NOTIFICATION OF ASBESTOS ABATEMENT

State of New Jersey

Date of Notification (1): 6/1/2018

Agency Notified: DOL

Owner/Operator: CSG Properties

Street Address: 68 Welton Street

City, State, Zip Code: New Brunswick, NJ 08901

Name of Contact: Greg Wyco

Telephone Number: 732-962-9200

Name of Facility Where Abatement Is Taking Place (2): House

Type of Facility (4): Residential

County Code (7): 077

County: Middlesex

Name of Abatement Contractor (9): A. Mac Contracting, Inc.

Telephone No.: 201-282-8541

License No.: 001466

Name of OSHA Monitor: Omega Environmental Services, Inc.

Occupancy Status During Abatement (Check Only One): Residential

Facility Closed: Yes

Facility Closed Date: 6/1/2018

Other: 6/12/18

Scope of Work (Check All That Apply):

- Razing/Land Removal
- Demolition
- Full containment with Negative Pressure
- MINI-ENTIRE SYSTEM
- Glove Box Procedure
- Non-Excludable (*) and Non-Practicable Procedure

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

- Basements: X
- WIP: 55 LR X
- others:

Amount (Specify SF or LF):

- 55 LF

Name of Registered Waste Handler:

Newark Carting, Inc.

Disposal Date: 6/1/2018

City, State: Pottsville, PA 08072

Name of Registered Landfill: Grund Central Sanitary Landfill

Name of Registered Handler: NJDEP Waste Handler ID No. 04509

ASB-41 (R-05-08)

* Do not use this form for asbestos license 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)  
5/29/2018

Name of Building Owner / Operator (2)  
Sunoco Partners Marketing & Terminals, LP - Eagle Point Facility

Agencies Notified (3)  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification  
- Initial  
- Amended  
- Emergency  
- Cancellation

Name of Facility Where Abatement is Taking Place (3)  
Eagle Point Facility

Street Address  
1250 Crown Point Road

City, State & Zip Code  
Westville, NJ 08093

Name of Contact  
Ron Rosendorn

Telephone Number  
856-853-3155

FACILITY INFORMATION

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

Name of Abatement Contractor (9)  
Alpha Environmental

Street Address  
PO Box 8297

City, State & Zip Code  
Trenton, NJ 08650

Project Manager for Monitoring Firm  
Telephone Number  
609-847-2956

Scheduled Start Date (10)  
6/6/2018

Scheduled Completion Date (11)  
7/6/2018

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:  
Facility Occupied During Abatement

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 ft
  - ≥160 sf ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  
5000sf

Filter Building Exterior  
- Transite/Galbestos

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

Service Transport Group  
Grows Landfill

City, State  
New Castle DE

Completed By (Print or Type)  
Rod Richardson  
Title  
Project Manager

Signature  
Rod Richardson

Disposal Date  
various

City, State  
Tullytown, PA

Name of Registered Landfill  

Date  
5/29/2018
State of New Jersey

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

Date of Notification (1) 05 / 31 / 18

Name of Building Owner/Operator (2) Applied Housing Management

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

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

Street Address
1401 Washington Street
City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
Tony Nemati
Telephone Number
201-420-0157 x 6123

FACILITY INFORMATION

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

Square Feet 1,800

# of Floors 3

Bidg. Age 80

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services, LLC

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

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

Telephone No.
201-438-3839

License No.
00842

Project Manager for Monitoring Firm
John Chiavelli

EMSL Analytical, Inc.

Start Date (10) 05/15/18
Scheduled Completion Date (11) 06/15/18

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

Abatement Type
- Removal
- Repair
- Encapsulate
- Endure

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) 1,740 SF

Exterior
- Roofing
- Window
- Wall
- Ceiling
- Floor

Name of Registered Waste Hauler Freehold Cartage

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste 30

Name of Registered Landfill Fairless Landfill

Dispose Date 06/19/2018

City, State, Zip Code
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title Vice President of Operations

Signature

Date 5/18/18

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 4, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>George Morris</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
</tbody>
</table>
| 1. EPA  
| 2. DOL  
| 3. DOH  
| 4. DCA  |
| Type Notification | 
| 1. Initial  
| 2. Amended  
| 3. Emergency (including justification)  
| 4. Cancellation  |
| Street Address | [Redacted] |
| City, State, Zip Code | Pompton Lakes, NJ |
| Name of Contact | George Morris |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>1. Family House under Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Pompton Lakes</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>House under Renovation</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Building Owner (8) | 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 |
| License No. | 01255 |

| Start Date (10) | June 6, 2018 |
| Scheduled Completion Date (11) | June 20, 2018 |
| Name of OSHA Monitor | Harmony Contracting |
| Street Address | 360 Palisade Ave |
| City, State, Zip Code | Garfield, NJ 07026 |

**Occupancy Status During Abatement (Check Only One):**
- Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: |

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

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

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | No |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Asbestos Pipe Insulation |
| Amount (Specify SF or LF) | 140 LF |

| Name of Registered Waste Hauler | Harmony Contracting |
| NJDEP Waste Hauler ID No. | [Redacted] |
| Cubic Yards of Waste | TBD |
| Disposal Date | TBD |
| City, State | Morrisville PA 19067 |

**Completed by:**
- E. Cirovic
- Title: Secretary
- Date: 6/4/2018

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

**Date of Notification (1):** 6/04/2018

**Name of Building Owner/Operator:** Cranfan Urban Renewal Assoc., LLC & Cranfan Urban Renewal Assoc.

**Street Address:** 5 Powell Lane

**City, State, Zip Code:** Collingswood, NJ 08108

**Name of Contact:** Geoffrey Long

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Former Midway/Chip Trucking Garage

**Type of Facility (4):**
- [x] Vacant-Former Truck Repair Facility

**Street Address:** 2687 Route 130

**City:** Cranbury

**County:** Middlesex

**Square Feet:** 8,000

**# of Floors:** 2

**Bldg. Age:** 60

**Current Use (Prior to being demolished):** Vacant-Former Truck Repair Facility

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

**Name of Abatement Contractor (9):** Neuber Environmental Services, Inc.

**Street Address:** P.O. Box 11645

**City, State, Zip Code:** Philadelphia, PA 19116

**Project Manager for Monitoring Firm:** Jason Dua

**Telephone No.:** 267-784-4693

**Start Date (10):** 6/14/2018

**Scheduled Completion Date (11):** 6/28/2018

**Occupancy Status During Abatement (Check Only One):**
- [x] Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply):**
- [x] Demolition

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

<table>
<thead>
<tr>
<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>Floor Tile and Mastic</td>
<td>827 SF</td>
<td>X</td>
</tr>
<tr>
<td>Transite Ceiling Board</td>
<td>110 SF</td>
<td>X</td>
</tr>
<tr>
<td>Drywall/Joint Compound</td>
<td>105 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roofing</td>
<td>7,730 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Horizon Disposal

**City, State:** Trenton, NJ

**Disposal Date:** 06/2018

**Name of Registered Landfill:** GROWS/Tullytown Landfill

**City, State:** Morrisville, PA

**Completed by:** Tim Walter

**Title:** Project Manager

**Signature:** 

**Date:** 6/04/2018

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

Date of Notification (1)
06/01/2018

Name of Building Owner/Operator (2)
Fanny Krivy

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

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

Street Address

City, State, Zip Code
Montclair, NJ 07043

Name of Contact
Fanny Krivy

Telephone Number
917-669-6331

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

City (5)
Montclair, NJ 07043

County (6)
Essex

County Code (7)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

License No.
01311

Start Date (10)
06/12/2018

Scheduled Completion Date (11)
06/13/2018

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥32 ft²
- ≥160 sf or ≥280 ft²
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Yes
No
N/A

Attic

Pipe Insulation

18 LF

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

Location 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
Endors

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

NJ/DEP Waste Hauler ID No.
20996

Cubic Yards
of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Completed Date
06/01/2018

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

**Date of Notification (1)**
06/01/2018

**Name of Building Owner/Operator (2)**
Mandelbaum Property Management

**Agencies Notified**
- (X) EPA
- (X) NJDEP
- (X) NJ DOL
- (X) DOH
- ( ) DCA

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

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

**Street Address**
65-99 Old Stage Rd

**City (5)**
Spotswood

**County (6)**
Middlesex

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

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Sky Environmental Services, Inc.

**ASCM No.**

**Type of Facility (4)**

- ( ) School (K-12)
- ( ) Subchapter 8 (other than K-12)
- (X) Other (i.e. private & commercial bldgs., homes, etc.)

**Sq. Feet:** 2000  
**# of Floors:** 1  
**Bldg. Age:** 80

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

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

**Street Address**
3300 Hudson Avenue

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

**Telephone Number**
(201)325-0055  
**License Number**
01124

**Occupancy Status During Abatement (Check only one)**
- (X) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours -
- (X) Other - Describe: Work area is not in use

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</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>store room/ rear closet</td>
<td>Joint compound</td>
<td>3800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID #**
04509

**Cubic Yards of Waste**
30

**Name of Reg. Landfill**
IESI BETHELHEM LANDFILL

**City, State**
369 Raymond Blvd., Newark, NJ 07105

**Disp. Date**
06/15/2018

**City, State**
BETHELHEM, PA 18015

**Completed by (Print or Type)**
David Camacho  
**Title**
Project Supervisor

**Date**
06/01/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 4, 2018
Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division

Agencies Notified Type Notification
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended
☐ Amendment # 2
☐ Cancellation

Street Address
65 West Jimmie Leeds Road
City, State & Zip Code
Pomona, NJ 08240

Name of Contact
Mike Turner – Aegis Property Group

Telephone Number
609-652-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AtlantiCare Regional Medical Center – Mainland Division

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Hospital

43 Years

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

License Number
00817

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road
City, State & Zip Code
Little Egg Harbor, NJ 08087

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Hours
☐ Other – Describe:
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 50 lb
☒ ≥ 160 sf or ≥ 260 lb

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

First Floor Nurses Station, Hallways, Patient Rooms

X Floor Tile / Sheet Flooring
14,500 SF

X

First Floor Radiology

X Floor Tile
17,500 SF

Name of Registered Waste Hauler
Synatech, Inc.

NJDEP Waste Hauler ID No. 27429

Cubic Yards of Waste
80

Name of Registered Landfill
Fairless Hills

City, State
Morrisville, PA

Disposal Date
June 4, 2019

Completed By
Diane Aloia
Title
Executive Administrator

Signature

Date
June 4, 2018

November 7, 2017

*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)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>March 12, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>AtlantiCare Regional Medical Center – Mainland Division</td>
</tr>
<tr>
<td>Street Address</td>
<td>65 West Jimmie Leeds Road</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Pomona, NJ 08240</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Turner – Aegis Property Group</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-652-1000</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**
  - AtlantiCare Regional Medical Center – Mainland Division
- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, home, etc.)
- **Square Feet**
- **# of Floors**
- **Bldg. Age**
  - 43 Years
- **Current Use (Prior if being demolished)**
  - Hospital

### Name of Monitoring Firm Hired by Building Owner (8)
- Hillmann Consulting, Inc.

### Name of Abatement Contractor (9)
- Synatech, Inc.
- Street Address
  - 629 Radio Road
- City, State & Zip Code
  - Little Egg Harbor, NJ 08087

### Project Manager for Monitoring Firm
- Stephen Charepany
- Telephone Number
  - 908-588-7800

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

### Scope of Work (Check all that apply)
- ≥3 sf or ≥50 lf
- ≥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

#### Location
- IN Facility
  - (13)
  - Yes
  - No
  - N/A

#### 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)
- 14,500 SF

### 1st Floor Nurses Station, Hallways, Patient Rooms
- X
- Floor Tile / Sheet Flooring

### Name of Registered Waste Hauler
- Synatech, Inc.
- NJDEP Waste Hauler ID No.
  - 27429

### Name of Registered Landfill
- Fairless Hills
- City, State
- Morrisville, PA

### Completed By
- Diane Aloia
- Title
  - Executive Administrator
- Signature
- Date
  - March 12, 2017
  - November-7, 2017

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

Check # 12229

Date of Notification (1)
November 7, 2017

Agencies Notified
☐ EPA  ☐ DEP  ☑ DOL  ☐ DOH  ☐ DCA
☐ Initial  ☑ Amended  ☐ Amendment # ☐ Cancellation

Name of Building Owner / Operator (2)
AtlantiCare Regional Medical Center – Mainland Division

Street Address
65 West Jimmie Leeds Road

City, State & Zip Code
Pomona, NJ 07824

Name of Contact
Mike Turner – Aegis Property Group
Phone Number
609-552-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
AtlantiCare Regional Medical Center – Mainland Division

Street Address
65 West Jimmie Leeds Road

City (5)
Pomona, NJ

County (6) Atlantic

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Hillmann Consulting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

License Number 00817

Name of OSHA Monitor
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Scheduled Start Date (10)
November 18, 2017

Scheduled Completion Date (11)
March 19, 2018

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

Scope of Work (Check all that apply)
☐ >3 sf or > 500 sf
☐ >160 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
(13)

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

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

Amount (Specify SF or LF)

Abatement Type

1st Floor Nurses Station, Hallways, Patient Rooms

X Floor Tile / Sheet Flooring

14,500 SF

X

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 27429

Cubic Yards of Waste
80

Name of Registered Landfill
Fairless Hills

City, State
Morrisville, PA

March 20, 2018

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
November 7, 2017

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

**State of New Jersey**

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

**Date of Notification (1)**
06/01/18

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

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

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

**Street Address**
200 Ramsey Ave.

**City, State, Zip Code**
Lakewood, NJ 08701

**Name of Contact**
Timothy Adams

**Facility Information**

**Name of Facility Where Abatement Is Taking Place (3)**
Russell Wright Athletic Building Field House

**Street Address**
755 Somerset Ave.

**City**
Lakewood

**County**
Ocean

**County Code (STATE USE ONLY)**

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

**ASCM No.**
0057

**Name of Abatement Contractor (9)**
Academy Construction Inc

**Street Address**
PO Box 385

**City, State, Zip Code**
Oceanville, NJ 08231

**Project Manager for Monitoring Firm**
Domenic D'Errico

**Telephone No.**
609-577-8804

**Start Date (10)**
06/14/18

**Scheduled Completion Date (11)**
06/28/18

**Occupy 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] 23 sf or 23 If
- [x] 180 sf or 2260 If
- [ ] 23 sf or 23 If
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>HOT WATER HEATER</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ACM</td>
<td></td>
</tr>
</tbody>
</table>

**Location**

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

**Name of Registered Waste Hauler**
Academy Construction Inc

**NJ DEP Waste Hauler ID No.**
0034422

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
John Geleski

**Title**
PM

**Signature**

**Date**
06/01/18

*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)
06/01/2018

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

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

### Name of Building Owner/Operator (2)
HYONG KIM

### Street Address
[Redacted]

### City, State, Zip Code
FORT LEE

### Name of Contact
HYONG KIM

### Telephone Number
[Redacted]

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

### Street Address
[CLOSEST NJ]

### City (5)
CLOSTER NJ

### County (6)

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

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

### ASCM No.

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

### Square Feet
2,000

### # of Floors
2

### Bldg. Age
89

### Current Use (Prior if being demolished)

### Name of Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC.

### Street Address
1125 51 ST.

### City, State, Zip Code
NORTH BERGEN NJ. 07047

### Telephone No.
201 - 776 - 0642

### License No.
01300

### Name of OSHA Monitor
E,SL ANALYTICAL INC

### Street Address
307 W 38ST

### City, State, Zip Code
NEW YORK

### Project Manager for Monitoring Firm

### Telephone No.

### Start Date (10)
06/01/2018

### Scheduled Completion Date (11)
06/01/2018

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

### Scope of Work (Check All That Apply)
- [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)

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

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

### Amount (Specify SF or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
TRI STATE ASSOCC

### City, State
BRONX NEW YORK

### Completed by
CARLOS ESQUIVEL

### Title
SAFETY MANAGER

### Name of Registered Landfill
MINERVA ENTERPRISE INC

### City, State
WAYNESBURG OHIO

### Disposal Date
TBD

### Signature
[Redacted]

### Date
06/01/2018

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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018

Date of Notification (1) June 4, 2018

Agencies Notified
☐ EPA
☐ DCA
☒ DOH
☒ DEP- No Longer REQUIRED

Notification Type
☒ Initial Notification
☒ Amended Notification #1 - deleted work area - moved to Sub8 notification attached
☒ Emergency (including justification attached)
☒ Cancelled

Name of Building Owner/Operator (2)
STEVENS INSTITUTE OF TECHNOLOGY

Street Address
1 CASTLE POINT ON HUDSON
City, State, Zip Code
HOBOKEN, NJ 07030

Name of Contact
MR. DAVID FERNANDEZ, MS
DIRECTOR ENVIRONMENTAL HEALTH & SAFETY
Telephone Number
201-912-4651

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MC CLEAN HALL

Street Address
MAIN CAMPUS (507 RIVER STREET)

City (/) County (/) County Code (/) State Use Only
HOBOKEN / HUDSON / N/A

Name of Monitoring Firm HIRED by Bldg. Owner (6)
TTI ENVIRONMENTAL, INC.

ASCM No.
00003

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm
MR. JIM GUILARDI

Telephone Number
856-840-8800 ext.31

Scheduled Start Date (10)
06/11/2018

Scheduled Completion Date (11)
06/14/2018

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

Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years

Current Use (prior if being demolished): ACADEMIC OFFICES

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

Street Address
511 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ 07410

Source of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☒ ≥ 150 sf or ≥ 260 sf

Renovation
☐ Demolition

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

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

Abatement Type
☒ Removal
☒ Repair
☒ Encapsulation

FLOOR TILE (including mastic)
458 SF

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

Cubic Yards of Waste:
20 CY

Disposal Date
06/14/2018

City, State, Zip Code
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #

See Hauler Below #1 & 2
See Below

See Below
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carling, Inc., Newark, NJ 04509
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
June 4, 2018

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018

Date of Notification (1) June 1, 2018

Agency/Authority
- □ EPA
- □ DCA
- X □ DOH
- □ DEP—No Longer REQUIRED

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

Name of Building Owner/Operator (2)
STEVENS INSTITUTE OF TECHNOLOGY

Address
1 CASTLE POINT ON HUDSON
City, State, Zip Code
HOBOKEN, NJ 07030
Telephone Number
201-912-4651

Name of Contact
MR. DAVID FERNANDEZ, MS
DIRECTOR ENVIRONMENTAL HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MC CLEAN HALL

Street Address
MAIN CAMPUS (507 RIVER STREET)

City (5)
HOBOKEN

County (6)
Hudson

County Code (7)
N/A

(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
TTI ENVIRONMENTAL, INC.

ASCM No.
00003

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

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, N.J. 08057

Telephone Number
856-840-8800 ext. 31

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARAW ROAD

City, State, Zip Code
FAIRLAWN, NJ 07410

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

Other – Describe: 4:00 PM–12:00 MID (24 HRS. & WEEKENDS AS NEEDED)

Source of Work (Check all that apply)

- □ ≥ 3 sf or ≥ 3 If
- □ ≥ 160 sf or ≥ 260 sq
- □ Renovation
- □ Full Containment with Negative Pressure
- □ Demolition
- □ Mini-Enclosure
- □ Glovesbag Procedure
- □ Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
- □ Is Location Normally Used Solely by Maint./Custodial Staff? (12)
- □ YES
- □ NA

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

Amount
458 SF

Abatement Type
Remove, Repair, Encase

CEMS Dept. CHAIR OFFICE,
COPY ROOM, & CORRIDOR

CONFEERENCE ROOM 120 &
STORAGE 120A

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste
20 CY

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

Disposal Date
06/14/2018

City, State, Zip Code
105 New Ford Mill Rd. Morrisville, Pa
19067

215-776-1700

Completed by (Print or Type)
RICHARD C. PEDALINO
Format Type
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
June 1, 2018

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018

Date of Notification (1) June 4, 2018

Name of Building Owner/Operator (2)
STEVEN'S INSTITUTE OF TECHNOLOGY

Street Address
1 CASTLE POINT ON HUDSON

City, State, Zip Code
HOBOKEN, NJ 07030

Name of Contact
MR. DAVID FERNANDEZ, MS
DIRECTOR ENVIRONMENTAL HEALTH & SAFETY

Telephone Number
201-912-4651

Asbestos Abatement & Licencing

Name of Facility Where Abatement is Taking Place (3)
MC CLEAN HALL

Street Address
MAIN CAMPUS (507 RIVER STREET)

City (5) HOBOKEN
County (6) HUDSON

County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
TTI ENVIRONMENTAL, INC.

ASCM No.
00003

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

Subchapter 8 (other than K-12)

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

Sg. Feet: N/A
# of Floors: 5
Bldg. Age: ~50 years

Current Use (prior if being demolished):
ACADEMIC OFFICES

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NJ 08057

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

Street Address
511 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Project Manager for Monitoring Firm
MR. JIM GIULARDI

Telephone Number
856-840-8800 ext.31

Scheduled Start Date (10)
06/15/2018

Scheduled Completion Date (11)
06/25/2018

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

Abatement Performed Outside of Normal Facility Hours -
Describe: SUB 8 Occupied

Other - Describe: 4:00 PM-12:00 MID (24 HRS. &
WEEKENDS AS NEEDED)

Source of Work (Check all that apply)

≥ 2 sf or ≥ 3 If

> 160 sf or ≥ 260 If

is Location Normally Used

Solely by Maint./Custodial

Staff? (12)

YES

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

CEMS Dept. MANAGER
OFFICE, ADMIN. ASS'T.
OFFICE & NEW COPY ROOM
CONFERENCE ROOM 126 &
STORAGE 120A

FLOOR TILES (including mastic) &
SUSPENDED CEILING TILES

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

Amount (Specify SF or LF)

Abatement Type

NZ

Full Containment with Negative Pressure

Removes, Repair, Enclose

Name of Reg. Waste Hauler

See Hauler Below #1 & 2

NJDEP Waste Hauler ID #

See Below

Cubic Yards of Waste:

20 CY

Name of Registered Landfill

G.R.O.W.S. North Landfill

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

Hauler #2 Newark Carting, Inc., Newark, NJ 07109
NJ DEP # 4569

Completed by (Print or Type)

RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Disposal Date
06/25/2018

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

Copies To: STEVEN'S INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:129-7)

GAC Project # 642-2018

Date of Notification (1)  June 1, 2018

Agencies Notified
☐ EPA
☐ NDEA
☐ DEP - No Longer REQUIRED
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Certification
☐ Emergency (including justification attached)
☐ Cancelled

Name of Building Owner/Operator (2)
STEVENS INSTITUTE OF TECHNOLOGY

Street Address
1 CASTLE POINT ON HUDSON

City, State, Zip Code
HOBOKEN, NJ 07030

Name of Contact
MR. DAVID FERNANDEZ, MS
DIRECTOR ENVIRONMENTAL HEALTH & SAFETY

Telephone Number
201-912-4651

Name of Facility Where Abatement is Taking Place (3)
MC CLEAN HALL

Street Address
MAIN CAMPUS (507 RIVER STREET)

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

Name of Monitoring Firm Hired by Bldg. Owner (8)
TTI ENVIRONMENTAL, INC.

ASCM No.
00003

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

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm
MR. JIM GUILARDI

Telephone Number
856-840-8800 ext.31

Scheduled Start Date (10)
06/15/2018

Scheduled Completion Date (11)
06/25/2018

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/ Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe: SUB 8 Occupied
☐ Other - Describe: 4:00 PM - 12:00 MID (24 HRS. & WEEKENDS AS NEEDED)

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

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

Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

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

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

Atabement Type
☐ Full Containment with Negative Pressure
☐ Renovation
☐ Demolition
☐ Mini-Enclosure
☐ Gloves Procedure
☐ Non-Exempted (*) and Non-Frail Procedure
☐ CEMS Dept.
OFFICE, ADMIN. ASST.
OFFICE & NEW COPY ROOM

FLOOR TILE (including mastic) & SUSPENDED CEILING TILES

376 SF

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

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
20 CY

Disposal Date
06/25/2018

City, State
100 New Ford Hill
Rd. Morrisville, Pa
19067
215-736-1700

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carling, Inc., Newark, NJ 07109
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
June 1, 2018

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6-6-18

Name of Building Owner/Operator (2)
FOUNDATION ACADEMY CHARTER SCHOOL

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

Street Address
363 WEST STATE STREET

City, State, Zip Code
TRENTON, NJ 08618

Name of Contact
ANDREW

Telephone Number
856-232-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FOUNDATION COLLEGIATE ACADEMY

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

Square Feet
6600

# of Floors
5

Bldg. Age
+/−50

Current Use (Prior if being demolished)
RECTOR

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

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES

Street Address
2251 FRALEY STREET

City, State, Zip Code
PHILADELPHIA, PA 19137

Project Manager for Monitoring Firm
WILLIAM KLINGER

Telephone No.
610-891-0114

Telephone No.
215-533-5155

License No.
01166

Name of OSHA Monitor
AET

Street Address
28 N. PENNELL ROAD

City, State, Zip Code
MEDIA, PA 19053

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if

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

In Facility

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)

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

Abatement Type

Removal
Repair
Encapsulate
Endorse

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

1ST FLOOR

VAT

36SF

1ST FLOOR

VAT

72SF

1ST FLOOR-UNDER STAIRWELL

ACPI

30LF

Name of Registered Waste Hauler
SERVICE TRANSPORT

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposal Date

City, State
LIBSON, OH

Completed by
JENNIFER NIVEN

Title
DIR. OF OPERATIONS

Signature

Date

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
6-6-18

A agencies Notified Type Notification
EPA DEP DOL
X Initial Amended

Name of Building Owner/Operator (2)
FOUNDATION ACADEMY CHARTER SCHOOL

Street Address
363 WEST STATE STREET

City, State, Zip Code
TRENTON, NJ 08618

Name of Contact
ANDREW

Telephone Number
856-232-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RECTORY BUILDING

Type of Facility (4)

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

Square Feet
4000

# of Floors
3

Bldg. Age
/+50

Current Use (Prior to being demolished)
RECTORY

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

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES

Street Address
2251 FRALEY STREET

City, State, Zip Code
PHILADELPHIA, PA 19137

Project Manager for Monitoring Firm
WILLIAM KLINGER

Telephone No.
610-891-0114

License No.
01166

Start Date (10)
6-20-18

Scheduled Completion Date (11)
7-15-18

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

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥160 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

3RD FLOOR
X DRYWALL/JOINT COMPOUND
8300 SF

3RD FLOOR
X TRANSITE CEILING
362 SF

3RD FLOOR
X ACPI
350 LF

Name of Registered Waste Hauler
SERVICE TRANSPORT

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE

Disposition Date

City, State
LIBSON, OH

Completed by
JENNIFER NIVEN

Title
DIR. OF OPERATIONS

Signature

Date
6-18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1) 05/30/2018
Name of Building Owner/Operator (2) FRANK & MARK AXELROD

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

City, State, Zip Code TEANECK NJ, 07666
Name of Contact FRANK AXELROD Telephone Number 201 - 836 7753

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE
Street Address
City (5) TEANECK NJ, 07666
County (6) BERGEN
County Code (7) (STATE USE ONLY) N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No. ASCM No.
Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.

Project Manager for Monitoring Firm N/A
Telephone No. Telephone No.
City, State, Zip Code NORTH BERGEN NJ, 07047
License No. 01300

Start Date (10) 06/06/2018
Scheduled Completion Date (11) 06/06/2018

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

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

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

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) 140 LF.

Abatement Type

BASEMENT
PIPE INSULATION

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 19951
Name of Registered Landfill MINERVA ENTERPRISE

Disposal Date TBD
City, State WAYNESBURG OHIO
Completed by CARLOS ESQUIVEL Title SAFETY MANAGER

Signature

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>5</th>
<th>31</th>
<th>18</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)

PSE&G / Job # 1802-5273

Check #

Agencies Notified

- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-8)

Type Notification

- [ ] Initial
- [ ] Amended
  Amendment # 3
- [ ] Emergency (including
  justification)
- [ ] Cancellation

Street Address

4000 Hadley Road

City, State, Zip Code

South Plainfield, NJ

Name of Contact

Ryan Thomasen

973-941-8155

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PSE&G - Orange Gas Facility

Type of Facility (4)

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings,
  homes, etc.)

Square Feet

# of Floors

Bidg. Age

City (5)

East Orange, NJ

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

District Office

Name of Facility Where Abatement is Taking Place (3)

PSE&G - Orange Gas Facility

Type of Facility (4)

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings,
  homes, etc.)

Square Feet

# of Floors

Bidg. Age

City (5)

East Orange, NJ

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

District Office

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

AbateTech, Inc.

Street Address

30 Maple Ave. PO Box 25

City, State, Zip Code

Lumberton, NJ 08048

Telephone No.

License No.

00529

Project Manager for Monitoring Firm

Telephone No.

License No.

609-265-2107

00529

Start Date (10)

4 / 30 / 18

Scheduled Completion Date (11)

6 / 29 / 18

Name of OSHA Monitor

EMSL Analytical

Street Address

200 Route 130 North

City, State, Zip Code

Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Occupancy Status During Abatement (Check only one)

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Exterior

Roof Paper & Tar Flashing

2,290 SF

Exterior

Sealant Caulk

300 SF

Exterior

Roof Insulation

7,800 SF

Name of Registered Waste Hauler

Environmental Transport Group

NJDEP Waste Hauler ID No.

NJD0008920

Cubic Yards of Waste

40

Name of Registered Landfill

G.R.O.W.S. Landfill

City, State

Flanders, NJ

Disposal Date

6/29/18

City, State

Morrisville, PA

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

Signature

Date

5/31/18

* 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)

<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>PSE&amp;G / Job # 1894-6305 Check #10077</td>
</tr>
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**AGENCIES NOTIFIED**  
- X EPA  
- X DOLWD  
- X DHSS  
- X DCA (NJAC 5:23-8)  
- [ ] Emergency (including justification)  
- [ ] Cancellation  

**ADDRESS INFORMATION**  
- Street Address: 4000 Hadley Road  
- City, State, Zip Code: South Plainfield, NJ

**FACILITY INFORMATION**  
- Name of Facility Where Abatement is Taking Place (3): PSE&G- Hope Creek Island  
- Street Address: 299 Alloway Creek Neck Rd.  
- City: Salem, NJ  
- County: Salem

**CONTACT INFORMATION**  
- Name of Contact: Andrew Puk  
- Telephone Number:  

**ASBESTOS CONTROL & LICENSING**  
- ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**  
- Name of Facility Where Abatement is Taking Place (3): PSE&G- Hope Creek Island  
- Street Address: 299 Alloway Creek Neck Rd.  
- City: Salem, NJ  
- County: Salem

**CURRENT USE (Prior if being demolished)**  
- Current Use:  
- District Office:  

**MONITORING FIRM INFORMATION**  
- Name of Monitoring Firm Hired by Building Owner (8): NA  
- ASCM No.:  
- Street Address:  
- City, State, Zip Code:  
- Project Manager for Monitoring Firm:  
- Telephone No.:  
- License No.:  

**PRESENT CONDITION**  
- Start Date (10): 5 / 2 / 18  
- Scheduled Completion Date (11): 6 / 8 / 18

**OCCUPANCY STATUS**  
- 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**  
- Scope of Work (Check all that apply):  
- [ ] > 3 sf or > 3 lt  
- [ ] > 160 sf or > 260 lt  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

**DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL**  
- Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):  
- Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):  
- Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):  
- Amount (Specify SF or LF): 37,000 SF

**ABATEMENT TYPE**  
- Abatement Type:  
- Removal:  
- Repair:  
- Encapsulation:  
- Enclosure:  

**WASTE Hauler INFORMATION**  
- Name of Registered Waste Hauler:  
- Environmental Transport Group  
- NJ/DEP Waste Hauler Id No: NJD0006920  
- Cubic Yards of Waste: 40  
- Name of Registered Landfill: G.R.O.W.S. Landfill

**DISPOSAL INFORMATION**  
- Disposal Date: 6/8/18  
- City, State: Morrisville, PA

**COMPLETED BY (PRINT OR TYPE)**  
- Completed by: Gwendolyn Trumbetti  
- Title: Operations Coordinator  
- Signature:  
- Date: 6/1/18

---

*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)

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<th>Agencies Notified</th>
<th>Type Notification</th>
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<tr>
<td>DOLWD</td>
<td>Amended Amendment #10</td>
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<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
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| Name of Building Owner/Operator (2) | JCP&L/FirstEnergy Company / Job #1805-5316-Check #10186 |

<table>
<thead>
<tr>
<th>Street Address</th>
<th>10 Legion Place - Building A</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Greco</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>JCP&amp;L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Corner of Overlook Drive &amp; North Main Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Wharton, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>140 S. Village Ave. Suite 130</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Exton, PA 19341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Brian Hovendon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>610-524-5525</td>
<td></td>
<td></td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave., PO Box 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
<td></td>
<td></td>
</tr>
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</table>

| Start Date (10) | 6 / 4 / 18 |
| Scheduled Completion Date (11) | 6 / 6 / 18 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<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-PM/PM-AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ 3 or 3 ft or 3 ft</td>
</tr>
<tr>
<td>☐ 160 or 200 ft</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>☒ Exterior Poles</td>
</tr>
<tr>
<td>☐</td>
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<tr>
<td>☐</td>
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<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>6/6/18</td>
</tr>
<tr>
<td>City, State</td>
<td>Lumberton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>G.R.O.W.S. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Gwen Trumbetti</th>
<th>Title</th>
<th>Operations Coordinator</th>
</tr>
</thead>
</table>

**Signature**

**Date**

*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)

---

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 5 / 18</td>
<td>East Brunswick BOE / Job #1805-5312</td>
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<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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</thead>
<tbody>
<tr>
<td>Irwin ES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
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<tbody>
<tr>
<td>75 Racetrack Road</td>
<td>East Brunswick, NJ 08816</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tbody>
<tr>
<td>Middlesex</td>
<td>Environmental Design, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Pruno</td>
<td>5434 King Avenue</td>
<td>609-744-7462</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>6 / 26 / 18</td>
<td>7 / 10 / 18</td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 3 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>AbateTech, Inc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>School</td>
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</tbody>
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<thead>
<tr>
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<tbody>
<tr>
<td>EMSL Analytical</td>
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</tbody>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Time of Abatement: AM PM AM PM AM</th>
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**Scope of Work (Check all that apply)**

<table>
<thead>
<tr>
<th>□ ≥3 sf or ≥3 ft</th>
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<tr>
<td>□ ≥160 sf or ≥260 ft</td>
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</table>

- □ 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>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
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**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Multi-Purpose Storage Room</th>
<th>Kitchen Serving Line</th>
<th>Kitchen Storage</th>
<th>Multi-Purpose Room</th>
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<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>65 LF</td>
<td>☐ ☐ ☐ ☐</td>
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<tr>
<td>15 LF</td>
<td>☐ ☐ ☐ ☐</td>
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<tr>
<td>10 LF</td>
<td>☐ ☐ ☐ ☐</td>
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<tr>
<td>3,000 SF</td>
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**Name of Registered Waste Hauler**

<table>
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<tr>
<th>AbateTech, Inc.</th>
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**Cubic Yards of Waste**

<table>
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<tr>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>G.R.O.W.S. Landfill</td>
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**Disposal Date**

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<th>City, State</th>
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<tr>
<td>Lumberton, NJ</td>
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**Disposal Date**

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<th>Date</th>
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**City, State**

<table>
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<tr>
<th>Tullytown, PA</th>
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<th>Completed By (Print or Type)</th>
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<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
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**Title**

<table>
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<tr>
<th>Operations Coordinator</th>
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</thead>
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**Signature**

<table>
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<tr>
<th>Date</th>
</tr>
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<tbody>
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*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)
6 / 5 / 18

Name of Building Owner/Operator (2)
East Brunswick BOE / Job #1805-5312 Check #10178 PG. 2 of 2

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

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

Street Address
760 NJ-18

City, State, Zip Code
East Brunswick, NJ 08816

Name of Contact
Ryan Applegate

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Irwin ES

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (5)
Environmental Design, Inc.

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
5434 King Avenue

City, State, Zip Code
Pennsauken, NJ 08109

License No. 00529

Project Manager for Monitoring Firm
Tom Pruno

Telephone No. 609-265-2107

Start Date (10)
6 / 26 / 18

Scheduled Completion Date (11)
7 / 10 / 18

Name of OSHA Monitor
EMSL Analytical

Occupy 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

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN Facility (13)

Yes
No

N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Repair
Encapsulate
Enclose

Location of Asbestos-Containing Material (ACM)
Wall paneling on block walls with adhesive
800 SF

Wall paneling on block walls with adhesive
800 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
7/10/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

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 and 8:16)

Date of Notification (1)
6 / 1 / 18

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

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

Street Address
2000 Pennington Rd.

City, State, Zip Code
Ewing, NJ 08628

Name of Contact
Amanda Radosti

Telephone Number
609-771-2981

FACILITY INFORMATION

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

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

Square Feet
66,000

# of Floors
2

Bldg. Age
88

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

MERCER

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

ASCM No.
00021

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

Street Address
28 Pennell Rd

City, State, Zip Code
Media, PA 19063

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

Start Date (10)
6 / 18 / 18

Scheduled Completion Date (11)
7 / 19 / 18

Occancy 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-7:00PM-7:00AM

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)
1,500 LF

Abatement Type

Location

Location

Attic

☐ ☑ ☐

Pipe Insulation

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

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

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
BRIAN SCAFIFO

Title
ESTIMATOR

Signature
Brian Scafiero

Date
6/1/18

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

**Date of Notification (1)**
10/16/18

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Wyckoff, NJ 07481

**Name of Contact**
Cathleen Cahn

**Telephone Number**
201-615-3244

## FACILITY INFORMATION

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Residential**

**Name of facility where abatement is taking place (3)**
Cathleen Cahn

**Street Address**

**City (5)**
Wyckoff

**County (6)**
Bergen

**County Code (7)**
[State use only]

**Name of Monitoring Firm Hired by Bldg. Owner (6)**

**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

**Telephone Number**
(973)698-6869

**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)**

- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours-
  Describe: 
- [ ] Other-Describe:

**Scheduled Start Date (10)**
06/11/2018

**Scheduled Completion Date (11)**
06/12/2018

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

- [x] Demolition
- [x] Renovation
- [x] ≥160 sf or ≥260 lf
- [ ] Full Containment w/negative pressure
- [ ] Glovebag procedure
- [ ] Mini-enclosure
- [ ] Non-friable procedure

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

- lower level bedroom, closet & laundry room

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

- [ ] Yes
- [x] No
- [ ] N/A

**Description of asbestos-containing material (ACM)**

- VAT

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

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

**NJDEP Hauler ID#**
19563

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Lincoln Park, NJ

**Diposal Date**
05/13/2018

**Completed by (Print or Type)**
Gordana Luna

**Title**
Secretary/Treasurer

**Date**
06/01/2018
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
01/18/2018

Name of Building Owner/Operator (2):
Cristal Dash

Street Address

City, State, Zip Code
Clifton, NJ 07013

Name of Contact:
Cristal Dash

Telephone Number
347-668-0189

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Cristal Dash

Street Address

City, State, Zip Code
Clifton, NJ 07013

County (6):
Passaic

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

Telephone Number
(973)698-6889

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):

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 Renovation

Full Containment w/negative pressure

Glovebag procedure

Mini-enclosure

Non-friable procedure

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

basement and storage room

pipe insulation

100 If

Registered Waste Hauler:

B & G Restoration, Inc.

NJDEP Hauler ID:
19563

Cubic Yards of Waste
1

Name of Registered Landfill:
Fairless Landfill

City, State
Lincoln Park, NJ

Disposal Date
06/14/2018

City, State
Morrisville, PA

Completed by (Print or Type):
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
06/01/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 01 / 18
County of Burlington

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

Street Address
49 Rancocas Valley Road
City, State, Zip Code
Mount Holly, NJ 08060
Name of Contact
Mark Hansen
Telephone Number
856-722-6700

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Commercial
Street Address
9 Maple Avenue
City (5)
Hainesport
County (6)
Burlington
County Code (") STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
T&M Associates
ASCM No.
001445
Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
200 Century Parkway, Suite B
City, State, Zip Code
Mount Laurel, NJ 08054
Project Manager for Monitoring Firm
Kevin Burns
Telephone No.
808-347-4396
License No.
1188

Start Date (10) 06 / 14 / 18
Scheduled Completion Date (11) 07 / 14 / 18
Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Occupancy Status During Abatement (Check only one)
- Facility Closed/ Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
Scope of Work (Check all that apply)

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

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

Office Wing Addition- Boiler Room
Grey Boiler Rib Paste/ Sealant
20 SF
Office Wing Addition- Restrooms
Pipe Fitting Insulation
80 LF
Office Wing Addition- Throughout 1st Floor
VAT
1,650 SF
Office Wing- Throughout 2nd Floor
VAT
1,900 SF

Name of Registered Waste Hauler
ATC / Century Waste, LLC
NJDEP Waste Hauler ID No.
SW-24510032797
Cubic Yards of Waste
Name of Registered Landfill
Minerva Enterprises / G.R.O.W.S, North Landfill / Fairless Landfill
City, State
TBD
City, State
Waynesburg, OH / Morrisville, PA

Completed By (Print or Type)
Allen Monchik
Title
Project Manager
Signature
Allen Monchik
Date
6/1/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage Roofing Levels and Connector Roofing Level</td>
<td>X</td>
<td>Grey Cementitious Corrugated Cement-Fiber Transite Roofing Panels</td>
<td>21,000 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Wing Addition Roof Level</td>
<td>X</td>
<td>Black Asbestos Roofing Flashing/Sealant Compound</td>
<td>600 SF</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Storage Room Roofing Level</td>
<td>X</td>
<td>Black Asbestos Roofing Flashing/Sealant Compound</td>
<td>200 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage Room/Employee Lounge Roofing Level</td>
<td>X</td>
<td>Black Asbestos Roofing Flashing/Sealant Compound</td>
<td>150 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage Roofing Levels and Connector Roofing Level</td>
<td>X</td>
<td>Black Asbestos Roofing Flashing/Sealant Compound</td>
<td>600 SF</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Wing Addition- Boiler Room Assoc. With Boiler Unit</td>
<td>X</td>
<td>Interior Boiler Refractory, Packaging, Gasketing and/or Insulation</td>
<td>1/4 CY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage- Boiler Room Assoc. with Boiler Unit</td>
<td>X</td>
<td>Interior Boiler Refractory, Packaging, Gasketing and/or Insulation</td>
<td>1/2 CY</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: (Print or type) Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 6/1/18
# NOTIFICATION OF ASBESTOS ABATEMENT

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

### Date of Notification
- **6 / 1 / 18**

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

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

### Name of Building Owner/Operator
- **HealthSouth Corporation**

### Street Address
- **3360 Grandview Parkway, Suite 200**
- **City, State, Zip Code**
  - **Birmingham, AL**

### Name of Contact
- **Elizabeth Mann**
  - **Telephone Number**: 205-970-7850

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthSouth - Residential</td>
<td>Presidential</td>
</tr>
</tbody>
</table>

### Current Use
- **Residential**
- **Square Feet**: 2500
- **# of Floors**: 2
- **Bldg. Age**: Residential

### Name of Monitoring Firm Hired by Building Owner
- **Horizon**

### Name of Abatement Contractor
- **Asbestos and Mold Services, Corp.**

### Project Manager for Monitoring Firm
- **Dave or Steve Flanigan**
  - **Telephone No.**: 856-848-0800

### Start Date
- 6 / 11 / 18

### Scheduled Completion Date
- 6 / 29 / 18

### Occupancy Status During Abatement
- [ ] 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
- [ ] 20 sf or 200
- [ ] 160 sf or 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Permeation with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Description of Asbestos-Containing Material (ACM)
- **Location of Asbestos-Containing Material (ACM)**
  - **IN Facility**
- **(13)**

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

### Description
- **Floor tile & Sheet Flooring**: 240 SF
- **Transite Siding**: 1800 SF
- **Transite Siding**: 400 SF
- **Chimney Flashing**

### Name of Registered Waste Hauler
- **NJDEP Waste Hauler ID No. 17273**

### Cubic Yards of Waste
- **5**

### Name of Registered Landfill
- **Grand Central**

### City, State
- **Lafayette, NJ**

### Disposal Date
- **6/29/18**

### City, State
- **Penn Argyle, PA**

### Completed By
- **Joann Mullarkey**
  - **Title**: Admin.
  - **Signature**: [Signature]
  - **Date**: 6-1-18

---

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

State of New Jersey

Name of Building Owner/Operator (2)
HealthSouth Corporation / Job #1806-2310 Chk. #5045

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

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

Street Address
3360 Grandview Parkway, Suite 200
Birmingham, AL

Name of Contact
Elizabeth Mann
Telephone Number: 205-970-7650

FACILITY INFORMATION

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

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

Street Address
12 Oliver Street
Toms River

Square Feet
2500

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

County Code (?)(STATE USE ONLY)
Residential

City (5)
Toms River

Current Use (Prior if being demolished)

County (6)
Ocean

City, State, Zip Code
Birmingham, AL

Project Manager for Monitoring Firm
Dave or Steve Flanigan
Telephone No.: 856-849-0800

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

License No.
00862

Start Date (10)
6 / 11 / 18

Name of OSHA Monitor
EMSL Analytical, Inc.

Scheduled Completion Date (11)
6 / 29 / 18

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

Yes No N/A

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

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

- Enclosure
- Enclosure with Negative Pressure
- Demolition
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Kitchen Area

- Floor tile & Tar Paper
- 200 SF

Crawlspace

- Transite Pipe
- 1 LF

Doors & Windows - (12)

- Asbestos Caulk
- 12 Ea

Waste Management

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste
5

Abatement Type

Disposal Date: 6/29/18

Endorsement

City, State
Penn Argyle, PA

Name of Registered Landfill
Grand Central

Completed By (Print or Type)
Joann Mullarkey
Title
Admin.

Signature
Date
6-1-18

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

ASB-41
MAY 11
PAID

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) HealthSouth Corporation / Job #1806-2310 Chk. #5045

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

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

Street Address 3360 Grandview Parkway, Suite 200

City, State, Zip Code Birmingham, AL

Name of Contact Elizabeth Mann

Telephone Number 205-970-7850

FACILITY INFORMATION

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

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

Square Feet 2500

# of Floors 2

Bldg. Age

County (6) Ocean

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
Residential

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

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

Street Address PO Box 316

City, State, Zip Code Thorofare, NJ 08086

Street Address 3859 Sylon Boulevard

City, State, Zip Code Hainesport, NJ 08036

Project Manager for Monitoring Firm Dave or Steve Flanigan Telephone No. 856-848-0800

Telephone No. 609-702-0400

License No. 00862

Start Date (10) 6 / 11 / 18

Scheduled Completion Date (11) 6 / 29 / 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 AM

Scope of Work (Check all that apply)
- ≥20 s or ≥3 if
- ≥180 s or ≥260 if
- Demolition
- Renovation
- Pollution 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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler 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 6/29/18

City, State Penn Argyle, PA

Completed By (Print or Type) Joann Mullarkey

Title Admin.

Signature

Date 6-1-18

* Do not use this form for asbestos licensure-exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:203)

Date of Notification (1):
06/01/2018

Name of Building Owner/Operator (2):
Leah Barnash

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

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

Street Address: [Redacted]

City, State, Zip Code:
Montclair NJ

Name of Contact:
Patricia Davis

Telephone Number:
[Redacted]

FACILITY INFORMATION

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

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

Square Feet:
N/A

# of Floors:
N/A

Bldg. Age:
N/A

County Code (7):
N/A

Current Use (Prior if being demolished):
APARTMENT

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

ASCM No.:
N/A

Name of Abatement Contractor (9):
EHW ABATEMENT LLC

Street Address:
89 FRANKLIN STREET

City, State, Zip Code:
PATerson, NJ, 07524

Telephone No.:
973-338-5144

License No.:
01274

Name of OSHA Monitor:
EHW ABATEMENT LLC

Street Address:
89 FRANKLIN STREET

City, State, Zip Code:
PATerson, NJ, 07524

Start Date (10):
06/11/2018

Scheduled Completion Date (11):
05/12/2018

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLOSET</td>
<td>N/A</td>
<td>VAT</td>
<td>80SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
EHW ABATEMENT LLC

NJ/DEP Waste Hauler ID No.:
00370595

Cubic Yards of Waste:
N/A

Name of Registered Landfill:
TRI STATE TRANSFER

City, State:
PATerson, NJ

Disposal Date:
TBD

City, State:
BRONX, NY

Completed by:
Victor Espiritu

Title:
Project Manager

Signature:
[Signature]

Date:
06/01/2018

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

Date of Notification (1)  06 / 01 / 18  

Name of Building Owner/Operator (2)  540 Broad Street Owners, LLC  

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

Street Address  1865 Palmer Avenue, Suite 203  

City, State, Zip Code  Larchmont, NY 10538  

Name of Contact  Patrick Dobkins  
Telephone Number  914-833-3000

FACILITY INFORMATION

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

Street Address  540 Broad Street  

City (5)  Newark  

County (6)  Essex  
County Code (?)(STATE USE ONLY)  

Current Use (Prior if being demolished)  ALL PRO MANAGEMENT LLC  

Name of Monitoring Firm Hired by Building Owner (6)  Whitman Environmental  
ASCM No.  

Name of Abatement Contractor (8)  ALL PRO MANAGEMENT LLC  
Telephone No.  732-390-5858  

Street Address  27 Outwater Lane  

City, State, Zip Code  Garfield, NJ 07026  

License No.  1188  

Name of OSHA Monitor  ALL PRO MANAGEMENT LLC  

Start Date (10)  06 / 01 / 18  
Scheduled Completion Date (11)  06 / 09 / 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: 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)  

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  
- Repair  
- Enclosure

Name of Registered Waste Hauler  ATC / All Pro Management, LLC  

Parent Company Name:  

NJ/DEP Waste Hauler ID No.  SW-24310/989  
Cubic Yards of Waste As Needed  

Name of Registered Landfill  Minerva Enterprise/ G.R.O.W.S. North Landfill/ Fairless Landfill  
CITY, STATE  
City, State  
Waynesburg, OH / Morrisville, PA  
Disposal Date  TBD

Completed By (Print or Type)  Allen Monchik  
Title  Project Manager  
Signature  Allen Monchik  
Date  6/1/18

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

**Date of Notification:** 06/04/2018  
**Name of Building Owner/Operator:** ISU Management Inc.

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

**Street Address:** 110 W. 34th Street 9th Floor  
**City, State, Zip Code:** New York, NY 10001  
**Name of Contact:** Henry Poyker  
**Telephone Number:** 212-239-8580

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**Facility Information**

- **Type of Facility:** YES  
  - Commercial Building 4th Floor

**Street Address:** 170 Market Street  
**City:** Paterson  
**County:** Passaic  
**County Code:** 20,000

**Name of Monitoring Firm Hired by Building Owner:** RK Occupational & Environmental, Inc.
**ASCM No.:** 00090  
**Name of Abatement Contractor:** Bakko Construction & Restoration, Inc.
**Street Address:** 265A Route 46 Suite 3D  
**City, State, Zip Code:** Totowa, NJ 07512  
**Telephone No.:** 973-256-7010  
**License No.:** 0666

**Project Manager for Monitoring Firm:** Jonathan Gilbert  
**Telephone No.:** 908-434-8316

**Start Date:** 06/19/2018  
**Scheduled Completion Date:** 06/27/2018

**Scope of Work (Check All That Apply):**  
- 340 sf or 320 sf  
- 3600 sf or 3620 sf  
- Renovation Demolition  
- Full Containment with Negative Pressure  
- Abatement Performed Outside of Normal Facility Hours  
- Glovebox Procedure  
- Non-Exempted (*) and Non-Frisable Procedure

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

| 4th Floor Mechanical & Side Room | X | Duct Insulation | 945 SF | X |
| 4th Floor Mechanical Room | X | Thermal System Insulation | 85 LF | X |

**Name of Registered Waste Hauler:** Bakko Construction & Restoration, Inc.
**NJDEP Waste Hauler ID No.:** 20889  
**Cubic Yards of Waste:** 30  
**Name of Registered Landfill:** Tullytown Resource Recovery Facility  
**Disposal Date:** 06/27/2018  
**City, State:** Tullytown, PA

**Completed by:** Damir Valjevac  
**Title:** Project Manager  
**Signature:** [Signature]

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*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) 5 / 7 / 18

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

Type Notification
☑ Initial
☐ Amended
☐ Amendment #1-6/5/18
☐ Emergency (including justification)
☐ Cancellation

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

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

Square Feet
# of Floors
Block Age

County Code (7/STATE USE ONLY)
Current Use (Prior if being demolished)

County (6)
Mercer

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

ASCM No.

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

Street Address
28 Pennell Road

City, State, Zip Code
Medina, PA 19003

Telephone No.
610-891-0114

License No.
215-788-6040

00509

Project Manager for Monitoring Firm
Roy Mosciant

Start Date (10)
5 / 21 / 18

Scheduled Completion Date (11)
6 / 29 / 18

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

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

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)

Approval Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

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

IN Facility (13)

Attcic
☐ ☐ ☐ ☐ Roofing debris and batt insulation 22,600 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJ/DEP Waste Hauler ID No. 18708

Cubic Yards of Waste

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

City, State
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
6-5-18

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

**State of New Jersey**

**Name of Building Owner/Operator:**
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:**
TCNJ-Green Hall

**Street Address:**
2000 Pennington Road

**City (5):**
Ewing

**County (6):**
Mercer

**County Code (7/STATE USE ONLY):**
Current Use (Prior if being demolished)

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

**ASCN No.:**

**Name of Abatement Contractor:**
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

---

**Start Date (10):**
5 / 21 / 18

**Scheduled Completion Date (11):**
6 / 29 / 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:00 PM-7:00 AM

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

- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sq ft or ≥ 250 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

---

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

**Room 204**

- [ ] Plaster
- [ ] Roofing debris and batt insulation

**Attic**

- [ ] Plaster
- [ ] Roofing debris and batt insulation

---

**Cubic Yards of Waste:**

- Plaster: 22 SF
- Roofing debris and batt insulation: 22,600 SF

---

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

**NJDEP Waste Hauler ID No.:** 18706

**Name of Registered Landfill:**
FAIRLESS LANDFILL

**City, State:**
BRISTOL, PA 19007

**Disposal Date:**

**Name of Landfill:**
FAIRLESS HILLS, PA 19047

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

**Title:** Estimator

**Signature:** [Signature]

**Date: 5-7-18**

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

Date of Notification (1) 6/5/18

Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

Street Address 446 HIGH STREET

City, State & Zip Code BURLINGTON NEW JERSEY 08016

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - BURLINGTON CENTRAL OFFICE

Street Address 446 HIGH STREET

City (5) BURLINGTON

County (6) Burlington

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.

ASCM No.

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

Subchapter 8 (Other than K-12)

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

Square Feet 36600

# of Floors 4

Bidg. Age 80

Current Use (Prior if being demolished) COMMUNICATIONS

Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Telephone Number 215-786-6040

License Number 00509

Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC

Street Address 1123 BEAVER STREET

City, State & Zip Code BRISTOL, PA 19007

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe: 5:00 PM – 1:30 AM

□ 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)

Basement Mech Room – Fan #2

Basement Mech Room – Fan #1

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)

VAT Mastic

Pipe Insulation

Amount (Specify SF or LF) 28 SF

2 LF

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Abatement Type

Name of Registered Waste Hauler

SERVICE TRANSPORT GROUP, INC.

City, State NEW CASTLE, DE 19720

Completed By (Print or Type) PATRICK T. DeCARO

Title Estimator

Signature

Name of Registered Landfill MINERVA LANDFILL

City, State WAYNESBURG, OH 44688

Disposal Date TBD

Cubic Yards of Waste 2

Date 6/5/18

PD18043
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)  6/5/18  
Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS

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

Street Address  216 LEXINGTON AVENUE  
City, State & Zip Code  LAKewood, NJ 08701  
Name of Contact  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  VERIZON - LAKewood CENTRAL OFFICE

Street Address  216 LEXINGTON AVE  
City (5)  LAKewood  
County (6)  OCEAN  
County Code (7)  

Name of Monitoring Firm Hired by Building Owner (8)  USA ENVIRONMENTAL MANAGEMENT, INC.  
ASCM No.  

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

Square Feet  20000  
# of Floors  3  
Bldg. Age  

Current Use (Prior if being demolished)  

COMMUNICATIONS  
Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC

Street Address  1123 BEAVER STREET  
City, State & Zip Code  BRISTOL, PA 19007  

Telephone Number  215-788-6040  
License Number  00509  

Project Manager for Monitoring Firm  MARK JENKINS  
Telephone Number  215-365-5810  

Scheduled Start Date (10)  6/18/18  
Scheduled Completion Date (11)  6/20/18  

Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC

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  
Descrbe:  5:00 PM – 1:30 AM  

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

BASEMENT POWER ROOM  
☐ No  ☑ Yes  ☑ N/A

PIPE INSULATION  
☐ No  ☑ Yes  ☑ N/A  
Amount  60 LF

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

Name of Registered Waste Hauler  
SERVICE TRANSPORT GROUP, INC.

City, State  NEW CASTLE, DE 19720  
Disposal Date  TBD  
Name of Registered Landfill  MINERVA LANDFILL

NJDEP Waste Hauler ID No.  20990  
Cubic Yards of Waste  2

Name of Registered Landfill  MINERVA LANDFILL

City, State  WAYNESBURG, OH 44688  
Date  6/5/18

Completed By (Print or Type)  PATRICK T. DeCARO  
Title  Estimator  
Signature  Patrick T. DeCaro Jr.

PD18045
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 5 / 18

Name of Building Owner/Operator (2)
Verizon

Street Address
15 East Montgomery Place, Lower Level
City, State, Zip Code
Pittsburgh, PA 15212
Name of Contact
Anthony Porta
Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Cape May Central Office

Street Address
1116 Seashore Road
City (5)
Cape May
County (6)
Cape May

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

Square Feet # of Floors Bldg. Age

County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
8436 Enterprise Ave
City, State, Zip Code
Philadelphia, PA 19153

Telephone No.
215-365-5810
License No.
00509

Project Manager for Monitoring Firm
Mark Jenkins

Start Date (10) 6 / 16 / 18
Scheduled Completion Date (11) 6 / 18 / 18

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, 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: 7:00AM-8:30PM/ 8:30PM-4:00PM

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

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

| Cage room | Yes | No | N/A | Floor tile and mastic | Yes | 150 SF |

Amount (Specify SF or LF) 150 SF

Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
209690

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scalfio
Title
Estimator
Signature
Bryan Scalfio /jl
Date 6/3/18

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