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

GAC Project #060-18

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>June 8, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
</tr>
<tr>
<td>Street Address</td>
<td>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PISCATAWAY, NJ 08854</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>848-445-2550</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | STANLEY BERGEN, BLDG# 7252 |
| Street Address | RBHS NEWARK CAMPUS |
| City (5) | Newark |
| County (6) | Essex |
| County Code (7) | (State Code Only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | ATC |
| ASCM No. | 00098 |
| Street Address | 3 TERRI LANE |
| City, State, Zip Code | BURLINGTON, NJ 08016 |
| Project Manager for Monitoring Firm | BRIAN R. KEARNY |
| Telephone Number | 609-386-8800 |
| Scheduled Start Date (10) | 06/15/18 |
| Scheduled Completion Date (11) | 06/18/18 |

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
  - Describe:
  - Other Describe: Schedule: 3PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)

- ≥ 3 ft or >3 if
- ≥ 180 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Fireable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (12)

- Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
  - YES
  - NO
  - NA

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

- Amount (Specify SF or LF)
- Abatement Type
- Remove, Replace, Encap, Enclose

Room GB 71

- VAT

150 SF

10 CY

Name of Registered Landfill

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

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

Disposal Date

06/18/2018

City, State

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

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18
Date of Notification (1) June 5, 2018

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

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

Agencies Notified
☐ EPA
d CDA
d DOH
☐ DEP-No Longer REQUIRED

Notification Type
☐ Initial Notification
☐ Amended Notification #
☐ Emergency (including justification)
☐ Cancelled

Name of Facility Where Abatement is Taking Place (3)
STANLEY BERGEN, BLDG# 7252

Street Address
RBHS NEWARK CAMPUS

City (5) County (6) County Code (7) (State Use Only)
NEWARK ESSEX

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

ASCM No.
00098

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
06/05/18

Scheduled Completion Date (11)
06/18/18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours -
   Describes:
☐ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS &
   WEEKENDS AS NEEDED)

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove bag Procedure / Wrap & Cut
☐ Non-Exempted (*) and Non-Firable Procedure

Room GB 71

VAT

150 SF

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 122561

Hauler #2) Newark Carling, Inc., Newark, NJ 07109
NJ DEP # 4599

Disposal Date
06/18/2018

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

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
June 5, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
### State of New Jersey - Notification of Asbestos Abatement

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

**GAC Project # 060-18**

**Date of Notification (1)**

June 8, 2018

**Agencies Notified**

- [ ] EPA
- [ ] DCA
- [X] DOH
- [X] DEP- No Longer REQUIRED
- [ ] DOH

**Notification Type**

- [ ] Initial Notification
- [ ] Amended Notification # 1
- [ ] TYPOGRAPHICAL ERROR
- [ ] start date 6/15
- [ ] Emergency (including justification)
- [ ] Cancelled

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

RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**

ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

**City, State, Zip Code**

PISCATAWAY, NJ 08854

**Name of Contact**

MICHAEL F. SMITH, ENV. HEALTH & SAFETY

**Telephone Number**

848-445-2550

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

WRIGHT REIMAN CHEMISTRY, BLDG# 3556

**Street Address**

BUSCH CAMPUS

**City (5)**

PISCATAWAY

**County (6)**

MIDDLESEX

**County Code (7)**

ASCM No. 00098

**Type of Facility (4)**

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

**Sq. Feet:**

N/A

**# of Floors:**

4

**Bldg. Age:**

60+ years

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

ACADEMIC SENSING

**Name of Contractor (9)**

GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**

3 TERRI LANE

**City, State, Zip Code**

BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**

BRIAN R. KEARNEY

**Telephone Number**

609-336-8800

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

- [ ] Facility Closed/ Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describes:
- [ ] Other - Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

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

- [ ] Is Location Normally Used Solely by Maint./ Custodial Staff? (12)
  - [ ] Yes
  - [ ] No
  - [ ] NA

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

**Amount (Specify SF or LF)**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove bag Procedure / Wrap & Cut
- [ ] Non-Exempted (*) and Non-Removable Procedure

**Room 126**

- [X] VAT

- [ ] 300 SF

**Name of Reg. Waste Hauler**

See Hauler Below #1 & 2

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

**Hauler #2** Newark Carving, Inc., Newark, NJ 04509
NJ DEP # 4509

**Cubic Yards of Waste:**

15 CY

**Name of Registered Landfill**

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

**Disposal Date**

06/18/2018

**City, State**

100 New Ford Mill Rd. Morrisville, PA 19067
215-736-1700

**Completed by (Print or Type)**

RAYMOND C. PEDALINO

**Title**

SENIOR PROJECT MANAGER

**Signature**

Raymond C. Pedalino

**Date**

June 8, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) June 5, 2018

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

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

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

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

City: State: Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV. HEALTH & SAFETY
848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
WRIGHT REIMAN CHEMISTRY, BLDG# 3556

Street Address
BUSCH CAMPUS

City (5) PISCATAWAY County (6) MIDDLESEX County Code (7) 00098 (State Use Only)

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNY

Telephone Number
609-386-8800

Scheduled Start Date (10)
06/05/18

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

Other - Describe: Schedule: 3PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)
- 3 sf or >3½ If
- 180 sf or >260 If
- Renovation Demolition

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

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

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)
300 SF

Cubic Yards of Waste: 15 CY

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

Disposal Date
06/18/2018

City, State
100 New Ford Mill Rd, Morrisville, Pa 19067

215-736-1700

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

Signature Raymond C. Pedalino Date June 5, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1)  
June 8, 2018

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

Notification Type  
☐ Initial Notification  
☒ Amended Notification # 1 – New Start & Completion Dates  
☐ Emergency (including justification)  
☐ Cancelled

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

Street Address  
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)  
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

City, State, Zip Code  
PISCATAWAY, NJ 08854  
Telephone Number  
MICHAEL F. SMITH, ENV. HEALTH & SAFETY  
848-445-2550

Name of Facility Where Abatement is Taking Place (3)  
RWJMS RESEARCH TOWER, BLDG# 3688

Street Address  
RBHS PISCATAWAY CAMPUS

City (5)  
PISCATAWAY

County (6)  
MIDDLESEX

County Code (7)  
(State Use Only)  
ASCM No.  
00098

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

Telephone Number  
609-386-8800

Occuancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours – 7am – 3pm  
☐ Other: Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)

Type of Facility (4)  
☐ School (K-12)  
☒ Subchapter 8 (other than K-12)  
☐ Other (i.e. private & commercial buildings, homes, etc.)  
Sq. Feet:  
N/A  
# of Floors:  
8  
Bldg. Age:  
80+ years

Current Use (prior if being demolished):  
ACADEMIC

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

Street Address  
511 MAIN STREET

City, State, Zip Code  
BUTLER, NJ 07405  
Telephone Number  
973-492-0477  
License Number  
00840

Name of OSHA Monitor  
ENVIROVISION, INC.

Street Address  
20-21 WARGAROW ROAD, BLDG# 35E

City, State, Zip Code  
FAIRLAWN, NJ 07410

Description of Asbestos Containing Material (ACM) in Facility (13)  
Is Location Normally Used Solely by Maint/Custodial Staff (14)  
YES NO NA

Location of Asbestos-Containing Material (ACM) in Facility (15)  
Yes Location Normally Used Solely by Maint/Custodial Staff (12)  
YES NO NA

R-666  
☒  
TSI  
80 SF  
☒

Name of Reg. Waste Hauler  
NJDEP Waste Hauler ID #  
See Below

Cubic Yards of Waste:  
10 CY

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

Disposal Date  
06/27/2018

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

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

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

Signature  
Raymond C. Pedalino

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

GAC Project # 060-18

Date of Notification (1) May 29, 2018

Agencies Notified
- [X] EPA
- [X] DCA
- [X] DOL
- [X] DEP- No Longer REQUIRED
- [ ] DOH

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

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

Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV. HEALTH & SAFETY

Telephone Number
848-445-2600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RWJMS RESEARCH TOWER, BLDG# 3688

Street Address
RBHS PISCATAWAY CAMPUS

City (5) PISCATAWAY

County (6) MIDDLESEX

County Code (7) [State Use Only]
ASCM No. 00098

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNEY

Telephone Number
609-386-8800

Scheduled Start Date (10) 06/08/18
Scheduled Completion Date (11) 06/20/18

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [X] Abatement Performed Outside of Normal Facility Hours – 7am - 3pm

Describer: Schedule: 3PM - 5AM (24 HRS, & WEEKENDS AS NEEDED)
- [X] Facility Occupied During Abatement
- [ ] Other- Describer:

Scope of Work (Check all that apply)
- [X] > 3 sf or >3 if
- [ ] > 160 sf or > 260 if
- [X] Renovation
- [ ] Demolition

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

R-566

TSI

[ ] 80 SF

Name of Reg. Waste Hauler
See Hauler Below

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 10 CY

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

Disposal Date 06/20/2018

City, State
100 New Ford Mill Rd. Morrisville, Pa
19067

215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date May 29, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
# State of New Jersey

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/08/18</th>
</tr>
</thead>
</table>

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

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

### Name of Building Owner/Operator (2)
- Washington Township Board of Education

### Street Address
- 1 Front St.

### City, State, Zip Code
- Washington, NJ 07882

### Name of Contact
- Michael Angeloni

### Name of Facility Where Abatement is Taking Place (3)
- Port Colden Elementary School

### Street Address
- 30 Port Colden Rd.

### City (5)
- Washington

### County (6)
- Warren

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

### ASCM No. (7)
- 090

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

### Square Feet
- 60,000

### # of Floors
- 2

### Bidg. Age
- 50+

### Current Use (Prior if being demolished)
- Elementary School

### Name of Abatement Contractor (9)
- Academy Construction Inc

### Street Address
- 401 James St.

### City, State, Zip Code
- Phillipsburg, NJ 08865

### Telephone No.
- 908-454-6316

### Project Manager for Monitoring Firm
- Jonathan S. Gilbert

### Telephone No.
- 973 832 4244

### License No.
- 01155

### Name of OSHA Monitor
- Same as above

### Start Date (10)
- 06/25/18

### Scheduled Completion Date (11)
- 07/07/18

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

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

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

In Facility

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

(13)

### 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

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

### Name of Registered Waste Hauler
- Academy Construction Inc

### NJDEP Waste Hauler ID No.
- 0034422

### Cubic Yards of Waste
- 2

### Name of Registered Landfill
- Fairless Landfill

### Disposal Date
- TBD

### City, State
- City, State
- Morrisville, PA

### Completed by
- John Gelesk

### Title
- PM

### Signature

### Date
- 06/08/18

---

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

Date of Notification (1)
5 / 9 / 2018

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [X] DCA
Type Notification
- [ ] Initial Notification
- [X] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [X] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
THE VALLEY HOSPITAL
Street Address
223 NORTH VAN DIEN AVENUE
City, State, Zip Code
RIDGEWOOD, NEW JERSEY 07452
Name of Contact
GEORGE GANCOS
Telephone Number
201-447-8141

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
VALLEY HOSPITAL
Street Address
650 WINTER AVENUE
City (5)
PARAMUS
County (6)
BERGEN
County Code (7)
ASCM No.
Name of Monitoring Firm Hired by Building Owner (8)
COLDEN CORPORATION
Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
131 VARICK STREET, SUITE 1022
City, State, Zip Code
NEW YORK, NEW YORK 10013
Project Manager for Monitoring Firm
JIM MIASES
Telephone Number
347-435-3651
License Number
845-369-7500

Expected State Date (10)
7 / 5 / 18
Sched. Completion Date (11)
3 / 30 / 19
Occupy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
- [ ] MONDAY - FRIDAY 7AM-3:30 PM
Scope of Work (Check all that apply)
- [ ] Demolition
- [X] Renovation
- [X] Full Containment
- [ ] Mini Encl.
- [X] Glovebag Procedure
- [X] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOOR MASTIC</td>
<td># ## #</td>
<td>X</td>
</tr>
<tr>
<td>PIPE INSULATION AND FITTINGS</td>
<td>700 LF</td>
<td>X</td>
</tr>
<tr>
<td>TILE GROUT</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>WINDOW CAULK</td>
<td>20 LF</td>
<td>X</td>
</tr>
<tr>
<td>TAR FLASHING</td>
<td>160 SF</td>
<td>X</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No. 913</td>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>CITY, STATE</td>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>NEWARK, NEW JERSEY</td>
<td>GRAND CENTRAL SANITARY LANDFILL</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>07/05/18 - 03/30/2019</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>CITY, STATE</td>
<td></td>
</tr>
<tr>
<td>NEWARK, NEW JERSEY</td>
<td>BLAINEFIELD TOWNSHIP, PA</td>
<td></td>
</tr>
<tr>
<td>Completed by (Print or Type)</td>
<td>BENJAMIN SANCHEZ</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>DIRECTOR OF OPERATIONS</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date 5/19/18</td>
<td></td>
</tr>
</tbody>
</table>
**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #1</td>
</tr>
<tr>
<td>X DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>X DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

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

*THE VALLEY HOSPITAL*

**Street Address**

*223 NORTH VAN DIEN AVENUE*

**City, State, Zip Code**

*RIDGEWOOD, NEW JERSEY 07652*

**Name of Contact**

*GEORGE GANGSOS*

**Telephone Number**

*201-447-8141*

---

**Facility Information**

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

*VALLEY HOSPITAL*

**Street Address**

*650 WINTER AVENUE*

**City (5) County (6) County Code (7) (STATE USE ONLY)**

*PARAMUS BERGEN* 07652

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

*COLDEN CORPORATION*

**Telephone Number**

*347-435-3561*

**Project Manager for Monitoring Firm**

*JIM MIADES*

**Expected State Date (10)**

*6/11/18*

**Sched. Completion Date (11)**

*3/30/19*

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM - 3:30 PM
- Other - Describe:  MONDAY - FRIDAY 7AM - 3:30 PM

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

- X Full Containment
- Mini Enclo.
- Glovebag Procedure
- X Non-Filable Procedure
- X Renovation
- Demolition
- >100 SF OR 260 LF
- >100 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Location normally used solely by Maint/Custodial Staff (12)</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>1ST FLOOR THROUGHOUT</td>
<td>FLOOR MASTIC</td>
<td>#####</td>
<td>X</td>
</tr>
<tr>
<td>1ST FL. PERIMETER EAST &amp; SOUTH</td>
<td>PIPE INSULATION AND FITTINGS</td>
<td>700 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR KITCHEN</td>
<td>TILE GROUT</td>
<td>900 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR PERIMETER</td>
<td>WINDOW CAULK</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR AIR HANDLER UNITIES</td>
<td>TAR FLASHING</td>
<td>160 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

*NEWARK CARTING*

**359 RAYMOND BLVD**

**Cubic Yards of Waste**

*60*

**Name of Registered Landfill**

*GRAND CENTRAL SANITARY LANDFILL*  

City, State, Zip Code

*NEWARK, NEW JERSEY* 07105

**Disposal Date**

*02/13/2019 - 03/30/2019*

**Completed by (Print or Type)**

*BENJAMIN SANCHEZ*

**Title**

*DIRECTOR OF OPERATIONS*

**Date**

*6/11/19*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/07/2018

Name of Building Owner/Operator (2)
College of Saint Elizabeth

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

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

Street Address
2 Convent Road

City, State, Zip Code
Morristsown, NJ 07960

Name of Contact
Steve Iacovo

Telephone Number
973-290-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Henderson Hall

Street Address
2 Convent Rd

City (5)
Morristsown

County (6)
Morris

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)

County Code (7)

(State Use Only)

Name of Abatement Contractor (9)
United Safety LLC

Street Address
22 Troy Lane

City, State, Zip Code
Lincoln Park, NJ 07035

License No.
01317

Telephone No.
973-276-0099

Name of OSHA Monitor
United Safety LLC

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
06/09/2018

Scheduled Completion Date (11)
06/10/2018

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

Other - Describe:

Scope of Work (Check All That Apply)
- ≥ 500 sf or ≥ 300 ft
- ≥160 sf or ≥ 260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

(13)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Room #23
Removal
Elbows
27 Total
X

Room #12
Removal
Elbows
3 Total
X

Name of Registered Waste Hauler
United Safety LLC

NJDEP Waste Hauler ID No.
0036820

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grows Landfill

Disposal Date
TBD

City, State
Lincoln Park, NJ

Tullytown, PA

Completed by
Vano Petkov

Title
Project Manager

Signature

Date
06/07/2018

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

**State of New Jersey**

**Date of Notification:** 06/07/2018

**Name of Building Owner/Operator:** College of Saint Elizabeth

**Street Address:** 2 Convent Road

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

**Name of Contractor:** Steve Iacovo

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Hendamon Hall

**Street Address:** 2 Convent Rd

**City:** Morristown

**County:** Morris

**Phone Number:** 973-286-0999

**License No.:** 01317

**Type of Facility:**
- School: 12
- Other: 2

**Square Feet:** 22,106

**School Age:** Not Applicable

**Type of Abatement:**
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Location Normally Used Befor Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount Removed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room #23</td>
<td>Yes</td>
<td>Elbows</td>
<td>27</td>
<td>Total</td>
</tr>
<tr>
<td>Room #12</td>
<td>No</td>
<td>Elbows</td>
<td>3 Total</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** United Safety LLC

**City:** Lincoln Park, NJ

**Project Manager:** Vanco Patikov

**Date:** 06/07/2018

---

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

Date of Notification (1)
06/08/2018

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

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

Street Address
1033 Cambridge Street

City, State, Zip Code
Camden, NJ 08105

Name of Contact
Facilities Department

Telephone Number
786-966-4626

Name of Facility Where Abatement is Taking Place (3)
Mastery Charter School - McGrew Campus

Street Address
3051 Freement Street

City (6)
Camden

County (8)
Camden

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

ASCM No.

Name of Abatement Contractor (9)
ELCON Environmental Inc

Street Address
2022 Renaissance Blvd, Suite 110

City, State, Zip Code
King of Prussia

Project Manager for Monitoring Firm
Peter Photopoulos

Telephone No.
610-279-7070

Start Date (10)
06/22/2018

Scheduled Completion Date (11)
06/29/2018

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

Other - Describe:

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

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

(13)

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

Hallway
x

Floor tile
1152 x

Storage closet
x

Floor tile
304 x

Auditorium
x

Floor tile/mastic
336 x

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg OH

Completions
Andre GOsek
Manager

Signature
Date 06/08/2018

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

**Date of Notification (1)**  
06/8/2018

**Agency Notified**  
☑ EPA  
☑ DCA  
☑ DOH  
☐ DOE  
☐ DOH

**Notification Type**  
☐ Initial Notification  
☐ Amended #  
☐ Emergency notification (including justification)  
☐ Cancelled

**Name of Building Owner/Operator (2)**  
City of Jersey City, Department of Administration

**Street Address**  
13-15 Linden Ave East 2nd Floor

**City, State, Zip Code**  
Jersey City, NJ 07305

**Name of Contact**  
Joseph Javier

**Telephone Number**  
201-547-4460

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Engine Company No-15 Fire Station Building

**Street Address**  
200 Sip Avenue

**City, State, Zip Code**  
Jersey City, NJ

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

**ASCM No.**

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

**Sq. Feet:** 4000  
**# of Floors:** 2  
**Bldg. Age:** 120 years  
**Current Use (prior if being demolished):**

**Name of Contractor (9)**  
BL Contracting Inc.

**Street Address**  
5 Marguerite Lane

**City State Zip Code**  
Towaco NJ 07082

**Telephone Number**  
973-650-0932

**License Number**  
01265

**Occupancy Status During Abatement (Check only one)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
☐ Other - Describe: 7 AM - 4 PM

**Scheduled Start Date (10)**  
06/12/18

**Scheduled Completion Date (11)**  
06/15/18

**Name of OSHA Monitor**  
Mark Jovic Consulting LLC

**Street Address**  
87 Main Street

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

---

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

- ☒ ≥ 160 sf or ≥ 260 ft
- ☒ ≥ 3 sf or ≥ 3 ft

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

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

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

**Floor Tile and Mastic**  
580 SF

**Abatement Type**  
Remove, Repair, Encapsulate

**Completed by (Print or Type)**

**Name of Reg. Waste Hauler**  
BL Contracting Inc

**NJ DEP Waste Hauler ID #**  
0836784

**Cubic Yards of Waste**  
4

**Name of Registered Landfill**

**Disposal Date**  
06/15/2018

**City, State**  
Tullytown, PA

**Title**  
Project Manager

**Signature**

**Completed by (Print or Type)**

**Title**  
Project Manager

**Signature**

**Date**  
6/8/2018

---

**PAGE 1 OF 2**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 08 / 18

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

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

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

Street Address 220 Ewingville Road

City, State, Zip Code Ewing, NJ 08638

Name of Contact Milton Shaw

Telephone Number 609-838-8900 x 7102

FACILITY INFORMATION

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

Street Address 220 Ewingville Road

City (5) Ewing

County (6) Mercer

Current Use (Prior if being demolished)

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 2

Bldg. Age 70

County Code (7) [STATE USE ONLY] 

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

ASCM No. Name of Abatement Contractor (9)

Street Address 120 N. Warren Street

City, State, Zip Code Trenton, NJ 08629

License No. 00842

Street Address 623 Cutler Avenue

City, State, Zip Code Maple Shade, NJ 08052

Telephone No. 856-755-0099

Name of OSHA Monitor ENSL Analytical, Inc.

Telephone No. 609-392-4200

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

Start Date (10) 06 / 18 / 18

Scheduled Completion Date (11) 06 / 22 / 18

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)

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) 125 LF

Abatement Type

Name of Registered Waste Hauler Freehold Cartage

Freehold Cartage NJDEP Waste Hauler ID No. 15998

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill

City, State, Disposal Date 06/22/2018

City, State, Date 6-8-18

Completed By (Print or Type) Diana Lynch

Title Owner

Signature

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

(Pursuant to NJAD 8:90 and 12:120)

**State of New Jersey**

**Name of Building Owner/Operator:** Springfield Public Schools

**Street Address:**

139 Mountain Ave.

**City, State, Zip Code:** Springfield Township, NJ 07081

**Name of Contact:** William Knorr

**Telephone Number:** 973-376-1025 ext 1239

**Date of Notification (1):** 08/07/2018

**Agency Notified:**

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

**Type Notification:**

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

**FACILITY INFORMATION**

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

Jonathan Dayton High School/Springfield HS

**Street Address:**

139 Mountain Ave.

**City: Springfield**

**County (Optional):**

**Union**

**County Code (Optional):**

**Current Use:**

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

**Square Feet:**

100000

**# of Floors:**

2

**Bldg. Age:**

50+

**Type of Facility (4):** High School

**Name of Facility Contractor (5):**

Bako Construction & Restoration, Inc.

**Street Address:**

265A Route 46 Suite 3D

**City, State, Zip Code:** Totowa, NJ 07512

**Telephone Number:** 973-256-7010

**License No.:** 0896

**Name of OSHA Monitor:**

Bako Construction & Restoration, Inc.

**Street Address:**

265A Route 46 Suite 3D

**City, State, Zip Code:** Totowa, NJ 07512

**Start Date (10):** 08/15/2018

**Scheduled Completion Date (11):** 08/17/2018

**Occupancy Status During Abatement:**

☑ Facility Closed/Vacated During Entire Period of Abatement

☑ Abatement Performed Outside or Normal Facility Hours

☑ Other - Describe:

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

☑ ≥3,000 ft²

☑ ≥1600 sf or ≥250 ft³

☑ Renovation

☑ Demolition

☑ Full Containment with Negative Pressure

☑ Mini-Enclosure

☑ Glazing Procedure

☑ Non-Exempted (X) and Non-Firetable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15):**

- **Room G-2**

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

- **Termal System Insulation**

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

16 LF

**Abatement Type:**

- [ ] Removal

- [ ] Repair

- [ ] Encapsulation

- [ ] Estimation

**Name of Registered Waste Hauler:**

Bako Construction & Restoration, Inc.

**NJDEP Waste Hauler ID No.:** 20898

**Name of Registered Landfill:**

Tullytown Resource Recovery Facility

**City, State:**

Tullytown, PA

**Disposal Date:**

06/18/2018

**Completed by:**

Damir Valjevac

**Title:** Project Manager

**Signature:**

**Date:** 08/07/2018

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

Date of Notification (1):
05/30/2018

Name of Building Owner/Operator (2):
Springfield Public Schools

Street Address:
139 Mountain Ave.

City, State, Zip Code:
Springfield Township, NJ 07081

Name of Contact:
William Knorr

Telephone Number:
973-375-1025 ext. 1239

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Jonathan Dayton High School/Springfield HS

Street Address:
139 Mountain Ave.

City (5):
Springfield

County (6):
Union

Square Feet:
100,000

Current Use (Prior to being demolished):
High School

Type of Facility (4):

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

# of Floors:
2

Bldg. Age:
50+

Name of Monitoring Firm Hired by Building Owner (8):
Environvision Consultants, Inc

ASCM No.:
00079

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

Street Address:
20-21 Wagaw Road, Bldg. 35 E

City, State, Zip Code:
Fair Lawn, NJ 07410

Name of OSHA Monitor:

Bako Construction & Restoration, Inc.

Street Address:
265A Route 46 Suite 3D

City, State, Zip Code:
Totowa, NJ 07512

Start Date (10):
05/09/2018

Scheduled Completion Date (11):
08/10/2018

Occupancy Status During Abatement (Check Only One):

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

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

NJDEP Waste Hauler ID No.:
20889

Cubic Yards of Waste:
10

Name of Registered Landfill:
Tullytown Resource Recovery Facility

City, State:
Totowa, NJ

Completed by:
Damir Valjevac
Title:
Project Manager

Signature:

Date:
05/30/2018

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

In Facility (13):

Room G-2

X

Termal System Insulation

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF):
16 LF

Abatement Type:

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

- Renovation
  - Demolition

- Location Normally Used Solely by Maintenance/ Custodial Staff:
  - Yes
  - No
  - N/A

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

- Name of Registered Landfill:
  - Tullytown Resource Recovery Facility

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 8:16)

Date of Notification (1)  06 / 08 / 18

Name of Building Owner/Operator (2)  Jacobs Landing Phase 1 LIHTC, LLC

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

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

Street Address  5 Powell Lane
City, State, Zip Code  Collingswood, NJ 08108
Name of Contact  Joe DiSalvo
Telephone Number  856-662-1730

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  Jacobs Landing Phase 1

Street Address  20 Bunns Lane
City (5)  Woodbridge
County (6)  Middlesex

County Code (7) (STATE USE ONLY)  Vacant

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

ASCM No.  
Name of Abatement Contractor (9)  Shade Environmental, LLC

Street Address  623 Cutler Avenue
City, State, Zip Code  Maple Shade, NJ 08052

Project Manager for Monitoring Firm  Jack Carney  856-224-0080

Telephone No.  856-755-0099
License No.  00842

Start Date (10)  06 / 18 / 18
Scheduled Completion Date (11)  06 / 22 / 18

Name of OSHA Monitor  EMSL Analytical, Inc.

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

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

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

Building 12 Unit B  Sheet Flooring and Mastic  40 SF  

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

Cubic Yards of Waste  
Name of Registered Landfill  Fairless Landfill
City, State  Morrisville, PA
Disposal Date  05/22/2018

Completed By (Print or Type)  Diana Lynch  05/22/2018
Title  Owner
Signature  Date  6-8-18

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

Date of Notification (1) 06/07/2018

Name of Building Owner/Operator (2) Glenwood Apartments

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including Justification)
- DCA Cancellation

Street Address
1 Cherry Hill Ln

City, State, Zip Code Old Bridge, NJ 08857

Name of Contact Eric Prieto

Telephone Number 732-727-1414

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartment

Street Address
6-8 Cherry Hill Ln

City (5) Old Bridge

County (6) Middlesex county

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

ASCM No. ASCM No. Name of Abatement Contractor (9) DIA General Construction, Inc.

Name of Project Manager for Monitoring Firm

Telephone No. Telephone No. 973-389-0089 License No. 00693

Start Date (10) 06/15/2018 Scheduled Completion Date (11) 06/20/2018

Name of OSHA Monitor DIA General Construction, 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: 

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥150 sf or ≥250 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 A-D Cherry Hill Ln</td>
<td>X</td>
<td>Pipe/Elbow Insulation</td>
<td>180 LF</td>
<td></td>
</tr>
<tr>
<td>8 A-D Cherry Hill Ln</td>
<td>X</td>
<td>Pipe/Elbow Insulation</td>
<td>150 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group

Service Hauler ID No. 20990

Cubic Yards of Waste 6 CY

Name of Registered Landfill Minerva Landfill

City, State New Castle, DE 19720

Completed by Milan Njezic Title Vice President

Signature Date 06/07/2018

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

Date of Notification (1)
06/07/2018

Name of Building Owner/Operator (2)
Glenwood Apartments

Agencies Notified

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

Name of Facility Where Abatement is Taking Place (3)
Glenwood Apartment

Street Address
12 & 16 Cherry Hill Ln

City (5)
Old Bridge

County (6)
Middlesex county

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

Name of Abatement Contractor (9)
DIA General Construction, Inc.

FACILITY INFORMATION

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

Square Feet: 2000

# of Floors: 2

Bldg. Age: 60+

Current Use (Prior if being demolished)
Apartment

Name of OSHA Monitor
DIA General Construction, Inc.

Start Date (10)
06/15/2018

Scheduled Completion Date (11)
06/20/2018

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

Scope of Work (Check All That Apply)

- 23 sf or ≤ 31 ft²
- 2160 sf or ≥ 2600 ft²
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff?</th>
<th>Description of ACM (Specify SF or LF)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 A-D Cherry Hill Ln</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>180 LF</td>
<td></td>
</tr>
<tr>
<td>16 A-D Cherry Hill Ln</td>
<td>x</td>
<td>Pipe/Elbow Insulation</td>
<td>150 LF</td>
<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group

Cubic Yards of Waste
6 CY

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE 19720

Disposal Date
06/20/2018

City, State
Waynesburg, OH 44688

Completed by
Milan Njezic
Title
Vice President
Signature
Date
06/07/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:55 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/04/2018</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Glenwood Apartments</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 Cherry Hill Ln</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Old Bridge, NJ 08857</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Eric Prieto</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-727-1414</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement Is Taking Place (3) | Glenwood Apartment |
| Street Address | 12 & 16 Cherry Hill Ln |
| City (5) | Paterson |
| County (6) | Middlesex |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Type of Facility (4) | School (K-12) |
| Square Feet | 2000 |
| # of Floors | 2 |
| Bldg. Age | 60+ |
| Current Use (Prior if being demolished) | Apartment |
| Name of Abatement Contractor (9) | DIA General Construction, Inc. |
| Street Address | 1350 Clifton Avenue, PMB Suite 218 |
| City, State, Zip Code | Clifton, NJ 07012 |
| Telephone No. | 973-389-0099 |
| License No. | 00693 |
| Name of OSHA Monitor | DIA General Construction, Inc. |
| Street Address | 1350 Clifton Avenue, PMB Suite 218 |
| City, State, Zip Code | Clifton, NJ 07012 |

Scope of Work (Check All That Apply)

- 33 ft or 33 ft
- ≥150 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location (13)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 A-D Cherry Hill Ln</td>
<td>Pipe/Elbow Insulation 180 LF</td>
</tr>
<tr>
<td>16 A-D Cherry Hill Ln</td>
<td>Pipe/Elbow Insulation 150 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group

Name of Registered Landfill
Minerva Landfill

Completed by
Milan Njezic
Title
Vice President
Signature
Date
06/04/2018

ASB-41 (R-06-08)

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

Date of Notification (1)
06/04/2018

Name of Building Owner/Operator (2)
Glenwood Apartments

Aencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
1 Cherry Hill Ln

City, State, Zip Code
Old Bridge, NJ 08857

Name of Contact
Eric Prieto

Telephone Number
732-727-1414

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Glenwood Apartment

Street Address
6-8 Cherry Hill Ln

City (5)
Old Bridge

County (6)
Middlesex

County Code (7)

Current Use (Prior to being demolished)
Apartment

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

ASCM No.

Name of Abatement Contractor (9)
DIA General Construction, Inc.

Street Address
1360 Clifton Avenue, PMB Suite 218

City, State, Zip Code
Clifton, NJ 07012

Project Manager for Monitoring Firm

Telephone No.

License No.
00693

Start Date (10)
06/15/2018

Scheduled Completion Date (11)
06/20/2018

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

Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: __________

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 if

☒ ≥150 sf or ≥250 if

☒ Renovation

☒ Demolition

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

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

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

Amount (Spadly SF or LF)

Abatement Type

Location

Name

Yes

No

N/A

6 A-D Cherry Hill Ln

Pipe/Elbow Insulation

180 LF

Removal

6 A-D Cherry Hill Ln

Pipe/Elbow Insulation

150 LF

Repair

Endorse

Endorse

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
6 CY

Name of Registered Landfill

Minerva Landfill

City

Waynesburg, OH 44688

Disposal Date
06/04/2018

City, State

New Castle, DE 19720

Completed by
Milan Njezić

Title
Vice President

Signature

Date
06/04/2018

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

Date of Notification (1)
6/8/2018

Name of Building Owner/Operator (2)
Abe Sacko

Agencies Notified
[X] EPA
[X] NJDEP
[X] NDEP
[X] DOH
[X] DCA

Type Notification
[X] Initial Notification

Street Address

City, State, Zip Code
Bloomfield, NJ, 07003

Name of Contact
Abe Sacko

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abe Sacko

City (5) County (6) Essex County Code (7) (STATE USE ONLY)

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 # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

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

Street Address
86 Christopher St.

License Number
00371

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

Name of OSHA Monitor
N/A

Project Manager for Monitoring Firm

Telephone Number
N/A

Scheduled Start Date (10)
6/18/18

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

Sched. Completion Date (11)
6/19/18

Other - Describe: 

Scope of Work (Check all that apply)
[X] ≥2 sf or ≥3 lf
[X] Renovation
[X] ≥560 sf or ≥260 lf
[X] Demolition

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

Location Normally Used

In Facility

Location Normally Used Solely By Maintenance/Custodial Staff

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

Amount (Specify SF or LF)

Abatement Type

Yes No N/A

Basement

PIE INSULATION

75LF

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprise INC

Hauler ID No.
17040

Disposal Date
6/20/18

City, State
Montclair, NJ 07042

Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian
Title
President
Signature
Date
6/8/2018
### State of New Jersey Notification of Asbestos Abatement

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

#### Date of Notification (1)
6/7/18

#### Name of Building Owner/Operator (2)
Mr. Donald Strangfeld

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

#### Type/Notification
- [ ] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

#### Street Address

#### City, State, Zip Code
Ramsey, NJ 07446

#### Name of Contact
Mr. D. Strangfeld

#### Telephone Number

#### Name of Facility Where Abatement Is Taking Place (3)
Mr. Donald Strangfeld

#### Street Address

#### City (5)
Ramsey

#### County (6)
Bergen

#### Square Feet
2500

#### # of Floors
2

#### Bldg. Age
1935

#### Name of Abatement Contractor (9)
Best Removal Inc.

#### Street Address
450 South River Street

#### City, State, Zip Code
Hackensack, NJ 07601

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

#### Project Manager for Monitoring Firm
Omega Environmental

#### Street Address
280 Huyler Street

#### City, State, Zip Code
South Hackensack, NJ 07606

#### Start Date (10)
6/20/18

#### Scheduled Completion Date (11)
6/21/18

#### Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8:30 AM to 4:30 PM

#### Scope of Work (Check All That Apply)
- [ ] 55 sf or ≥2 if
- [ ] 160 sf or ≥250 sf
- [x] 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) (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>Yes</td>
<td>Thermal System Insulation</td>
<td>160 LF X</td>
<td>Removal</td>
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</table>

#### Name of Registered Waste Hauler
Best Removal Inc

#### NJDEP Waste Hauler ID No.
17109

#### Cubic Yards of Waste
240 CY

#### Name of Registered Landfill
Minerva Enterprises, LLC

#### City, State
Waynesburg, OH 44688

#### Disposal Date
6/21/18

#### Completed by
J. Maiorano

#### Title
Estimator

#### Signature

#### Date
6/7/18

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

(Pursuant to NJAC 8:60 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>6/7/18</td>
<td>MS. CYNTHIA SHEARIN</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>□ EPA</td>
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<td>Amended Amendment #</td>
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<td>Emergency (including justification)</td>
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<td>□ DOH</td>
<td>Cancellation</td>
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<tr>
<td>□ DCA</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS. CYNTHIA SHEARIN</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
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<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>BLOOMFIELD, NJ 07003</td>
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<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Name of Abatement Monitor</th>
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<tbody>
<tr>
<td>ESSEX</td>
<td>RESIGNCE</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td></td>
<td>Hackensack, NJ 07601</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td></td>
<td>201-329-7444</td>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
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<td>6/25/19</td>
<td>6/26/18</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>□ ≥ 3,000 sf or ≥ 3,000 ft²</td>
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<tr>
<td>□ ≥ 1,000 sf or ≥ 2,000 ft²</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Removal Inc</td>
<td>2/16/07</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>Hackensack, NJ 07601</td>
<td>17109</td>
<td>Waynesburg, OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td>jmaiorano</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 06/07/2018

Name of Building Owner/Operator (2) Jacqui Mandelbaum

Agencies Notified
- EPA
- DEP
- DOH
- DCA

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

Street Address [Redacted]
City, State, Zip Code North Plainfield, NJ 07060

Name of Contact Jacqui Mandelbaum
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House
Street Address [Redacted]
City (5) North Plainfield
County (6) Somerset
County Code (7) N/A
(STATE USE ONLY)

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

Square Feet N/A
# of Floors N/A
Bldg. Age N/A

Current Use (Prior if being demolished)
House

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

Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address 11 Rosengren Avenue
City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm
Street Address [Redacted]

City Address [Redacted]
City, State, Zip Code Totowa, NJ 07512

License No. 01311

Start Date (10) 09/18/2018
Scheduled Completion Date (11) 06/19/2018

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥180 sf or ≥280 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)

Yes No N/A

Pipe Insulation 165 LF

Abatement Type

Name of Registered Waste Hauler D&S Abatement, Inc.
NJDEP Waste Hauler ID No. 20996
Cubic Yards of Waste TBD

Name of Registered Landfill Waste Management of PA

City, State Totowa, NJ
Disposal Date TBD
City, State Morrisville, PA

Completed by Ned Joksimovic
Title Project Manager
Signature
Date 06/07/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6/17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>ROBERT CAMERON</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ENGLEWOOD, NJ, 07631</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>MR. ROBERT CAMERON</td>
</tr>
<tr>
<td>City (5)</td>
<td>ENGLEWOOD</td>
</tr>
<tr>
<td>County (6)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6/19/18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6/20/18</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2900</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>1940</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Best Removal Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>450 South River Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-329-7444</td>
</tr>
<tr>
<td>License No.</td>
<td>00388</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>Omega Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>280 Huyler Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Hackensack, NJ 07606</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>Yes</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>Yes</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>Yes</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>BASEMENT</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>THERMAL INSULATION</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>230 LF</td>
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<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Best Removal Inc</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>17109</td>
</tr>
<tr>
<td>City, State</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>6/20/18</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH 44688</td>
</tr>
<tr>
<td>Completed by</td>
<td>J. Maiorano</td>
</tr>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>6/7/18</td>
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</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)

Date of Notification (1)
6/7/18

Name of Building Owner/Operator (2)
Sea Pines Campgrounds

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA
☐ OTHER
☐ INITIAL
☐ AMENDED
☐ AMENDMENT
☐ EMERGENCY (INCLUDING JUSTIFICATION)
☐ CANCELLATION

Street Address
1535 Rt 9 N

City, State, Zip Code
Swainton NJ 08210

Name of Contact
Sharon

Telephone Number
609-624-1494

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Sea Pines Campgrounds

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

Street Address
1533 Rt 9

City (5)
Swainton

County (6)
Cape May

County Code (7)
(SATE USE ONLY)

Square Feet

# of Floors

Blg. Age

Current Use (Prior if being demolished)
bathhouse

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
6/17/18

Scheduled Completion Date (11)
6/19/18

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Facility Closed/Vacated During Entire Period of Abatement
☐ Yes
☐ No
☐ Other – Describe:

Abatement Type

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ 160 sf or 2250 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

(13)

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

No

N/A

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

Amount
(Specify
SF or LF)

Exterior

Roofing

500SF

Obligation

Removal

Repair

Encasement

Enclosure

Name of Registered Waste Hauler
NEWARK CARTING

NUDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
6/19/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

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

Date of Notification (1)
6/7/18

Name of Building Owner/Operator (2)
Christina Harding

Agencies Notified

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<tr>
<th>Agency</th>
<th>Type Notification</th>
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<tr>
<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
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<tr>
<td>DCA</td>
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</table>

Name of Contact
Christina Harding

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Atlantic Highlands

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Home

Type of Facility (4)

School (K-12)

Subchapter B (Other than K-12)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS
Street Address
6 WHITE DOVE COURT
City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-669-9078
License No.
1200

Start Date (10) 6/17/18
Scheduled Completion Date (11) 6/19/18

Occupancy Status During Abatement (Check Only One)

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

Other — Describe:

Scope of Work (Check All That Apply)

- 23 sq. ft or less
- 25 sq. ft or greater
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gluebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Enclosure

INTERIOR

Boiler Insulation
50LF

Name of Registered Waste Hauler
NEWARK CARTING
NJDEP Waste Hauler ID No.
04505

Cubic Yards of Waste
3

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
6/19/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
06/06/2018  

Name of Building Owner/Operator (2)  
NORMANDY VILLAGE  

Name of Building Owner/Operator (2)  
NORMANDY VILLAGE  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

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

Street Address  
2109 MORRIS AVE.  
City, State, Zip Code  
UNION NJ. 07083  

Name of Contact  
JOHN THOMAS  

Facility Information  

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

Square Feet  
# of Floors  
Bldg. Age  

Current Use (Prior if being demolished)  

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

Street Address  
2109 Morris Ave. Union NJ. Bldg. # 2065, 2075, 2081, 2109.  

City (5)  
UNION NJ  

County (8)  
UNION  

Name of Monitoring Firm Hired to Build Owner (8)  
N/A  

ASCM No.  

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

Street Address  
1125. 51 ST. STREET.  

City, State, Zip Code  
NORTH BERGEN NJ 07047  

License No.  
201-776-0642  

Telephone No.  
1300  

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)  
☐ ≥25 sf or ≥33 if  
☐ ≥160 sf or ≥280 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)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Boiler Room &amp; meter room</td>
<td>Yes</td>
<td>Pipe insulation bldg # 2065</td>
<td>60 LF.</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement gas meter room</td>
<td>No</td>
<td>pipe insulation bldg # 2075</td>
<td>8 LF.</td>
<td>Repair</td>
</tr>
<tr>
<td>Basement gas meter room</td>
<td>No</td>
<td>pipe insulation bldg # 2081</td>
<td>10 LF.</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Basement gas meter room</td>
<td>No</td>
<td>pipe insulation bldg # 2109</td>
<td>10 LF.</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
TRI STATE  

City, State  
BRONX NY.  

Disposal Date  
Date  
TBD  
06/06/2018  

Completed by  
CARLOS ESQUIVEL  
Title  
SAFETY MANAGER  

Name of Registered Landfill  
MINERVA ENTERPRISE  

Cubic Yards of Waste  
TBD  

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-6-18</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 7TH ST.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>SEA ISLE CITY N.J. 08243</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>V-RANIC</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | |
| City (5) | AVALON |
| County (8) | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Name of Abatement Contractor (9) | KLEMC-N INC |
| Street Address | 369 S. SPRUCE AVE. |
| City, State, Zip Code | MAPLE SHADE N.J. 08052 |
| Telephone No. | 856-779-0472 |
| License No. | 01371 |
| Current Use (Prior if being demolished) | VACANT |
| Square Feet | 1500 |
| # of Floors | 1 |
| Bldg. Age | 50+ |

| Start Date (10) | 6-16-18 |
| Scheduled Completion Date (11) | 6-23-18 |

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement: No
- Abatement Performed Outside of Normal Facility Hours: No
- Other - Describe: |

**Scope of Work**

- 23 sf or 23 ft
- 2160 sf or 2260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
- Removal
- Repair
- Encapsulate
- Enclosure

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

- IN Facility (13)
- SANDING
- X TRANSITE

**Amount (Specify SF or LF)**

- 1250 SF

**Name of Registered Waste Hauler**

- KLEMC-N INC.
- NUDP Waste Handler ID No: 17964
- Cubic Yards of Waste
- Name of Registered Landfill

**City, State**

- MAPLE SHADE N.J. 08052
- WOODBURY N.J.

**Completed By**

- MICHAEL KLEMC
- Title: Supt.
- Signature: 
- Date: 6-6-18

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

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

**Date of Notification (1):** 6-6-18

**Name of Building Owner/Operator (2):** Jerry's Excavating

**Street Address:** 274 Indian Trail Rd.

**City, State, Zip Code:** Cape May Court House, N.J., 08210

**Name of Contact:** Jerry

**Telephone Number:**

**FACILITY INFORMATION**

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

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

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

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 50+

**County:** Cape May

**City:** Cape May Court House

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

**Name of Abatement Contractor (9):** Klemco Inc.

**Street Address:** 369 S. Spruce Ave

**City, State, Zip Code:** Maple Shade, N.J., 08052

**Telephone No.:** 856-779-0472

**License No.:** 01371

**Name of OSHA Monitor:** N/A

**Start Date (10):** 6-16-18

**Scheduled Completion Date (11):** 6-23-18

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

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

**Location Normally Used Solely by Maintenance/Custodial Staff? (12):** No

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** Transite 1000 SF

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

**Abatement Type:**
- Removal
- Repair
- Encapsulate
- Enduse

**Name of Registered Waste Hauler:** Klemco Inc

**NDEP Waste Hauler ID No.:** 177904

**Cubic Yards of Waste:**

**Name of Registered Landfill:** C.M.C.M.U.A.

**Disposal Date:**

**City, State:** Maple Shade, N.J.

**Completed By:** Michael Klem

**Title:** Sup.

**Signature:**

**Date:** 6-6-18

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

Date of Notification (1) 06 / 11 / 18

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

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

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

Street Address
8 Park Avenue

City, State, Zip Code
Rutherford, NJ

Name of Abatement Contractor
JVN Restoration Inc

FACILITY INFORMATION

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

Square Feet
2,000

# of Floors
1

Bldg. Age
45

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

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

New York Environmental

ASCM No.

Street Address
88 Harbor Road

City, State, Zip Code
Port Washington, NY 11050

License No.
00774

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Street Address
10-59 Jackson Avenue

City, State, Zip Code
LIC NY 11101

Project Manager for Monitoring Firm
Michael Baudo

Telephone No.
516-944-9500

Name of OSHA Monitor
Testor Tech

Start Date (10) 06 / 22 / 18

Scheduled Completion Date (11) 06 / 27 / 18

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

☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/___PM-AM

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐

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

(13)

Yes ☒ No ☐ N/A (12)

Location of Asbestos-Containing Material (ACM)

N JDEP Waste Hauler ID No. NJ-556

Name of Registered Landfill
IESI

Cubic Yards of Waste
15

Disposal Date
06/30/2018

City, State
Bethlehem, PA

Completed By (Print or Type)
Ralph Barnhardt

Title
Project Manager

Signature

Date
06-11-18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
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<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
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<tr>
<td>☑ DOLWD</td>
<td>☑ Amended</td>
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<td>☑ DHSS</td>
<td>☑ Amendment #</td>
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<td>☑ DCA (NJAC 5:23-8)</td>
<td>☑ Emergency (including justification)</td>
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<td></td>
<td>☑ Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>Verizon</td>
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<tr>
<td>1100 Orange Avenue</td>
<td>Cranford, NJ 07016</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Christopher Pierce</td>
<td>201-356-5165</td>
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**FACILITY INFORMATION**

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<thead>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tr>
<td>Verizon</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>8436 Enterprise Avenue</td>
<td>Philadelphia, PA 19153</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA Environmental Management Inc.</td>
<td></td>
<td>JVN Restoration Inc</td>
</tr>
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<tr>
<th>Street Address</th>
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<th>License No.</th>
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<tr>
<td>8436 Enterprise Avenue</td>
<td>215-365-5810</td>
<td>00774</td>
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<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>Testor Tech</td>
<td>10 59 Jackson Avenue</td>
<td>LIC NY 11101</td>
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<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 25 / 18</td>
<td>07 / 31 / 18</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:</th>
<th>AM PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00AM-5:00PM-1:30AM</td>
<td></td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement A/C Equipment Room</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation and Fittings</td>
<td>9 LF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>NJ-566</td>
<td>15</td>
<td>G.R.O.W.S., Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
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<tbody>
<tr>
<td>06/28/2018</td>
<td>Morrisville, PA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ralph Barnhardt</td>
<td>Project Manager</td>
<td>x</td>
</tr>
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</table>

**Date**: 06-11-2018

*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)
06-06-18

Name of Building Owner/Operator (2)
PSEG

Agency Notified
□ EPA
□ DEP
□ DOH
□ DCA

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

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Ben Lamac

Telephone Number
732-354-7807

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Third Street Substation

Street Address
163 Third Street

City (5)
Kearny

County Code (7)
Hudson

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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

Asbestos No.
N/A

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

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

Project Manager for Monitoring Firm
N/A

Telephone No.
631-924-8111

License No.
01136

Start Date (10)
06-15-18

Scheduled Completion Date (11)
07-15-18

Name of OSHA Monitor
WRS Environmental Services, Inc.

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank NY 11980

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

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 ft
□ ≥150 sf or ≥250 ft
□ Renovation
□ Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility (13)

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)
20 LF

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

Control House

X Caulk

Name of Registered Waste Hauler
Waste Management

NJ/DEP Waste Hauler ID No.
17273

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless landfill

City, State
Elizabeth, NJ 07201

Disposal Date
TBD

Name of Registered Landfill

City, State
Morrisville PA 19067

Completed by
Raymond Tutiven

Title
Supervisor

Signature

Date
06-06-18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1)
06/11/18

Name of Building Owner/Operator (2)
Phillips 66 Domestic Trades Terminal

Agencies Notified
- EPA
- DEP
- DOL
- DOD
- DCA

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

Street Address
Route 1 North
City, State, Zip Code
Linden, NJ 07036

Name of Contact
Joe Garza
Telephone Number
1-832-740-2596

Name of Facility Where Abatement is Taking Place (3)
Phillips 66 Domestic Trades Terminal

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

City (5)
Linden

Square Feet
200

County Code (7)

County (6)
Union

Current Use (Prior if being demolished)

Transfer Pipes

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

Name of Abatement Contractor (9)
Advanced Specialty Contractors

Street Address
2400 Main Street Extension Suite 10
City, State, Zip Code
Sayreville, NJ 08872

Telephone No.
732-525-0100
License No.
00750

Project Manager for Monitoring Firm
Telephone No.

Start Date (10)
06/25/18
Scheduled Completion Date (11)
06/29/18

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

Scope of Work (Check All That Apply)

- >5 sf or >3 if
- >160 sf or >260 if
- 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

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

Amount (Specify SF or LF)
200 LF

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

Name of Registered Waste Hauler
NJ/DEP Waste Hauler ID No. 15939

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Freehold Cartage

Disposal Date
06/29/18

Freehold NJ

Completed by
Dan Baptista
Title
Safety Agent
Signature

06/11/18

ASB-41 (R-06-06)

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)  
06/06/2018

Name of Building Owner/Operator (2)  
Elmwood Terrace Inc

Agencies Notified  
» EPA  
» DEP  
» DOL

Type Notification  
» Initial  
» Amended  
» Amendment #

Street Address  
155 Riverside Drive  
City, State, Zip Code  
New York, NY 10024

Name of Contact  
Brian Tarzik  
Telephone Number  
(212) 873-4919

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Boiler Room 5

Street Address  
1-10 Iozia Terrace

City (5)  
Elmwood Park

County (6)  

County Code (7)  

(STATE USE ONLY)  

Square Feet  
1000

# of Floors  
2

Bldg. Age  
56

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

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Building Owner (8)  
Crown Air Services LLC

ASCM No.  

Name of Abatement Contractor (9)  
Asbestways Solutions Corp

Street Address  
478 Albany Avenue, Suite 76  
City, State, Zip Code  
Brooklyn, NY 11203

Project Manager for Monitoring Firm  
Vanessa Miller

Telephone No.  
3475332096

Start Date (10)  
06/25/2018  
Scheduled Completion Date (11)  
07/09/2018

Name of OSHA Monitor  
Asbestways Solutions Corp

Street Address  
132 Washington Avenue  
City, State, Zip Code  
Brooklyn, NY 11205

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

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

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

Boiler Room  

Boiler Insulation  
120 Sqf  
X

Boiler Room  

Boiler Breaching Insulation  
10 Sqf  
X

Name of Registered Waste Hauler  
Newark Carting Inc  
NJDEP Waste Hauler ID No.  
4506

Cubic Yards of Waste  

Name of Registered Landfill  
Tully-Town Re Facility

City, State  
Newark, NJ 07102

Completed by  
Mendy Gorodetsky  
Title  
Officer  
Signature  
Date  
06/06/2018

Print Form

* 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)**
06/06/2018

**Name of Building Owner/Operator (2)**
Elmwood Terrace Inc

**Street Address**
155 Riverside Drive

**City, State, Zip Code**
New York, NY 10024

**Name of Contact**
Brian Tarzik

**Telephone Number**
(212) 873-4919

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Boiler Room 4

**Street Address**
31 16th Avenue

**City (5)**
Elmwood Park

**County (6)**

**Square Feet**
1000

**# of Floors**
2

**Bldg. Age**
56

**Type of Facility (4)**

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

**Name of Abatement Contractor (9)**
Asbestways Solutions Corp

**Street Address**
132 Washington Avenue

**City, State, Zip Code**
Brooklyn, NY 11205

**Name of Monitoring Firm Hired by Building Owner (8)**
Crown Air Services LLC

**ASCM No.**

**Name of OSHA Monitor**
Asbestways Solutions Corp

**Project Manager for Monitoring Firm**
Vanessa Miller

**Telephone No.**
3475332096

**License No.**
7188582600

**Start Date**
06/18/2018

**Scheduled Completion Date**
06/30/2018

**Occuancy 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] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if
- [ ] Renovation
- [X] Demolition

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- [X] Boiler Insulation: 140 Sqf
- [X] Pipe Insulation: 30 Lnf
- [X] Boiler Breaching Insulation: 10 Sqf

**Amount (Specify SF or LF)**

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

**NJDEP Waste Hauler ID No.**
4506

**Cubic Yards of Waste**

**Name of Registered Landfill**
Tully-Town Re Facility

**City, State**
Newark, NJ 07102

**Disposal Date**

**Completed by**
Mendy Gorodetsky

**Title**
Officer

**Signature**

**Date**
06/06/2018

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>06/07/2018</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Jennifer Brady</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jennifer Brady</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Skillman, NJ 08558</td>
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<td>Name of Facility Where Abatement is Taking Place</td>
<td>Private Residence</td>
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<tr>
<td>Square Feet</td>
<td>1000</td>
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<tr>
<td># of Floors</td>
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<tr>
<td>Bldg. Age</td>
<td>50+</td>
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<tr>
<td>Type of Facility</td>
<td>House</td>
</tr>
<tr>
<td>Current Use</td>
<td>Prior if being demolished</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>Nari Construction LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>63 Leather Stocking Path</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
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<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
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<tr>
<td>Start Date</td>
<td>06/18/2018</td>
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<td>Scheduled Completion Date</td>
<td>06/20/2018</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material</td>
<td>Attic</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material</td>
<td>Fiber Insulation and Vermiculite</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>865 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Nari Construction LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Lincoln Park, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Igor Jezdimirovic</td>
</tr>
<tr>
<td>Title</td>
<td>P. Manager</td>
</tr>
</tbody>
</table>

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