State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  7/27/18

Name of Building Owner / Operator (2)
Old Bridge Township Board of Education

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

Name of Contact
Mr. Frank Frazzitta

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Jonas Salk Middle School

Street Address
155 West Greystone Road

City (5)  County (6)  County Code (7)
Old Bridge  Middlesex

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

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

Telephone Number
609-392-4200

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

Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.

Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 l
☐ ≥ 160 sf ≥ 280 l
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED in Facility

(13)

Yes  No  N/A

Weight Room  ☐  ☒  ☐
Faculty Dining  ☐  ☒  ☐
Hallway  ☐  ☐  ☐

Name of Registered Waste Hauler
Service Transport Inc.

Address
City, State
New Castle, DE

Cubic Yards of Waste

3 Cu Yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Date
7/27/18

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature
Dino Pizzigoni
# Asbestos Abatement Notification

**State of NJ**  
**Notification of Asbestos Abatement**  
**Pursuant to NJAC 8:60-7 and 12:120-7**  
**NON Sub 8**

**B & G proj. #:** 2018-154  
**Check #:** 9101

## Date of Notification

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/7/2018</td>
</tr>
</tbody>
</table>

## Name of Building Owner/Operator

- **Bound Brook Board of Education**

## Address Information

- **Street Address:** 111 West Union Avenue  
- **City, State, Zip Code:** Bound Brook, NJ 08805

## Name of Contact

- **Joe Girandola**  
- **Telephone Number:** (908)309-9583

## Facility Information

- **Name of facility where abatement is taking place:** Bound Brook High School (NON Sub 8)
  - **Street Address:** 111 West Union Avenue  
  - **City:** Bound Brook, NJ 08805  
  - **County:** Somerset  
  - **Name of Monitoring Firm Hired by Bldg. Owner:** RK Occupational & Environmental Analysis, Inc.  
  - **ASCM No.:** 0090

## Project Information

- **Name of Abatement Contractor:** B & G Restoration, Inc.
  - **Street Address:** 105 Ryerson Road  
  - **City, State, Zip Code:** Lincoln Park, NJ 07035
  - **Telephone Number:** (973)696-6869  
  - **License Number:** 00378

## Occupancy Status

- **Occupancy Status During Abatement:** Facility closed/vacated during entire period of abatement.

## Scope of Work

- **Scope of Work (check all that apply):** 
  - Demolition  
  - >3 sf or >3 lf  
  - >160 sf or >260 lf

## Description of Asbestos-Containing Material

- **Description of asbestos-containing material (ACM):** 
  - Yes  
  - No  
  - N/A

## Abatement Details

- **Location of asbestos-containing material to be abated in facility:** Pipe tunnel under Music room  
  - **Number of fittings:** 9 fittings

## Waste Disposal

- **Registered Waste Hauler:** B & G Restoration, Inc.  
  - **NJDEP Hauler ID#:** 19563  
  - **Cubic Yards of Waste:** 1  
  - **Name of Registered Landfill:** Grand Central Landfill

## Disposal Date

- **Disposal Date:** 08/09/2018  
- **City:** Lincoln Park, NJ  
- **State:** New Jersey  
- **Date of Certificate:** 07/26/2018

## Certifying Information

- **Completed by:** (Print or Type) Gordana Luna  
- **Title:** Secretary/Treasurer  
- **Signature:**

---

**Note:** The document contains various categories and classifications related to asbestos abatement, including details on the abatement contractor, facilities, and waste disposal. The information is organized in a tabular format to provide clarity and ease of readability.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**B & G proj. #: 2018-152**

**Date of Notification:** 1/17/2018

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

**Street Address:**
4300 Pacific Avenue

**City, State, Zip Code:**
Wildwood, NJ 08260

**Name of Contact:** Pat Quinn

**Telephone Number:** 609-522-0786

**FACILITY INFORMATION**

**Name of facility where abatement is taking place:** Wildwood High School (Sub chapter 8)

**Street Address:**
4300 Pacific Avenue

**City:** Wildwood, NJ 08260

**County:** Cape May

**Square Feet:** 50,000

**Number of Floors:** 2

**Bldg. Age:** 50+

**Name of Monitoring Firm HIred by Bldg. Owner:** AHERA Consultants

**Name of Abatement Contractor:** B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07035

**Telephone Number:** (973)696-6869

**License Number:** 0037B

**Name of OSHA Monitor:** B & G Restoration, Inc.

**Street Address:**
105 Ryerson Road

**City, State, Zip Code:**
Lincoln Park, NJ 07035

**Scope of Work (check all that apply):**
- Demolition
- Renovation
- Full Containment w/negative pressure
- Gloves-bag procedure
- Mini-enclosure
- Non-flammable procedure

**Location of asbestos-containing material to be abated in facility:**

| Location       | Location normally used solely by maintenance/custodial staff | Description of asbestos-containing material | Amount (Specify SF or LF) | Removal | Repair | Encapsulation
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler room</td>
<td>X</td>
<td>boiler rib packing</td>
<td>250 sf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>boiler rear exhaust insulation</td>
<td>75 sf</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**
B & G Restoration, Inc.

**NJDEP Hauler ID:** 19563

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:**
Grand Central Landfill

**City, State:**
Lincoln Park, NJ

**Date:** 07/26/2018

**Disposal Date:** 08/09/18 - 08/22/18

**Completed by (Print or Type):**
Gordana Luna
**Title:** Secretary/Treasurer

**Signature:**
Gordana Luna
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 07/27/2018
Name of Building Owner/Operator (2) Montclair Board of Education

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

Street Address
22 Valley Road
City, State, Zip Code
Montclair, New Jersey 07042

Name of Contact
John Eschmann
Telephone Number
973-509-4044

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Northeast School
Street Address
503 Grove Street

City (5)
Montclair
County (6)
Essex
County Code (7)
(SHOT USE ONLY) School

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc
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. 201-569-6078

Start Date (10) 07/31/2018
Scheduled Completion Date (11) 08/07/2018

Name of OSHA Monitor
Iris Environmental Laboratories, 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)
□ > 3 sf or > 3 If
□ > 160 sf or > 260 sf
□ 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
□ 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)
Pipe Insulation

Amount (Specify SF or LF)
200 LF

Abatement Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste
10

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date 08/07/2018
City, State
Morrisville, PA

Completed by Adriana Olejarova
Title President

Signature

Date 07/27/2018

* 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)
07/18/2018

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

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

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

Street Address
22 Valley Road

City, State, Zip Code
Montclair, New Jersey 07042

Name of Contact
John Eichmann

Telephone Number
973-509-4044

FACILITY INFORMATION

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

City (5)
Montclair

County (6)
Essex

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

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
300 Grand Ave

City, State, Zip Code
Englewood, NJ 07631

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, New Jersey

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
07/30/2018

Scheduled Completion Date (11)
08/06/2018

Name of OSHA Monitor
Iris Environmental Laboratories, 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)
☐ 2,500 sf or more
☐ 2,000 sf or 2,500 sf
☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by 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 ☐ Encapsulation ☐ Endorsement ☐

Name of Registered Waste Hauler
Lillich Corporation

Waste Hauler ID No.
18724

Cubic Yards of Waste
10

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
08/09/2018

City, State
Morristown, PA

Completed by
Adriana Olejarova

Title
President

Signature

Date
07/18/2018

* 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)
07/26/18

Name of Building Owner/Operator (2)
West New York Public Schools

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
6028 Broadway Ave.

City, State, Zip Code
West New York, NJ 07093

Name of Contact
Rick Solares

Telephone Number
201-407-5318

FACILITY INFORMATION

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

Street Address
5501 Park Ave.

City (5)
West New York

County (6)
Hudson

County Code (7)
0057

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

ASC# No.
0057

Name of Abatement Contractor (9)
Academy Construction Inc

Street Address
P.O. Box 385

City, State, Zip Code
Oceanville, NJ 08231

Project Manager for Monitoring Firm
Eric Clarkson

Telephone No.
609-652-1633

Start Date (10)
08/06/18

Scheduled Completion Date (11)
08/20/18

Name of OSHA Monitor
Same as above

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 ≥260 sf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

Yes ☐ No ☐ N/A

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

Gymnasium
Mastic

Amount (Specify SF or LF)
720 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Academy Construction Inc

Disposal Date
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Totowa NJ

Completed by
John Geleski

Title
PM

Signature

Date
07/26/18

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

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

**Date of Notification (1)**
July 27, 2018

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

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

**Name of Building Owner/Operator (2)**
Allamuchy Board of Education

**Street Address**
P.O. Box B
City, State, Zip Code: Allamuchy, NJ 07820

**Name of Contact**
Mr. Joe Flynn
Telephone Number: (908) 391-0163

**FACILITY INFORMATION**

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

**Street Address**
20 Johnsonburg Road

**City (5)**
Allamuchy
**County (6)**
Warren
**County Code (7)**

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

**Sq. Feet:** ~40,000SF
**# of Floors:** 2
**Bldg. Age:** ~60+ years

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

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

**Street Address**
401 St. James Avenue
City, State, Zip Code: Phillipsburg, NJ 08865

**Project Manager for Monitoring Firm**
Mr. Patrick McGuinness
Telephone Number: 908.454.6316

**Scheduled Start Date (10)**
August 6, 2018

**Scheduled Completion Date (11)**
August 9, 2018

**Occupancy Status During Abatement (Check only one)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe: 7am-7pm
- [ ] Other – Describe: NA

**Source of Work (Check all that apply)**
- [ ] 3 sf or ≥ 3 if
- [ ] ≥ 180 sf or ≥ 260
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) & Non-Friable Procedure

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

**In Location Normally Used Solely by Maint./Custodial Staff? (12)**
- [x] YES
- [ ] NO

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

**Room # 123**

**VAT & Mastic**

700 sf

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

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

**Disposal Date**
August 9, 2018

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

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

**Cubic Yards of Waste:**
10 cyds

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

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

**Signature**
Raymond C. Pedalino
Date: July 27, 2018

GAC # 2018-651
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>July 27, 2018</th>
</tr>
</thead>
</table>

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

**Notification Type**
- Initial Notification
- Amended Notification # 1 - new start and completion dates
- Emergency (including justifications)
- Cancelled

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

**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**
Newark

**County**
Essex

**County Code (7)**
0098

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

**Street Address**
3 TERRI LANE

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

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
August 3, 2018

**Scheduled Completion Date (11)**
August 5, 2018

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 5pm – 5am, 24 hrs & Weekends as Needed

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

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

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

<table>
<thead>
<tr>
<th>I609C2</th>
<th>VAT</th>
</tr>
</thead>
</table>

**Name of Registered Landfill**
GROWS North Landfill

**Name of Registered Hauler**
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

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

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

**Comleted by (Print or Type)**
Raymond C. Pedalino

**Title**
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
July 27, 2018

**GAC # 2018-060**
# Notification of Asbestos Abatement

**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 16, 2018

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

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

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

**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

**FACILITY INFORMATION**

**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)**
0098

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

**ASCM No.**
0098

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

**Sq. Feet**
Unknown

**# of Floors**
6

**Bldg. Age**
60 years

**Current Use**
Unknown

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

**Street Address**
511 MAIN STREET
Butler, NJ 07405

**Telephone Number**
973-492-0477

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

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

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
- Other - Describe: 5pm - 5am -24 hrs & Weekends as Needed

**Source of Work (Check all that apply)**
- X 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 miccell.)**
- □ Non-Exempted (*) and Non-Friable Procedure

**Amount (Specify SF or LF)**
100 sf

**Abatement Type**
X Removal

**Min-Esclosure**

**Glovebag Procedure**

**Disposal Date**
July 30, 2018

**Name of Registered Landfill**
GROWS North Landfill

**Name of Reg. Waste Hauler**
GREENWOOD Abatement Consultants, Inc.

**Hauler #1**
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 5:16)

Date of Notification (1) 07 / 26 / 18

Name of Building Owner/Operator (2) Notre Dame High School

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

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

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

Street Address
601 Lawrenceville Road

City, State, Zip Code
Lawrence Township, NJ 08648

Name of Contact
Brian Malloy

Telephone Number
609-882-7900

FACILITY INFORMATION

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

Square Feet
50,000 sf

# of Floors
2

Bldg. Age
65

Name of Monitoring Firm Hired by Building Owner (5)
USA Environmental Management

ASCM No.
00112

Name of Abatement Contractor (6)
Guardian Contracting, Inc.

Street Address
1869 Route 9, Unit 61

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

Telephone No.
732-349-9932

License No.
00624

Project Manager for Monitoring Firm
William Weisgarber

Telephone No.
609-656-8101

Start Date (10)
08 / 02 / 18

Scheduled Completion Date (11)
09 / 03 / 18

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

Time of Abatement: AM-PM/ PM-AM

Scope of Work (Check all that apply)
XX ≥3 sf or ≥3 if
XX ≥180 sf or ≥260 if
XX Full Containment with Negative Pressure
XX Renovation
XX Mini-Enclosure
XX Demolition
XX Glovebag Procedure
XX Non-Exempted (*) and Non-Friable Procedure

Abatement Type
Removal
Repair
Encapsulate
Endcap

Location of Asbestos-Containing Material (ACM)

IN Facility

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
10,862 sf

(Specify SF or LF)

Abatement Type

None

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJ/DEP Waste Hauler ID No.
20223

Cubic Yards of Waste
60

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

City, State
Toms River, New Jersey

Disposal Date
09/03/18

City, State
Tullytown, Pennsylvania


date

Complied By (Print or Type)
Nicholas Fernicola

Title
Project Manager

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)
Initial Non-Friable Notification
Check #: 7241

Dumont Public School District
25 Depew Street
Dumont, NJ 07628
Paul Cordts, Director
201-387-3079

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Dumont Horiss School
31 Depew Street
City (5) Bergen
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 # of Floors Age
40000 2 50

Current Use (Prior if Being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Westchester Environmental, LLC
Street Address 307 North Walnut Street
City, State, Zip Code Clifton, PA 07013-1938

Project Manager for Monitoring Firm
Matt Abraham
Telephone Number 610-431-7545

Name of Abatement Contractor (9)
Four Strong Builders, Inc.
Street Address 180 Sargent Avenue
City, State, Zip Code Clifton, NJ 07013

Name of OSHA Monitor
Four Strong Builders, Inc.
Street Address 180 Sargent Avenue
City, State, Zip Code Clifton, NJ 07013

Scope of Work (Check all that apply)
[ ] Demolition
[ ] 53 sf or 53 lf
[ ] 160 sf or 1260 lf

[ ] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor one classroom</td>
<td>VAT &amp; associated mastic</td>
<td>800 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting, Co.

Cubic Yards of Waste
4509

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
Pen Argyl, PA 18072

Completed By (Print or Type) Title
Bilyana Kulakovska Office Administrator

Signature

Date 7/25/18
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Check #: 7241**

**Date of Notification (1):** 01/25/18

**Name of Building Owner/Operator (2):** Dumont Public School District

**Address:**
- 25 Depew Street
- Dumont, NJ 07628

**Telephone Number:**
- Paul Cordts, Director

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
- Dumont Honiss School
  - Street Address: 31 Depew Street
  - City: Dumont
  - County: Bergen

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

**Current Use (Prior to being demolished):**
- School
- 40000 Square Feet
- # of Floors: 2
- Bidg. Age: 50

**Name of Abatement Contractor (9):**
- Four Strong Builders, Inc.
  - Street Address: 180 Sargeant Avenue
  - City: Clifton
  - State: NJ
  - Zip Code: 07013

**License Number:** 973-614-0377

**Name of OSHA Monitor:**
- Matt Abraham
  - Street Address: 307 North Walnut Street
  - City: West Chester
  - State: PA
  - Zip Code: 19380

**Scheduled Start Date (10):** 01/08/18
**Sched. Completion Date (11):** 01/10/18

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement

**Description of Abatement Performed Outside of Normal Facility:**
- Renovation

**Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/Custodial Staff:**
- 1st floor one classroom
  - VAT & associated mastic
  - 800 SF

**Name of Registered Waste Hauler:**
- Newark Carting, Co.
  - NJDEP Waste Hauler ID No.: 4509

**Name of Registered Landfill:**
- Grand Central Sanitary Landfill
  - City: Pen Argyl
  - State: PA
  - Zip Code: 18072

**Disposal Date:** 7/25/18

**Completed by (Print or Type):**
- Biliyana Kulakoska
  - Office Administrator

**Signature:**

**Date:** 01/25/18

---

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

- Location: 1st floor one classroom
- VAT & associated mastic
- 800 SF

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

**Abatement Type:**
- Non-Friable Procedure

**Additional Notes:**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey
Initial Non-Friable Notification
Check #: 7242

Date of Notification (1)
07/25/18

Name of Building Owner/Operator (2)
Dumont Public School District

Agencies Notified
[X] EPA
[X] DEP
[X] IDOL
[X] DOH
[ ] DCA

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Cancellation

Street Address
25 Depew Street

City, State, Zip Code
Dumont, NJ 07628

Name of Contact
Paul Cordts, Director

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Dumont High School
Street Address
101 Milford Ave.

City (5)
Dumont, NJ 07628

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Westchester Environmental, LLC
Street Address
307 North Walnut Street

City, State, Zip Code
West Chester, PA 19380

Project Manager for Monitoring Firm
Matt Abraham

Telephone Number
610-431-7545

Scheduled Start Date (10)
07/08/18

Scheduled Completion Date (11)
07/18/18

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

Other - Describe:

Scope of Work (Check all that apply)
[X] Demolition
[ ] 13 sf or less
[ ] 1260 sf or more

[X] Renovation
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure

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

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

Yea, No N/A

VAT & associated mastic

Abatement Type

Location Normally Used

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
NJDEP Waste Hauler ID No.

Newark Carting, Co.
4509

Cubic Yards of Waste

Name of Registered Landfill

Grand Central Sanitary Landfill

Disposal Date

City, State
Newark, NJ

Complated By (Print or Type)
Title
Bilyana Kulakovska
Office Administrator

Signature

Date
7/25/18
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**State of New Jersey**

**Initial Non-Friable Notification**

**Check #: 7242**

**Date of Notification (1)**

07/12/25/18

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

Dumont Public School District

Street Address

25 Depew Street

City, State, Zip Code

Dumont, NJ 07628

Name of Contact

Paul Cords, Director

Telephone Number

201-387-3079

**FACILITY INFORMATION**

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

Dumont High School

Street Address

101 Milford Ave.

City (5) Bergen

County (6) Bergen

County Code (7) (STATE USE ONLY)

**Type of Facility (4)**

[X] School (K-12)

[ ] Subchapter 8 (Other than K-12)

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

**Square Feet**

40000

**# of Floors**

2

**Bldg. Age**

50

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

School

**Name of Abatement Contractor (9)**

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1835

Telephone Number

973-614-0377

License Number

00807

**Name of GSMA Monitor**

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

**Project Manager for Monitoring Firm**

Matt Abraham

610-431-7545

**Scheduled Start Date (10)**

08/01/18

**Scheduled Completion Date (11)**

08/31/18

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

[X] Facility Closed/Headquarted During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours – Describe:

[ ] Other – Describe:

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

[X] Renovation

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Gloves bag Procedure

[ ] Non-Friable Procedure

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

1st floor closet

VAT & associated mastic 280 SF

**Name of Registered Waste Hauler**

Newark Carting, Co.

4509

**Cubic Yards of Waste**

**Name of Registered Landfill**

Grand Central Sanitary Landfill

**Disposal Date**

Pen Argyll, PA 18072

**Completed by (Print or Type) Title**

Bilyana Kulakovska Office Administrator

[Signature]

[Date]

7/25/18
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

B & G proj. #: 2018-155

Date of Notification (1)
[01/12/18]

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
South Plainfield Township Board of Education
Street Address
125 Jackson Avenue
City, State, Zip Code
South Plainfield, NJ 07080
Name of Contact
Tom Wiggins
Telephone Number
908-754-4620

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
South Plainfield Middle School (Sub chapter 8)
Street Address
2201 Plainfield Avenue
City (5) County (6)
South Plainfield Union
Name of Monitoring Firm Hired by Bldg. Owner (6)
Omegas Environmental Services Inc.
ASCM No.
0120
Type of Facility (4)
☒ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)
Square Feet
50,000
# of Floors
2
Bldg. Age
50+
Current Use (Prior if being demolished)
High School (sub 8)

Name of Abatement Contractor (9)
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035
Telephone Number
(973)996-9669
License Number
00378
Name of OSHA Monitor
B & G Restoration, Inc.
Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

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: OCCUPIED

Scheduled Start Date (10)
07/28/2018
Scheduled Completion Date (11)
08/13/2018

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment winem灌溉 pressure
☐ Non-friable procedure
☐ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)
Yes No N/A

Location

Is location normally used solely by maintenance/custodial staff(12)

Description of asbestos-containing material (ACM)
Removal
Repair
Encapsulation
Encapsulation

Amount (Specify SF or LF)

29 Classrooms

remaining thru slab insulation
20 LF TOTAL

to be removed from ground floor

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID
19563
Cubic Yards of Waste
10
Name of Registered Landfill
Grand Central Landfill
City, State
Lincoln Park, NJ
Disposal Date
07/30/18 - 08/13/18

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature
Date
07/26/2018
Date of Notification (1)
10/17/2021

Name of Building Owner/Operator (2)
South Plainfield Township Board of Education

Street Address
125 Jackson Avenue
City, State, Zip Code
South Plainfield, NJ 07080

Name of Contact
Tom Wiggins
Telephone Number
908-784-4820

FACILITY INFORMATION

City (3)
South Plainfield

County (4)
Union

Name of Monitoring Firm Hired by Builder/Owner (9)
Omega Environmental Services, Inc.

Address
280 Huyler Street
City, State, Zip Code
South Hackensack, NJ 07606

Project Manager for Monitoring Firm
Geiser Fajardo

Scheduled Start Date (10)
07/28/2021

Occupancy Status During Abatement (Check only one)
Facility closed/evacuated during the period of abatement.

Square Feet
50,000

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

Current Use (Prior to being demolished)
High School (K-12)

Scope of Work (check all that apply)
Demolition
Renovation

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

Amount
(Specify SF or LF)

29 Classrooms

Removal of ACM

20,670 SF

Signature
Gordana Luna
07/28/2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/26/18

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

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

Street Address
43 Wertsvelle Road
City, State & Zip Code
Ringoes, NJ 08551

Name of Contact
Edward Stoloski

FACILITY INFORMATION

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

Street Address
43 Wertsvelle Road

City (5)
Ringoes
County (6)
Hunterdon
County Code (7)

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

Street Address
56 East Bridge Street
City, State & Zip Code
Morristown, PA 19067

Project Manager for Monitoring Firm
Jim Frisbee
Telephone Number
267-991-9212

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

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours –
Describe: 7am to 3pm
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf ≥250 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

Location of
Asbestos-Containing
Material (ACM)

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

Crawlspace

Crawlspace

Pipe Insulation (wrap & cut) 8 LF

Debris 12 SF

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

Service Transport Inc.
City, State
New Castle, DE

Completed By (Print or Type)
Gino Pizzigoni
Title
Project Manager

Disposal Date 7/27/18
City, State
Waynesburg, OH

Name of Registered Landfill
Minerva Landfill

Signature Dino Pizzigoni

Date 7/26/18

GI18159 B
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 1 / 18</td>
<td>The College of New Jersey</td>
</tr>
</tbody>
</table>

<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>2000 Pennington Rd.</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment REV #4-7/27/19</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-6)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ewing, NJ 08628</td>
<td>609-771-2881</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCNJ-Green Hall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Pennington Rd.</td>
<td>66,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ewing</td>
<td>66,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AET, Inc. 00021</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Pennell Rd</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media, PA 19063</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roy Mosicant</td>
<td>610-991-0114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media, PA 19063</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 5 / 18</td>
<td>7 / 31 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM:00:00-7:00AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
</tr>
<tr>
<td>≥3 sf or ≥3 1f</td>
</tr>
<tr>
<td>≥160 sf or ≥200 sf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Attic</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18706</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MORRISVILLE, PA 19067</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>BRIAN SCAFIO</td>
<td>ESTIMATOR</td>
<td>Brian SCAFIO</td>
<td>7-27-18</td>
</tr>
</tbody>
</table>

*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)**: 6 / 1 / 18
- **Name of Building Owner/Operator (2)**: The College of New Jersey
- **Street Address**: 2000 Pennington Rd.
- **City, State, Zip Code**: Ewing, NJ 08628
- **Name of Contact**: Amanda Radosti
- **Telephone Number**: 609-771-2881

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: TCNJ-Green Hall
- **Street Address**: 2000 Pennington Rd.
- **City (5)**: Ewing
- **County (8)**: Mercer
- **Square Feet**: 66,000
- **# of Floors**: 2
- **Bldg. Age**: 88
- **County Code (7) (STATE USE ONLY)**
- **Current Use (Prior if being demolished)**

**MERICAN**

- **Name of Monitoring Firm Hired by Building Owner (8)**: AET, Inc.
- **ASCM No.**: 00021
- **Name of Abatement Contractor (9)**: BRISTOL ENVIRONMENTAL, INC.
- **Street Address**: 1123 BEAVER STREET
- **City, State, Zip Code**: BRISTOL, PA 19007
- **Telephone No.**: 610-891-0114
- **License No.**: 00509
- **Name of OSHA Monitor**: BRISTOL ENVIRONMENTAL, INC.
- **Street Address**: 1123 BEAVER STREET
- **City, State, Zip Code**: BRISTOL, PA 19007
- **Telephone No.**: 215-788-6040

**Scope of Work (Check all that apply)**
- ≥ 3sf 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)**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

- **Attic**: ☐ ☐ ☐
- **Pipe Insulation**: ☐ ☐ ☐
- **Name of Registered Waste Hauler**: BRISTOL ENVIRONMENTAL, INC.
- **NJDEP Waste Hauler ID No.**: 18706
- **Cubic Yards of Waste**: FAIRLESS LANDFILL
- **Disposal Date**: MORRISVILLE, PA 19067
- **City, State**: BRISTOL, PA 19007
- **Completed By**: BRIAN SCAFRO
- **Title**: ESTIMATOR
- **Signature**: [Signature]
- **Date**: 7/13/18

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:18)

**Date of Notification (1)**
6 / 1 / 18

**Name of Building Owner/Operator (2)**
The College of New Jersey

**Street Address**
2000 Pennington Rd.

**City, State, Zip Code**
Ewing, NJ 08628

**Name of Contact**
Amanda Radostl
**Telephone Number**
609-771-2881

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
TCNJ-Green Hall

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

**Square Feet**
66,000

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

**County Code (7)/STATE USE ONLY**
88

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

**Name of Monitoring Firm Hired by Building Owner (8)**
AET, Inc
**ASCM No.**
00021

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

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Telephone No.**
215-788-6640
**License No.**
00509

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Start Date (10)**
7 / 5 / 18

**Scheduled Completion Date (11)**
7 / 31 / 18

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM

**Scope of Work (Check all that apply)**
- [ ] 23 sf or <3% of facility
- [ ] 260 sf or >260 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>1,500 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**City, State**
BRISTOL, PA 19007

**Cubic Yards of Waste**

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
BRIAN SCAFRO
**Title**
ESTIMATOR
**Signature**
Brian Scafro
**Date**
7-5-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6/1/18

Name of Building Owner/Operator (2) The College of New Jersey

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

Type Notification
☐ Initial
☐ Amended

Amendment #Rev #1

☐ Emergency (including justification)

Name of Facility Where Abatement is Taking Place (3)
TCNJ-Green Hall

Street Address
2000 Pennington Rd.

City (5)
Ewing

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

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

ASCM No. 00021

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No. 215-788-6040

License No. 00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥ 3 af or ≥ 3 fl
☐ ≥ 160 af or ≥ 260 fl
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Start Date (10)

Hold

Scheduled Completion Date (11)


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 7:00 PM-7:00 AM

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

Yes No N/A

Attic

Pipe Insulation

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

Amount (Specify SF or LF)

1,500 LF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

MORRISVILLE, PA 19067

Completed By (Print or Type)
BRIAN SCAFIRO

Title ESTIMATOR

Signature

Date 6-15-18

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7) 

Name of Building Owner / Operator: HUDSON RIVER ASSOCIATES, LLC  
Address: 1000 PORTSIDE DRIVE, EDGEWATER, NJ 07020  
Name of Contact: DANNY DAIBES  
Telephone Number: 201-840-0050

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: 115 RIVER ROAD  
Type of Facility:  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (i.e., private & commercial bldgs., homes, etc.)  
Square Feet: 35,000  
# Of Floors: 3  
Building Age: 40+  
Current Use (Prior if being demolished): OFFICE

Name of Monitoring Firm Hired by Bldg. Owner: ASCM NICA  
Street Address:  
Name of OSHA Monitor: NORTSTAR CONTRACTING GROUP, INC.  
Street Address:  
Telephone Number: 800-218-1108  
License Number: 00860

Occupancy Status During Abatement (Check Only 1):  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe:  
- Other - Describe:  
City, State, Zip Code: East Hanover, NJ 07936

Scope of Work (Check All That Apply):  
- Demolition  
- Renovation  
- Full Containment with Negative Pressure  
- Mini - Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Amount (Specify SF or LF): 

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM)</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>TAR SEALANT</td>
<td>3,200 SF</td>
<td>RREMOV</td>
</tr>
<tr>
<td>ROOF</td>
<td>COPING TAR</td>
<td>2,300 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>ROOF</td>
<td>FLASHING</td>
<td>8,000 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>ROOF</td>
<td>ROOFING</td>
<td>8,000 SF</td>
<td>REPAIR</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NORTSTAR CONTRACTING GROUP, INC  
City, State: EAST HANOVER, NJ 07936  
Cubic Yards of Waste: DISPOSAL

Completed by (Print or Type):  
Title: Project Manager  
Signature:  
Date: 07/27/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

State of New Jersey

Date of Notification (1) 07/28/18

Name of Building Owner/Operator (2) Daniel Uno

Agencies Notified
□ EPA
☒ DOLWD
☒ DHSS
□ DOA
(NJAC 5:23-8)

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

Street Address

City, State, Zip Code
Madison, NJ 07940

Name of Contact
Daniel Uno

Facility Information

Private house

City (5)
Madison, NJ 07940

County (6)
Morris

Current Use (Prior to being demolished)

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

Name of Abatement Contractor (9)

Street Address

City Address

City, State, Zip Code
576 Valley Rd #283
Wayne, NJ 07470

Start Date (10) 08/08/18

Scheduled Completion Date (11) 08/09/18

Project Manager for Monitoring Firm Telephone No. Envirosign Consultants, Inc

Telephone No.

License No. 01127

Name of OSHA Monitor

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

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

□ Clean up and decontamination with negative pressure
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Govebag Procedure
□ Tent with Negative Pressure
□ Non-Exempted (✓) and Non-Exempted Procedure

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

Removal Repair Encapsulation Endorse

Basement

Duct-wrap&cut 110 LF

Name of Registered Waste Hauler

N.Jevtic

Waste Hauler ID No. 0033785

TBD

T.R.R.F. Inc

Tullytown, PA

Disposal Date TBD

City, State Wayne, NJ 07470

Completed By (Print or Type) Title Signature

Owner

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

### Date of Notification (1)
July 27, 2018

### Name of Building Owner/Operator (2)
Wilson Melendez

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

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

### Street Address

### City, State, Zip Code
Jersey City, NJ

### Name of Contact

### Telephone Number

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

### Street Address

### City (5)
Jersey City

### County (6)

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

### Hudson

### Square Feet
2500

### # of Floors
2

### Bldg. Age
50+

### Current Use (Prior if being demolished)
House

### Name of Monitoring Firm Hired by Building Owner (8)
Harmony Contracting

### ASCM No.
n/a

### Name of Abatement Contractor (9)
Harmony Contracting

### Street Address
360 Palisade Ave.

### City, State, Zip Code
Garfield, NJ 07026

### Project Manager for Monitoring Firm
n/a

### Telephone No.
n/a

### Telephone No.
973-460-6026

### License No.
01255

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

### Scope of Work (Check All That Apply)
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

#### TO BE ABATED

### In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Asbestos Pipe Insulation</td>
<td>100 LF</td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
Harmony Contracting

#### NJDEP Waste Hauler ID No.

#### Cubic Yards of Waste
TBD

#### Name of Registered Landfill
GROWS Landfill

#### City, State
Garfield, NJ

#### Disposal Date
TBD

#### City
Morrisville

#### State
PA

#### ZIP Code
19067

#### Completed by
E. Cirovic

#### Title
Secretary

#### Signature

#### Date
7/27/2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:130)

**State of New Jersey**

**Date of Notification (1)**
7/27/18

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

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

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

**Street Address**

**City, State, Zip Code**
Ridgewood, NJ 07450

**Name of Contact**
Elizabeth Marx

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

**Square Feet**
2400

**# of Floors**
3

**Bldg. Age**
108 yrs.

**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.)

**County Code (7)**
Bergen

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

**Name of Abatement Contractor (9)**
A. Molly Company

**Start Date (10)**
8/1/18

**Scheduled Completion Date (11)**
8/17/18

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

**Scope of Work (Check All That Apply)**
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location in 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Floor Bedroom</td>
<td>X</td>
<td>Surfacing Material, Plaster</td>
<td>709 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Bedroom</td>
<td>X</td>
<td>Surfacing Material, Plaster</td>
<td>100 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
A. Molly Company

**Cubic Yards of Waste**
2.5691

**Name of Registered Landfill**
Fairless Land-Fill

**Complied by**
Gary Torioello

**Title**
Project Manager

**Signature**

**Completed by**

**Date** 7/27/18

*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)**  
7/27/18

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

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

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

**Street Address**  
[redacted]

**City, State, Zip Code**  
Clifton, NJ

**Name of Contact**  
Vladimir Tocinov

**FACILITY INFORMATION**

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

**Square Feet**  
2100

**# of Floors**  
2

**Bldg. Age**  
65

**County (6)**  
Passaic

**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)**  
8/7/18

**Scheduled Completion Date (11)**  
8/17/18

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

- [X] 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 ff  
- [ ] ≥160 sf or ≥280 ff

- [X] Renovation  
- [ ] Demolition

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

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<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>Freehold Cartage</td>
<td>15939</td>
<td>TBD</td>
<td>Western Berks Landfill</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**  
Western Berks Landfill

**City, State**  
Freehold NJ

**Disposal Date**  
TBD

**City, State**  
Birdsboro PA

**Completed by**  
A. Scott Higgins  
Title  
President  
Signature  
Date  
7/27/18

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

Date of Notification (1)

7 / 24 /18

Name of Building Owner/Operator (2)
VERIZON

Street Address
1 VERIZON WAY

City, State, Zip Code
BASKING RIDGE, NEW JERSEY 07920

Name of Contact
CONNOR BURD

Telephone Number
732-336-1205

FACILITY INFORMATION

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

Street Address
1196 EAST GRAND STREET

City (5)
ELIZABETH

County (6)
UNION

County Code (7) (STATE USE ONLY)

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

ASCM No.
17

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

Square Feet
93,730

# of Floors
5

Bldg. Age
97

Current Use (Prior if being demolished)
COMMUNICATIONS

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
JERSEY CITY, NEW JERSEY 07302

Telephone Number
845-398-7500

License Number
1101

Name of OSHA Monitor
QUEST ENVIRONMENTAL

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 12590

Expected State Date (10)
6 / 4 /18

Sched. Completion Date (11)
12 / 30 /18

Month Day Year
Month Day Year

Occupy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

X Renovation

Full Containment with Negative Pressure

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

in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM)
(is. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL

ENCAPSULATION

ENCLOSURE

North Elevation

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (is. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>EAST ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>SOUTH ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>WEST ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>POWER BLDG. RISING WALL</td>
<td>X</td>
<td>ACM PAINT</td>
<td>COMPLETE</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

Hauler ID No.
356 RAYMOND BLVD.

Disposal Date
5/24/18-12/30/18

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature
Date
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50-7 and 12:120-7)

**State of New Jersey**

Name of Building Owner/Operator (2):

**VERIZON**

Street Address:

1 VERIZON WAY

City, State, Zip Code:

BASKING RIDGE, NEW JERSEY 07920

Name of Contact:

CONNOR BURD

Telephone Number:

732-336-1205

---

**FACILITY INFORMATION**

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

VERIZON

Street Address:

1196 EAST GRAND STREET

City, State, Zip Code:

JERSEY CITY, NEW JERSEY 07302

---

**Type of Facility (4)**

School (K-12)

Subchapter 8 (Other than K-12)

Other (le. private & comm. bldgs., homes, etc.)

---

**Communications**

Current Use (Prior to being demolished):

**COMMERICAL OFFICE**

Name of Abatement Contractor (9):

PAR ENVIRONMENTAL CORPORATION

Street Address:

313 SPOOK ROCK ROAD

City, State, Zip Code:

SUFFERN, NEW YORK 10901

Telephone Number:

845-395-9700

License Number:

1101

Name of OSHA Monitor:

QUEST ENVIRONMENTAL

Street Address:

1376 ROUTE 9

City, State, Zip Code:

WAPPINGERS FALLS, NEW YORK 12590

---

**Expected State Date (10)**

5 / 24 /18

Sched. Completion Date (11):

12 / 30 /18

Month

Day

Year

Occupancy Status During Abatement (Check only one):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

MONDAY - FRIDAY 7AM-3:30 PM

Other - Describe:

---

Scope of Work (Check all that apply):

Demolition

<3SF OR LF

>3SF OR LF

x 160 SF OR 280 LF

Renovation

---

**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 Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (le. 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>NORTH ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>EAST ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>9 SF</td>
<td>X</td>
</tr>
<tr>
<td>SOUTH ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>WEST ELEVATION</td>
<td>X</td>
<td>CAULK</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>POWER BLDG. RISING WALL</td>
<td>X</td>
<td>ACM PAINT</td>
<td>150 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

Name of Registered Waste Hauler:

NEWARK CARTING

369 RAYMOND BLVD.

Cubic Yards of Waste:

30

Name of Registered Landfill:

GRAND CENTRAL SANITARY

Disposal Date:

5/24/18-12/30/18

City, State:

PLAINFIELD TOWNSHIP, PA

Completed By (Print or Type):

BENJAMIN SANCHEZ

Title:

DIRECTOR OF OPERATIONS

Signature:

Date:

5/14/18

---

**Type Notification**

- EPA
- DEP
- X DOL
- X DOH
- OCA

- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION
Date of Notification (1) 5/23/16

Name of Building Owner/Operator (2) VERIZON
Street Address 1 VERIZON WAY
City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920
Name of Contact CONNOR BURD
Telephone Number 732-335-1205

Name of Facility Where Abatement is Taking Place (3)

VERIZON
Street Address 1196 EAST GRAND STREET
City, State, Zip Code ELIZABETH, NEW JERSEY 07202

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 17

Type of Facility (4)

Square Feet 93,730
# of Floors 5
Bldg. Age 97

Current Use (Prior if being demolished) COMMUNICATIONS

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SUFFERN, NEW YORK 10901
Telephone Number 845-369-7500
License Number 1101

Name of OSHA Monitor QUEST ENVIRONMENTAL

City, State, Zip Code 1378 ROUTE 9
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement X
Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Month Day Year 5/24/18
Sched. Completion Date (11) Month Day Year 12/30/18

Scope of Work (Check all that apply)
Demolition X

Location of Asbestos-containing Material (ACM) TO BE ABATED
North Elevation X CAULK
East Elevation X CAULK
South Elevation X CAULK
West Elevation X CAULK
Power Bldg. Rising Wall X ACM PAINT

Description of Asbestos-Containing Material (ACM)
Yes No N/A
Is Location normally used solely by Maint/Custodial Staff (12) X

Amount (Specify SF or LF)
30 SF
9 SF
25 SF
10 SF
150 SF

Abatement Type
REMOVAL
REPAIR
ENCAPSULATION

Name of Registered Waste Hauler NEWARK CARTING
NJDEP Waste Hauler ID No. 913
Cubic Yards of Waste 30
Name of Registered Landfill GRAND CENTRAL SANITARY

City, State, Zip Code NEWARK, NEW JERSEY
Disposal Date 5/24/18-12/30/18
City, State, Zip Code PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature [Signature]
Date [5/23/18]
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:20-7 and 12:120-7)

**Date of Notification:** 5/30/18

**Name of Building Owner/Operator:** VERIZON

**Street Address:** 1 VERIZON WAY

**City, State, Zip Code:** BASKING RIDGE, NEW JERSEY 07920

**Name of Contact:** CONNOR BURD  
**Telephone Number:** 732-336-1205

---

### FACILITY INFORMATION

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

**Street Address:** 1196 EAST GRAND STREET

**City, State, Zip Code:** JERSEY CITY, NEW JERSEY 07302

**Project Manager for Monitoring Firm:** BRIAN KINGSBURY  
**Telephone Number:** 201-388-0620

**Expected State Date:** 6/4/18  
**Sched. Completion Date:** 12/30/18

**Month:** 6  
**Day:** 4  
**Year:** 2018  
**Month:** 12  
**Day:** 30  
**Year:** 2018

**Type of Facility:** COMMUNICATIONS

**Square Feet:** 93,730  
**# of Floors:** 5  
**Bldg. Age:** 97

**Name of Abatement Contractor:** PAR ENVIRONMENTAL CORPORATION

**Street Address:** 313 SPOOK ROCK ROAD

**City, State, Zip Code:** SUFFERN, NEW YORK 10901  
**Telephone Number:** 645-369-7500  
**License Number:** 1101

---

### OCCUPANCY STATUS DURING ABATEMENT

**Status:** MONDAY - FRIDAY 7AM-3:30PM

**Scope of Work:** Renovation

---

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

**Material:** CAULK  
**Location:** NORTH ELEVATION  
**Is Location normally used solely by Maintenance Staff:** X  
**Amount:** 30 SF  
**Abatement Type:** X

---

**Name of Registered Waste Hauler:** NEWARK CARTING  
**369 RAYMOND BLVD.**

**City, State:** NEWARK, NEW JERSEY

**Disposal Date:** 6/24/18-12/30/18

---

**Title:** DIRECTOR OF OPERATIONS

**Signature:**

---

**Date:** 5/30/18
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 16 / 18</td>
<td>VERIZON</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH

**Type Notification**
- Initial Notification
- Amended Notification
- Cancellation
- On Hold #3
- EMERGENCY NOTIFICATION

**FACILITY INFORMATION**

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

**Street Address**
1 VERIZON WAY

**City, State, Zip Code**
BASKING RIDGE, NEW JERSEY 07920

**Name of Contact**
CONNOR BURD

**Telephone Number**
732-339-1205

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [x] Other (i.e. private & comm. bldgs., homes, etc.)

**Square Feet**
93,730

**# of Floors**
5

**Bldg. Age**
97

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

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

**ASCM No.**
17

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
333 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**City Manager for Monitoring Firm**
BRIAN KINGSBURY

**Telephone Number**
201-386-0620

**Telephone Number**
845-369-7500

**License Number**
1101

**Expected State Date (10)**
6 / 4 / 18

**Sched. Completion Date (11)**
12 / 30 / 18

**Month**

**Day**

**Year**

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30PM

**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 Maint/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH ELEVATION</td>
<td>X CAULK</td>
<td></td>
<td>30 SF</td>
<td>X</td>
</tr>
<tr>
<td>EAST ELEVATION</td>
<td>X CAULK</td>
<td></td>
<td>9 SF</td>
<td>X</td>
</tr>
<tr>
<td>SOUTH ELEVATION</td>
<td>X CAULK</td>
<td></td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>WEST ELEVATION</td>
<td>X CAULK</td>
<td></td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>POWER BLDG. RISING WALL</td>
<td>X ACM PAINT</td>
<td></td>
<td>150 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler (14)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>GRAND CENTRAL SANITARY</td>
</tr>
<tr>
<td>369 RAYMOND BLVD.</td>
<td></td>
</tr>
</tbody>
</table>

**Disposal Date**
5/24/18-12/30/18

**City, State**
NEWARK, NEW JERSEY

**Disposal Date**

**Name of Registered Landfill**
GRAND CENTRAL SANITARY

**Disposal Date**
5/24/18-12/30/18

**City, State**
NEWARK, NEW JERSEY

**Disposal Date**

**Complied by (Print or Type)**
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
7/6/18
**State of New Jersey**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 11 / 18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>✑ DOLWD</td>
<td>Amended Amendment #2-7-26-18</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Verizon Communications</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>71 Madison Ave</th>
</tr>
</thead>
</table>

**City, State, Zip Code**

<table>
<thead>
<tr>
<th>Jersey City, NJ 07034</th>
</tr>
</thead>
</table>

**Name of Contact**

<table>
<thead>
<tr>
<th>Brian Kingsbury</th>
</tr>
</thead>
</table>

**Telephone Number**

<table>
<thead>
<tr>
<th>201 356 5166</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon Bergen Central Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1123 BEAVER STREET</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Jersey City, PA 19007</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson</td>
<td>-50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EESIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>10 Exchange Place, 13th Floor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Jersey City, PA 19007</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Kingsbury</td>
<td>201 356 5166</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>7 / 23 / 18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>8 / 10 / 18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL, INC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
<tr>
<td>Time of Abatement: AM-3:00PM/11:30PM-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 l</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥250 lf</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Elevator Cab Floor</th>
<th>VAT &amp; Mastic</th>
<th>40 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Shaft</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>140 LF</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
</tr>
<tr>
<td>Basement Hallway</td>
<td>Pipe Insulation</td>
<td>38 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>SERVICE TRANSPORT GROUP, INC.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20990</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>3</th>
</tr>
</thead>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>MINERVA LANDFILL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>WAYNESBURG, OH</th>
</tr>
</thead>
</table>

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

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Dillian DeCaro, Estimator</th>
</tr>
</thead>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Dillian DeCaro</th>
</tr>
</thead>
</table>

**Date**

<table>
<thead>
<tr>
<th>7-26-18</th>
</tr>
</thead>
</table>

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

Date of Notification: 7 / 11 / 18

Name of Building Owner/Operator:
Verizon Communications

Street Address:
71 Madison Ave

City, State, Zip Code:
Jersey City, NJ 07304

Name of Contact:
Brian Kingsbury

Telephone Number:
201-356-5166

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Verizon Bergen Central Office

Street Address:
71 Madison Ave

City:
Jersey City

County:
Hudson

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

Square Feet:
113,347

# of Floors:
7

Bldg. Age:
+50

Current Use (Prior to being demolished):
Verizon Communications

Name of Abatement Contractor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Telephone No.:
215-788-6040

License No.:
00509

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Scope of Work (Check all that apply):
☒ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥60 ft
☐ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</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, V.A.T., or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
<td>VAT &amp; Mastic</td>
<td>☒</td>
<td></td>
<td>40 SF</td>
<td>☒</td>
</tr>
<tr>
<td>Elevator Shaft</td>
<td>Pipe Insulation (Wrap &amp; Cut)</td>
<td>☒</td>
<td></td>
<td>140 LF</td>
<td>☒</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
<td>Pipe Insulation</td>
<td>☒</td>
<td></td>
<td>40 LF</td>
<td>☒</td>
</tr>
<tr>
<td>Basement Hallway</td>
<td>Pipe Insulation</td>
<td>☒</td>
<td></td>
<td>38 LF</td>
<td>☒</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:
3

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
NEW CASTLE, DE

Completed By (Print or Type):
Dillan DeCaro

Title:
Estimator

Signature:
Dillan DeCaro

Date:
7/23/18
# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**(Pursuant to NJAC 8:50 and 8:16)**

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>7 /</th>
<th>11 /</th>
<th>18</th>
</tr>
</thead>
</table>

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

Verizon Communications

**Street Address**

71 Madison Ave

**City, State, Zip Code**

Jersey City, NJ 07304

**Name of Contact**

Brian Kingsbury

**Telephone Number**

201 356 5166

**FACILITY INFORMATION**

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

Verizon Bergen Central Office

**Street Address**

71 Madison Ave

**City (5)**

Jersey City

**County (6)**

Hudson

**County Code (7)**

[STATE USE ONLY]

**Square Feet**

113,347

**# of Floors**

7

**Bldg. Age**

+50

**Current Use**

(Prior if being demolished)

Verizon Communications

**Type of Facility (4)**

School (K-12)

Subchapter B (Other than K-12)

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

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

ESIS

**ASCM No.**

[ ]

**Name of Abatement Contractor (9)**

BRISTOL ENVIRONMENTAL, INC.

**Street Address**

1123 BEAVER STREET

**City, State, Zip Code**

BRISTOL, PA 19007

**Telephone No.**

215-788-5040

**License No.**

000509

**Project Manager for Monitoring Firm**

Brian Kingsbury

**Telephone No.**

201 356 5166

**Start Date (10)**

7 / 1 / 23 / 18

**Scheduled Completion Date (11)**

8 / 10 / 18

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

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:

AM PM 8:00PM 2:00AM

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

[ ] ≥3 sf or ≥3 ll

[ ] ≥160 sf or ≥260 lf

Renovation

Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovebag Procedure

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

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

<table>
<thead>
<tr>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT &amp; Mastic</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
</tbody>
</table>

**Abatement Type**

Removal

Repair

Encapsulate

Seal

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevator Cab Floor</td>
</tr>
<tr>
<td>Elevator Shaft</td>
</tr>
<tr>
<td>Elevator Machine Room</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

SERVICE TRANSPORT GROUP, INC.

NJDDEP Waste Hauler ID No.

20990

Cubic Yards of Waste

3

**Name of Registered Landfill**

MINERVA LANDFILL

**City, State**

NEW CASTLE, DE

**Completed By (Print or Type)**

Dillan DeCaro

**Title**

Estimator

**Signatures**

Dillan DeCaro

**Date**

7/11/18

---

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

Date of Notification (1) 7/17/18

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

Agencies Notified (3) Type Notification
- EPA Initial
- DEP Amended-17/27/18
- DOL Emergency
- DOJ Cancellation

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

Street Address
100 Fidelity Plaza

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

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

Street Address
120 North Warren Street

City, State & Zip Code
Trenton, NJ 08010

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

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

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Description: 5:00PM to 1:30AM
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≤3 sf or ≤3 if
- ≤160 sf ≤260 if
- Renovation
- Demolition

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

1st Floor Women's Restroom
2nd Floor Men's Restroom
2nd Floor Women's Room

Name of Registered Waste Hauler
Service Transport Inc.

Name of Registered Landfill
Minerva Landfill

Service Transport Inc.

Cubic Yards of Waste
1 CU YD

Disposal Date
7/27/18

City, State
Waynesburg, Ohio

Completed By (Print or Type) Title Project Manager Signature
Gino Pizzigoni

Date 7/27/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 7/17/18

<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 9911</td>
<td>□ Emergency</td>
</tr>
<tr>
<td>□ DOH 9940</td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
</tr>
</tbody>
</table>

Agency 2

Wells Fargo Bank

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

Name of Contact
Amar Baban

Telephone Number
212-703-3647

FACILITY INFORMATION

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

Street Address
100 Fidelity Plaza

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

Environmental Connection

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

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

Project Manager for Monitoring Firm
Rollie Jones

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

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe: 5:00PM to 1:30AM

□ Facility Occupied During Abatement

Scope of Work (Check all that apply)

□ ≥ 3 sq ft or ≥ 3 ft
□ ≥ 100 sq ft ≥ 260 ft ^2
□ 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) 20 LF

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Storage Room

Pipe insulation 20 LF

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste 1 Cu Yd

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title Project Manager

Signature Dino Pizzigoni / GP

Date 7/17/18
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/17/2017

Name of Building Owner/Operator (2)
min du

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

Type Notification
☒ Initial
☐ Amended
☐ Amendment #: ___

Street Address

City, State, Zip Code
bloomfield, nj 07003

Name of Contact
min du

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
min du

Street Address

City (5)

County (8)
essex

County Code (7) (State use only)

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

ASCM No.

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm

Start Date (10)
08/07/18

Sched. Completion Date (11)
08/30/18

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

Scope of Work (check all that apply)
☒ >30 sf or >300 if
☒ Renovation
☐ >160 sf or >2600 if
☐ Demolition

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

basement

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
70 ft

R & E

Full Containment /negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-Friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
08/08/18

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
07/26/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
07/26/2018

Name of Building Owner/Operator (2)
Nikki Cifarelli

Agencies Notified

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

City, State, Zip Code
Weehawken, NJ, 07086

Name of Contact
Nikki Cifarelli

Telephone Number

FACILITY INFORMATION

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

Square Feet
2000

# of Floors
2

Age
30+ years

City (6)
Weehawken

County (6)
Hudson

County Code (7)

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

Current Use (Prior to being demolished)
House

Name of Abatement Contractor (9)
Savic Construction Corp

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)
Savic Construction Corp

Street Address
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-339-9735

Project Manager for Monitoring Firm
Savic Milos

Telephone No.
973-339-9735

License No.
01034

Start Date (10)
08/11/2016

Scheduled Completion Date (11)
08/15/2018

Name of OSHA Monitor
Savic Construction Corp

Street Address
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 if
- ≥160 sf or ≥2600 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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landing and staircase</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum</td>
<td>60 SF</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>170 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Savic Construction Corp

NJDEP Waste Hauler ID No.
32253

Cubic Yards of Waste
5 yr

Name of Registered Landfill
GROWS

City, State
Totowa, NJ

Disposal Date

Completed by
Sava Savic

Title
President

Signature

Date
07/26/2018

* 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]: 7/27/18

Name of Building Owner/Operator [2]: Princeton University, Facilities Procurement Office

Street Address: EA McMillan Building
City, State, Zip Code: Princeton, NJ 08544

Name of Contact: Ryan Dickerson
Telephone Number: 609-258-6911

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place [3]: Bainbridge House

Street Address: 158 Nassau Street

City [5]: Princeton
County [6]: Mercer

County Code [7]:

Current Use [Prior if being demolished]: Vacant

Name of Monitoring Firm Hired by Building Owner [8]: TTI Environmental, Inc.

ASCM No.: [Blank]

Name of Asbestos Contractor [9]: ecoservices, LLC

Street Address: 303 B National Road

City, State, Zip Code: Exton, PA 19341

Project Manager for Monitoring Firm [10]: Michael Keenan

Telephone No.: 656-840-8800

License No.: 01161

Start Date [10]: 6-28-18

Scheduled Completion Date [11]: 9-28-18

Occupancy Status During Abatement [Check Only One]:
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours
- [Blank] Other – Describe:

Scope of Work [Check All That Apply]:
- [X] 23 sf or 23 if
- [X] >150 sf or >250 if
- [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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of 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>1st, 2nd, 3rd Floors</td>
<td>X</td>
<td></td>
<td></td>
<td>Wall Plaster</td>
<td>6700 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td></td>
<td></td>
<td>Vapor Barrier Floor Mastic</td>
<td>360 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Windows</td>
<td>X</td>
<td></td>
<td></td>
<td>Caulk &amp; Glazing</td>
<td>610 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Waste Management of New Jersey

NUDEP Waste Hauler ID No.: [Blank]

Gubic Yards of Waste: 60

Disposal Date: 6-3-16

City, State: Trenton, NJ

Completed by: Joe White
Title: Project Manager
Signature: [Signature]
Date: 7/27/18

Please use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM  
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>07/26/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>The Church of the Divine Mercy</td>
</tr>
<tr>
<td>The Foundation Collegiate Academy- basement</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>233 Adeline Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Trenton, NJ 08611</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Msgr. Thomas Gervasio</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-393-4826</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | The Foundation Collegiate Academy- basement |
| Street Address | 22 Grand Street |
| City (5) | Trenton |
| County (6) | Mercer |
| County Code (7) | 1102 |
| Name of Monitoring Firm Hired by Building Owner (8) | Accredited Environmental Technologies, Inc. |
| ASCM No. | 0021 |
| Type of Facility (4) | X Subchapter 8 (Other than K-12) |
| Square Foot | 24,000 |
| # of Floors | 3 |
| Bldg. Age | 100 years |
| Current Use (Prior if being demolished) | Educational/Religious Center |
| Name of Abatement Contractor (9) | Associated Specialty Contractors |
| Street Address | 98 LaCrue Ave. |
| City, State & Zip Code | Glen Mills, PA 19342 |
| Telephone Number | 610-364-9622 |
| License Number | 01103 |

**Occupancy Status During Abatement (Check all that apply)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours – 7am to 3pm
- [ ] Facility Occupied During Abatement

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

- [x] Full Containment
- [x] Glove Bag Procedure (w/Mini-Enclosure)

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) |
| Basement- Northwest Classroom Closet and Toilet Room |
| Basement- Northeast Men's and Ladies' Room and Chemical Storage Closet |
| Location: | Basement- Northwest Classroom Closet and Toilet Room |
| Description: | Pipe Insulation - TSI |
| Enter only Square Footage: | sf 30 |
| Enter only Linear Footage: | lf |

**TOTALS**

| Description: | Pipe Insulation - TSI |
| Enter only Square Footage: | sf 25 |
| Enter only Linear Footage: | If |

**Completed By (Print or Type)**

| Name | Eric Sutherland |
| Title | Vice President |
| Signature | [Signature] |
| Date | 07/26/18 |
Date of Notification: July 27, 2018

Agency Notified: DOH

Name of Building Owner/Operator: Salem County Vocational Technical School District

Street Address: 880 Route 45
City, State, Zip Code: Woodstown, NJ 08098

Name of Facility Where Abatement is Taking Place: Mannington Regional Day School

Street Address: 38 Cheney Road
City: Woodstown, NJ

County: Salem

Name of Monitoring Firm Hired by Building Owner: USA Environmental Management, Inc.

ASCM No.: 112

Name of Abatement Contractor: B&N & K Restoration Co., Inc.

Street Address: 223 Randolph Avenue
City, State, Zip Code: Clifton, NJ 07011

Telephone No.: 973-478-4681
License No.: 00120

Name of OSHA Monitor: McCabe Environmental Services, L.L.C.

Street Address: 464 Valley Brook Avenue
City, State, Zip Code: Lyndhurst, NJ 07071

Start Date: August 09, 2018
Scheduled Completion Date: September 30, 2018

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

Scope of Work: Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED: High Roof Exterior Wall

Cubic Yards of Waste: 2

Name of Registered Landfill: Salem County Landfill

Completed by: G. Roger Woodman
Title: Project Manager

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

Date of Notification (1) 7/26/18
Agencies Notified
☐ EPA  ☑ Initial  ☑ Amended  ☑ Emergency  ☑ Cancellation
☐ DEP  ☑  ☑  ☑  ☑
☐ DOL  ☑  ☑  ☑  ☑
☐ DOH  ☑  ☑  ☑  ☑
☐ DCA  ☑  ☑  ☑  ☑

Name of Building Owner / Operator (2) Lawrence Twp Board of Education
Street Address 2565 Princeton Pike
City, State & Zip Code Lawrenceville, NJ 08648
Name of Contact Matt Connolly
Telephone Number 609-671-5500

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle School
Street Address 2455 Princeton Pike
City (5) Lawrenceville  County (6) Mercer  County Code (7) 

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

Name of Abatement Contractor (9) Bristol Environmental, Inc.
Street Address 1253 N Church Street
City, State & Zip Code Moorestown, NJ 08057
License Number 00509

Project Manager for Monitoring Firm Mike Keehn
Telephone Number 856-840-8800

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

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
☐ Facility Occupied During Abatement 7:00am to 3:30pm

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

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

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

Name of Registered Waste Hauler Bristol Environmental Inc.
NJDEP Waste Hauler ID No. 18706
Cubic Yards of Waste 1 cu yd

Name of Registered Landfill Fairless Landfill
Disposal Date 8/7/18
City, State Fairless Hills, PA 19047

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature
Date 7/26/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>7/26/18</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
</tr>
</thead>
</table>

| Name of Building Owner / Operator | East Amwell Township School District |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>43 Wertsville Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Ringoes, NJ 08561</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Edward Stoloski</th>
</tr>
</thead>
</table>

| Telephone Number | 908-782-6464 |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>East Amwell Elementary School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>43 Wertsville Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Ringoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>Hunterdon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>ASCM No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>RJB Environmental Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>56 East Bridge Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Morrisville, PA 19067</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Project Manager for Monitoring Firm</th>
<th>Jim Frisbee</th>
</tr>
</thead>
</table>

| Telephone Number | 267-991-9212 |

<table>
<thead>
<tr>
<th>Scheduled Start Date</th>
<th>7/27/18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date</th>
<th>7/27/18</th>
</tr>
</thead>
</table>

**Abatement Plan**

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abatement Performed Outside of Normal Hours</th>
<th>7am to 3pm</th>
</tr>
</thead>
</table>

| Scope of Work (Check all that apply) | 

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

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 lf</th>
<th>≥180 sf ≥260 lf</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>TO BE ABATED in Facility</th>
<th>(13)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Pipe Insulation (wrap &amp; cut)</th>
</tr>
</thead>
</table>

| Amount (Specify SF or LF) | 8 LF |

| Abatement Type | 

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Glove Bag Procedures</th>
<th>Non-Exempted and Non-Friable Procedure</th>
</tr>
</thead>
</table>

| Crawlspace under Boys Bathroom and Girls Bathroom associated with Classrooms 2 and 3 under the 1938 wing | (x) |
|----------------------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Crawlspace under Classroom 3</th>
<th>(x)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20990</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>1 Cu Yd</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>7/27/18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Waynesburg, OH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>7/27/18</th>
</tr>
</thead>
</table>
Date of Notification (1) 7/27/18

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

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

Name of Building Owner/Operator (2)
Dave Bennett Private Home

Street Address

City, State, Zip Code
Ship Bottom NJ 08008

Name of Contact
Dave

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Dave Bennett Private Home

Street Address

City (5)
Ship Bottom NJ 08008

County (6)

Ocean

County Code (7)
(NOTE: USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
8/8/18

Scheduled Completion Date (11)
8/11/18

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 ≥33 lf
- ≥150 sf or ≥2300 lf
- Renovation Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Exterior Siding garage

House

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)

Exterior Siding

800 SF

Transite Pipe

15 LF

Name of Registered Waste Hauler

United Roll Off

NJDEP Waste Hauler ID No.

22459

Cubic Yards of Waste

3

Name of Registered Landfill

G.R.O.W.S.

City, State

Morrisville PA 19067

Completed by

Anthony T Perna

Title

President

Signature

Date 7/27/18

* 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)
liberty deseng-bull corporation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
132 thorne st

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

Square Feet
100x100

# of Floors
2 fl

Bldg. Age
50 +

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)
all solutions contracting inc

Street Address
24 church st

City, State, Zip Code
Elmwood park nj 07407

Telephone No.
201-973-3418

License No.
01301

Name of OSHA Monitor
all solutions contracting inc

Street Address
24 church st

City, State, Zip Code
Elmwood park nj 07407

Scope of Work (Check All That Apply)

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility
(19)

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

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

Amount (Specify SF or LF)

Abatement Type

Location

Renovation

Demolition

Transite pipe

25 lf

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

Location of Registered Waste Hauler
Atlantic carting

Name of Registered Landfill
grand central

Disposal Date
TDB

City, State
pen argyl PA 18072

Completed by
luis arola

Title
president

Signature

Date
07-20-18

* 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:** 07/26/18

**Name of Building Owner/Operator:** Creskill BOE

**Street Address:** 1 Lincoln Dr.

**City, State, Zip Code:** Creskill, NJ 07626

**Name of Contact:** Antoinette Kelly

**Telephone Number:** 201-567-5921

---

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

**Street Address:** 51 Brookside Ave.

**City:** Creskill

**County:** Bergen

**Square Feet:**

**# of Floors:** 2

**Bldg. Age:** 50+

---

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

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

**Name of Monitoring Firm Hired by Building Owner:** Westchester Environmental LLC

**ASCM No.:** 00127

**Name of Abatement Contractor:** Lesco Services Inc.

**Street Address:** 1248 Wrights Lane

**City, State, Zip Code:** West Chester, PA 19380

**Telephone No.:** 610-431-7545

**License No.:** 01107

**Project Manager for Monitoring Firm:** Philip Conte

**Telephone No.:** 862-221-9092

**Name of OSHA Monitor:** Leslaw Nalodka

**Street Address:** 156 Maple Ave

**City, State, Zip Code:** Wallington, NJ 07057

**Start Date:** 07/23/18

**Scheduled Completion Date:** 06/29/18

**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):**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosures
- Glovebag Procedure
- Non-Exempted (*) and Non-Finable Procedure

---

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

<table>
<thead>
<tr>
<th>In Facility (13)</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Child Care Room</td>
<td>*</td>
<td>Pipe Insulation</td>
<td>404 Lf.</td>
<td>*</td>
</tr>
<tr>
<td>Exterior</td>
<td>*</td>
<td>Window Caulk</td>
<td>3100 Lf.</td>
<td>*</td>
</tr>
</tbody>
</table>

---

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

**NJ DEP Waste Hauler ID No.:** 05409

**Cubic Yards of Waste:** 6

**Name of Registered Landfill:** GCSL

**Disposal Date:** 08/29/18

**City, State:** Wallington, NJ

**Completed by:** Leslaw Nalodka

**Title:** President

**Signature:**

**Date:** 07/25/18

---

*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)
07/28/2018

Name of Building Owner/Operator (2)
Stephen Mulligan

Street Address
[Redacted]

City, State, Zip Code
Bloomingdale, NJ 07403

Name of Contact
Mike

Telephone Number
[Redacted]

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

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet
# of Floors
Blgd. Age

Current Use (Prior if being demolished)

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

Telephone No.
973-400-8711

License No.
01332

Name of OSHA Monitor
Same as (9)

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
08-06-2018

Scheduled Completion Date (11)
08-09-2018

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

Other – Describe: 7:00am-5:00pm

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf

≥ 160 sf or ≥ 260 lf [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 (13)

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

Yes
No
N/A

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

Amount
(Specify
SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Name of Registered Waste Hauler
Removal Safety LLC

NJDEP Waste Hauler ID No.
0037007

Cubic Yards of Waste
2

Name of Registered Landfill
GROWS North

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Lasko Veskov

Title
President

Signature

Date
07/28/2018

* 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 / 26 / 16
Name of Building Owner/Operator (2)  Mr. Robert Cerenzo

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☐ DCA (NJAC 5:23-6)

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

Street Address

City, State, Zip Code  Hamilton, NJ 08690
Name of Contact  Robert

FACILITY INFORMATION

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

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

Square Feet  1500
# of Floors  1
Bldg. Age  78

County Code (?)(STATE USE ONLY)  Residential

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

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

Street Address
617 Stokes Rd., Suite 4-318

City, State, Zip Code Medford, NJ 08055

Project Manager for Monitoring Firm
Rebecca Rubinstein

Telephone No.  (888) 715-2211

License No.  00862

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

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

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

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

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

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
☐ Endorsement

Endorsement

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

Name of Registered Waste Hauler Management
NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste  5

Name of Registered Landfill  Grand Central

Disposal Date  8/7/2018
City, State  Penn Argyle, PA

Completed By (Print or Type)  Kimberly A. Trumbetti
Title  Office Coordinator
Signature
Date  9-26-18

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

Date of Notification (1)
6 / 29 / 18

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

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

Type Notification
☐ Initial
☐ Amended
Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
1 Turnpike Plaza

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Robert Womelsdorf

Telephone Number
732-442-8600

FACILITY INFORMATION

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

Street Address
Milepost 67 S - NJ Turnpike

City (5)
East Windsor/Hightstown

County (6)
Mercer

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Office & Shops

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

ASCM No.

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

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone No.
856-848-0800

License No.
00862

Start Date (10)
6 / 27 / 18

Scheduled Completion Date (11)
8 / 10 / 18

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Time of Abatement: ______ AM - ______ PM - ______ PM - ______ AM

Scope of Work (Check all that apply)
☐ ≥ 2 sf or ≥ 3 If
☐ ≥ 150 sf or ≥ 260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos-Containing Material (ACM)

SEE ATTACHED SCOPE SHEET

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
8/10/18

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kimberly Trumbetti
Title
Office Coordinator
Signature
Date
7-27-18

* Do not use this form for asbestos licensure exempted activities.
# NJTA Hightstown, NJ - Scope of Work -

## Table 4

<table>
<thead>
<tr>
<th>Bulk Sample ID #</th>
<th>Homogenous ID #</th>
<th>Sampled By</th>
<th>Material</th>
<th>Sample Location</th>
<th>Positive PM/TEM</th>
<th>Approximate SF/lf</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>H-04</td>
<td>PMK Group</td>
<td>Green 9 x 9 FL Tiles</td>
<td>Multi-Use Building/Garage Inventory Room</td>
<td>1.8 % Chrysotile</td>
<td>86 sf</td>
</tr>
<tr>
<td>11</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 FL Tiles</td>
<td>Hallway Locker Room Garage</td>
<td>1.7 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>12</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles</td>
<td>Hallway Locker Room Garage</td>
<td>1.2 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>13</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 FL Tiles</td>
<td>Locker Room Garage</td>
<td>1.2 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>14</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles</td>
<td>Locker Room Garage</td>
<td>1.4 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>15</td>
<td>H-07</td>
<td>PMK Group</td>
<td>White With Black Streaks 12x12 FL Tiles</td>
<td>Adjacent To Locker Room</td>
<td>1.3 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>16</td>
<td>H-08</td>
<td>PMK Group</td>
<td>Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles</td>
<td>Garage Adjacent To Locker Room</td>
<td>2.1 % Chrysotile</td>
<td>1286 sf</td>
</tr>
<tr>
<td>36</td>
<td>H-12</td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12 % Chrysotile</td>
<td>1300 sf</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12 % Chrysotile</td>
<td>2300 sf</td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>PMK Group</td>
<td>Grey cementitious Window Caulking Compound</td>
<td>Exterior Garage</td>
<td>12 % Chrysotile</td>
<td>2300 sf</td>
</tr>
</tbody>
</table>

Also:

- Lunchroom - 200 LF of Cove base mastic
- Office next to lunchroom - 130 SF of floor tile
- Garage - 200 LF of expansion joint material
- 7 SF of glue dots on garage doors
- Auto shop - 40 SF of exterior door caulk
- Multi-use building - 200 SF of window glazing

*Floor Tile Total* - 2415 SF

*Check #81010 - $1,700.00*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 8:60 and 12:120**

**State of New Jersey**

**Date of Notification (1)**
7/27/18

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

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

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

**Street Address**

**City, State, Zip Code**
Rochelle Park, NJ 07662

**Name of Contact**
Michael Viola

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City**
Rochelle Park

**County**
Bergen

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

**Square Feet**
1850

**# of Floors**
2

**Bldg. Age**
80 +/-

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

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

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

**ASCM No.**

**Project Manager**

**Telephone No.**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
7/30/18

**Scheduled Completion Date (11)**
8/2/18

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

**Scope of Work (Check All That Apply)**
- [ ] 2400 sf or >3000 sf
- [x] >1600 sf or >2600 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

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

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

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

**Abatement Type**

---

**Name of Registered Waste Hauler**

**All Stages Abatement**
NJDEP Waste Hauler ID No.
0036592

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
Grand Central Sanitary Landfill

**Disposal Date**
TBD

**City, State**
Pennsylvania, PA

**Completed by**
Richard Cristofol

**Title**
President

**Signature**

**Date**
7/27/18

---

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

(Pursuant to NJAC 8:60 and 5:48)

**Date of Notification (1)**
7 / 26 / 18

**Name of Building Owner/Operator (2)**
Mr. Robert Cerenzo

**Street Address**
[Redacted]

**City, State, Zip Code**
Glassboro, NJ 08028

**Name of Contact**
Glinario

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Hamilton

**County (6)**
Mercer

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

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

**Square Feet**
1500

**# of Floors**
1

**Bldg. Age**
78

**Type of Facility (4)**

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

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

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

**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**

<table>
<thead>
<tr>
<th>(13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Basement**

- [ ]
- [ ]
- [x]

**Floor Tile & Mastic**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Name of Registered Waste Hauler**

**Waste Management**

**NJDEP Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**City, State**
Lafayette, NJ

**Completed By (Print or Type)**
Kimberly A. Trumbetti

**Title**
Office Coordinator

**Signature**

**Date** 7-26-18

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

(Pursuant to NJAC 8:59 and 5:16)

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

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

**Type Notification:**
- [x] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2):** Vineland Housing Authority

**Street Address:** 191 West Chestnut Avenue

**City, State, Zip Code:** Vineland, NJ 08360

**Name of Contact:** Ron Miller

**Telephone Number:** 856-691-4099

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Parkview Apartment - Units 9 & 15

**Street Address:** 420 North 6th Street

**City:** Vineland

**County:** Cumberland

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

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

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

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

**Square Feet:** 2

**# of Floors:**

**Bldg. Age:** 51

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

**Street Address:** 3859 Sylon Boulevard

**City, State, Zip Code:** Hainesport, NJ 08036

**Telephone No.:** 609-702-0400

**License No.:** 00862

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

**Street Address:** 200 U.S. Route 130 North

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

**Start Date (10):** 8/6/18

**Scheduled Completion Date (11):** 8/15/18

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

**Scope of Work (Check all that apply):**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 sf
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Unit 15</th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi Layer Flooring</td>
<td>1050 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit 9</th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi Layer Flooring</td>
<td>1050 SF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- 1050 SF

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

- 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):**

| Cubic Yards of Waste: 5 |

| Name of Registered Landfill: Grand Central |

| Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 17273 |

**City, State:** Lafayette, NJ

**Disposal Date:** 8/16/18

**City, State:** Penn Argyle, PA

**Completed By (Print or Type):** Kimberly A. Trumbetti

**Title:** Office Coordinator

**Signature:**

**Date: 9-26-16**

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1)  
7/27/2018

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

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

Name of Building Owner/Operator (2)  
RC Cape May Holdings

Street Address  
900 North Shore Road

City, State, Zip Code  
Beesleys Point, NJ 08223

Name of Contact  
Dave Hagel

Telephone Number  
609 390 5134

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
BL England Generating Station

Street Address  
900 North Shore Road

City (5)  
Beesleys Point

County (6)  
Atlantic

County Code (7)  
(State Use Only)

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

ASCM No.  
Name of Abatement Contractor (9)  
Advanced Specialty Contractors

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 5 (Other than K-12)  
□ Other (i.e., private & commercial buildings, homes, etc.)  
□ Power Plant

Square Feet  
40000

# of Floors  
10

Bldg. Age  
60

Current Use (Prior if being demolished)  

Power Plant

Name of OSHA Monitor  
Tiger Environmental

Street Address  
234 20th Ave

City, State, Zip Code  
Brick, NJ 08724

Project Manager for Monitoring Firm  

Telephone No.  
732-525-0100

License No.  
00750

Start Date (10)  
8/13/2018

Scheduled Completion Date (11)  
8/22/2018

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

Scope of Work (Check All That Apply)  
☐ ≥3 sf or ≤3 sf  
☐ ≥160 sf or ≥2600 sf  
□ Renovation  
X Demolition

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

Yes  
No  
N/A

(13)

Unit 3 Ductwork Floors 3 and 4  

X Mastic  

550 Sf

Abatement Type  

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

Amount (Specify SF or LF)  

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)

Name of Registered Waste Hauler  
Freehold Cartage

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
30

Name of Registered Landfill  
Atlantic County Utilities Authority

City, State  
Egg Harbor Township, NJ

Disposal Date  

City, State  

Date

Completed by  
Mike Andrew

Title  
Account Manager

Signature  

Date  
7/27/2018

* 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)

**Name of Building Owner/Operator (2)**
Mack-Cali Plaza T LLC

**Name of Contact**
Brian McClean

**Telephone Number**
201-915-8516

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Harborside 1

**Street Address**
150 Hudson Street

**City (5)**
Jersey City

**County (6)**
Hudson

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

**Square Ft**
80,000+

**# of Floors**
8

**Bldg. Age**
50+

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomfield, NJ 07003

**Telephone No.**
(973) 928-3995

**License No.**
01181

---

**Project Manager for Monitoring Firm**
Tom Pruno

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

**Scheduled Completion Date (11)**
08/25/2018

**Street Address**
5434 King Ave Suite101

**City, State, Zip Code**
Peninsauken, NJ 08109

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomfield, NJ 07003

---

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Floor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:90 and 12:120)

D&S Proj. #: 18-153

Date of Notification (1)  0/17/2018

Name of Building Owner/Operator (2)  maria levin

Agencies Notified  
□ EPA  
□ DEP  
□ DOL  
□ DOH  
□ DCA

Type Notification  
□ Initial  
□ Amended  
□ Emergency (including justification)

Amendment #:  

City, State, Zip Code  CARLSTADT, NJ 07072

Name of Contact  maria levin

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  maria levin

Street Address

City (6)  CARLSTADT

County (6)  bergen

County Code (7)  (State use only)

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

Square Feet

Current Use (Prior if being demolished)

# of Floors

Bldg. Age

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

Street Address  20 California Ave.

City, State, Zip Code  Paterson, NJ 07503

Telephone Number  973-345-8020

License Number  01169

Name of OSHA Monitor  D & S Restoration, Inc.

Street Address  20 California Avenue

City, State, Zip Code  Paterson, NJ 07503

Occupy Status During Abatement (Check only one)

□ Facility closed/vacated during entire period of abatement.
□ Abatement performed outside of normal facility hours-
   Describe: NORMAL HOURS

Other-Describe:  

Start Date (10)  08/01/2018

Scheduled Completion Date (11)  08/30/18

Scope of Work (check all that apply)

□ >2 sq ft or >3 If  
□ >150 sq ft or >260 If  
□ Demolition  
□ Renovation

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

basement  X

Description of asbestos-containing material (ACM)  PIPE INSULATION

Location normally used solely by maintenance/custodial staff(12)  Yes

Amount (Specify SF or LF)  100 ft

Removal Repair Encapsulation

Registered Waste Hauler  D & S RESTORATION, INC.

NJDEP Hauler #  13506

Disposal Date  08/02/18

Name of Registered Landfill  TULLYTOWN, RESOURCE RECOVERY

Cubic Yards of Waste  1 yd.

City, State  TULLYTOWN, PA

Completed by (Print or Type)  BOGDAN JOLDZIC

Title  PRESIDENT

Signature

Date  07/20/18

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

ASR.41
Date of Notification (1)

Name of Building Owner/Operator (2)
nick bozanich

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

Street Address

City, State, Zip Code
glen rock, NJ 07452

Name of Contact
nick bozanich

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
nick bozanich

Street Address

City (5)
bergen

County (6)

County Code (7) (State use only)

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

ASCM No.

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
08/06/18

Sched. Completion Date (11)
08/30/18

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: NORMAL HOURS

Scope of Work (check all that apply)
- >30 sf or >3 if
- >160 sf or >280 if
- 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)
vermiculite

Amount (Specify SF or LF)
850 sq ft

Removal

Repair

Encapsulation

Enclosure

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-riable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
10 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, nj 07503

Disposal Date
08/08/18

Name of Registered Landfill
TULLYTOWN, PA

City, State

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
07/20/2018
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th><strong>7/27/18</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td><strong>ECC</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>One Emily Ave</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td><strong>Randolph, NJ 07869</strong></td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td><strong>Ashlyn Nordberg</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td><strong>973-989-9010</strong></td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement Is Taking Place (3)</strong></td>
<td><strong>Residence</strong></td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td><strong>Newark</strong></td>
</tr>
<tr>
<td><strong>County (6)</strong></td>
<td><strong>ESOSD</strong></td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td><strong>Residential</strong></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td><strong>A.MAC Contracting Inc.</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>185 Midland Ave</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td><strong>Midland Park, NJ 07432</strong></td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td><strong>201-262-5841</strong></td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td><strong>00156</strong></td>
</tr>
<tr>
<td><strong>Name of OSMA Monitor</strong></td>
<td><strong>Omega Environmental Services Inc</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>280 Huyler Street</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td><strong>Hackensack, NJ 07606</strong></td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td><strong>8/13/18</strong></td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td><strong>8/30/18</strong></td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check Only One)</strong></td>
<td><strong>Facility Closed/Vacated During Entire Period of Abatement</strong></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td><strong>VAT</strong></td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td><strong>900.08</strong></td>
</tr>
<tr>
<td><strong>Location Normally Used Solely by Maintenance/ Custodial Staff</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Type of Abatement</strong></td>
<td><strong>Removal</strong></td>
</tr>
<tr>
<td><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Non-Exempted (*) and Non-Enable Procedure</strong></td>
<td><strong>Full Containment with Negative Pressure</strong></td>
</tr>
<tr>
<td><strong>Scope of Work (Check All That Apply)</strong></td>
<td><strong>Renovation</strong></td>
</tr>
<tr>
<td><strong>Facility Closed/Vacated During Entire Period of Abatement</strong></td>
<td><strong>Removal</strong></td>
</tr>
<tr>
<td><strong>Abatement Performed Outside of Normal Facility Hours</strong></td>
<td><strong>Removal</strong></td>
</tr>
<tr>
<td><strong>Other – Describe:</strong></td>
<td><strong>Removal</strong></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td><strong>Basement</strong></td>
</tr>
<tr>
<td><strong>Cubic Yards of Waste</strong></td>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td><strong>8/13/18</strong></td>
</tr>
<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td><strong>Grand Central Sanitary Landfill</strong></td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td><strong>Pennsylania Argyll, PA 08702</strong></td>
</tr>
<tr>
<td><strong>Complied by</strong></td>
<td><strong>Joseph Vocelar</strong></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td><strong>Vice President</strong></td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Notification of Asbestos Abatement (Pursuant to NJAC 8:66-1 and 12:120-7)

State of NJ

Date of Notification (1) 07/11/2018

Name of Building Owner/Operator (2) Kenneth Smith

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amendment
- Cancellation

Street Address [redacted]

City, State, Zip Code Maplewood, NJ 07040

Name of Contact Kenneth Smith

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kenneth Smith

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a

Name of Abatement Contractor (9) B & G Restoration, Inc.

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

License Number 00378

Name of OSHA Monitor B & G Restoration, Inc.

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

Scheduled Start Date (10) 08/06/2018

Sched. Completion Date (11) 08/07/2018

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:

Scope of Work (check all that apply)

- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Non-friable procedure
- Mini-enclosure
- ≥160 sf or >260 if

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement gas meter area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement boiler room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pipe insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fittings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

- Removal
- Repair
- Encapsulation

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Disposal Date 06/07/2018

Cubic Yards of Waste 3/4

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Pen Argyle, PA

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature

Date 07/26/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07 / 27 / 18

Name of Building Owner/Operator (2) John Dykeman

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

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

Street Address [REDACTED]

City, State, Zip Code Neptune, NJ 07753

Name of Contact John Dykeman

FACILITY INFORMATION

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

Street Address [REDACTED]

City (5) Monroe Twp.

County (6) Middlesex

County Code (?)/STATE USE ONLY

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

ASCOM No.

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

Street Address 1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 732-349-9932

License No. 00624

Start Date (10) 08 / 06 / 18

Scheduled Completion Date (11) 08 / 08 / 18

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

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

Street Address

1056 Stelton

City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Finable Procedure

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)
asbestos siding

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

Amount (Specify SF or LF) 750 sf

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler Guardian Contracting, Inc.

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 3

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

City, State Tullytown, Pennsylvania

Disposal Date 08/08/18

Completed By (Print or Type) Nicholas Femicola

Title Project Manager

Signature

Date 7/27/18

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

Date of Notification (1)
07 / 27 / 18

Name of Building Owner/Operator (2)
Connell Real Estate & Development

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

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

Street Address
200 Connell Drive, Suite 4100
City, State, Zip Code
Berkeley Heights, New Jersey 07922

Name of Contact
Brad Chupick c/o EWMA
Telephone Number
973-560-1400 x 160

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

Street Address
[Berkeley Heights, New Jersey 07922]
City (5)
Berkeley Heights, New Jersey 07922

County (6)
County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
EWMA
ACSM No.
N/A
Name of Abatement Contractor (9)
Lilich Corporation

Street Address
100 Misty Lane
City, State, Zip Code
Parsippany, New Jersey 07054

Project Manager for Monitoring Firm
Brad Chupick
Telephone No.
973-560-1400

License No.
01104

Start Date (10)
08 / 06 / 18
Scheduled Completion Date (11)
08 / 10 / 18

Occuancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM PM-6 AM

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

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

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)
250 LF

Abatement Type
- Removal
- Repair
- Encapsulate
- Enduse

Name of Registered Waste Hauler
Lilich Corporation
NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
10
Name of Registered Landfill
Fairless Landfill
City, State
Woodland Park, New Jersey
Disposal Date
08/10/2018
City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Adriana Olejarova
Title
President
Signature

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

Date of Notification (1)
07-27-18

Name of Building Owner/Operator (2)
Isolatek International

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

Street Address
41 Furnace St.

City, State, Zip Code
Stanhope, NJ 07874

Name of Contact
Don Jarvis

Telephone Number
(973) 426-2166

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

Street Address
35 Flanders Rd.

City (5)
Netcong

County (6)
Morris

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Delta Contracting LLC.

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

Square Feet

# of Floors

Bldg. Age

Name of OSHA Monitor
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

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

Name of Registered Waste Hauler
Delta Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
5

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
08-16-18

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
07-27-18

---

* 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): 7/26/18  
Name of Building Owner/Operator (2): St. Thomas of Aquin

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

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

Name of Facility Where Abatement is Taking Place (3): St. Thomas of Aquin  
Street Address: 53 Kennedy Avenue  
City, State, Zip Code: Ogdensburg, NJ

FACILITY INFORMATION

Square Feet: 4200  
# of Floors: 2  
Bldg. Age: 67

Current Use (Prior if being demolished): church

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.:  
License No.: 703

Start Date (10): 8/9/18  
Scheduled Completion Date (11): 8/17/18

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: basement

Scope of Work (Check All That Apply):  
- [X] ≥3 af or ≥3 if  
- [ ] ≥160 sf or ≥260 if  
- [X] Renovation  
- [ ] Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):  
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):  
- [X] 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): 35 LF

Abatement Type:  
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Endure

Freehold Cartage  
City, State: Freehold NJ

Name of Registered Waste Hauler: N.J. 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: 7/26/18

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASPEROSO ASBATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7/26/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>East Amwell Township School District</td>
</tr>
<tr>
<td>Street Address</td>
<td>43 Wertsville Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Ringoes, NJ 08551</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Edward Stoloski</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-782-6464</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>East Amwell Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>43 Wertsville Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ringoes</td>
</tr>
<tr>
<td>County (6)</td>
<td>Hunterdon</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No. RJB Environmental Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>56 East Bridge Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Morrisville, PA 19067</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jim Frisbee</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>267-991-9212</td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>7/27/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7/27/18</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours –
  Describe: 7am to 3pm
- Facility Occupied During Abatement

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 lf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥ 160 sf ≥ 260 lf</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Pipe Insulation (wrap &amp; cut)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td>8 LF</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>12 SF</td>
</tr>
</tbody>
</table>

| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) |
|--------------------------|---------|
| Yes | No |
| Non-Exempted and Non-Friable Procedure |

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glove Bag Procedures</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Service Transport Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>New Castle, DE</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1 Cu Yd</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/27/18</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Gino Pizzigoni</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Gino Pizzigoni</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/27/2018

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

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

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

Street Address
101 Peachtree Road

City, State, Zip Code
Basking Ridge NJ 07920

Name of Contact
Roderic McLaughlin

Telephone Number
908-204-2600

FACILITY INFORMATION

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

Street Address
70 West Oak Street

City (5)
Basking Ridge NJ 07920

County (6)
Somerset (STATE USE ONLY)

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
90,000

# of Floors
1

Bldg. Age
30+ years

Current Use (Prior if being demolished)
Public School

Name of Monitoring Firm Hired by Building Owner (5)
AHERA Consultants

ASCM No.
0057

Name of Abatement Contractor (9)
Savic Construction Corp

Street Address
PO Box 385

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

Telephone No.
609-652-1833

License No.
01034

Street Address
205 Route 46 Suite 15

City, State, Zip Code
Totowa, NJ 07512

Name of OSHA Monitor
Savic Construction Corp

Start Date (10)
08/06/2018

Scheduled Completion Date (11)
08/10/2018

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 sf
☒ ≥100 sf or ≥250 sf
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility (19)

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

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

VAT & Mastic

Amount (Specify SF or LF)
1080 SF

Abatement Type
☐ Removal
☐ Encapsulation
☐ Endorse

Name of Registered Waste Hauler
Savic Construction Corp

NJDEP Waste Hauler ID No.
32253

Cubic Yards of Waste
10 yr

Name of Registered Landfill
GROWS

City, State
Totowa NJ

Disposal Date
08/10/2018

City, State
Morriseville, PA

Completed by
Sava Savic

Title
President

Signature

Date
07/27/2018

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