State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

| Date of Notification (1): | 6/13/16 |
| Name of Building Owner/Operator (2): | BLOOMFIELD TOWNSHIP BOARD OF EDUCATION |
| Agencys Notified | Type Notification |
| ( ) EPA | (X) Initial |
| (X) DEP | Notification |
| ( ) DOH | Amendment |
| ( ) DCA | Notification |
| ( ) DOL | Emergency |
| Street Address: | 155 BROAD STREET |
| City, State, Zip Code: | BLOOMFIELD, NJ 07003 |
| Name of Contact: | MIKE SIBBARD |
| Telephone Number: | |

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3): | BLOOMFIELD MIDDLE SCHOOL |
| Street Address: | 60 HUCK ROAD |
| City & State: | BLOOMFIELD, NJ |
| County: | ESSEX |
| County Code: | ESSEX |
| ASCM No.: | 0004 |
| Name of Monitoring Firm Hired by Building Owner: | BRIGGS ASSOCIATES |
| Street Address: | 3 CROSSWICKS STREET |
| City, State, Zip Code: | BORDENTOWN, NJ 08505 |
| Project Manager for Monitoring Firm: | MIKE HODAK |
| Start Date: | 6/27/16 |
| Scheduled Completion Date: | 7/3/16 |
| Occupancy Status During Abatement: | Facility Closed/vacated During Entire Period of Abatement |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility: | |
| Is Location Normally Used Solely by Maintenance/Custodial/Staff: | Yes |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous): | |
| Security Vestibule: | X |
| Floor Tiles / Mastic: | |
| Abatement Type: | |

Location of Asbestos-Containing Material (ACM)

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Yes | No | N/A |
| SECURITY VESTIBULE | X | |
| FLOOR TILES / MASTIC | |

Name of Registered Waste Hauler:
TRI-STATE TRANSFER ASSOC, INC.
NIDEP Waste Hauler ID No.: 19551
Cubic Yards of Waste: 6
Name of Registered landfill:
MINERVA

City, State: BRONX, NY
Disposal Date: 7/7/16
City, State: WAYNESBURG, OH
Date: 6/13/16

Completed By: MIKE ALTADOUKA
Title: PRESIDENT
Signature: 
Date: 6/13/16
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 06 / 13 / 16

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

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

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

Street Address
625 E. Plum Street
City, State, Zip Code
Vineland, NJ 08360

Name of Contact
Paul Farinaccio

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
Vineyard HS South

City (5)
Vineyard, NJ 07361

County (6)
Cumberland

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

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
515 Grove Street, Suite 1 B
City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Thomas Adams
Telephone No.
856-547-0505

Start Date (10) 06 / 20 / 16
Scheduled Completion Date (11) 08 / 31 / 16

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

Square Feet # of Floors Bldg. Age

County Code (?)(STATE USE ONLY) 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.
973-928-4883

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)

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 Enclosure

Fan Room- B211 ☑ ☐ ☐ ☐ Surfacing Sprayed on 2,400 SF ☐ ☐ ☐
Fan Room- A216 ☑ ☐ ☐ ☐ Surfacing Sprayed on 3,800 SF ☐ ☐ ☐
Fan Room- A217 ☑ ☐ ☐ ☐ Surfacing Sprayed on 1,600 SF ☐ ☐ ☐

Name of Registered Waste Hauler
ATC NJDEP Waste Hauler ID No. 1A-371

Cubic Yards of Waste As Needed TBD

Disposal Date
City, State
Waynesburg, OH

Completed By (Print or Type)
Raymond Blum
Title
Project Manager
Signature
Date 10-13-16

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>06</th>
<th>10</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)

Vineland Board of Education

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>625 E. Plum Street</td>
</tr>
</tbody>
</table>

City, State, Zip Code

Vineland, NJ 08360

Name of Contact

Paul Farinaccio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Vineland HS South

Street Address

2880 E. Chestnut Street

City (5)

Vineland, NJ 07361

County (6)

Cumberland

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm HIred by Building Owner (8)

Pennoni Associates Inc.

ASCM No.

00102

Name of Abatement Contractor (9)

ALL PRO MANAGEMENT LLC

Street Address

515 Grove Street, Suite 1 B

City, State, Zip Code

Haddon Heights, NJ 08035

Project Manager for Monitoring Firm

Thomas Adams

Telephone No.

856-547-0505

Start Date (10)

<table>
<thead>
<tr>
<th>06</th>
<th>20</th>
<th>16</th>
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</table>

Scheduled Completion Date (11)

<table>
<thead>
<tr>
<th>08</th>
<th>31</th>
<th>16</th>
</tr>
</thead>
</table>

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

Scope of Work (Check all that apply)

- >3 sf or >3 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>Fan Room- B211</th>
<th>Fan Room- A216</th>
<th>Fan Room- A217</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Surfacing Sprayed on

2,400 SF

Surfacing Sprayed on

3,800 SF

Surfacing Sprayed on

1,800 SF

Name of Registered Waste Hauler

ATC

NJDEP Waste Hauler ID No.

1A-371

Cubic Yards of Waste As Needed

Minerva Enterprises LLC

Name of Registered Landfill

City, State

Shirley, NY

Disposal Date

TBD

City, State

Waynesburg, OH

Completed By (Print or Type)

Raymond Blum

Title

Project Manager

Signature

Date

6-16-16

* 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)       Name of Building Owner/Operator (2)       Job #       Chk. #
6 / 13 / 16                   West New York Board of Education / 1606-2089 #4381

Acutities Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-8

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

Street Address
6028 Broadway

City, State, Zip Code
West New York, NJ 07093

Name of Contact
Dean Austin Telephone Number

FACILITY INFORMATION

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

Street Address
5501 Park Avenue

City (5)
West New York

County (6)
Hudson

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Unoccupied - School

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

ASCM No.

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

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
TBD

Telephone No.
732-383-1950

License No.
00862

Start Date (10)
6 / 24 / 16

Scheduled Completion Date (11)
7 / 24 / 16

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 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 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
Enclosure

SEE ATTACHED LIST OF ACM

NAME OF REGISTERED WASTE HAULER
Carnevale Disposal

NJDEP Waste Hauler ID No. 17297

Cubic Yards of Waste 40

Name of Registered Landfill GROWS Landfill

City, State Hamilton, NJ

Disposal Date 7/24/16

City, State Morrisville, PA 19067

Completed By (Print or Type)
Kimberly A. Trumbetti

Title Office Coordinator

Signature Date 8-13-16

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

**State of New Jersey**

**NOTIFICATION OF ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06 / 02 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Pennsville School District</th>
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</thead>
</table>

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

<table>
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<tr>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #1</th>
<th>Emergency (including justification)</th>
<th>Cancellation</th>
</tr>
</thead>
</table>

- Street Address: 30 Church Street
- City, State, Zip Code: Pennsville, NJ 08070
- Name of Contact: [Phone Number]

## FACILITY INFORMATION

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

- **Street Address**
  - 43 OLIVER AVENUE

- **City (5)**
  - PENNSVILLE

- **County (6)**
  - SALEM

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - PENNONI ASSOCIATES INC

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

- **Street Address**
  - 515 GROVE STREET SUITE 1B

- **City, State, Zip Code**
  - HADDON HEIGHTS, NJ 08035

- **Movie Manager for Monitoring Firm**
  - ALAN LOYDE

- **Telephone Number**
  - 856 547-0505

- **Start Date (10)**
  - 06 / 02 / 16

- **Scheduled Completion Date (11)**
  - 08 / 31 / 16

- **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: T.A.M. 11PM / 11PM - AM

- **Scope of Work (Check all that apply)**
  - [ ] ≤ 3 sf or ≤ 3 l
  - [ ] ≥ 100 sf or ≥ 260 l
  - [ ] 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 (12)**
  - [ ] HALLWAYS
  - [ ] 2 BOILERS
  - [ ] FRONT OF UNIT VENTILATOR

- **Name of Registered Waste Hauler SERVICE TRANSPORT**
  - NJDEP Waste Hauler ID No. 209890

- **Cubic Yards of Waste**
  - [ ] Name of Registered Landfill MINERVA LANDFILL

- **Disposal Date**
  - WAYNESBURG, OH 44688

- **Completed By (Print or Type)**
  - MICHAEL PARSON

- **Title**
  - PROJECT MGR.

- **Signature**
  - Michael Flannery

- **Date**
  - 6-14-16

---

*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)
6/9/2016

Name of Building Owner/Operator (2)
5711 Washington St LLC

Name of Contact
Peter Tiffinsky

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
120 Sylvan Ave suite 300

City, State, Zip Code
Englewood NJ 07632

City (5)
West New York NJ

County (6)
Hudson County

County Code (7) (STATE USE ONLY) _____

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

Square Feet
8000

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

# of Floors
1

Bldg. Age
+50

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Dinago Environment LLC

ASCN No.
N/A

SCHEDULED ABATEMENT

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 07015

Telephone No.
973-491-0877

License No.
01240

Project Manager for Monitoring Firm
N/A

Name of OSHA Monitor
J&S Environmental Corp

Telephone No.
N/A

Start Date (10)
6/10/2016

End Date (11)
6/21/2016

Occupy 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 23 if
☐ 150 sf or 260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Firable Procedure

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

In Facility

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)
roofing material

Amount (Specify SF or LF)
8000 SF

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem landfill

City, State
Po Box 5670 Newark NJ 07105

Disposal Date
2335 Applebutter rd Bethlehem PA

Completed by
Carlos Gomes

Title
President

Signature

Date
6/9/2016

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

GAC Project # 060-16

Date of Notification (1)
June 8, 2016

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

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086 LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PHARMACY, BLDG# 3750

Street Address
BUSCH CAMPUS

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

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

ASCM No. 0098

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: 2 Bldg. Age: 60+ years

Current Use (prior if being demolished):
EXTERIOR EXCAVATION AREA

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Licensed No. 00840

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Replaced During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
☒ Other - Describe: Shift Hours: 3:00 PM - 5:00 AM Daily
                                                                                       (24 hours as needed)

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 If
☐ ≥ 160 sf or ≥ 260 If

☒ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) 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, 
WAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure (Wrap & Cut)
☐ Glovebox Procedure
☐ Non-Exempted (i.e. and Non-Friable Procedure

EXCAVATION AREA (exterior)
☒ TSI
☐ NA
<9 LF

Name of Reg. Waste Hauler

See Hauler Below #1 & 2

NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 40 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 28969

Hauler #2) Newark Carting, Inc., Newark, NJ
NJDEP # 04509

Disposal Date
06/27/16

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, 2016

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 # 548-16**

**Date of Notification (1)**
June 9, 2016

**Name of Building Owner/Operator**
CELGENE CORPORATION

**Address**
86 MORRIS AVENUE
City: SUMMIT, NJ 07901

**Name of Contractor**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
464 VALLEY BROOK AVENUE #3A
LYNDHURST, NJ 07071

**Project Manager for Monitoring Firm**
JOHN CHIAVELLO

**Telephone Number**
201-438-4839

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8 – PHASE IFri/4/22- MON 4/25, Additional phases to be determined – M – F 7am – 4 pm (24 hrs & weekends as needed))

**Source of Work (Check all that apply)**
- [ ] Full Containment with Negative Pressure
- [x] Mini-Enclosure (Tent)
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- [ ] VARIOUS LOCATIONS
- [ ] VAPOR BARRIER

**Cubic Yards of Waste:**
40 CY

**Attestation**

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

**Disposal Date:**
12/31/16

**City, State:**
100 New Ford Mill Rd.
Morrisville, Pa 19067
215-736-1700
**State of New Jersey**  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)

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

**City, State, Zip Code**  
PORT NORRIS NJ 08349

**Name of Contact**  
AMY

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**  
PORT NORRIS

**County (6)**  
CUMBERLAND

**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 Abatement Contractor (3)**  
ASSURED ENVIRONMENTAL SERVICES INC.

**Telephone No.**

610-304-4878

**License No.**

01145

**Name of OSHA Monitor**

EMSL

**Street Address**

570 CLEMS RUN

**City, State, Zip Code**

MULLICA HILL NJ 08062

**Project Manager for Monitoring Firm**

**Start Date (10)**

06/13/2016

**Scheduled Completion Date (11)**

06/17/2016

**Square Feet**

1709

**# of Floors**

2

**Bldg Age**

100+

**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)**

☑ ≥36 sf or ≥3 if

☑ ≥160 sf or ≥260 if

☑ Renovation

☑ Demolition

☑ Full Containment with Negative Pressure

☑ Mini-Enclosure

☑ Glovebag Procedure

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

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

**In Facility**

(13)

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

(12)

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

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

**Amount (Specify SF or LF)**

2000 SF

**Abatement Type**

☑ Removal

☑ Repair

☑ Encapsulation

☑ Endorsement

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>OUTSIDE HOUSE</td>
<td>X</td>
<td>TRANSITE HOUSE SIDING</td>
<td>2000 SF</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler**

GEPPERT

**NJDEP Waste Hauler ID No.**

12

**Cubic Yards of Waste**

12

**Name of Registered Landfill**

CUMBERLAND COUNTY LANDFILL

**City, State**

ROSENHAYN NJ

**Disposal Date**

06/17/2016

**Completed by**

RON SWANSON

**Title**

GENERAL MANAGER

**Signature**

Ron Swanson

**Date**

06/10/2016

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:36 and 12:12C)

Date of Notification (1)
06/10/2016

Agencies Notified
- EPA
- DEP
- DOL
- DOB
- DOH
- DOA

Type Notification
- Initial

Name of Building Owner/Operator (2)
IRIS WALKER

City, State, Zip Code
PORT NORRIS NJ 08349

Name of Contact
AMY

Telephone Number

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

Street Address

City (4)
PORT NORRIS

County (5)
CUMBERLAND

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

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

Square Feet
1700

9 of Floors
2

Size, Age
100+

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Current Use (Prior to being demolished)
RESIDENTIAL

Street Address
670 GLEMS RUN

City, State, Zip Code
MULlica HILL NJ 08062

License No.
01145

Name of OSHA Monitor
EMSL

Project Manager for Monitoring Firm

Street Address
200 RT. 130 NORTH

City, State, Zip Code
CINNAMINSON NJ 08077

Telephone No.
610-304-4876

Start Date (10)
06/13/2016

Scheduled Completion Date (11)
06/17/2016

Group Activity 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)
- 300 ft or 330 ft
- 1000 ft or 2300 ft
- Demolition

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

IN HOUSE

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

Yes

Description of Asbestos-Containing Material (ACM)

Location of

in Location

- Exposure Risk

- Non-exempted (7) and Non-Flexible Procedure

Amount

Full Containment with Negative Pressure

- Mini Enclosure

- Glovebag Procedure

Abatement Type

- Non-Specified

- Removal

- Encapsulation

- Other

Name of Registered Waste Hauler
GEPPERT

City, State
PHILADELPHIA PA

Name of Registered Landfill
CUMBERLAND COUNTY LANDFILL

Disposal Date
06/17/2016

City, State
ROSENHAYN NJ

Completed by
RON SWANSON

Title
GENERAL MANAGER

Signature

ASSURED SERVICES

- Do not use this form for asbestos licensing, 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)
June 10, 2016

Agencies Notified
X EPA
X DCA
D DOL
X DEP
X DOH

Name of Building Owner/Operator (2)
Drew University
Street Address
36 Madison Avenue
City, State, Zip Code
Madison, NJ 07940

Name of Facility Where Abatement is Taking Place (3)
Drew University- Commons Building
Street Address
36 Madison Avenue
City (5) Madison
County (6) Morris
County Code (7) (State Use Only) 07940

Name of Monitoring Firm Hired by Bldg. Owner (8)
Briggs Associates, Inc.

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

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address
511 MAIN STREET
City, State, Zip Code
Butler, NJ 07405

Scheduled Start Date (10)
March 7, 2016
Scheduled Completion Date (11)
July 20, 2016

Other - Describe: Occupied
Phase 4 - June 12, 2016 to July 20, 2016

Location of Asbestos-Containing Material (ACM) in Facility (13)
Throughout Commons Building
1st Floor
2nd Floor Hallway
Kitchen Area
1st Floor Mail Room,
Storage Rooms
Men’s/Women’s Rooms

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.)
Spray On Fireproofing
TBI
Spray on Fireproofing
VAT
Spray On Fireproofing & TSI
Spray On Fireproofing
Spray On Fireproofing & TSI
Spray On Fireproofing & TSI

Amount (Specify SF or LF)
14,800 sf
1,150 lf
2,500 sf
600 sf
2,000 sf
100 sf
3,000 sf & 500 lf
1,000 sf & 200 lf

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebox Procedure
x Non-Exempted (?) and Non-Friable Procedure

Name of Registered Landfill
Meadowfill Landfill

GAC # 2015-551- Please Note: Change to this notification-Add 4,100 sf Spray Fireproofing& 700 LF TSI New Completion Date: July 20, 2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/8/2016

Name of Building Owner/Operator (2)
133 Monroe LLC

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address

City, State, Zip Code
Hoboken NJ

Name of Contact
Bryan

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Hoboken NJ

County (6)
Hudson County

County Code (7) (STATE USE ONLY)  

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

ASCM No.
N/A

Name of Abatement Contractor (9)
Dinago Environment LLC

Street Address
339 Lafayette St

City, State, Zip Code
Newark NJ 07015

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

License No.
973-491-0877  01240

Start Date (10)
6/18/2016

Scheduled Completion Date (11)
6/21/2016

Name of OSHA Monitor
J&S Environmental Corp

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 lf
☐ ≥150 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? (14)
☐ Yes
☐ No
☐ N/A

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

Amount (Specify SF or LF)
11100 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem landfill

City, State
Po Box 5670 Newark NJ 07105

Disposal Date
2335 Applebutter rd Bethlehem PA

Completed by
Carlos Gomes

Title
President

Signature
Date
6/8/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
5/27/2016

Name of Building Owner/Operator (2)  
Maplewood Developers

Street Address  
80 South Jefferson RD Suite 202

City, State, Zip Code  
Whippany NJ

Name of Contact  
Joseph Forgione

Private Property

Name of Facility Where Abatement is Taking Place (3)

City (5)  
Maplewood

County (6)  
Essex County

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

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)

Square Feet  
35,000

# of Floors  
2

Bldg. Age  
+50

ASCM No.  
N/A

Name of Abatement Contractor (9)  
Dinago Environment LLC

N/A

Street Address  
339 Lafayette St

City, State, Zip Code  
Newark NJ 07015

Project Manager for Monitoring Firm  
N/A

Telephone No.  
973-491-0877

License No.  
01240

Start Date (10)  
5/28/2016

Scheduled Completion Date (11)  
6/30/2016

Facility Closed/Vacated During Entire Period of Abatement

☑ Abatement Performed Outside of Normal Facility Hours

Name of OSHA Monitor  
J&S Environmental Corp

Street Address  
2333 Route 22 West

City, State, Zip Code  
Union NJ 07083

Scope of Work (Check All That Apply)

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☐ Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM)  
Exterior Phase 3

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

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

Amount (Specify SF or LF)  
200SF

Location of Waste Hauler  
Newark Carting Inc

Cubic Yards of Waste  
0

Name of Registered Landfill  
ISES Bethlehem landfill

City, State  
2335 Applebutter rd Bethlehem PA

Completed by  
Carlos Gomes

Title  
President

Signature

Date  
5/27/2016

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)**  
5 / 17 / 16

**Name of Building Owner/Operator (2)**  
Princeton University-Office of Design and Construction

**Street Address**  
200 Elm Dr.

**City, State, Zip Code**  
Princeton, NJ 08544

**Name of Contact**  
Robert Ortega

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University-Spelman Hall Bldgs. 3 &amp; 4</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

<table>
<thead>
<tr>
<th>County Code (7)(STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCIER</td>
<td>Library</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**  
ATC Group Services, LLC

**ASCM No.**  
00098

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

**Street Address**  
Three Terri Center

**City, State, Zip Code**  
Burlington, NJ 08016

**Project Manager for Monitoring Firm**  
Michael Keen

**Telephone No.**  
609-386-8800

**License No.**  
00509

**Start Date (10)**  
6 / 9 / 16

**Scheduled Completion Date (11)**  
7 / 1 / 16

**Name of OSHA Monitor**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City, State, Zip Code**  
BRISTOL, PA 19007

**Occupancy Status During Abatement**

- Check only one
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM

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

- ≥3 sf or ≥3 if
- ≥100 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>Bldg 3 - 1st to 4th Floors</th>
<th>Drywall</th>
<th>Yes</th>
<th>1600 SF</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg 4 - 1st to 4th Floors</td>
<td>Drywall</td>
<td>No</td>
<td>1600 SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
18766

**Cubic Yards of Waste**  

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

**City, State**  
BRISTOL, PA 19007

**Disposal Date**  

**Completed By (Print or Type)**

**Title**  
Estimator

**Signature**  
Brian Scafiro

**Date**  
6/7/16

---

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

---

**ASB-41**

**MAY 11 01/16**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
6/3/2016

**Check #2876**

**Name of Building Owner/Operator (2)**
St Leo Church

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

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

**Street Address**
100 Linden Avenue

**City, State, Zip Code**
Irvington, NJ 07111

**Name of Contact**
Msgr Beau

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
100 Linden Avenue

**City (5)**
Irvington, NJ

**County (6)**
ESSEX

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**
50+

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

**ASCM No.**

**Name of Abatement Contractor (9)**

**Name of Abatement Contractor (9)**
EA Services Corporation

**Street Address**
280 Hyuler Street

**City, State, Zip Code**
Hackensack, NJ 07606

**Name of OSHA Monitor**
Same as above

**Street Address**
426 69th Street

**City, State, Zip Code**
Gutenberg, NJ 07093

**Start Date (10)**
6/18/2016

**Scheduled Completion Date (11)**
6/21/2016

**Scope of Work (Check All That Apply)**
- [ ] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥280 if
- [x] Renovation
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Electric Panel Room</th>
<th>Head Start Closet</th>
<th>Boiler Room behind water tank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM)**
- [ ] Seams
- [ ] Elbows - Insulation
- [ ] Insulation

**Amount (Specify SF or LF)**
- [ ] 3 LF
- [ ] 2 LF
- [ ] 15 SF

**Location of Asbestos-Containing Material (ACM)**
- [ ] Cubic Yards of Waste

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Cumberland Landfill

**Freehold Carting**
N.J.DEP Waste Hauler ID No.
15939

**Name of Registered Waste Hauler**
Cumberland Landfill

**City, State**
Freehold, NJ

**Disposal Date**
TBD

**City, State**
Newburg, PA

**Completed by**
Gina Betances

**Title**
Office Manager

**Signature**

**Date**
6/3/2016

---

*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)**
06/09/2016

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

**Street Address**
2565 Princeton Pike

**City, State, Zip Code**
Lawrenceville, NJ 08648

**Name of Contact**
Thomas Eldridge

**Telephone Number**
908-969-5600

---

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

**Street Address**
2525 Princeton Pike

**City (5)**
Lawrenceville, NJ 08648

**County (6)**
Mercer

**County Code (7)**
05

**Name of Monitoring Firm Hired by Building Owner/Operator (8)**
Environmental Connection Inc.

**ASCM No.**
Name of Abatement Contractor (9)
Hazmat Diagnostic LLC

**Street Address**
120 North Warren Str.

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

**Project Manager for Monitoring Firm**
Roland Jones

**Telephone No.**
609 392 4200

**Start Date (10)**
06/21/2016

**Scheduled Completion Date (11)**
06/28/2016

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7 am - 5 pm

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

- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] Renovation<br>Demolition

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Room 101</td>
<td>X</td>
<td>Table tops</td>
<td>apr. 350 sf</td>
</tr>
<tr>
<td>Room 105</td>
<td>X</td>
<td>Table tops</td>
<td>apr. 350 sf</td>
</tr>
<tr>
<td>Room 101</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>apr. 350 sf</td>
</tr>
<tr>
<td>Room 105</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>apr. 350 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Hazmat Diagnostic LLC

**NJDEP Waste Hauler ID No.**
0035440

**Cubic Yards of Waste**
TBD

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

**City, State**
Bloomingdale, NJ 07403

**Disposal Date**
TBD

**Completed by**
Tatiana Rotaru
**Title**
Clerk

**Signature**

**Date**
06/09/2016

---

* 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:** Lower Cape May Regional School District

**Street Address:** 687 Route 9  
City: Cape May  
Zip Code: 08204

**Name of Contact:** Gary Douglass Sr.  
Telephone Number: 

### FACILITY INFORMATION

- **Name of Facility Where Abatement Is Taking Place:** Lower Cape May Regional High School
- **Type of Facility:** School
- **Square Feet:** 60000+  
**# of Floors:** 2  
**Bldg. Age:** 50+

### PROJECT INFORMATION

- **Name of Monitoring Firm Hired by Building Owner:** ASCM No.: 00057  
AHERA Consultants, Inc  
Name of Abatement Contractor: Hazmat Diagnostic LLC
- **Street Address:** PO Box 385  
City, State, Zip Code: Oceanville, NJ 08226-0385
- **Telephone No.:** 609-652-1833  
**License No.:** 01181
- **Street Address:** 16 Glenwild Ave  
City, State, Zip Code: Bloomingdale, NJ 07403
- **Telephone No.:** 973-928-3995  
**License No.:** 01181

### 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) In Facility

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Office</td>
<td>X</td>
<td>9x9 Floor Tile &amp; Mastic</td>
<td>260sf</td>
</tr>
<tr>
<td>Security Ticket Booth</td>
<td>X</td>
<td>Plaster Lathe Ceiling</td>
<td>25sf</td>
</tr>
<tr>
<td>Security Ticket Booth</td>
<td>X</td>
<td>9x9 Black Floor Tile &amp; Mastic</td>
<td>25sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Hazmat Diagnostic LLC  
**NJDEP Waste Hauler ID No.:** 0035440  
**Cubic Yards of Waste:** TBD  
**Name of Registered Landfill:** G.R.O.W.S

**City, State:** Bloomingdale, NJ  
**Disposal Date:** TBD  
**City, State:** Morrisville, PA

**Completed by:** Tatiana Rotaru  
**Title:** Clerk  
**Signature:** 

**Date:** 6/10/2016

*Do not use this form for asbestoslicensure exempted activities*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 6:9A and 12:120)

**Date of Notification (1)**
06/10/2016

**Name of Building Owner/Operator (2)**
Lower Cape May Regional School District

**Street Address**
687 Route 9

**City, State, Zip Code**
Cape May, NJ 08204

**Name of Contact**
Gary Douglass Sr.

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Richard M. Teitelman Middle School

**Street Address**
687 Route 9

**City**
Cape May

**County**
Cape May

**Square Feet**
60000+

**# of Floors**
2

**Bldg. Age**
50+

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

**Type of Facility (4)**

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

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

**ASCM No.**
00057

**Name of Abatement Contractor (9)**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomfield, NJ 07403

**Telephone No.**
609-652-1833

**License No.**
973-928-3995

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomfield, NJ 07403

**Start Date (10)**
06/17/2016

**Scheduled Completion Date (11)**
06/22/2016

**Occupy Status During Abatement (Check Only One)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Start 06/17/16 at 4:00pm

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

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

<table>
<thead>
<tr>
<th>Location</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>Principals Office</td>
<td>Joint Compound</td>
<td>450sf</td>
<td>X</td>
</tr>
<tr>
<td>Main Entrance Vestibule</td>
<td>Joint Compound</td>
<td>40sf</td>
<td>X</td>
</tr>
<tr>
<td>Main Entrance Vestibule</td>
<td>Pipe Fitting Insulation</td>
<td>10lf</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Hazmat Diagnostic LLC

**NJDEP Waste Hauler ID No.**
0035440

**Cubic Yards of Waste**
TBD

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

**City, State**
Bloomfield, NJ

**Disposal Date**
TBD

**Completed by**
Tatiana Rotaru

**Title**
Clerk

**Signature**

**Date**
6/10/2016

*Do not use this form for asbestos Brenda exempted activities*