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

Date of Notification (1)
6 / 12 / 17

Name of Building Owner/Operator (2)
Island Heights Board of Education

Street Address
Island Heights

City, State, Zip Code
Island Heights, NJ 08755

Name of Contact
Ed Crawford

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Island Heights

Street Address
115 Summit Ave

City (5)
Island Heights

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Project Manager for Monitoring Firm

Telephone No.
856 840 8900

Telephone No.
215 542 7000

License No.
00847

Start Date (10)
6 / 26 / 17

Scheduled Completion Date (11)
7 / 31 / 17

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM

Scope of Work (Check all that apply)

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, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclose

Abatement

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Champion Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Grows-Tullytown

City, State

Hainesport, NJ

Disposal Date
7/31/17

City, State

Morrisville, PA 19067

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
6/27/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 12 / 17</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Edgewater Park Township School District

**Street Address**
25 Washington Ave

**City, State, Zip Code**
Edgewater Park, NJ 08010

**Name of Contact**
Robert Irwin/Nancy Lane

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Anne C Jacques School</th>
</tr>
</thead>
</table>

**Street Address**
25 Washington Ave

**City (5)**
Edgewater Park, NJ 08010

**County (6)**
Burlington

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

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

**Square Feet**
30,000

**# of Floors**
1

**Bldg. Age**
50+

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Controlled Environmental Systems

**Street Address**
1121 N. Bethlehem Pike - Suite 60

**City, State, Zip Code**
Spring House, PA 19477

**License No.**
00847

**Name of OSHA Monitor**
CES

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

**Start Date (10)**
6 / 26 / 17

**Scheduled Completion Date (11)**
7 / 31 / 17

**Time of Abatement:**
AM 7:00PM/ PM 2:00AM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Demolition
- Renovation

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Exterior Doorways**
Soffit Plaster 5 SF

**Doorways Throughout**
ACM Transite Doorway Panels 300 SF

**Name of Registered Waste Hauler**
Champion Waste Hauler

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
2

**Disposal Date**
7/31/17

**Name of Registered Landfill**
Grows-Tullytown

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Patricia Visco

**Title**
Office Manager

**Signature**

**Date**
9/12/17

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 12 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Edgewater Park Township School District</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>25 Washington Ave</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Edgewater Park, NJ 08010</td>
<td></td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Robert Irwin/Nancy Lane</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Ridgeway Middle School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>300 Delanco Road</td>
</tr>
<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>Edgewater Park, NJ 08010</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td></td>
</tr>
<tr>
<td>Burlington</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Epic Environmental Services</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Controlled Environmental Systems</td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Newfield, NJ 08344</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm (10)</td>
<td>James Eberts</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>856-205-1077</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6 / 26 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>7 / 31 / 17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM 2:00PM / PM 2:00AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ 3sf or ☑ 31 sf</td>
<td></td>
</tr>
<tr>
<td>☑ 180sf or ☑ 260sf</td>
<td></td>
</tr>
<tr>
<td>☐ Renovation</td>
<td></td>
</tr>
<tr>
<td>☐ Demolition</td>
<td></td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>☐ Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>☒ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>☒ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler (13)</td>
<td>Champion Waste Hauler</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Grows-Tullytown</td>
</tr>
<tr>
<td>City, State</td>
<td>Hainesport, NJ</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>7/31/17</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Patricia Visco</td>
</tr>
<tr>
<td>Title</td>
<td>Office Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>6/12/17</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
6 / 12 / 17

**Name of Building Owner/Operator (2)**
Edgewater Park Township School District

**Street Address**
25 Washington Ave

**City, State, Zip Code**
Edgewater Park, NJ 08010

**Name of Contact**
Robert Irwin/Nancy Lane

**FACILITY INFORMATION**

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

**Street Address**
405 Cherrix Ave

**City (5)**
Edgewater Park, NJ 08010

**County (6)**
Burlington

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Controlled Environmental Systems

**Street Address**
1121 N. Bethlehem Pike - Suite 60

**City, State, Zip Code**
Spring House, PA 19477

**License No.**
215 542 7000

**Name of OSHA Monitor**
CES

**Phone No.**
888-205-1077

**Start Date (10)**
6 / 26 / 17

**Scheduled Completion Date (11)**
7 / 31 / 17

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

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 2:00PM PM 2:00AM

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

- [X] Renovation
- [ ] Demolition
- [X] 3 sf or 3 If
- [ ] 160 sf or >260 If

**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? (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>Hallway Ceilings</td>
<td>[ ] Yes [X] No</td>
<td>ACM Paper Pipe Insulation/Wrap cut</td>
<td>35 LF</td>
<td>Repair</td>
</tr>
<tr>
<td>Exterior Doorways</td>
<td>[X] Yes [ ] No [ ] N/A</td>
<td>Soffit Plaster</td>
<td>5 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Champion Waste Hauler

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

**Cubic Yards of Waste 2**

**Name of Registered Landfill**
Grows-Tullitytown

**City, State**
Hainesport, NJ

**Disposal Date**
7/31/17

**City, State**
Morrisville, PA 19067

**Completed By (Print or Type)**
Patricia Visco

**Title**
Office Manager

**Signature**

**Date**
6-12-17

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

State of New Jersey

Name of Building Owner/Operator (2)
West Long Branch BOE/Job #1603-4997

Name of Contact
Brian Keeshan

Agencies Notified
☐ EPA
☐ DOH
☐ DOLWD
☐ CHSS
☐ DCA
liğinde (NJAC 5.23-8)

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

Date of Notification (1)
6 / 8 / 17

Street Address
135 Locust Avenue

City, State, Zip Code
Long Branch, NJ 07764

Name of Monitoring Firm Hired by Building Owner (6)
TTI Environmental

Name of Abatement Contractor (9)
AbateTech, Inc.

Name of Registered Waste Hauler
AbateTech, Inc.

Facility Information

Name of Facility Where Abatement Is Taking Place (3)
Frank Antonides Elementary School

Street Address
135 Locust Avenue

City (5)
West Long Branch, NJ 07764

County (6)

County Code (7)

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

# of Floors

Bldg. Age

Project Manager for Monitoring Firm
James Gullardi

Telephone No.
856-840-8800

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
6 / 23 / 17

Scheduled Completion Date (11)
7 / 7 / 17

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

Time of Abatement: AM-PM/AM-PM

Scope of Work (Check all that apply)
☐ ≥3 ft or ≥3 If
☐ ≥160 ft or ≥280 If

☐ Renovation
☐ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

A&B Wing Hallway, 9 closets & gym storage room

Storage Closet

Pipe Fittings

Floor tile & Mastic

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste

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

City
Lumberton, NJ

Disposal Date
7/7/17

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumpetti

Title
Operations Coordinator

Signature

Date
6/8/17

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

State of New Jersey

Date of Notification (1)  6 / 8 / 17

Name of Building Owner/Operator (2)  Delbarton High School

Agencies Notified  □ EPA  □ DOLWD  □ DHSS  □ DCA (NJAC 5:23-8)
Type Notification  □ Initial  □ Amended
Amendment #1  □ Emergency (including justification)  □ Cancellation

Street Address  230 Mendham Road
City, State, Zip Code  Morristown, NJ 07960
Name of Contact  Bill Champi  Telephone Number

FACILITY INFORMATION

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

City (5)  Morristown, NJ 07960

County Code (7)/STATE USE ONLY  High School

Current Use (Prior if being demolished)  High School

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

ASCM No.  16-0085  Name of Abatement Contractor (9)  AbateTech, Inc.
Street Address  300 Grand Avenue
City, State, Zip Code  Englewood, NJ 07631

Project Manager for Monitoring Firm  Stephen Jaraczewski

Telephone No.  201-569-6708  Street Address  30 Maple Ave. PO Box 25
City, State, Zip Code  Lumberton, NJ 08048

License No.  609-265-2107  License No.  00529
Name of OSHA Monitor  EMSL Analytical

Start Date (10)  6 / 7 / 17  Scheduled Completion Date (11)  6 / 8 / 17

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement  No
Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: ZAM-3:30PM/____PM-____AM

Scope of Work (Check all that apply)

□ ≥300 sf or ≥3000 sf  □ Renovation  □ Full Containment with Negative Pressure
□ ≥30 sf or ≥300 sf  □ Demolition  □ Mini-Enclosure
□ ≥200 sf or ≥2500 sf  □ Asbestos Transfer  □ Glovebag Procedure
□ ≥100 sf or ≥2000 sf  □ Transite Panels  □ Non-Exempted (*) and Non-Friable Procedure

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

Library  □ Yes  □ No  □ N/A
Library  □ Yes  □ No  □ N/A

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

Yes  □  No  □  N/A  □

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

Location  Transite Panels  Amount (Specify SF or LF)  242 SF
Location  Pipe Fittings  Amount (Specify SF or LF)  24 total

Abatement Type

Removal  □  Repair  □  Encapsulation  □
Endorsement  □  Removal  □
Encapsulation  □  Endorsement  □

Name of Registered Waste Hauler Service Transport
NJDEP Waste Hauler ID No. 20990
Cubic Yards of Waste  20
Name of Registered Landfill  G.R.O.W.S. Landfill

Disposal Date  6/16/17  City, State  Tullytown, PA
City, State  New Castle, DE
Completed By (Print or Type)  Gwendolyn Trumbetti  Title  Operations Coordinator
Signature

MAY 11

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

Date of Notification (1) 6 / 7 / 17
Name of Building Owner/Operator (2) Delbarton High School / Job #1603-4995 Check #9206

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

Street Address
230 Mendham Road
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Bill Champi

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Delbarton High School
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
# of Floors
Bldg. Age

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
High School

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc.
Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No. 16-0085
Street Address 300 Grand Avenue
City, State, Zip Code Englewood, NJ 07631

Project Manager for Monitoring Firm
Stephen Jaraczewski
Telephone No. 201-569-6706
License No. 00529

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: 7AM-3:30PM/_____PM-______AM

Name of OSHA Monitor
EMSL Analytical
Street Address 200 Route 130 North
City, State, Zip Code Cinnaminson, NJ 08077

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Library
☐ ☐ ☒ Transite Pipe 242 SF
Library
☐ ☐ ☒ Pipe Fittings 24 total

Name of Registered Waste Hauler
Service Transport
NJDEP Waste Hauler ID No. 20920
Cubic Yards of Waste 20
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
New Castle, DE
Disposal Date 6/16/17
City, State
Tullytown, PA
Completed By (Print or Type)
Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 6/17/17

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

(Pursuant to NJAC 8:60 and 5:18)

**Date of Notification (1)**

6 / 8 / 17

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

Jamesburg Public Schools / Job #1703-5122 Check #9208

**Street Address**

13 Augusta Street

**City, State, Zip Code**

Jamesburg, NJ 08831

**Name of Contact**

Telephone Number

---

**FACILITY INFORMATION**

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

JFK ES

**Street Address**

28 Front Street

**City, State, Zip Code**

Jamesburg, NJ 08831

**County (8)**

Middlesex

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

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

- School

**Type of Facility (4)**

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

**Square Feet**

Bldg. Age

**# of Floors**

**Telefon No.**

**License No.**

- 00529

---

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

TTI Environmental

**ASCM No.**

Name of Abatement Contractor (9)

AbateTech, Inc.

**Street Address**

1253 North Church Street

**City, State, Zip Code**

Lumberton, NJ 08036

**Telephone No.**

609-205-2107

**Name of OSHA Monitor**

EMSL Analytical

**Street Address**

200 Route 130 North

**City, State, Zip Code**

Cinnaminson, NJ 08077

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

- ≥3,000 ft² or ≥23 if
- ≥150 ft² or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- Boiler Room
- 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

**Amount**

- 250 SF
- 200 SF
- 500 LF

**Name of Registered Waste Hauler**

AbateTech, Inc.

**NUDEP Waste Hauler ID No.**

18750

**Cubic Yards of Waste**

40

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**City, State**

Lumberton, NJ

**Disposal Date**

7/10/17

**City, State**

Tullytown, PA

**Date**

7/11/17

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6   / 8 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>HPF VIII 700 Union LLC c/o Hampshire Companies / Job #1704-5141 Check #9216 PG 1 of 2</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>EPA</td>
<td>Type Notification</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended #1</td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>22 Maple Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Hoon Lee</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Pharmaceutical Building
Street Address
700 Union Blvd.
City (5)
Totowa, NJ 07512
County (6)
Passaic
Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc.
Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
300 Grand Avenue
City, State, Zip Code
Englewood, NJ 07631
Project Manager for Monitoring Firm
Stephen Jaraczewski
Telephone No.
201-569-6708
Start Date (10)
6 / 19 / 17
Scheduled Completion Date (11)
7 / 31 / 17
Name of OSHA Monitor
EMSL Analytical
Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Location of Asbestos-Containing Material (ACM) (14)</td>
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<td></td>
<td></td>
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</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elbows</td>
<td>1,000 total</td>
<td></td>
</tr>
<tr>
<td>Plaster</td>
<td>5,000 SF</td>
<td></td>
</tr>
<tr>
<td>Single Layer Floor tile &amp; Mastic</td>
<td>7,810 SF</td>
<td></td>
</tr>
<tr>
<td>Double Layer Floor tile &amp; Mastic</td>
<td>7,875 SF</td>
<td></td>
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</tbody>
</table>

### Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler Id No. 18750
Cubic Yards of Waste 40
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Lumberton, NJ
Disposal Date 7/31/17
City, State
Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 8/17

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

**Date of Notification (1)**
6 / 8 / 17

**Name of Building Owner/Operator (2)**
HPF VIII 700 Union LLC/Job #1704-5141 Check #9216

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

**Name of Facility Where Abatement Is Taking Place (3)**
Former Pharmaceutical Building

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

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

**Type of Abatement Contractor (9)**
AbateTech, Inc.

**Name of Abatement Contractor (9)**

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

**ASCM No.**

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

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

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

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

**Name of Registered Waste Hauler**
AbateTech, Inc.

**Disposal Date**
7/31/17

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

**Cubic Yards of Waste**
40

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

**City, State**
Lumberton, NJ

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
6/17/17

**Running Footnotes**

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

State of New Jersey

**Date of Notification (1)**
06 / 09 / 17

**Name of Building Owner/Operator (2)**
PNC Realty Services

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Commercial

**Street Address**
1041 Route 206 North

**City (5)**
Bordentown

**County (6)**
Burlington

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

**Name of Abatement Contractor (9)**
ALL PRO MANAGEMENT LLC

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Name of OSHA Monitor**
ALL PRO MANAGEMENT LLC

**Street Address**
27 Outwater Lane

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

**License No.**
1188

**Start Date (10)**
06 / 19 / 17

**Scheduled Completion Date (11)**
07 / 19 / 17

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

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

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

- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] 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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>LF</th>
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</thead>
<tbody>
<tr>
<td>Flashing/Vent Caulking</td>
<td>42</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
All Pro Management, LLC

**Name of Registered Landfill**
IESI Bethlehem Landfill

**City, State**
Garfield, NJ

**Disposal Date**
TBD

**City, State**
Bethlehem, PA

**Completed By (Print or Type)**
Allen Monchik

**Title**
Project Manager

**Signature**

**Date**
6 09 17

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

Name of Building Owner/Operator (2):
Lorraine Cooper

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

Street Address:

City, State, Zip Code:
Paramus, NJ 07652

Name of Abatement Contractor (9):
All Stages Abatement

Name of OSHA Monitor:

Scope of Work (Check All That Apply):
- Renovation
- Demolition

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

1st Fl of Home

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
Popcorn Ceiling 285 SF

Name of Registered Waste Hauler:
Newark Carting

Name of Registered Landfill:
Grand Central Sanitary Landfill

Completed by:
Richard Cristofol

Title:
President

Signature:

* 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)
6/9/17

Name of Building Owner/Operator (2)
Sherry Ahearn

Agencies Notified

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

Type Notification

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address

City, State, Zip Code
Westwood, NJ 07675

Name of Contact
Sherry Ahearn

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Westwood

County (6)
Bergen

Current Use (Prior if being demolished)
Residential Home

Square Feet
2450

# of Floors
3

Bldg. Age
70 +/-

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

Name of Abatement Contractor (9)
All Stages Abatement

Start Date (10)
6/19/17

Scheduled Completion Date (11)
6/22/17

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: 8 A.M. to 4 P.M.

Scope of Work (Check All That Apply)

- [ ] ≥30 sf or ≥30 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)

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

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

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

End Cap

Name of Registered Waste Hauler
Newark Carting

Cubic Yards

Cubic Yards of Waste
3 CU

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Pen Argyl, PA 18072

Completed by
Richard Cristofoli
Title
President
Signature

Date
6/9/17

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Sub chapter 8 Project
Check # 8426
RECEIVED
JUN 13 2017
ASBESTOS CONTROL & LICENSING

B & G proj. #: 2017-72

Date of Notification (1)
06/10/17

Type Notification
Initial

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

Street Address
669 Avenue A

City, State, Zip Code
Bayonne, NJ 07002

Name of Contact
Leo J Smith, Jr. / Scott Nolan

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Horace Mann School # 6

Street Address
25 West 38th Street

City (5)
Bayonne, NJ

County (6)
Hudson

County Code (7)

Type of Facility (4)
\[\text{X} \] School (K - 12)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Bldg. Owner (8)
T & M Associates

ASCM No.
145

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Phone Number
732-539-2482

License Number
00378

Project Manager for Monitoring Firm
Kevin Burns

Scheduled Start Date (10)
06/24/2017

Sched. Completion Date (11)
06/27/2017

Occupy Status During Abatement (Check only one)
\[\text{X} \] Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply)

Demolition

Renovation

≥ 3 sf or ≥ 3 ft

≥ 160 sf or ≥ 260 lf

Description of asbestos-containing material (ACM)
pipe insulation above drop ceiling

Amount
70 lf

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

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
06/27/2017

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date
06/09/2017

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

**Date of Notification (1)**  
10/16/2017

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

**Street Address**  
[Redacted]

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

**Name of Contact**  
Jerome Casey

**Telephone Number**  

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
Estate of Mary Ellen McCafferty

**Street Address**  
[Redacted]

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

**Name of Monitoring Firm Hired by Bldg. Owner (8)**  
[Redacted]

**ASCM No.**  
n/a

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

**Street Address**  
105 Ryerson Road

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

**Telephone Number**  
(973)596-6669

**License Number**  
00378

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

**Street Address**  
105 Ryerson Road

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

**Occupancy Status During Abatement (Check only one)**  
[Redacted]

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

**Scheduled Completion Date (11)**  
06/20/2017

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

<table>
<thead>
<tr>
<th>Material</th>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>pipe insulation</td>
<td>X</td>
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<td>57 LF</td>
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</table>

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

**NJDEP Hauler ID#**  
19563

**Cubic Yards of Waste**  
1

**Name of Registered Landfill**  
Tullytown Resource & Recovery Center

**City, State**  
Lincoln Park, NJ

**Disposal Date**  
06/20/2017

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

**Signature**  
Gordana Luna  
**Date**  
06/09/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
04 / 12 / 17

Name of Building Owner/Operator (2)
New Jersey Department of Environmental Protection

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
401 East State Street, PO Box 420

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
Joseph Malo

FACILITY INFORMATION

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

Street Address

City (5)
Mansfield Township

County (6)
Warren

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

ASCM No.
00112

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
344 West State Street

City, State, Zip Code
Trenton, NJ 08601

Project Manager for Monitoring Firm

Telephone No.
609-656-8101

Start Date (10)
04 / 24 / 17

Scheduled Completion Date (11)
06 / 30 / 17

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Time of Abatement: 08 AM  12 PM  05 PM  01 AM

License No.
1188

Scope of Work (Check all that apply)
☐ Renovation
☒ Demolition

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

101 and 204
☐ ☐ ☒ Multi-layered resilient floor cover 336 SF

002 and 005
☐ ☒ ☐ Flue Cement 8 SF

001,004,101,102,103,104
☐ ☐ ☒ Paper duct insulation 80 SF

Exterior
☐ ☒ ☒ Cementitious Siding 3,420 SF

Name of Registered Waste Hauler
Century Waste Services LLC

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste
As Needed

Name of Registered Landfill
IESI Bethlehem Landfill

City, State
Elizabeth, NJ

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Date
1/1/17

* Do not use this form for asbestos licensure exempted activities.
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
|---|---|---|---|---|---|---|---|---|
| Exterior | | Black/Tan Caulk at exterior trim and siding | 200 LF | X | | | | |
| Exterior Doors | | Glazing at window panels of storm door | 102 LF | X | | | | |
| Exterior below grade foundation | X | Black tar vapor barrier below grade foundation wall | 798 SF | X | | | | |
| Throughout | X | White window glazing | 720 LF | X | | | | |
| Rear porch roof (bottom layer) | X | Black rolled tar paper under roof shingle | 160 SF | X | | | | |
| Rear porch roof and upper roof | X | Black flashing at shingle & wall interface and chimney & vents | 114 LF | X | | | | |

Completed by: (Print or type) Allen Monchik  
Title: Project Manager  
Signature:  
Date: 6/7/12
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04 / 12 / 17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>New Jersey Department of Environmental Protection</td>
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<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>401 East State Street, PO Box 420</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08625</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph Malo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City (5)</td>
<td>Mansfield Township</td>
</tr>
<tr>
<td>County (6)</td>
<td>Warren</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>USA Environmental Management</td>
</tr>
<tr>
<td>USA Environmental Management</td>
<td>ASCM No. 00112</td>
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<tr>
<td>Name of Abatement Contractor (6)</td>
<td>ALL PRO MANAGEMENT LLC</td>
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<tr>
<td>Street Address</td>
<td>344 West State Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08601</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No. 609-659-8101</td>
</tr>
<tr>
<td>Telephone No. 574-659-8101</td>
<td>License No. 1188</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04 / 24 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>05 / 24 / 17</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/AM-PM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 If</td>
<td>Ranovation</td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
<td></td>
</tr>
<tr>
<td>IN Facility (13)</td>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>101 and 204</td>
<td>Multi-layered resilient floor cover</td>
</tr>
<tr>
<td>002 and 005</td>
<td>Floor Cement</td>
</tr>
<tr>
<td>001,004,101,102,103,104</td>
<td>Paper duct insulation</td>
</tr>
<tr>
<td>Exterior</td>
<td>Cementitious Siding</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJ/DEP Waste Hauler ID No. SW-24310</td>
</tr>
<tr>
<td>ATC</td>
<td>Cubic Yards of Waste As Needed</td>
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<tr>
<td>Minerva Enterprises</td>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Shirley, NY</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Allen Monchik</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4-12-17</td>
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</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 5:16)

Date of Notification (1) 06 / 09 / 17

Name of Building Owner/Operator (2) Levin Properties L.P.

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

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

Street Address 405 Route 57 East
City, State, Zip Code Washington Township, NJ 07882
Name of Contact Gerald A. O'Brien

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
- Commercial
Street Address 401 E. Washington Avenue
City (5) Washington
County (6) Warren

County Code (STATE USE ONLY) [ ]

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No. 0515995

Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC

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

Square Feet [ ]
# of Floors [ ]
Bldg. Age [ ]

Current Use (Prior if being demolished)

Schedule for demolition

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

Street Address P.O. Box 1224
City, State, Zip Code Union, NJ

Project Manager for Monitoring Firm Rick Eustaquio

Telephone No. 973-494-3762

Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC

Street Address 27 Outwater Lane
City, State, Zip Code Garfield, NJ 07026

License No. 1188

Start Date (10) 06 / 20 / 17
Scheduled Completion Date (11) 07 / 20 / 17
Occupy Status During Abatement (Check only one)
- [ ] Facility Closed/ Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM AM

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility (13)

Yes No N/A

Description of Asbestos Containing Material (ACM)

Other Miscellaneous

Amount (Specify SF or LF) 4,000 Sf

Abatement Type

Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorsement

Name of Registered Waste Hauler Century Waste Services, LLC

NJ DEP Waste Hauler ID No. 32797

Cubic Yards of Waste As Needed

Name of Registered Landfill IESI Bethlehem Landfill

City, State Bethlehem, PA

Completed By (Print or Type) Allen Monchik
Title Project Manager

Signature

Date 6/9/17

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:90 and 12:129)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>5/3/17</td>
<td>160 SPRING ST LLC</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>160 SPRING ST</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
<td>MAY 7, 2017</td>
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<tr>
<td>DOL</td>
<td>Emergency (Including Justification)</td>
<td>ELSABETH NJ 07201</td>
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| DOH                    | Cancellation      | NAME OF CONTACT: MERLE CRIMINO |}

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
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<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tr>
<td>UNION</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>
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<tr>
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<td>[redacted]</td>
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<thead>
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<th>Project Manager for Monitoring Firm</th>
<th>Telephones No.</th>
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<td>[redacted]</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>5/4/17</td>
<td>5/30/17</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTERIOR X SIDING 8CGSFEX</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
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<tr>
<td>ELIZABETH NJ 07201</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

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

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**Additional Information:**
- Type of Facility: House
- Square Footage: 1500 sq. ft.
- Bldg. Age: 50 years
- Current Use: Prior to being Demolished: HOUSE
- Project Manager: [redacted]
- License No.: [redacted]