of Building Owner/Operator (2)
202 Mercedes Street, Urban Renewal, LLC

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

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

Street Address
47 Mill Road

City, State, Zip Code
Jersey City, NJ 07302

Name of Contact
Michael Ferraro

Telephone Number
732-991-1173

FACILITY INFORMATION

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

Street Address
202 Mercedes Street

City (5)
Jersey City, NJ 07302

County (6)
Hudson

County Code (7) [STATE USE ONLY]

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

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
8-3-2018

Scheduled Completion Date (11)
8-7-2018

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)
☐ ≥ 500 sf or ≥ 5 if
☒ ≥ 160 sf or ≥ 260 sf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal ☐ Repair ☐
Encapsulation ☐ Enclosure ☒

Name of Registered Waste Hauler
Green Environmental Services

Cubic Yards of Waste
15

Diposal Date
8-7-2018

Name of Registered Landfill
Grows North Landfill,

City, State
Morrisville, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
7-24-2018

ASB-41 (R-06-08)

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

Date of Notification (1): 7/21/18
Name of Building Owner/Operator (2): PSE&G

Agencies Notified: [ ] EPA  [ ] DEP  [ ] DOL  [ ] DOH  [ ] DCA
Type Notification: [ ] Initial  [ ] Amended  [ ] Amendment # 1  [ ] Emergency (including justification)

Street Address: 4000 HADLEY ROAD
City, State, Zip Code: SOUTH PLAINFIELD, NJ 07080

Name of Contact: MATT DAPPELAND
Telephone Number: 732-469-7072

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
PSE&G

Street Address: 301 VICTORY AVE.
City (5): NORTH BRUNSWICK
County (6): MIDDLESEX

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


Name of Monitoring Firm Hired by Building Owner (8):
ENVIRONMENTAL TACTICS
ASCN No.: 0045

Name of Abatement Contractor (9):
UNIQUE SYSTEMS OF AMERICA INC

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm:
TOM GEIGER
Telephone No.: 732-290-2217

Start Date (10): 7/21/18  Scheduled Completion Date (11): 7/24/18

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA INC.

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Scope of Work (Check All That Apply):
[ ] ≥ 3 sf or ≥ 3 if
[ ] ≥ 160 sf or ≥ 260 if
[ ] Renovation
[ ] Demolition
[ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM</th>
<th>Amount (S.F. or L.F.)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside</td>
<td>No</td>
<td>ACM Window Gasket</td>
<td>100 SF</td>
<td>Demolition</td>
</tr>
<tr>
<td>Control Room</td>
<td>Yes</td>
<td>ACM Tile Mastics</td>
<td>2480 SF</td>
<td>Demolition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transite Floor Hinge</td>
<td>50 SF</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
WASTE MANAGEMENT

Name of Registered Landfill:
FAIRLESS
City, State:
ELIZABETH, NJ

Completed by:
CAROL RAIMO
Title: OFFICE MGR.

Disposal Date: 7/22/18

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

Date of Notification (1)
6/14/18

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

Agency Notified

- EPA
- DEP [x]
- DOL
- DOH
- DCA

Type Notification

- Initial [x]
- Amended
- Amendment #
- Amendment (including justification)
- Cancellation

Street Address
4000 HADLEY ROAD

City, State, Zip Code
SOUTH PLAINFIELD, NJ 07080

Name of Contact
MATT DANDURAND

Telephone Number
732-459-7072

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

Street Address
301 VICTORY AVE.

City (4)
NORTH BRUNSWICK

County (5)
MIDDLESEX

County Code (7)
0045

Name of Abatement Contractor (6)
UNIQUE SYSTEMS OF AMERICA INC

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm
TOM GEIGER

Telephone No.
732-290-2217

License No.
732-432-8350

Name of OSHA Monitor
UNIQUE SYSTEMS OF AMERICA INC.

Street Address
396 WHITEHEAD AVE.

City, State, Zip Code
SOUTH RIVER, NJ 08882

Start Date (10)
6/29/18

Scheduled Completion Date (11)
8/30/18

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

Name of Registered Waste Hauler
WASTE MANAGEMENT

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS

City, State
MORRISVILLE, PA

Disposal Date

Complied by
CAROL RAIMO

Title
OFFICE MGR.

Signature

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/25/2018

Name of Building Owner/Operator (2) Juliana Petruzzini

Name of Facility Where Abatement is Taking Place (3) Juliana Petruzzini

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (5) AZTECH MANAGEMENT, Inc.

Street Address 86 Christopher St.

License Number 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code Montclair, NJ 07042

Scope of Work (Check all that apply)

[X] Renovation
[ ] Demolition

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

Location Normally Used

Solary

By Maintenance/Custodial Staff

No

Garage

X

Duct insulation

45 LF

X

Date of Notice (1)

7/25/2018

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NUDEP Waste Hauler # No. 17040

City, State Montclair, NJ 07042

Completed By (Print or Type) Constantine Vivian

Title President

Signature

Date 7/25/2018
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
7/24/2018

Name of Building Owner/Operator (2)  
Food Circus

Agencies Notified  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)  
Food Circus

Street Address  
853 Highway 35

City, State, Zip Code  
Middletown NJ 07748

Name of Contact  
Joseph Azzolina Jr

Telephone Number  
732-671-2220

FACILITY INFORMATION

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

Street Address  
362 Broad

City (5)  
Red bank NJ

County (6)  
Monmouth County

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

Name of Abatement Contractor (9)  
ACM Solutions Services LLC

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

Square Feet  
45000

# of Floors  
1

Bldg. Age  
50

County Code (7)  
N/A

Current Use (Prior to being demolished)  
N/A

Name of OSHA Monitor  
Iris Environmental Laboratories

Street Address  
1435 51st Street

City, State, Zip Code  
North Bergen NJ 07047

Telephone No.  
973-764-9676

License No.  
01230

Start Date (10)  
8/3/2018

Scheduled Completion Date (11)  
8/12/2018

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

Other – Describe: hours 10PM to 7AM

Scope of Work (Check All That Apply)  

- ≥25 sf or ≥3 ft
- ≥160 sf or ≥200 lf

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

<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>Main Floor</td>
<td>x</td>
<td>floor tile</td>
<td>2200SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting Inc

NJD EP Waste Hauler ID No. 045009

Cubic Yards of Waste

Name of Registered Landfill  
ISES Bethlehem Rd Landfill

Disposal Date  
City, State 2335 Applebutter Rd Bethlehem PA

Completed by  
Galo Zumba

Title  
Principal

Signature  
Date  
7/24/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
7/20/2018

Name of Building Owner/Operator (2)
Private property

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

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

Street Address
50 Vorhees Place

City, State, Zip Code
Ridgefield

Name of Contact
Judith Morales

Telephone Number
201-836-6270

FACILITY INFORMATION

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

Street Address
50 Vorhees Place

City (5)
Ridgefield

County (6)
Bergen County

Current Use (Prior if being demolished)

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

Square Feet
14000

# of Floors
2

Bldg. Age
+50

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

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
1435 51st Street

City, State, Zip Code
North Bergen NJ 07047

Telephone No.
973-764-9676

Telephone No.
201-562-9685

License No.
01320

Name of OSHA Monitor
Iris Environmental Laboratories

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07803

Start Date (10)
7/30/2018

Scheduled Completion Date (11)
8/12/2018

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

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 160 sf or 2260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility
(13)

Yes
No
N/A

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

Roof

Is Location
X

roofing material

Amount
1400SF

Abatement Type
X

Name of Registered Waste Hauler
Newark Carting Inc

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards
Name of Registered Landfill
ISES Bethlehem Rd Landfill

Waste
of Waste
Disposal Date
City, State
2335 Applebutter Rd Bethlehem PA

Completed by
Galo Zumba
Title
Principal

Signature
Date
7/20/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
7-25-18

Name of Building Owner/Operator (2)
David Miles

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

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

Street Address

City, State, Zip Code
Elmont NY 11003

Name of Contact
Mark Minniti

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
South Harrison Township, NJ

County (6)
Gloucester

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
1200

# of Floors
1

Bldg. Age
55

Current Use (Prior if being demolished)
abandon

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

ASCM No.

Assured Environmental Services

Name of Abatement Contractor (9)

Street Address
570 Clerns Run

City, State, Zip Code
Mullica Hill, NJ 08062

Telephone No.
610-304-4676

License No.
01145

Name of OSHA Monitor
EMSL

Street Address
200 Rt 130

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
6-8-18

Scheduled Completion Date (11)
6-15-18

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

Scope of Work (Check All That Apply)
☐ ≥ 23 sf or ≥ 23 if
☒ ≥ 160 sf or ≥ 260 if
☐ Renovation
☒ Demolition

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

In Facility (13)
House Siding

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)
1500

Abatement Type

Endorse
Repair ☒ Encapsulate ☐

Name of Registered Waste Hauler
Assured Environmental Services

NJDEP Waste Hauler ID No.
0034895

Cubic Yards of Waste
20

Name of Registered Landfill
Gloucester County Landfill

Disposal Date
City, State

Completed by
John Zumbo

Title
President

Signature

Date
7-25-18

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

Name of Building Owner/Operator (2):
Maplewood III LLC

Street Address:
2000 Maplewood Drive
City, State, Zip Code:
Maple Shade, NJ 08052

Name of Contact:
Dan
Telephone Number:
856-206-2186

Name of Facility Where Abatement is Taking Place (3):
Park Crossing Apartment Homes

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

Square Feet:
800
# of Floors:
1
Bldg. Age:
50+

County Code (7): [STATE USE ONLY]

Current Use (Prior if being demolished):

Name of Monitoring Firm HIred by Building Owner (6):
Acer Assoc.

Name of Abatement Contractor (9):
Assured Environmental Services Inc.

Street Address:
570 Clerns Run
City, State, Zip Code:
Mullica, NJ 08062

License No.:
01145

Telephone No.:
610-504-4676

Name of OSHA Monitor:
EMSL

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

Other – Describe:

Start Date (10):
7-26-18

Scheduled Completion Date (11):
7-27-18

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

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. Damaged systems insulation, surfacing, VAT, or other miscellaneous):
Joint Compound

Amount (Specify SF or LF):
84

Abatement Type:

X Renovation Demolition

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

Name of Registered Waste Hauler:
Assured Environmental Services

Cubic Yards of Waste:
10
Disposal Date:
8-4-18

Name of Registered Landfill:
Minerva Landfill
City, State:
Waynesburg, OH

Completed by:
John Zumbo
Title:
President
Signature:

Date:
7-25-18

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

Date of Notification (1)
07/19/2018

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

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

Name of Building Owner/Operator (2)
[Redacted]

Name of Building Owner/Operator (2)

Residence

Street Address
[Redacted]

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
Marianna Periera

Telephone Number
[Redacted]

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Elizabeth

County (6)
[Redacted]

County Code (7)
[Redacted]

Type of Facility (4)
- School (K-12)
- Subchapter 3 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
2,396

# of Floors
3

Bldg. Age
94

Name of Monitoring Firm Hired by Building Owner (5)
A. Seine Lighthouse Solutions

ASCM No.
[Redacted]

Name of Abatement Contractor (9)
Brinks Tank Services

Name of Abatement Contractor (9)

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Telephone No.
844-462-7465

License No.
01316

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Name of OSHA Monitor

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

Project Manager for Monitoring Firm
Sarah Calandra

Start Date (10)
07/30/2018

Scheduled Completion Date (11)
09/13/2018

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 ≥3 lf
- ≥160 sf or ≥250 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?
Yes
No
N/A

Description of Asbestos Containing Material (ACM)

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

Amount
150 LF

Abatement Type

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

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
Penn Argyle, PA

Disposal Date
07/19/2018

Completed by
Alison Lamers

Title
Office Manager

Signature

Date
07/19/2018

* 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)
07/23/2018

### Name of Building Owner/Operator (2)
Residence

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

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

### Street Address
City, State, Zip Code
Roselle Park NJ 07204

### Name of Contact
William McNair

### Telephone Number

### FACILITY INFORMATION

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

#### Street Address
City (5)
Roselle Park

#### County (6)
Union

#### Square Feet
1,824

#### # of Floors
2

#### Bidg. Age
88

#### Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

#### ASCM No.

#### Name of Abatement Contractor (9)
Brinks Tank Services

#### Street Address
1266 Liberty Avenue

#### City, State, Zip Code
Hillside, NJ 07205

#### Project Manager for Monitoring Firm
Sarah Calandra

#### Telephone No.
201-349-2666

#### Start Date (10)
08/02/2018

#### Scheduled Completion Date (11)
08/16/2018

#### 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)
- ≤3,000 sf or ≤3,000 ft
- ≤1,000 sf or ≤1,000 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe wrap</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Newark Carting

#### NJDEP Waste Hauler ID No.
04509

#### Cubic Yards of Waste

#### Name of Registered Landfill
Waste Management Landfill

#### City, State
Penn Argyle, PA

#### Disposal Date
07/23/2018

#### Completed by
Alison Lamers

#### Title
Office Manager

#### Signature

#### Date
07/23/2018

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

**PAID**

**Check # 10445**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-27-18</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Middlesex Fund</td>
</tr>
</tbody>
</table>

**RECEIVED**

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>□ DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>400 South Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Middlesex, NJ 08846</td>
</tr>
</tbody>
</table>

**Type of Facility (4) :**

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

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidg. Age</td>
<td>60+</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>EPC Technologies R.O. Box 337</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Steve Schenker</td>
</tr>
</tbody>
</table>

**Name of Abatement Contractor (9) :**

<table>
<thead>
<tr>
<th>EPC Technologies Inc. P.O. Box 337</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Steve Schenker</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):**

- □ 23 sf or less
- X □ 160 sf or 2260 sf
- □ Renovation
- X □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Firable Procedure

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>225 SF</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Front Middle Room</td>
</tr>
<tr>
<td>Floor Tiles/Finish</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17000</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>City, State</th>
<th>8-9-18</th>
<th>Moyosville, PA</th>
</tr>
</thead>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-27-18</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:130**

---

**Date of Notification (1):**
7-26-18

**Name of Building Owner/Operator (2):**
Nancy Richardson

**Address:**

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

**Street Address:**

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergenfield, NJ 07621</td>
</tr>
</tbody>
</table>

**Name of Contact:**

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Richardson</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
</tr>
</tbody>
</table>

**Square Feet:**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000</td>
<td>1935</td>
</tr>
</tbody>
</table>

**Type of Facility (4):**

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

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

- Residence

**Name of Abatement Contractor (9):**

<table>
<thead>
<tr>
<th>Best Removal Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>450 South River Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Hackensack, NJ 07601</td>
</tr>
</tbody>
</table>

**License No.:**

<table>
<thead>
<tr>
<th>00388</th>
</tr>
</thead>
</table>

**Name of OSHA Monitor:**

<table>
<thead>
<tr>
<th>Omega Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>280 Hyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>South Hackensack, NJ 07606</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>≥300 sq ft or ≥3 if</th>
</tr>
</thead>
</table>

**Removal**

<table>
<thead>
<tr>
<th>Demolition</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Basement</th>
</tr>
</thead>
</table>

**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, VAL, or other miscellaneous):**

<table>
<thead>
<tr>
<th>Thermal System Insulation</th>
<th>75 LF</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>75 LF</th>
</tr>
</thead>
</table>

**Abatement Type:**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enrichment</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler:**

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

**Disposal Date:**

<table>
<thead>
<tr>
<th>Minerva Enterprises, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>8-9-18</td>
</tr>
</tbody>
</table>

**Completed by:**

<table>
<thead>
<tr>
<th>J. Maiorano</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-26-18</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1)  
7/26/2018  

Name of Building Owner/Operator (2)  
Onyx Equities, LLC  

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

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

Street Address  
301 Route 17  
Rutherford, NJ 07070  

Name of Contact:  
Anthony Ferrarioli  
Telephone Number  
201-438-0971  

Name of Facility Where Abatement is Taking Place (3)  
61 Paramus Road  

Street Address  
61 Paramus Road  

City (5)  
Paramus  

County Code (7)  
Bergen  

Square Feet  
270,000  
# of Floors  
5  
Bldg. Age  
33  

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

Name of Abatement Contractor (9)  
Incinia Contracting, INC  
Street Address  
1360 Clifton Avenue Unit 365  
Clifton, NJ 07012  

Project Manager for Monitoring Firm  
Rick Eustaquio  
Telephone No.  
973-494-3762  

License No.  
973-450-9500  
01036  

Start Date (10)  
8/8/2018  

Scheduled Completion Date (11)  
8/8/2018  

Name of OSHA Monitor  
Incinia Contracting, Inc  
Street Address  
1360 Clifton Avenue Unit 365  
Clifton, NJ 07012  

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

Scopes of Work (Check All That Apply)  
- ≥3 sf or ≥23 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  

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3rd Floor Suite 355</td>
<td>X</td>
<td>Vinyl Floor Tiles</td>
<td>130 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Atlantic Carting  
NJDEP Waste Hauler ID No.  
NJ641/JA454  

Cubic Yards of Waste  
5  

Name of Registered Landfill  
Grand Central Sanitary Landfill  

Disposal Date  
TBD  
City, State  
Wayne, NJ  
Pen Argyl, PA  

Completed by  
Milenia Zoric  
Title  
Director  
Signature  
Date  
7/26/2018  

ASB-41 (R-06-08)  

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

Print Form
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7/20/18
Type Notification

Name of Building Owner / Operator (2)
Yiba Ng

Agencies Notified
EPA
DEP
DOL
DOH
DCA
X
X
X

Emergency Notification
Initial Notification
Amended Notification
Cancellation

Street Address
[Redacted]

City, State & Zip Code
Short Hills, NJ 07078

Name of Contact
Yiba Ng

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Short Hills
County (6)
Essex
County Code (7)

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

Square Feet
2,800

# of Floors
2

Bldg. Age
50

Current Use (Prior if being demolished)
Residential

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

ASCM No.

Name of Abatement Contractor (9)
Global Abatement Services, LLC

Street Address
443 Schoolhouse Road
City, State & Zip Code
Monroe Township, NJ 08831

Project Manager for Monitoring Firm
Tom Geiger

Telephone Number
732-290-2217

Scheduled Start Date (10)
7/23/18

Scheduled Completion Date (11)
7/24/18

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

Other - Describe:

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

X Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 180 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet)

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

Full Containment with Negative Pressure
Mini-Enclosure
X Glovebag Procedure
Other: Non-friable

Garage
N/A

TSI Pipe
15 LF

Removal

Name of Registered Waste Hauler
Freehold Carting

NJDEP Waste Hauler ID #
18693

Cu. Yds. of Waste
2

Name of Registered Landfill
TRRF

Disposal Date
7/25/18

City, State
Tullytown, Pa

Completed By (Print or Type)
Dominick Tringali

Title
Pres.

Signature
Dominick Tringali

Date
7/20/18

ASB-41 JUN 95 G4667
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Building Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOH</td>
<td>Initial Notification</td>
<td>Domestic Linen Supply Co., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>265 Cortlandt St</td>
<td>Belleville, NJ 07109</td>
<td>Ed Claypoole</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Linen Supply</td>
<td>School (K-12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Global Abatement Services, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>443 Schoolhouse Rd</td>
<td>Monroe Township, NJ 08831</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Other: Non-friable

**Scope of Work (Check all that apply)**
- Demolition
- Renovation
- Large Project
- Quantity is \( \geq 3 \) SF or \( \geq 3 \) LF ACM
- Quantity is \( \geq 160 \) SF or \( \geq 290 \) LF ACM

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>N/A</td>
<td>TSI Pipe</td>
<td>200 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>N/A</td>
<td>Boiler brick</td>
<td>50 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler Room Breezeway</td>
<td>N/A</td>
<td>TSI Pipe</td>
<td>100 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>Cumberland County</td>
</tr>
<tr>
<td>Cu. Yds. of Waste</td>
</tr>
<tr>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/24/18</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
- Dominick Tringali
- Title: President

**Signature**
- Dominick Tringali

**Date**
- 7/24/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
7-24-2018

Name of Building Owner/Operator (2)
J.C Office Interiors, Inc.

Street Address
387 Crescent Drive
City, State, Zip Code
Franklin Lakes, NJ 07414

Name of Contact
Jim Calvano
Telephone Number
201-384-1841

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

Street Address
1 Bell Drive
City
Ridgefield, NJ 07657

County
Bergen
County Code (7) (STATE USE ONLY)
44715

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
235 Virginia Avenue
City, State, Zip Code
Jersey City, NJ 07304

Telephone No.
201-333-8855
License No.
01174

Project Manager for Monitoring Firm

Name of OSHA Monitor
Green Environmental Services, LLC

Street Address
235 Virginia Avenue
City, State, Zip Code
Jersey City, NJ 07304

Start Date (10)
7-25-2018
Scheduled Completion Date (11)
7-28-2018

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe:

Scope of Work (Check All That Apply)

≥240 sf or ≥260 sf

≥160 sf or ≥260 sf

Renovation
Demolition

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

In Facility (13)

Boiler room

Boiler room

Is Location Normally Used Safely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Spray on
Joint insulation

Amount (Specify SF or LF)
720 SF
40 LF

Abatement Type
Remove

Name of Registered Waste Hauler
Green Environmental Services,

City, State
Jersey City, NJ 07304

Disposal Date
7-26-2018

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

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager

Signature

Date 7-24-2018

* 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)

Date of Notification (1) 7/26/18

Name of Building Owner/Operator (2) M.S. Verhel Nelson

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

Street Address

City, State, Zip Code Hackensack, NJ, 07601

Name of Contact M.S. Nelson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) M.S. Nelson

Street Address

City (5) Hackensack

County (6) Bergen

Name of Monitoring Firm Hired by Building Owner (8)

ASCN No.

Name of Abatement Contractor (9) Best Removal Inc.

Street Address 450 South River Street

City, State, Zip Code Hackensack, NJ 07601

Project Manager for Monitoring Firm Omega Environmental

Telephone No.

Start Date (10) 8/9/18

Scheduled Completion Date (11) 8/10/18

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

Scope of Work (Check All That Apply)
- ≥30 sf or ≥30 lft
- ≥160 sf or ≥150 lft
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Gloving Procedure

Non-Exempted (*) and Non-Friable Procedure

Removal

Repair

Encapsulation

Name of Registered Waste Hauler

Best Removal Inc

NIDEP Waste Hauler ID No. 17109

Cubic Yards of Waste 2475

Name of Registered Landfill Minerva Enterprises, LLC

City, State Hackensack, NJ 07601

Disposal Date 8/10/18

Waynesburg, OH 44688

Completed by J. Maiorano

Title Estimator

Signature

Date 7/26/18

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

Date of Notification (1) 7/25/18
Name of Building Owner/Oparator (2) Rancocas Valley Regional School District

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td>520 Jacksonville Road</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amendment # 3</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>☑ DOL</td>
<td>Emergency (including justification)</td>
<td>Mt. Holly, NJ 08060</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

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

Street Address
520 Jacksonville Road

City (5) Mt. Holly
County (6) Burlington
Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services, Inc.

ASCM No. 0090

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

Square Feet 100,000
No. of Floors 2+ Current Use (Prior if being demolished)
Built Age 50+ School

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Name of OSHA Monitor
Envirovision Consultants, Inc.

Start Date (10) 6/27/18
Scheduled Completion Date (11) 8/3/18

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

Scope of Work (Check All That Apply)
☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Demolition
☐ 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) | Description of Asbestos-Containing Material (ACM)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>N/A</td>
<td>Ceiling Tile</td>
</tr>
<tr>
<td></td>
<td>Chalk boards &amp; associated glue dots</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Removal</th>
<th>Rebuild</th>
<th>Exemptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,094 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8,500 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2,120 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Cubic Yards of Waste 20
Name of Registered Landfill Fairless Hills Landfill
City, State TBD

Name of Registered Waste Hauler
Unicorn Contracting Corp.
NIDEP Waste Hauler ID No. 0035844

Title President
Completed by Zhivka Nikolov
Signature [signature]
Date 7/25/18
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:8 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator:**
Paul and Joan Hagy

**Name of Contact:**
Joan Hagy

**Location Where Abatement is Taking Place:**
Hagy Residence

**Street Address:**
Cape May Point

**City:**
Cape May

**County:**
Cape May

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

**Name of Abatement Contractor:**
Shade Environmental, LLC

**Project Manager for Monitoring Firm:**
Bill Weisgerber

**Telephone No.:**
866-788-5070

**Telephone No.:**
866-788-0098

**License No.:**
DB842

**Start Date:**
07/30/18

**Occupancy Status During Abatement:**
- Occupied
- Vacated
- Unoccupied

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

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Plaster Ceilings</th>
<th>160 SF</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler:**
Freehold Cartage

**City, State:**
Freehold, NJ

**Name of Registered Landfill:**
Cap County Landfill

**Disposal Date:**
08/01/2018

**Date:**
7/25/18

---

*Do not use this form for asbestos licensure exemptions activities.*
### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1)**
07/25/2018

**Name of Building Owner/Operator (2)**
The Galaxy Towers Condominium Association

**Street Address**
7000 Blvd. East Tower 1 -14TH Floor Office

**City, State, Zip Code**
Guttenberg, N.J. 07093

**Name of Contact**
Bianca Ferrara

**Tel. Number**
201-459-2436

---

**Name of Facility Where Abatement is Taking Place (3)**
The Galaxy Towers

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

**Entire Building**: Sq. Feet: ~ 860,000 # of Floors: 44 Bldg. Age: 41

**Condo unit (project location)**: Sq. Feet: ~ 800 # of Floors: 1 (Apt 10E)

**Current Use (if being demolished)**: Industrial Safety & Environmental Solutions, Inc.

---

**Name of Monitoring Firm Hired by Bldg. Owner (5)**
ASCN No.
N/A

**Name of Contractor (6)**
Industrial Safety & Environmental Solutions, Inc.

**Street Address**
3300 Hudson Avenue

**City, State, Zip Code**
Union City, NJ 07087

**Telephone Number**
(201)325-0055

**License Number**
01124

---

**Occupancy Status During Abatement (Check only one)**
(X) Abatement Performed Outside of Normal Facility Hours - Work in unoccupied apartment

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

---

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Mastic (black) and associated wood floor</td>
<td>~ 100 SQ FT</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Scheduled Start Date (14)**
08/07/18

**Scheduled Completion Date (15)**
08/16/18

---

**City, State, Zip Code**
Union City, NJ 07087
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
07/25/2018

Name of Building Owner/Operator (2)
The Galaxy Towers Condominium Association

Agencies Notified
( ) EPA
( ) NJDEP
( ) NJ DOL
( ) DOH
( ) DCA

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

Name of Contact
Bianca Ferrara
Tel. Number
201-453-2438

RECEIVED
JUL 30 2018

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)
The Galaxy Towers

Street Address
7000 Blvd. East Tower 1 - 14th Floor Office

City, State, Zip Code
Guttenberg, N.J. 07093

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

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

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

Entire Building: Sq. Feet: ~ 860,000 # of Floors 44 Bldg. Age 41

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

Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1 (Apt 10E)

City (5) County (6) County Code (7) (State Use Only)
Guttenberg HUDSON

Current Use (if being demolished):

Name of OSHA Monitor
ISES, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

License Number
01124

Project Manager for Monitoring Firm
N/A

Telephone Number
(201)325-0055

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -
( ) Other - Describe:
Work in unoccupied apartment

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glove-bag Procedure
( ) Non-Exempted (*) and Non-Friable Procedure

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

hallway unit 10E

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
YES NO N/A

Description of ACM
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)
Floor Mastic (black) and associated wood floor

Amount (Specify SF or LF)
~ 100 SQ FT

Abatement Type
Removal Repair Encapsulation Enclosure

Scheduled Start Date (10)
08/07/18

Scheduled Completion Date
08/18/18
<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>04509</td>
<td>10</td>
<td>Grand Central Sanitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1963 Pen Argyl Road</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disp Date</th>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 Raymond Blvd, Newark, NJ 07105</td>
<td>08/10/2018</td>
<td>Pen Argyl, PA 18072</td>
<td>07/25/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Camacho</td>
<td>Project Supervisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Stamp: RECEIVED JUL 30 2018]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/25/18

Name of Building Owner / Operator (2)
East Amwell Township School District

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
43 Wertsville Road
City, State & Zip Code
Ringsoes, NJ 08551
Name of Contact
Edward Stoloski
Telephone Number
908-782-6464

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
East Amwell Elementary School

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

Square Feet
# of Floors
Bidg. Age

Current Use (Prior if being demolished)
School

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

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
56 East Bridge Street
Morrisville, PA 19067

City, State & Zip Code

Telephone Number
267-991-9212

License Number
00509

Name of OSHA Monitor
Bristol Environmental, Inc.

Street Address
1123 Beaver Street
Bristol, PA 19007

City, State & Zip Code

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours –
Describe: 2pm to 4pm
☒ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ±3 sf or ±3 if
☐ ±150 sf ±260 if
☒ Renovation
☐ Demolition

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

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

Description of 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 ☐
Glove Bag Procedures ☐
Non-Exempted and Non-Friable Procedure ☒

Classrooms and Bathrooms

Dust (Wet Mopped) 1600 SF

Name of Registered Waste Hauler
Service Transport Inc.

Cubic Yards of Waste
1 Cu Yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Disposal Date
7/25/18

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager
Signature
Dino Pizzigoni / gpi
Date
7/25/18

Title
Project Manager
Signature
Dino Pizzigoni / gpi
Date
7/25/18
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
7/20/2018

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

**Street Address**
100 GRACE STREET

**City, State, Zip Code**
DOVER, NJ 07801

**Name of Contact**
ROBERT GOMES

**Telephone Number**
973-989-2012

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
DOVER HIGH SCHOOL

**Street Address**
100 GRACE STREET

**City (5)**
DOVER

**County (6)**
MORRIS

**Name of Monitoring Firm Hired by Building Owner (9)**
WHITMAN CO.

**Type of Facility (4)**

- [x] 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 Abatement Contractor (9)**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
11 VREELAND AVENUE

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

**Name of OSHA Monitor**

SAME AS (9) ABOVE

**Street Address**

**City, State, Zip Code**

**Start Date (10)**
8/6/2018

**Scheduled Completion Date (11)**
8/24/2018

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

- [x] Renovation
- [ ] Demolition
- [x] 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 (12)**

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

**Yes**

**No**

**N/A**

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Removal**

**Repair**

**Encapsulate**

**Endorse**

**Amount of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
50

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

**City, State**
TOTOWA, NJ

**Disposal Date**
8/24/2018

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
7/20/2018

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

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

## GAC Project # 060-18

**Date of Notification (1)**
July 24, 2018

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

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

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

**Telephone Number**
848-445-2550

**Name of Facility Where Abatement Is Taking Place (3)**
SMITH HALL, BLDG# 7223

**Street Address**
NEWARK CAMPUS

**City (5)**
NEWARK

**County (6)**
ESSEX

**County Code (7)**
00998

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

**Sq. Feet**
N/A

**# of Floors**
5

**Bldg Age**
60+ years

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

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

**Street Address**
511 MAIN STREET

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

**Project Manager for Monitoring Firm**
BRIAN R. KEARNEY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
08/03/18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Other - Describe: Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work (Check all that apply)**
- ≥ 3 sf or >3 if
- ≥ 150 sf or ≥ 260 if

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- Location Normal Used by Maint./Custodial Staff? (12)
- YES
- NO

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

**Room 4-124 Suite**

**VAT**

900 SF

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

**Disposal Date**
08/06/2018

**City State**
100 New Ford Mill Rd, Morrisville, Pa 19067
215-736-1700

**Completed by (Print or Type)**
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER
Signature: Raymond C. Pedalino
Date: July 24, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
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 24, 2018

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

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

**City, State, Zip Code**
PISCATAWAY, NJ 08854

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

**Telephone Number**
848.445.2550

---

**Name of Facility Where Abatement is Taking Place (3)**
Medical Science Bldg # 7257

**Street Address**
RBAS Newark Campus

**City (5)**
Newark

**County (6)**
Essex

**County Code (7)**
[State Use Only]

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
ATC ASSOCIATES

**ASCM No.**
0098

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

**Street Address**
511 MAIN STREET

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

**Telephone Number**
973-492-0477

**License Number**
00840

**Name of OSHA Monitor**
Envirovision, Inc.

**Street Address**
20-21, Bldg E Wagarsaw Road

**City, State, Zip Code**
Fairlawn, NJ

---

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

**Sq. Ft.: Unknown**

**# of Floors:** 6

**Build Age:** 60 years

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

---

**Occupancy Status During Abatement (Check only one)**

[X] Other – Describe: 5pm – 5am -24 hrs & Weekends as Needed

---

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

- [x] ≥ 3 sf or ≥ 3 if
- ≥ 160 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.)**

- [x] Non-Exempted (*) and Non-Friable Procedure

**Amount (Specify SF or LF)**

**Name of Registered Landfill**

GROWNS North Landfill

---

**Disposal Date**
July 30, 2018

**City, State**
100 New Ford Mill Road, Morrisville, PA 19067

**Telephone Number**
215-736-1700

---

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

**NJ DEP # 12561**

---

**Hauler #2)** Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

---

**Complated by (Print or Type)**

Raymond C. Pedalino

**Title**
SENIOR PROJECT MANAGER

**Date**
July 24, 2018

---

GAC # 2018-060
State of New Jersey - Notification of Asbestos Abatement

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

**Data of Notification (1)**
July 16, 2018

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

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

**City, State, Zip Code**
PISCATAWAY, NJ 08854

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

**Telephone Number**
848-445-2550

**Name of Facility Where Abatement is Taking Place (3)**
Medical Science Bldg # 7257

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

**Location**
RBAS Newark Campus

**City (5)**
Newark

**County (6)**
Essex

**Sq. Feet: Unknown # of Floors: 8 Bldg. Age: 60 years**

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
ATC ASSOCIATES

**ASCM No.**
0098

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

**Street Address**
511 MAIN STREET

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

**Telephone Number**
973-492-0477

**License Number**
00840

**Name of OSHA Monitor**
Envirovision, Inc.

**Street Address**
20-21, Bldg E Wagarow Road

**City, State, Zip Code**
Fairlawn, NJ

**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: 5pm – 5am -24 hrs & Weekends as Needed

**Source of Work (Check all that apply)**
□ ≥ 3 sf or ≥ 3 lf
□ ≥ 160 sf or ≥ 250

□ Renovation
□ Demolition

**Description of Asbestos Containing Material (ACM) in Facility (13)**
Location Normally Used

□ Is Location Normally Used
□ Yes
□ No

□ VAT
□ 130sf

**Amount (Specify SF or LF)**

**Abatement Type**

**Full Containment with Negative Pressure**
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure
 □ Remove Repair Encap. Enclose

**G572**

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

**Name of Reg. Waste Hauler**
See Hauler Below # 1 & 2

**NJDEP Waste Hauler ID #**
See Below

**Cubic Yards of Waste:**
5

**Name of Registered Landfill**
GROWS North Landfill

**Disposal Date**
July 30, 2018

**City, State**
100 New Ford Mill Road, Morrisville, PA 19067
215-736-1700

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

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

**Completed by (Print or Type)**
Raymond C. Pedalino
Title
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino
**Date**
July 16, 2018

GAC # 2018-060
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/09/18

Name of Building Owner/Operator (2)
Cresskill BOE

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Street Address
1 Linkoln Dr.

City, State, Zip Code
Cresskill, NJ 07626

Name of Contact
Antoinette Kelly

Telephone/Number
201-567-5821

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Merritt Elementary School

Street Address
1 Dogwood Ln.

City (5)
Cresskill

County (6)
Bergen

County Code (7) (STATE USE ONLY)___

Current Use (Prior if being demolished)
School

Square Feet

# of Floors
2

Bldg. Age
50 +

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

ASCM No.
00127

Name of Abatement Contractor (9)
Lesco Services Inc.

Street Address
1248 Wrights Lane

City, State, Zip Code
West Chester, PA 19380

Project Manager for Monitoring Firm
Philip Conte

Telephone No.
810-431-7545

Start Date (10)
07/30/18

Scheduled Completion Date (11)
08/10/18

Name of OSHA Monitor
Leslaw Nalodka

Street Address
156 Maple Ave.

City, State, Zip Code
Wallingford, NJ 07057

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)

- 23 sf or ≥23 sf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Facility (13)</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>
</tr>
</thead>
<tbody>
<tr>
<td>rooms 106-110</td>
<td>*</td>
<td>sheetrock soffit</td>
<td>70sf.</td>
</tr>
<tr>
<td>1970 addition</td>
<td>*</td>
<td>window caulk</td>
<td>250lf.</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc.

NJDEP Waste Hauler ID No.
05409

Cubic Yards of Waste
10

Name of Registered Landfill
GCSL

City, State
Newark, NJ

Completed by
Leslaw Nalodka
Title
President

Signature

Date
07/09/18

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

Date of Notification (1)
07/24/2018

Name of Building Owner/Operator (2)
Delaware Valley Regional High School

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

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

Street Address
19 Senator Stout Road

City, State, Zip Code
Frenchtown, New Jersey 08825

Name of Contact
Mattie O'Brien

Telephone Number
908-246-9163

FACILITY INFORMATION

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

Street Address
19 Senator Stout Road

City (5)
Frenchtown, New Jersey 08825

County (6)
Hunterdon

County Code (7)

Current Use (Prior if being demolished)
High School

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational & Environmental Analysis, Inc.

ASCM No.
0060

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
401 St. James Avenue

City, State, Zip Code
Phillipsburg, New Jersey 08865

Project Manager for Monitoring Firm
Pat McGuinness

Telephone No.
908 310-2663

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
08/03/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Scheduled Completion Date (11)
08/08/2018

Street Address
2333 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 ≥3 if
☐ ≥190 sf or ≥260 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? (12)

Yes
No
N/A

Amount (Specify SF or LF)

Abatement Type

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

1st Floor Science Room (2 ) Locations
X Glue (Non Friable Method) 96 SF
X Elbows (Tent/Glovebag Method) 2 (ea)
X

Name of Registered Waste Hauler
Lillich 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
08/08/2018

Completed by
Adriana Olejarova

Title
President

Signature

Date
07/24/2018

Do not use this form for asbestos licensure exempted activities.