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

Date of Notification (1)
6 / 7 / 19

Name of Building Owner/Operator (2)
PSE&G / Job #1905-5479

Check#

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

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Andrew Yassa
Telephone Number
732-289-1081

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Former Exxon Station

Street Address
468 Route 17 North

City (5)
Hasbrouck Heights, NJ

County (6)
Bergen

County Code (7)/STATE USE ONLY

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

8th Age

Gas Station

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Project Manager for Monitoring Firm

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
6 / 3 / 19

Scheduled Completion Date (11)
6 / 14 / 19

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

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

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)

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

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler ID No.
000592061

Cubic Yards of Waste
40

Name of Registered Landfill Grows - Fairless Landfill

City, State
Flanders, NJ

Disposal Date
6/14/19

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
6/7/19

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

ASS-41
MAY 11
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1) 6 / 7 / 19
Name of Building Owner/Operator (2) PSE&G / Job #1905-5480

Agencies Notified
☑ EPA  ☐ Initial
☑ DOLWD  ☐ Amended
☐ DHSS  ☐ Amendment #2
☐ DCA  ☐ Emergency (including justification)
☐ (NJAC 5:23-8)  ☐ Cancellation

Street Address 4000 Hadley Road
City, State, Zip Code South Plainfield, NJ
Name of Contact Alex Layson
Telephone Number 484-370-3196

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
PSE&G-Runnemede Substation

FACILITY INFORMATION

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

Street Address
892 E. Evesham Road
City (5) Glendora
County (6) Gloucester

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Exposure Substation

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
City, State, Zip Code Berlin, NJ 08009

License No.
00529

Project Manager for Monitoring Firm
James Proctor

Telephone No.
609-704-8850

License No.
00529

Start Date (10) 5 / 20 / 19
Scheduled Completion Date (11) 6 / 28 / 19

Name of OSHA Monitor
EMSL Analytical

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

Street Address
200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

Scops of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥100 sf or ≥260 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

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, VAM, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler Id No.
000692061

Cubic Yards of Waste
40

Name of Registered Landfill
Grows- Fairless Landfill

City, State
Flanders, NJ

Disposal Date
6/28/19

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date

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

Date of Notification (1) 05 / 20 / 19

Agencies Notified

☐ EPA ☐ Initial
☐ DOH ☐ Amended
☐ DOL ☐ Emergency w/ justification
☐ Cancellation

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
ROBERT MAFFIA

Telephone Number
201-215-3542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
STEVENS INSTITUTE OF TECHNOLOGY

Street Address
1 CASTLE POINT ON HUDSON

City (5) HOBOKEN County (6) HUDSON County Code (7) 75,000 # of Floors 3 Building Age 40+

Square Feet

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

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

Name of Abatement Contractor (9)
NORTHSTAR CONTRACTING GROUP, INC

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Telephone Number
0973-994-8662

ASCM NO. 00060

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Occupancy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: 8:00AM-6:00PM MON-FRI

Scope of Work (Check All That Apply)

☐ Demolition ☐ Renovation ☐ Full Containment with Negative Pressure
☐ >3sf or >3if ☐ Partial Enclosure ☐ Mini - enclosure
☐ ≥150 sf or ≥260 if ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing Material (ACM) TO BE ABATED

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

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

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos Containing Material (ACM) TO BE ABATED

4TH FLOOR

PIP & FITTING

460 LF

REMOVAL

ENCLOSURE

3RD FLOOR

NAME OF REGISTERED WASTE HAULER

NORTHSTAR CONTRACTING GROUP, INC

Cubic Yards of Waste

FAIRLESS LANDFILL

NAME OF REGISTERED LANDFILL

Diposal Date

City, State

EAST HANOVER, NJ

MORRISVILLE, PA

Completed by (Print or Type)

STEVAN STYLES

Title

PROJECT MANAGER

Signature

Date 05/20/19

ASB-41
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3RD FLOOR</td>
<td>YES</td>
<td>VAT/MASTIC</td>
<td>5,785 SF</td>
<td></td>
</tr>
<tr>
<td>3RD FLOOR</td>
<td>YES</td>
<td>MIRROR MASTIC</td>
<td>16 SF</td>
<td></td>
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<tr>
<td>2ND FLOOR</td>
<td>YES</td>
<td>PIPE &amp; FITTING</td>
<td>460 LF</td>
<td></td>
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<tr>
<td>2ND FLOOR</td>
<td>YES</td>
<td>VAT/MASTIC</td>
<td>5,165 SF</td>
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<tr>
<td>2ND FLOOR</td>
<td>YES</td>
<td>MIRROR MASTIC</td>
<td>60 SF</td>
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<tr>
<td>1ST FLOOR</td>
<td>YES</td>
<td>PIPE &amp; FITTING</td>
<td>330 LF</td>
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<tr>
<td>1ST FLOOR</td>
<td>YES</td>
<td>MIRROR MASTIC</td>
<td>30 LF</td>
<td></td>
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<tr>
<td>THROUGHOUT</td>
<td>YES</td>
<td>FIRE DOORS</td>
<td>90 EA</td>
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<tr>
<td>EXTERIOR</td>
<td>YES</td>
<td>WINDOW CAULK</td>
<td>2,450 LF</td>
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<tr>
<td>EXTERIOR</td>
<td>YES</td>
<td>COPING CAULK</td>
<td>1,000 LF</td>
<td></td>
</tr>
<tr>
<td>ROOF</td>
<td>YES</td>
<td>ROOFING</td>
<td>450 SF</td>
<td></td>
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<tr>
<td>ROOF</td>
<td>YES</td>
<td>FLASHING/TAR</td>
<td>645 SF</td>
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</table>
**State of NJ**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:69/7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/10/19</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Barbara Novak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
<td>City, State, Zip Code</td>
<td>Glen Ridge, NJ 07028</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td>Name of Contact</td>
<td>Barbara Novak</td>
</tr>
<tr>
<td>X DOL</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Barbara Novak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Glen Ridge, NJ 07028</td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7) (State use only)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished) residential</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

| Project Manager for Monitoring Firm               |          |
| Phone Number                                      |          |

| Scheduled Start Date (10)                          | 06/17/2019 |
| Sched. Completion Date (11)                        | 06/18/2019 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility closed/vacated during entire period of abatement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other-Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>X Renovation</td>
<td></td>
</tr>
<tr>
<td>X &gt;3 sf or &gt;3 if</td>
<td></td>
</tr>
<tr>
<td>X 2 ft or &gt;2 ft enclosed</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment w/negative pressure</td>
<td></td>
</tr>
<tr>
<td>X Mini-enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Non-friable procedure</td>
<td></td>
</tr>
<tr>
<td>□ X Glovebag procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Is location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
<th>ENCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>boiler crawl space</td>
<td>X</td>
<td>pipe insulation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boiler room</td>
<td>X</td>
<td>pipe</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NDEP Hauler ID# 19663</th>
<th>Cubic Yards of Waste 1</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
<td></td>
<td></td>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lincoln Park, NJ</th>
<th>Disposal Date</th>
<th>06/18/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>Grand Central Landfill</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Gordana Luna</th>
<th>Title</th>
<th>Secretary/Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>06/07/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NAC 388-7 and 12:20-7)

Date of Notification (1)
[12/1/13 11/1/19]

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

Street Address
PO Box 428 School Street
City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Brian Wolffman, B.S. / B.A.

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Woodbridge Middle School

Street Address
525 Barron Avenue
City (5)
Woodbridge

County (6) County Code (7) (State use only)
Middlesex

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

ASCN No.
0057

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

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

Square Feet
50,000 +

Current Use (Prior if being demolished)
school

No. of Floors
3

Bldg. Age
50 +

Occuancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours-
Describe: Occupied-2 Phase

Other-Describe: 2 shifts

Scope of Work (check all that apply)
Demolition
Renovation

>3 sf or >3 if

=160 sf or =260 sf

Location of asbestos-containing material 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)

Amount
(Specify SF or
LF)

Remove
Repair
Encap
Encel

Phase 1- 1, 2, 3rd Floors
Wall plaster Base Coat
21,872 sqft

X

X

X

Vat/Mastic, slate sink lab tops
7,916 sf, 190 sf

x

x

x

Pipe insulation
413 if

x

x

x

Phase 2- 2, & 3rd Floors
Wall plaster Base coat/joint comp.
10,798 sf/625sf

x

x

x

VAT/mastic, pipe insulation
7,193 sf/ 32 if

x

x

x

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler #
19963

Cubic Yards of Waste
200

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
6/24/19-7/21/19

City, State
Pen Argyl, PA

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

Signature
Gordana Luna Date
05/31/2019
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
[01/16/19]  

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

Type Notification  
- Initial  
- Amendment  
- Cancellation  

Name of Building Owner/Operator (2)  
South Plainfield School District  

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

Name of Contact  
Thomas Wiggins  
Telephone Number  
908-217-2364  

Name of facility where abatement is taking place (3)  
South Plainfield Middle School (Sub-8)  

City (5)  
South Plainfield  
County (6)  
Middlesex  
County Code (7)  
[State use only]  

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Westchester Environmental, LLC  
ASCM No.  
0127  

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

Square Feet  
50,000+  
# of Floors  
50+  
Bldg. Age  
Current Use (Prior if being demolished)  
School  

Name of Abatement Contractor (5)  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  

Telephone Number  
(973)696-9896  
License Number  
00378  

Name of OSHA Monitor  
B & G Restoration, Inc.  

Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  

Scope of Work (check all that apply)  
- Demolition  
- Renovation  
- >3 sf or >3 lbf  
- ≥160 sf or ≥260 lbf  

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

Yes  
No  
N/A  

Main office & Guidance office  
- ceiling tiles  
- Description of asbestos-containing material (ACM)  
- Amount (Specify SF or LF)  
- Repair  
- Encapsulation  

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDDEP Hauler ID  
19563  
Cubic Yards of Waste  
8  
Name of Registered Landfill  
Grand Central Landfill  

City, State  
Lincoln Park, NJ  
Disposal Date  
06/21-25/2019  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
06/04/2019
Date of Notification (1) 06/07/2019
Name of Building Owner/Operator (2) Brian Scanian

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

Street Address [redacted]

City (5) Wyckoff
County (6) Bergen
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 # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address 8 Crosby Ave
City, State, Zip Code Paterson, NJ 07502

Telephone No. 973-400-8711 License No. 01332

Name of OSHA Monitor Same as (9)

Street Address

City, State, Zip Code

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 8:00am - 4:30pm

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft²
- ≥160 sf or ≥260 ft²
- Renovation
- Demolition

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation Endosil

Location of Asbestos-Containing Material

TSI wrap and cut 202 LF

Tiles 30 SF

Name of Registered Waste Hauler Removal Safety LLC

NJDEP Waste Hauler ID No. 0037007
Cubic Yards of Waste 3
Name of Registered Landfill Fairless

City, State Paterson, NJ
Disposal Date TBD
City, State Morrisville, PA
Completed by Lasko Veskov President

Date 06/07/2019

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1)
06/04/2019

Name of Building Owner/Operator (2)
745 Bergen Management

Name of Facility Where Abatement is Taking Place (3)
Former PNC Bank

Street Address
745 Bergen Boulevard

City (5)
Ridgefield

County Code (7)
Bergen

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

Type of Facility (4)

Square Feet
10,000

# of Floors
1

Bldg. Age
50+

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

Street Address
265 A Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

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

Scope of Work (Check All That Apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foyer</td>
<td>Yes</td>
<td>Vat+ Mastic</td>
<td>120 SF</td>
<td>x</td>
</tr>
<tr>
<td>Teller Area</td>
<td>Yes</td>
<td>Vinyl Floor Covering</td>
<td>884 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Vat+ Mastic</td>
<td>450 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Bako Const. & Rest. Inc

City, State
Totowa, NJ

Completed by
Damin Valjevac
Title
Project Manager
Signature

Do not use this form for another application.
# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

---

**Date of Notification:** 6/7/19

**Name of Building Owner/Operator:**

- **County of Union / Job #1905-5496 Check #11320**

**Street Address:** 2 Broad Street

**City, State, Zip Code:** Elizabeth, NJ 07202

**Name of Contact:** Jackie Fagan

**Telephone Number:** 732-951-2101

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:** Union County Court House Annex

**Street Address:** 2 Cherry Street

**City:** Elizabeth, NJ

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

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

**Name of Monitoring Firm Hired by Building Owner:**

- **Environmental Connection**

**ASCM No.:**

**Name of Abatement Contractor:**

- **AbateTech, Inc.**

**Street Address:** 120 North Warren Street

**City, State, Zip Code:** Trenton, NJ 08608

**Telephone No.:** 609-392-4200

**License No.:** 00529

**Name of OSHA Monitor:**

- **EMSL Analytical**

**Street Address:** 30 Maple Ave. PO Box 25

**City, State, Zip Code:** Lumberton, NJ 08048

**Telephone No.:** 609-285-2107

**Name of Crematory:**

- **Cinnaminson, NJ 08077**

**Telephone No.:**

**License No.:**

---

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

- Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:** AM_ _ PM_ _AM

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

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

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

<table>
<thead>
<tr>
<th>IN Facility</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Floor Stairwell</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>6 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- **AbateTech, Inc.**

**NJDEP Waste Hauler ID No.:** 18759

**Cubic Yards of Waste:** 10

**Disposal Date:** 6/8/19

**Name of Registered Landfill:**

- **G.R.O.W.S. Landfill**

**City, State:** Lumberton, NJ

**Disposal Date:**

**City, State:** Tullytown, PA

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

- **Gwendolyn Trumbetti**

**Title:** Operations Coordinator

**Signature:**

**Date:** 6/7/19

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:23-8 and 5:16)

Date of Notification (1)
6 / 7 / 19

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8
☐ Emergency (including
Amendment #__________)
☐ Cancellation

Type Notification
☐ Initial
☐ Amended

Amendment #__________

Name of Building Owner/Operator (2)
NJ DOT / Job #1905-5491 Check #11322

Street Address
PO Box 600

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Joe DeVito

Telephone Number
609-647-1490

Asbestos Control & Licensing
RECEIVED
JUN 11 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJ DOT Concrete North

Street Address
Ethel Ave over Route 208

City (5)
Hawthorne

County (6)
Passaic

County Code (*) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
3 Terri Lane

City, State, Zip Code
Burlington, NJ 08016

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-571-7522

License No.
00529

Current Use (Prior if being demolished)

Start Date (10)
6 / 17 / 19

Scheduled Completion Date (11)
6 / 21 / 19

Name of OSHA Monitor
EMSL Analytical

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
☐ ≥ 150 sf or ≥ 250 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Exterior

Yes ☐ No ☐ N/A ☒

Asbestos Roofing

20 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
20

Name of Registered Landfill
Fairless Landfill

City, State
Lumberton, NJ

Disposal Date
6/21/19

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
6/17/19

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 06 / 10 / 19

Agencies Notified

- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)
- [ ] Emergency (including justication)
- [ ] Cancellation

Type Notification

- [ ] Initial
- [ ] Amended
- [ ] Amendment #

Name of Building Owner/Operator (2)
Feinberg & McBurney Realty/Development, LLC

Name of Contact
Al Stein

Telephone Number
856 489-8587

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Yama Japanese Restaurant

Street Address
1570 Route 38

City (5)
Lumberton

County Code (7) (STATE USE ONLY)
Burlington

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

ASCM No.

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
700 Turner Way Suite 105

City, State, Zip Code
Aston Pa 19014

Project Manager for Monitoring Firm
Don Heim

Telephone No.
610 558-8902

Start Date (10) 06 / 21 / 19

Scheduled Completion Date (11) 08 / 30 / 19

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: 7AM-PM/4PM-AM

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Endorse

FLOOR TILE 60 SF

Plaster skim coat on Sheetrock 1250 SF

Roof Field 3700 SF

Roof Flashing 400

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OHIO

Completed By (Print or Type) 
CHRISTINE DEL VISCIO

Title
ASST. ADMINISTRATOR

Signature

Date 6/27/2019

* 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**

**Date of Notification (1)**

| 06 | 07 | 19 |

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

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

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

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

**Street Address**

| 1 Verizon Way |

**City, State, Zip Code**

| Basking Ridge, NJ |

**Name of Contact**

| Brian Tilton |

**Telephone Number**

| 215-576-2936 |

---

**FACILITY INFORMATION**

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

| Verizon |

**Street Address**

| 2117 Route 50 |

**City**

| Tuckahoe, NJ 08250 |

**County**

| Cape May |

**Type of Facility (4)**

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

**Square Feet**

| 10,000 |

**# of Floors**

| 3 |

**Bldg. Age**

| 50 |

---

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

| USA Environmental Management Inc. |

**ASCM No.**

| AMC 6920 |

**Name of Abatement Contractor (9)**

| JVN Restoration Inc |

**Street Address**

| 8436 Enterprise Avenue |

**City, State, Zip Code**

| Philadelphia, PA 19153 |

**Project Manager for Monitoring Firm**

| Mark Jenkins |

**Telephone No.**

| 215-365-5810 |

**Start Date (10)**

| 06 / 19 / 19 |

**Scheduled Completion Date (11)**

| 06 / 21 / 19 |

**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: 8:00AM - 4:30PM PM AM

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

- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 230 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)**

| **Location Normaly Used Solely by Maintenance/Custodial Staff? (12)** |
| [ ] 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)**

| [ ] Designated | [ ] Small Quantity |

**Amount (Specify SF or LF)**

| 25 SF |

**Abatement Type**

| Removal | Repair | Encapulate | Enclosure |
| [ ] | [ ] | [ ] | [ ] |

**Name of Registered Waste Hauler**

| Newark Carting |

**Cubic Yards of Waste**

| 5 |

**Disposal Date**

| 06/25/2019 |

**City, State**

| Morrisville, PA |

---

**Completed By (Print or Type)**

| Ralph Barnhardt |

**Title**

| Project Manager |

**Signature**

| [Signature] |

**Date**

| 02-23-2019 |

---

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

| 06 / 10 / 19 |

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

Santander Bank, N.A.

| Street Address |

75 State Street

**City, State, Zip Code**

Boston, MA

| Name of Contact |

Susan Peck

**FACILITY INFORMATION**

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

Santander Bank

| Street Address |

463 Washington Avenue

**City**

Belleville, NJ 07109

| County Code (7)/STATE USE ONLY |

Essex

| Current Use (Prior if being demolished) |

2,500

**Square Feet**

1

**# of Floors**

45

**Bldg. Age**

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

Hillmann Consulting

| ASCM No. |

62252

| Type of Facility (4) |

School (K-12)

**Square Address**

1600 Route 22 East

| City, State, Zip Code |

Union NJ 07083

| Project Manager for Monitoring Firm |

Tammy Lomax

| Telephone No. |

908-577-6171

| Telephone No. |

718-605-6256

**License No.**

00774

| Name of Abatement Contractor (9) |

JVN Restoration Inc

| Street Address |

47 Foster Road

**City, State, Zip Code**

Staten Island NY 10309

**License No.**

| Name of OSHA Monitor |

Testor Tech

| Street Address |

10 59 Jackson Avenue

**City, State, Zip Code**

LIC NY 11101

**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 5:00 PM-2:30 AM

**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 |

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) |

Basement HVAC Room

Pipe Insulation

125 LF

| Abatement Type |

- Removal
- Repair
- Encapsulation
- Endorsement

Basement HVAC Room

Duct Insulation

300 SF

| Name of Registered Waste Hauler |

Newark Carting

| NJDEP Waste Hauler ID No. |

NJ-586

| Cubic Yards of Waste |

10

| Name of Registered Landfill |

Central Sanitary Landfill

| City, State |

Newark, NJ

| Disposal Date |

06/28/19

| City, State |

Pen Argyl, PA

| Completion Date |

6/10/19

**By (Print or Type)**

Ignatius Marraccino

| Title |

Project Manager

| Signature |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/7/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EWING TOWNSHIP BOARD OF EDUCATION</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>2099 PENNINGTON ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>EWING, NJ 08618</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>DEBBIE WILSON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-938-9800X1302</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>LORE ELEMENTARY SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>10 WESTWOOD DRIVE</td>
</tr>
<tr>
<td>City (5)</td>
<td>EWING TWP., NJ 08638</td>
</tr>
<tr>
<td>County</td>
<td>MERCER</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>merc</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>---</td>
<td>Other (i.e., private &amp; commercial buildings)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

| Name of Abatement Contractor (9) | CREAM RIDGE ENVIRONMENTAL INC. |
|Street Address | 15 BLACK FOREST ROAD |
|City, State, Zip Code | Hamilton, NJ 08691 |
|License No. | 00676 |

| Name of Monitoring Firm Hired by Building Owner (8) | PENNONI ASSOCIATES, INC. |
|Street Address | 516 GROVE STREET, SUITE 18 |
|City, State, Zip Code | HADDON HEIGHTS, NJ 08035 |
|Telephone No. | 856-547-6505 |
|Name of OSHA Monitor | MECS |
|Street Address | P.O. BOX 241 |
|City, State, Zip Code | CROSSWICKS, NJ 08515 |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>3 sf or 3 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 180 sf or ≥ 260 if</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥ 180 sf or ≥ 260 if</td>
<td>Removal</td>
</tr>
<tr>
<td>≥ 180 sf or ≥ 260 if</td>
<td>Repair</td>
</tr>
<tr>
<td>≥ 180 sf or ≥ 260 if</td>
<td>Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>FOUR (4) CLASSROOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>4000 S.F.</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>X</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler | HORIZON DISPOSAL SERVICES |
|Hauler ID No. | NJ-10416 |
|Cubic Yards of Waste | 40 |
|Name of Registered Landfill | GROWS |
|City, State | TRENTON |
|Disposal Date | 7/12/2019 |
|City, State, Disposal Date | MORRISVILLE, PA. |

**EXTERIOR WORK**

| Name of Registered Waste Hauler | HORIZON DISPOSAL SERVICES |
|Hauler ID No. | NJ-10416 |
|Cubic Yards of Waste | 40 |
|Name of Registered Landfill | GROWS |
|City, State | TRENTON |
|Disposal Date | 7/12/2019 |
|City, State, Disposal Date | MORRISVILLE, PA. |

| Completed By | DAVID D'ANDREA |
|Title | PRESIDENT |
|Signature | 27-Mar |
|Date | 6/7/2019 |

*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 / 7 / 19
Name of Building Owner/Operator (2) Nustar Energy- Linden
Agencies Notified □ EPA ✒ DOLWD ✒ DHSS □ DCA (NJAC 5:23-8)
Type Notification □ Initial ☑ Amended
□ Emergency (including justification) □ Cancellation
Amendment # ☑
Street Address 4501 Tremley Point Road
City, State, Zip Code Linden, NJ 07036
Name of Contact Fabien Kulynych

Name of Facility Where Abatement is Taking Place (3)
Nustar Energy- Linden

Type of Facility (4) □ School (K-12) ☑ Subchapter 8 (Other than K-12)
□ Other (i.e., private and commercial buildings, homes, etc.)
Square Feet N/A
# of Floors N/A
Bldg. Age N/A

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

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates
ASCM No. N/A
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 515 Grove Street
City, State, Zip Code Haddon Heights, NJ 08035

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

Project Manager for Monitoring Firm Alan Lloyd
Telephone No. 856-847-0505

Telephone No. 215-788-6040
License No. 00509

Start Date (10) 7 / 15 / 19
Scheduled Completion Date (11) 7 / 19 / 19

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

Occuany 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-3:30PM, _____ PM-______ AM

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥250 If
□ Renovation ☑ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☑ Repair ☑ Encapsulate ☑ Endorse ☑

Name of Registered Waste Hauler Bristol Environmental Inc.
NJDEP Waste Hauler ID No. 18706
Cubic Yards of Waste 6 cu yd
Disposal Date 7/19/19
Name of Registered Landfill Fairless Landfill
City, State Fairless Hills, PA
# State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Check # 2047**

**In #: 11729**

**PAID**

**RECEIVED**

## Date of Notification (1)
6/7/2019

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

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

### Name of Building Owner/Operator (2)
EWING TOWNSHIP BOARD OF EDUCATION

### STREET ADDRESS
2099 PENNINGTON ROAD
City, State, Zip Code
EWING, NJ 08618

### Name of Contact
DEBBIE WILSON

### Telephone Number
609-538-9800 X13002

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
WILLIAM L. ANTHEIL ELEMENTARY SCHOOL

### Street Address
339 EWINGVILLE ROAD
City (5)
EWING TWP., NJ 08638

### County
MERCER

### 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)

### Square Feet

### # of Floors

### Bldg. Age

### Name of Monitoring Firm Hired by Building Owner (8)
PENNUNI ASSOCIATES, INC.

### ASCM No.

### Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

### Street Address
516 GROVE STREET, SUITE 18
City, State, Zip Code
HADDON HEIGHTS, NJ 08035

### Telephone No.
856-547-0505

### License No.
00676

### Start Date (10)
6/24/2019

### Scheduled Completion Date (11)
7/31/2019

### Name of OSHA Monitor
MECS

### Street Address
P.O. BOX 341
City, State, Zip Code
CROSSWICKS, NJ 08515

### Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 If
- [X] ≥ 160 sf or ≥ 260 If

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

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

### Amount (Specify SF or LF)

### Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endoscope

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

### Full Containment with Negative Pressure
- [ ] Yes
- [ ] No

### Mini-Enclosure
- [ ] Yes
- [ ] No

### Gloves & Non-Exempted (*) & Non-Friable Procedure
- [ ] Yes
- [ ] No

### Name of Registered Waste Hauler
HORIZON DISPOSAL SERVICES

### NJDEP Waste Hauler ID No.
NJ-10416

### Cubic Yards of Waste
40

### Name of Registered Landfill
GROWS

### City, State
MORRISVILLE, PA.

### Disposal Date
8/2/2019

### Completed By
DAVID D'ANDREA
Title
PRESIDENT

### Signature
Daniel D'Andrea
Date
6/7/2019

*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

Date of Notification (1) 06 / 06 / 19

Name of Building Owner/Operator (2)
Bank of America

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
84 Park Avenue
City, State, Zip Code
Hillside, NJ 07642
Name of Contact
Dino Nappi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America
Street Address
84 Park Avenue
City (5)
Hillside, NJ 07642
County (9)
County Code (?)(STATE USE ONLY)
Bergen

Type of Facility (4)
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)
Square Feet
5,000
# of Floors
1
Bldg. Age
45

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ARCADIS U.S Inc.
ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc
Street Address
44 South Broadway
City, State, Zip Code
White Plains, NY 10601

License No.
00774

Phone No.
516-972-8809

Telephone No.
718-605-6256

Street Address
47 Foster Road
City, State, Zip Code
Staten Island NY 10309

Name of OSHA Monitor
Testor Tech

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-2:00PM/11:30 PM-Saturday, Sunday 8:00 am to 3:00 pm. AM

Scope of Work (Check all that apply)
- >3 sf or >3 If
- >100 sf or >250 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

1st Floor
- Floor Tile and Mastic
650 SF
- Cove Base Mastic
75 LF

Name of Registered Waste Hauler
Newark Carting
NJDEP Waste Hauler ID No.
NJ-566
Cubic Yards of Waste
15
Name of Registered Landfill
Grand Central Sanitary Landfill
City, State
Newark, NJ
Disposal Date
06/23/2018

Completed By (Print or Type)
Ralph Barnhardt
Title
Project Manager
Signature

Date
26-26-19

* 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

Date of Notification (1)
05 / 30 / 19

Name of Building Owner/Operator (2)
Bank of America

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

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

Street Address
84 Park Avenue

City, State, Zip Code
Hillside, NJ 07642

Name of Contact
Dino Nappi

Telephone Number
516-972-8809

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bank of America

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

Square Feet
5,000

# of Floors
1

Bldg. Age
45

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ARCADIS U.S Inc.

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

License No.
00774

Project Manager for Monitoring Firm
Dino Nappi

Telephone No.
516-972-8809

Telephone No.
718-605-6256

Start Date (10)
06 / 08 / 19

Scheduled Completion Date (11)
06 / 23 / 19

Name of OSHA Monitor
Testor Tech

Street Address
10-59 Jackson Avenue

City, State, Zip Code
LIC NY 11101

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-2:00PM/11:30 PM-Saturday.
☐ Sunday 8:00 am to 3:00 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 Procedures

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

1st Floor
☒ ☐ ☐ Floor Tile and Mastic
650 SF

1st Floor
☒ ☐ ☐ Cove Base Mastic
75 LF

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
15

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ

Disposal Date
06/23/2018

City, State
Pen Argyll, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
15-3-19

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

ASB-41
MAY 11
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification**: 6/7/19

### Name of Building Owner/Operator
- **PSE&G**

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

### Name of Contact
- **MIKE ESCAMILLA**
- **Telephone Number**: 973-417-0464

### Name of Facility Where Abatement is Taking Place
- **PSE&G**

### Street Address
- **13 VAN VLIET**
- **CLIFTON**
- **PASSAIC**

### County Code
- **0045**

### Name of Monitoring Firm Hired by Building Owner
- **ENVIRONMENTAL TACTICS**
- **ASCM No.**: 0045

### Name of Abatement Contractor
- **UNIQUE SYSTEMS OF AMERICA, INC.**
- **Street Address**: 396 WHITEHEAD AVE.
- **City, State, Zip Code**: SOUTH RIVER, NJ 08882

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

### Start Date
- **6/24/19**

### Scheduled Completion Date
- **6/24/19**

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours**

### Scope of Work
- **≥3 sf or ≥3 If**
- **≥160 sf or ≥280 If**

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

### Description of Asbestos Containing Material (ACM)
- **Floor Tiles, Mastice**: 2700 SF
- **TRANSITE Floor Panels**: 25 SF

### Name of Registered Waste Hauler
- **VEOLIA**

### NJDEP Waste Hauler ID No.
- **080031398**

### Name of Registered Landfill
- **FAIRLESS**

### Disposal Date
- **TBD**

### Completed by
- **CAROL RAIMO**
- **Title**: OFFICE MGR.

### Signature
- **Carlos Raimo**
- **Date**: 6/7/19

---

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

Date of Notification (1) 6/7/19

Name of Building Owner/Operator (2) Felicia Scheuttiq

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

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

Address of Building
City, State, Zip Code Emerson, NJ 07630

Name of Contact Felicia Scheuttiq

FACILITY INFORMATION

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

Street Address __________

City (5) Emerson

County (6) Bergen

County Code (7) [STATE USE ONLY] ______

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

Project Manager __________

Name of Abatement Contractor (9) All Stages Abatement

Street Address 280 N. Midland Ave.

City, State, Zip Code Saddle Brook, NJ 07663

Telephone No. 201-800-3184

License No. 01305

Start Date (10) 6/11/19

Scheduled Completion Date (11) 6/15/19

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)
- [ ] ≥3,000 sf or ≥3,000 sf
- [X] ≥160 sf or ≥260 sf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF) 332 SF

Abatement Type

Location of Registered Waste Hauler

NJDEP Waste Hauler ID No. 0036592

Cubic Yards of Waste 3 yd

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Saddle Brook, NJ Pen Argyl, PA

Completed by Richard Cristofol Title President

Signature ______________________ Date 6/7/19

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

NAME OF BUILDING OWNER/OPERATOR

Name: Angel Frau
Address: [Redacted]
City, State, Zip Code: Rochelle Park, NJ 07662

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place:
Residential Home

Street Address: [Redacted]
City, State, Zip Code: Rochelle Park, NJ 07662

County Code (STATE USE ONLY): Bergen

Name of Monitoring Firm Hired by Building Owner:
Project Manager: [Redacted]

Project Manager for Monitoring Firm: [Redacted]

Start Date: 6/17/19
Scheduled Completion Date: 6/21/19

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

Scope of Work (Check All That Apply):
- ≥3,000 sf or ≥50 ft²
- ≥160 sf or ≥260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[Redacted]</td>
<td>VAT</td>
<td>712 SF</td>
<td></td>
</tr>
</tbody>
</table>

Abatement Type:
- Removal
- Repair
- Encapsulation
- Envelope

Name of Registered Waste Hauler:
All Stages Abatement
NJDEP Waste Hauler ID No.: 0036592
Cubic Yards of Waste: 4 yd

Name of Registered Landfill:
Grand Central Sanitary Landfill
City, State, Zip Code: Saddle Brook, NJ 07663
Disposal Date: TBD
City, State, Zip Code: Pen Argyll, PA

Completed by:
Richard Cristofol
Title: President
Signature: [Redacted]
Date: 6/7/19

* 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) 06/07/2019

Name of Building Owner/Operator (2) Hope Township School

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

Street Address 320 Johnsonsburg Rd.

City, State, Zip Code Hope, NJ 07844

Name of Contact Kevin Newman

Telephone Number

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

Street Address 320 Johnsonsburg Rd.

City (5) Hope, NJ 07844

County (6) Warren

County Code (7) [STATE USE ONLY]

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

ASCM No.

Name of Abatement Contractor (9) SMAC Corp.

Street Address 401 St James Avenue

City, State, Zip Code Phillipsburg, NJ 08865

Project Manager for Monitoring Firm Pat McGuinness

Telephone No. 908-454-6316

Start Date (10) 06/24/2019

Scheduled Completion Date (11) 09/20/2019

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 ≥ 280 ft

[ ] Renovation
[ ] Demolition

Is Location Normally Used Soley by Maintenance/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):

Abatement Type

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

Rooms 20,21,22,23,34,35,36 X Vinyl Floor Tile & Mastic Adhesiv 6500 sf X

Hallway walls by rooms 30 to 33 X Transite Wall Panels 600 sf X

Name of Registered Waste Hauler SMAC Corp.

NJDEP Waste Hauler ID No. 18590

Cubic Yards of Waste 15

Name of Registered Landfill Grows Landfill

City, State Saddle Brook, NJ 07663

Disposal Date 09/20/2019

City, State Morrisville, PA

Completed by Borce Gjorsksi Title President

Signature

Date 06/07/2019

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

**Date of Notification (1)***  
10/6/19

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

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

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

**Street Address**  
Glen Rock, NJ 07452

**City, State, Zip Code**  
Glen Rock, NJ 07452

**Name of Contact**  
Patty Grammar

**Telephone Number**  

**FACILITY INFORMATION**

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

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

**Square Feet**  
1,500

**Number of Floors**  
02

**Bldg. Age**  
60

**Current Use (Prior if being demolished)**
- [X] Residential

**Name of Monitoring Firm HIred by Bldg. Owner (8)***
N/A

**N/A**

**Name of Abatement Contractor (9)**
KLOMAX, LLC

**Street Address**
309 W. End Ave

**City, State, Zip Code**
Hopatcong, NJ 07843

**License Number**
02007

**Telephone Number**
833-455-6629

**Name of OSHA Monitor**
KLOMAX, LLC

**Street Address**
309 W. End Ave

**City, State, Zip Code**
Hopatcong, NJ 07843

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

- [X] Full Containment w/negative pressure
- [X] Mini-enclosure
- [X] Glovebag procedure
- [ ] Non-Exempted (*) and Non-friable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Pipe Insulation</td>
<td>13 LF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

**Removal**

**Encapsulation**

**Registered Waste Hauler**

KLOMAX, LLC

**NJDEP Hauler ID#**
038241

**Cubic Yards of Waste**
1/2 yd

**Name of Registered Landfill**

**TULLYTOWN, RESOURCE RECOVERY**

**City, State**
Hopatcong, NJ 07843

**Disposal Date**
TBD

**Completely by (Print or Type)**
Paige Boylan

**Title**
Owner

**Signature**

**Date**
06/06/19
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 1/1/19
 Agencies Notified:
- DOL
- DOH
- DCA
Type Notification: Initial
Amendment #: 0

Name of Building Owner/Operator:
Camille Spigler
Street Address:

City, State, Zip Code:
Livingston, NJ 07039

Name of Contact:
Camille Spigler

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

Square Feet: 1,500
# of Floors: 2
Bldg. Age: 50

Current Use (Prior if demolished):
Residential

Facility Information:

Name of facility where abatement is taking place:
Residential
Street Address:

City, State, Zip Code:
Livingston, NJ 07039

County:
Essex
County Code:

Name of Monitoring Firm Hired by Bldg. Owner:
N/A

Name of Abatement Contractor:
KLOMAX, LLC
Street Address:
309 W. End Ave
City, State, Zip Code:
Hopatcong, NJ 07843

Telephone Number:
833-455-6629
License Number:
02007

Name of OSHA Monitor:
KLOMAX, LLC
Street Address:
309 W. End Ave
City, State, Zip Code:
Hopatcong, NJ 07843

Occupancy Status During Abatement:
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours:
  - Normal Hours

Scope of Work:
- >3 sf or >2 if
- >160 sf or >280 if
- Demolition
- Renovation
- Full Containment w/no negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-Permissible

Location of asbestos-containing material (ACM) to be abated in facility:
- Attic
- Vermiculite
- Location normally used solely by maintenance/custodial staff:
- Yes
- No
- N/A
- 1350 SF

Registered Waste Hauler:
KLOMAX, LLC
NJDEP Hauler ID:
038241
Cubic Yards of Waste:
6 yards
Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
Hopatcong, NJ 07843
Disposal Date:
TBD

Completed by (Print or Type):
Paige Boylan

Title:
Owner
Signature:
Date:
06/05/19

* Do not use this form for asbestos removal services. **
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

**Date of Notification (1)**

06/05/2019

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

Manville Public Library

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial

**Street Address**

100 South 10th Ave.

**City, State, Zip Code**

Manville, NJ 08835

**Name of Contact**

Vinse Lo Medico

**Telephone Number**

732-803-5526

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

Manville Public Library

**Street Address**

100 South 10th Ave.

**Square Feet**

5000

**County Code (7)**

Somerset

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

Library

**County (6)**

Somerset

**Bldg. Age**

40years

**Type of Facility (4)**

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

**Street Address**

20-21 Wagaraw Rd, Building 35E

**City, State, Zip Code**

Garfield, NJ 07026

**Number of Floors**

2

**License No.**

01377

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

EnviroVision Consultants, Inc.

**ASCM No.**

00079

**Name of Abatement Contractor (9)**

Vel Construction LLC.

**Street Address**

230 Market Street

**Telephone No.**

973-636-9145

**Name of OSHA Monitor**

EnviroVision Consultants, Inc.

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

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

**Project Manager for Monitoring Firm**

Fred Larson

**Start Date (10)**

06/20/2019

**Scheduled Completion Date (11)**

07/05/2019

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

- ≥300 sf or ≥300 ft
- ≥600 sf or ≥600 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

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

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

**Amount (Specify SF or LF)**

2000 sf

**Abatement Type**

- Encapsulate
- Envelope
- End Cap
- Removal
- Repair

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

- Yes
- No
- N/A

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

- Roof

**Name of Registered Waste Hauler**

Atlantic Carting, LLC

**Name of Registered Landfill**

Grows Landfill

**Disposal Date**

07/05/2019

**City, State**

Wayne, NJ

**Morrisville, PA**

**Completed by**

Krstev Veljanowski

**Title**

Owner

**Signature**

Krstev Veljanowski

**Date**

06/05/2019

* 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)  
6/7/2019

Name of Building Owner/Operator (2)  
Atlantic Realty

Agency Notified  
\[ \checkmark \] EPA  \[ \checkmark \] DOH

Type Notification  
\[ \checkmark \] Initial  \[ \checkmark \] Amendment

Name of Contact  
Mark - Scheideler Excav.

Street Address  
5 Shelter Drive

City, State, Zip Code  
Monroe Twp., NJ 08831

Name of Facility Where Abatement is Taking Place (3)  
Barn - Storage

County (6)  
Middlesex

County Code (7)  
NA

Type of Facility (4)  
\[ \times \] School (K-12)

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

ASCM No.  
NA

Street Address  
PO Box 322

City, State, Zip Code  
Allentown, NJ 08501

Project Manager for Monitoring Firm  
MECS

Telephone No.  
609 259-9688

license No.  
00463

Start Date (10)  
6/18/2019

Scheduled Completion Date (11)  
6/28/2019

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

License No.  
00463

Scopes of Work (Check All That Apply)  
\[ \times \] Demolition

Street Address  
PO Box 341

City, State, Zip Code  
Chesterfield, NJ 08515

Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Endcourses


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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gable Ends</td>
<td>X</td>
<td></td>
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</table>

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  
Transite Shingles  2000 sf  X

Transite Panels  800 sf  X

Name of Registered Waste Hauler  
Stevens Environmental Services

NJDEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
20

Name of Registered Landfill  
Fairless Landfill

City, State  
Morrisville, PA

Disposal Date  
6/28/2019

Completed by  
Mahlon E. Stevens

Title  
Project Manager

Signature  
Date  
6/7/2019

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

**Check # 25895**

**Date of Notification (1)**  
6/7/2019

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

**Street Address**  
Pennington, NJ 08534

**City, State, Zip Code**  
Pennington, NJ 08534

**Name of Contact**  
Tara Russell

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

**Street Address**  
Pennington, NJ 08534

**City**  
Pennington, NJ 08534

**County**  
Mercer

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

**Square Feet**  
2400

**# of Floors**  
2

**Bldg. Age**  
75 +/-

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

**ASCM 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

**Name of OSHA Monitor**  
MECS

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Chesterfield, NJ 08515

**Start Date (10)**  
6/26/2019

**Scheduled Completion Date (11)**  
7/1/2019

**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 sf or 23 if
- [ ] 3190 sf or 2280 if
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Gluebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Pipe Insulation</td>
<td>160 if</td>
<td>[x]</td>
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</table>

**Name of Registered Waste Hauler**  
Stevens Environmental Services

**NJDEP Waste Hauler Id No.**  
18292

**Cubic Yards of Waste**  
2

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Allentown, NJ

**Disposal Date**  
7/1/2019

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Morrisonville, PA

**Completed by**  
Mahlon E. Stevens

**Title**  
Project Manager

**Signature**  

**Date**  
6/7/2019

* 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>6 / 7 / 19</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSE&amp;G / Job # 1903-5447</td>
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<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>□ DHSS</td>
<td>□ Amendment #3</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
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<td>□ Cancellation</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>80 Park Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris Castronova</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>908-412-3205</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | PSE&G - Bay Way Refinery |
| Street Address | 1400 Park Avenue |
| City (5) | Linden, NJ 07036 |
| County (6) | Union |
| Name of Health & Safety Services Firm Hired by Building Owner (8) | ASCO No. |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Project Manager for Monitoring Firm | James Proctor |
| Start Date (10) | 5 / 13 / 19 |
| Scheduled Completion Date (11) | 6 / 23 / 19 |
| Occupancy Status During Abatement (Check only one) | ☑ Facility Closed/Vacated During Entire Period of Abatement |
| □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM |
| Scope of Work (Check all that apply) | |
| □ ≥3 sf or ≥3 I² | □ Renovation |
| □ ≥180 sf or ≥260 I² | □ Demolition |
| □ ≥500 sf or ≥800 I² | |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes No N/A |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Coal Tar Wrap |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| Amount (Specify SF or LF) | 285 SF |
| Abatement Type | |
| Location of Registered Waste Hauler | Environmental Transport Group, INC. |
| Name of Registered Landfill | Grows - Fairless Landfill |
| City, State | Flanders, NJ |
| Name of Registered Waste Hauler | Gwendolyn Trumpetti |
| City, State, Zip Code | Morrisville, PA 19067 |
| Disposal Date | 6/28/19 |
| Completed By (Print or Type) | Operations Coordinator |
| Signature | |
| Date | 6/7/19 |

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