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

Date of Notification (1)
June 5, 2017

Name of Building Owner/Operator (2)

Agencies Notified

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

Name of Facility Where Abatement is Taking Place (3)
Old warehouse
110 Washington Street
Bloomfield
Essex

Street Address

City (5)

<table>
<thead>
<tr>
<th>County</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomfield</td>
<td></td>
</tr>
</tbody>
</table>

City, State, Zip Code

Name of Monitoring Firm Hired by Building Owner (6)

AsCM No.

Type of Facility (4)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8</td>
<td>(Other than K-12)</td>
</tr>
<tr>
<td>Other</td>
<td>(i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Square Feet
20,000 sf

# of Floors
One (1)

Bldg. Age
75

Vacant warehouse

Name of Abatement Contractor (9)
DAS Group

Street Address
41 Pine Street
Hickory, New Jersey 07866

City, State, Zip Code

Project Manager for Monitoring Firm

TelephoneNumber

Start Date (10)
June 19, 2017

Scheduled Completion Date (11)
August 20, 2017

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</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</td>
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</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
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</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Roof flashing 2,000 sf</td>
</tr>
<tr>
<td>Roof</td>
<td>Roof tar 800 sf</td>
</tr>
<tr>
<td>Main area of warehouse</td>
<td>Pipe installation 1,000 sq ft</td>
</tr>
</tbody>
</table>

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof flashing 2,000 sf</td>
<td>![Image of Roof] (Click to expand)</td>
</tr>
<tr>
<td>Roof</td>
<td>X</td>
<td>Roof tar 800 sf</td>
<td>![Image of Roof] (Click to expand)</td>
</tr>
<tr>
<td>Main area of warehouse</td>
<td>X</td>
<td>Pipe installation 1,000 sq ft</td>
<td>![Image of Main Area] (Click to expand)</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
25 yards

Name of Registered Landfill
Grows

Disposal Date
8/15/17

City, State
Mooresstown, PA

Completed by
Vinnie Manganiello

Title
Owner

Signature

Date
6/5/17

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-70

Date of Notification (1)
10/16/2017

Name of Building Owner/Operator (2)
Freddie Shivdat

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

Type Notification
- X Initial
- Amendment
- Cancellation

Street Address

City, State, Zip Code
Morris Township, NJ 07950

Name of Contact
Freddie Shivdat

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Freddie Shivdat

Street Address

City (5)
Morris Township, NJ 07950

County (5)
Morris

County Code (7)

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

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
06/16/2017

Scheduled Completion Date (11)
06/17/2017

Occupancy Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply)
- X Renovation
- Full Containment w/negative pressure
- VAT

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
06/19/2017

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
06/06/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
6/5/2017

Name of Building Owner/Operator (2)
Bruce Gillman

Street Address

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

Name of Contact
Bruce Gillman

Agencyes Notified
[X]DEP
[X]DOH
[X]DCA

Type Notification
[X]Initial Notification

Name of Facility Where Abatement is Taking Place (3)

City (5)
West Orange

County (6)
Essex

County Code (7) (STATE USE ONLY)

Square Feet
1626

# of Floors
2

Bldg. Age
90

Current Use (Prior if being demolished)

Name of Monitored Firm hired by Building Owner (9)
AZTECH MANAGEMENT, Inc.

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm

Street Address

City, State, Zip Code

Scheduled Start Date (10)
06/16/2017

Sched. Completion Date (11)
06/17/2017

Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period

of Abatement

Other

Scope of Work (Check all that apply)
[X] ≥3 sf or ≥3 1f
[X] Renovation

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

Type

Is

Description

Amount

Abatement Type

Location Normally Used Solely

By Maintenance/Custodial Staff (12)

Name of Registered Waste Hauler

Name of Registered Landfill

City, State
Montclair, NJ 07042

Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
6/5/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/05/17

Name of Building Owner/Operator (2)
Sophie McGuire

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

Street Address

City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Mike Connolly

Telephone Number

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

Street Address

City (5)
Kearny

County (6)
Hudson

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Competent Supervisor

ASCM No.

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

License No.
01155

Telephone No.
973-832-4244

Start Date (10)
06/17/17

Scheduled Completion Date (11)
06/24/17

Name of OSHA Monitor
Same as above

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
☒ ≥3 sq ft or ≥3 if
☐ ≥160 sq ft or ≥250 if
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)
150 LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Academy Construction Inc.

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Filip Geleski

Title
Supervisor

Signature

Date
06/05/17

* 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)**
06-06-17

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Morristown, NJ 07960

**Name of Contact**
K Godby

**Telephone Number**

### FACILITY INFORMATION

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

**Square Foot # of Floors Bldg. Age**

---

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

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

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

**Street Address**
522 7th St.

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

**Telephone No.**
201 216-9603

**License No.**
01206

**Name of OSHA Monitor**
Delfa Contracting LLC

**Start Date (10)**
06-15-17

**Scheduled Completion Date (11)**
06-16-17

**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: 7:00AM- 5:00PM

**Scope of Work (Check All That Apply)**
- [X] ≥ 23 sf or ≥ 23 if
- [X] ≥ 160 sf or ≥ 2265 if
- [X] Renovation
- [X] Demolition
- [ ] 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>Location</th>
<th>(13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>(14)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>110 LF</td>
<td></td>
<td></td>
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</table>

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

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
06-19-17

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
06-05-17

---

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

Date of Notification: 6/8/17

Name of Building Owner/Operator: PSE&G

Name of Facility Where Abatement is Taking Place: 576 JUNE RD

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

Name of Monitoring Firm Hired by Building Owner: ASCM No. 0045

Name of Abatement Contractor: UNIQUE SYSTEMS OF AMERICA

Square Feet: 2760

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

Scope of Work: Renovation Demolition

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>25 LF</td>
</tr>
<tr>
<td>Relay Panel</td>
<td>50 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 1125

Name of Registered Landfill: GROWS NORTH

Completed by: CAROL RAIMO
Title: OFFICE MANAGER

Signature: [Signature]
Date: 6/8/17

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:18)

Date of Notification (1) 6/8/17

Name of Building Owner/Operator (2) Garrison

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

Street Address [Redacted]
City, State, Zip Code Princeton, NJ 08540

Name of Contact Helene Garrison
Telephone Number

FACILITY INFORMATION

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

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

Square Feet 2200
# of Floors 2
Bldg. Age 80+/

Current Use (Prior if being demolished)

Counties (5) Mercer
County Code (7) (STATE USE ONLY) [Redacted]

Name of Monitoring Firm Hired by Building Owner (6) MECS
ASOM No.

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

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

Telephone No. (609) 259-9688
License No. 00493

Project Manager for Monitoring Firm Bill Weisgarber

Start Date (10) 6/22/17

Scheduled Completion Date (11) 6/23/17

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

Scope of Work (Check all that apply)

☒ Renovation  ☐ Demolition

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

IN Facility (13)

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

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

[ ] Terminal
[ ] Repair
[ ] Encapsulate
[ ] End Cap

Name of Registered Waste Hauler Stevens Environmental Services, Inc.
NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ

Completed By Mahlon E. Stevens Title Project Manager

Signature Date 6/8/17

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

**Check # 25519**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/8/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Branham</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Antoinette Branham</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place (3)**: Residential
- **Street Address**: PO Box 341
- **City, State, Zip Code**: Crosswicks, NJ 08515
- **Name of Monitoring Firm Hired by Building Owner (8)**: MECS
- **Name of Abatement Contractor (9)**: Stevens Environmental Services, Inc.
- **Street Address**: PO Box 322
- **City, State, Zip Code**: Allentown, NJ 08501
- **Project Manager for Monitoring Firm**: Bill Weisgarber
- **Telephone No.**: (609) 298-4070
- **Start Date (10)**: 6/19/17
- **Scheduled Completion Date (11)**: 6/23/17
- **Occupancy Status During Abatement**: Facility Closed/Vacated During Entire Period of Abatement
- **Scope of Work**: 8 am - 4 pm

### Abatement Details

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**: Basement
- **Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**: Thermal Pipe Insulation
- **Amount (Specify SF or LF)**: 75 LF

### Other Details

- **Name of Registered Waste Hauler**: Stevens Environmental Services, Inc.
- **Cubic Yards of Waste**: 1 cu
- **Name of Registered Landfill**: Fairless Landfill
- **Disposal Date**: 6/23/17

---

*Do not use this form for asbestos licensure exempted-activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1) 6/7/17

Name of Building Owner/Operator (2) Scocca

Street Address

City, State, Zip Code East Brunswick, NJ 08816

Name of Contact Joe Scocca

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5) East Brunswick, NJ 08816

County (6) Middlesex

County Code (7) USE ONLY

Name of Monitoring Firm Hired by Building Owner MECS

ASCM No.

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

Street Address PO Box 322

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 6/19/17

Scheduled Completion Date (11) 6/23/17

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: 8 am - 4 pm

Scope of Work (Check all that apply)

☒ 23 sf or ≥23 sf

☒ ≥160 sf or ≥260 sf

☒ Renovation

☒ Demolition

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

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

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

Amount (Specify SF or LF) 55 lf

Abatement Type ☒ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

Waste Hauler ID No. 18292

Cubic Yards of Waste 2 cu

Name of Registered Landfill Fairless Landfill

City, State Allentown, NJ

Disposal Date 6/23/17

City, State Morrisville, PA

Completed By

Mahlon E. Stevens Project Manager

Signature

Date 6/7/17

* Do not use this form for asbestos licensure exempted-activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 06 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Verizon Communications</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☐ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☐ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Mount Holly Central Office</td>
</tr>
<tr>
<td>Street Address</td>
<td>7-13 Brainard Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Mt. Holly</td>
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<tr>
<td>County (6)</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (7)(STATE USE ONLY)</td>
<td></td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>TTI Environmental Inc</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1253 North Church Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Mooresstown, NJ, 08057</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Harold Baldwin</td>
<td>908-812-6742</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>06 / 21 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>06 / 30 / 17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM; 6:00PM - 2:00AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ ≥3sf or ≥3 If</td>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☐ ≥160 sf or ≥260 If</td>
<td>☐ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☐ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☐ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT/Mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Repair Removal</td>
</tr>
<tr>
<td>Basement Power Room</td>
<td>☐</td>
</tr>
<tr>
<td>Basement Store Room</td>
<td>☐</td>
</tr>
<tr>
<td>Basement Building Storage</td>
<td>☐</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>SERVICE TRANSPORT GROUP, INC.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>MINERVA LANDFILL</td>
</tr>
<tr>
<td>City, State</td>
<td>NEW CASTLE, DE</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>WAYNESBURG, OH</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Dillian DeCaro</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Dillian DeCaro</td>
</tr>
<tr>
<td>Date</td>
<td>4/17/17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

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

**Street Address:** 55 Meyersville Road
**City, State, Zip Code:** Chatham, NJ 07928

**Name of Contact:** John Cataldo

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

**Name of Facility Where Abatement is Taking Place (3):** Chatham Middle School

**Street Address:** 480 Main Street
**City (5):** Chatham

**County Code (7):** Morris

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

**ASCM No.:** 0090

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

**Name of Abatement Contractor (9):** Bako Construction & Restoration, Inc.

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

**Telephone No.:** 908 454 6316

**Start Date (10):** 06/30/2017
**Scheduled Completion Date (11):** 07/02/2017

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

**Other - Describe:** Friday 3am-11pm Saturday 7am-5pm Sunday 8am-1pm

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

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

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

<table>
<thead>
<tr>
<th>Room 151</th>
<th>Pipe Insulation</th>
<th>120 LF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 152 Storage</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Bako Construction & Restoration, Inc.

**NJDEP Waste Hauler ID No.:** 20889

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Tullytown Resource Recovery Facility

**City, State:** Tullytown, PA

**Completed by:** Goren Kotic
**Title:** Project Manager

**Signature:**

**Date:** 06/06/2017

*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)
06 / 02 / 17

Name of Building Owner/Operator (2)
Adric Quackenbush

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

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

Facility Information

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

Street Address

City (5)
Scotch Plains

County (8)

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

Start Date (10)
06 / 13 / 17

Scheduled Completion Date (11)
06 / 14 / 17

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

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

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

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

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

Disposal Date
06/15/17

City, State
Toms River, New Jersey

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
02/17

* 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)**  
08/01/2017

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

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

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

**Street Address**  
1101 Main Street

**City, State, Zip Code**  
Belmar, NJ 07719

**Name of Contact**  
Loretta Hill

**FACILITY INFORMATION**

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

**Street Address**  
1101 Main Street

**City (5)**  
Belmar

**County (6)**  
Monmouth

**County Code (7)**

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

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

**Square Feet**  
# of Floors

**Bidg. Age**

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

**ASCM No.**

0057

**Name of Abatement Contractor (9)**
VMC Company Inc

**Street Address**

208 Piaget Avenue

**City, State, Zip Code**

Clifton NJ 07011

**Project Manager for Monitoring Firm**

Domenic D'Errico

**Telephone No.**

609-852-1833

**Telephone No.**

973-253-6828

**License No.**

00704

**Start Date (10)**

06/19/2017

**Scheduled Completion Date (11)**

06/30/2017

**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 ≥2200 lf

- Renovation
- Demolition

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

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

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

- Yes
- No
- N/A

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

- VAT/mastic

- Amount (Specify SF or LF)

- 3,311 SF

- Abatement Type

- Removal
- Repair
- Encapsulate
- Exclude

- Name of Registered Waste Hauler

Newark Carting Inc

NJ DEP Waste Hauler ID No.

05-403

- Cubic Yards of Waste

- Name of Registered Landfill

GROWS

- Disposal Date

- City, State

Morrisville, PA

- Completed by

Voytek Roszkowski

- Title

President

- Signature

- Date

06/01/2017

* 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)

**Date of Notification (1)**
06/01/2017

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

**Name of Contact**
Mr. Ernie Turner

#### FACILITY INFORMATION

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

**Street Address**
162 Cherry Street

**City (5)**
Bound Brook

**County (6):**
Somerset

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

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

**ASCM No.:**
0090

**Name of Abatement Contractor (9):**
VMC Occupational Inc

**Street Address:**
208 Piaget Avenue

**City, State, Zip Code:**
Clifton NJ 07011

**Project Manager for Monitoring Firm:**
Jonathan Gilbert

**Telephone No.:**
908-454-6316

**Start Date (10):**
07/12/2017

**Scheduled Completion Date (11):**
07/15/2017

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

**Scope of Work (Check All That Apply):**
- [X] 23 sq ft or 23 sf
- [X] 2160 sf or 260 sq ft
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse office bathroom</td>
<td>Yes</td>
<td>Pipe/fitting insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Boys bathroom</td>
<td>No</td>
<td>Pipe/fitting insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Girls bathroom</td>
<td>No</td>
<td>Pipe/fitting insulation</td>
<td>20 LF</td>
</tr>
<tr>
<td>Faculty bathroom</td>
<td>No</td>
<td>Pipe fitting insulation</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:**
05409

**Cubic Yards of Waste:**
GROWS

**Disposal Date:**
City, State
Morrisville, PA

**Name of Registered Landfill:**
GROWS

**Completed by:**
Voytek Roszkowski

**Title:**
President

**Signature:**

**Date:**
06/01/2017

*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)

Date of Notification (1)
06/01/2017

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

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

Name of Building Owner/Operator (2)
Bound Brook Board of Education

Street Address
111 West Union Avenue

City, State, Zip Code
Bound Brook, NJ 08805

Name of Contact
Mr. Ernie Turner

Telephone Number

FACILITY INFORMATION

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

Street Address
111 West Union Avenue

City (5)
Bound Brook

County (6)
Somerset

County Code (7) (STATE USE ONLY) __________

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
RK Occupational Inc

ASCM No.
0090

Name of Abatement Contractor (9)
VMC Company Inc

Street Address
208 Piaget Avenue

City, State, Zip Code
Clifton NJ 07011

Project Manager for Monitoring Firm
Jonathan Gilbert

Telephone No.
908-454-6316

License No.
00704

Start Date (10)
07/07/2017

Scheduled Completion Date (11)
07/08/2017

Occupancy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: Start 3pm Friday

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 If
□ ≥160 sf or ≥260 If
□ Renovation
□ Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>1957 Basement Boy’s bathroom</td>
<td>Yes</td>
<td>Pipe/fitting insulation</td>
<td>30 LF</td>
<td>x</td>
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<tr>
<td>1957 Basement Girl’s bathroom</td>
<td>Yes</td>
<td>Pipe/fitting insulation</td>
<td>30 LF</td>
<td>x</td>
</tr>
<tr>
<td>Nurse’s Office bathroom</td>
<td>Yes</td>
<td>Pipe/fitting insulation</td>
<td>10 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
05409

Name of Registered Landfill
GROWS

City, State
Newark, NJ

Completed by
Vojtek Roszkowski
Title
President

Signature

Date
06/01/2017

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>KAPA U. MOBER</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] SOL
- [ ] DCA

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

**Street Address**
25 N. BROAD ST

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

**Name of Contact**
KAPA U. MOBER

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

**Square Feet**

**# of Floors**

**Bidg. Age**

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

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

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

**County**
WOODBURY

**City**
WOODBURY

**County**
GLOUCESTER

**Street Address**
6 BOX 316

**City, State, Zip Code**
THOROFARE, NJ 08086

**Telephone No.**
564-418-0800

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

**Name of Abatement Contractor (9)**
VMC Company Inc

**Street Address**
208 Piaget Avenue

**City, State, Zip Code**
Clifton NJ 07011

**Telephone No.**
973-253-8828

**License No.**
00704

**Name of OSHA Monitor**
VMC Company Inc

**Street Address**

**City, State, Zip Code**

**Start Date (10)**
06/19/2017

**Scheduled Completion Date (11)**
06/21/2017

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

**Abatement Performed Outside of Normal Facility Hours**

**Scope of Work (Check All That Apply)**
- [ ] 2 to 3 sf or 3 to 4 sf
- [ ] 4 to 6 sf
- [ ] 160 to 240 sf
- [ ] Demolition
- [ ] Renovation

**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)
- ASBESTOS PANELS
- 130 sf
- X

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

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

**Name of Registered Waste Hauler**

**Newark Carting Inc**

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS

**City, State**
Newark Nj

**Disposal Date**

**City, State**
Morrisville PA

**Completed by**
Voytek Roszkowski

**Title**
President

**Signature**

**Date**
06/01/2017

*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)

Date of Notification (1)
06/05/2017

Name of Building Owner/Operator (2)
EASTERN CAMDEN COUNTY

Address
LAUREL OAK RD

City, State, Zip Code
Voorhees, NJ 08043

Name of Abatement Contractor (9)
VMC Company Inc

Name of OSHA Monitor
VMC Company Inc

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

Name of Monitoring Firm Hired by Building Owner (8)
AERATED CONSULTANTS INC

ASCM No.
0057

City, State, Zip Code
Clifton NJ 07011

Start Date (10)
06/23/2017

End Date (11)
06/29/2017

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

Abatement Performed Outside of Normal Facility Hours

Telephone No.
973-253-8828

License No.
00704

Scope of Work (Check All That Apply)
Renovation

Demolition

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Classroom S03

Classroom S05

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

Yes

X

No

N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement

Type

Removal

Encapsulation

Endorse

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards
of Waste

Name of Registered Landfill
GROWS

City, State
Newark NJ

Disposal Date
City, State
Morrisville PA

Completed by
Voytek Roszkowski
Title
President

Signature

Date
06/05/17

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

Date of Notification (1)
06-05-17

Name of Building Owner/Operator (2)
NJDOT

Street Address
1035 Parkway Avenue
Trenton, NJ 08625

Name of Contact
Zola Mehia-Aragona

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pattenburg Road Bridge over I-78 Structure Number 1014-162

Street Address
Pattenburg Road (CR 614) Over I-78

City (5)
Asbury, NJ 08802

County (6)
Hunterdon County

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

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Project Manager for Monitoring Firm
Dominick Dercole

Telephone No.
(609) 392-4200

License No.
00756

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Broad Street

City, State, Zip Code
Carlstadt, NJ 07072

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

Start Date (10)
06-06-17

Scheduled Completion Date (11)
08-31-17

End Date (12)

Other - Describe:

Scope of Work (Check All That Apply)
Renovation
Demolition

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

Yes No N/A

Under the Bridge Superstructure

X Transite Pipe

700LF

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards
of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY / Bronx, NY

Complied by
Richard Doran

Title
Project Manager

Signature

Print Form

* 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 12:12O-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 2, 2017</th>
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</thead>
<tbody>
<tr>
<td>Agency Notified</td>
<td>EPA, DCA, DEP, DOL</td>
</tr>
<tr>
<td>Notification Type</td>
<td>Initial Notification, Amended Certification, Emergency (including justification)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (2)</td>
<td>Bloomfield College - Schweitzer Hall</td>
</tr>
<tr>
<td>Street Address</td>
<td>487 Franklin Street</td>
</tr>
<tr>
<td>City (8)</td>
<td>Bloomfield, NJ</td>
</tr>
<tr>
<td>County (8)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>GREENWOOD ABATEMENT CONSULTANTS, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-31 Wagar Road, Bldg # 36E</td>
</tr>
<tr>
<td>City State Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Fred Larson</td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>June 9, 2017</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check all that apply)</td>
<td>Facility Closed/Abated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Source of Work (Check all that apply)</td>
<td>2, 3 sf or ≥ 3 M², 160 sf or ≥ 260</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) in Facility (15)</td>
<td>2E, 3F, Bathroom, Closet</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>(i.e. Electrical systems insulation, surfacing, VAP, or other ACM)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>200 LF, 182 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Demolition</td>
</tr>
<tr>
<td>Hauler #1 (Print or Type)</td>
<td>Greenwood Abatement Consultants, Inc. - Butler, NJ 07406</td>
</tr>
<tr>
<td>Name of Hauler (Print or Type)</td>
<td>NJ DEP # 12681</td>
</tr>
<tr>
<td>City State Zip Code</td>
<td>June 11, 2017</td>
</tr>
<tr>
<td>Name of Senior Project Manager</td>
<td>Maria Graue</td>
</tr>
<tr>
<td>Date</td>
<td>June 2, 2017</td>
</tr>
</tbody>
</table>

GAC # 2017-607
**State of New Jersey**

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

**Date of Notification (1)**
06-03-17

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

**Agencies Notified**

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

**Street Address**
[Redacted]

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

**Name of Contact**
Dave Adams

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
New Brunswick

**County (6)**
Middlesex

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

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

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

**Name of Abatement Contractor (9)**
Delfa Contracting LLC.

**Street Address**
522 7th St.

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

**Project Manager for Monitoring Firm**

- [ ] Other – Describe:

**Start Date (10)**
06-12-17

**Scheduled Completion Date (11)**
06-13-17

**Name of OSHA Monitor**
Delfa Contracting LLC

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

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

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

- [x] 25 sf or ±311
- [ ] 160 sf or ±260 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

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

**Amount (Specify SF or LF)**
2,750 SF

**Abatement Type**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

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

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
15

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Disposal Date**
06-14-17

**Completed by**
Jaime Delgado
Title
Proj. Manager.

**Signature**

**Date**
06-03-17

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