# NOTIFICATION OF ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:50 and 5:18)

**Date of Notice:**

**31-17**

**Name of Building Owner/Operator:**

Debra Hagerty

**Asbestos Project:**

[CB, DB, MA, H, AM, EM, NA, C, N, NA] Type Notification:

[CB, DB, MA, H, AM, EM, NA, C, N, NA] Soot Address:

[CB, DB, MA, H, AM, EM, NA, C, N, NA] Co-Owner/Zip Code:


**Name of Contractor:**

Debra Hagerty

**FACTOR INFORMATION:**

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

Residence

Street Address:


**Name of Abatement Company/Contractor:**

Shade Environmental, LLC

**Address:**

[CB, DB, MA, H, AM, EM, NA, C, N, NA] 520 Cutler Avenue


**Telephone No.:**

[CB, DB, MA, H, AM, EM, NA, C, N, NA] 856-694-0034

**Type of Abatement:**


**Location:**


**Stabilization:**


**Living Room:**


**Floor Tile and Mastic:**


**Location:**


**Living Area:**


**Floor Tile and Mastic:**


**Name of Registered Asbestos-Haz Mat:**


**Certificate of Compliance:**


**Signature:**


**Date:**

# 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keith Abramson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Addresses</th>
</tr>
</thead>
<tbody>
<tr>
<td>x EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>x DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>x DOL</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>x DOH</td>
<td>Emergency (Including Justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Morris Plains NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Keith Abramson</th>
</tr>
</thead>
</table>

## 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></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>x Other (i.e. private &amp; commercial Buildings,</td>
</tr>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>0</td>
<td></td>
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<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris Plains</td>
<td>NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRIS Environmental Laboratories, LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pezo Inc</td>
<td>4 Beaverbrook Rd., #150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ 07035</td>
<td>01141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/29/17</td>
<td>05/29/17</td>
</tr>
</tbody>
</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>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other - Describe</th>
<th>Renovation Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is Location Normally</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos-Containing material (ACM) TO BE ABATED IN Facility</td>
<td>Used Solely by Maintenance/Custodial Staff (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>x</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>x Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>x Glovebag Procedure</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>20 Lf asbestos Insulation</th>
<th>20 Lf PIR DEBRIS</th>
<th>basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill Waste Management of Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pezo Inc.</td>
<td>CS 6224</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lincoln Park, NJ 07035</th>
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<table>
<thead>
<tr>
<th>Completed by Gustavo</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>ordon manager</td>
<td>V. President</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/22/17</td>
<td>Morrisville Pennsylvania</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/24/17</td>
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</table>
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x EPA</td>
<td>xx Initial</td>
<td>Patrick Filoso Jr &amp; COREY Gray</td>
</tr>
<tr>
<td>x DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>x DOL</td>
<td>Emergency (including Justification)</td>
<td></td>
</tr>
<tr>
<td>x DON</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
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</table>

**Street Address**

City, State, Zip: Verona NJ

**Telephone Number**

FAKILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Street Addresses</th>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>NJ</td>
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**County (5)**

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Asbestos Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ</td>
<td>Pezo Inc</td>
</tr>
</tbody>
</table>

**Telephone No.**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Telephone No.</th>
<th>License No</th>
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<tbody>
<tr>
<td>908-206-0073</td>
<td>973-628-7829</td>
<td>01141</td>
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</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Data (11)</th>
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</thead>
<tbody>
<tr>
<td>05/31/17</td>
<td>05/31/17</td>
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</tbody>
</table>

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

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

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

- > 3 sf or > 3 lt
- xx > 160 sf or > 260 lt

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

<table>
<thead>
<tr>
<th>Location of</th>
<th>Is Location Normally</th>
<th>Description of</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)</td>
<td>X Glovebag Procedure</td>
</tr>
</tbody>
</table>

**ASBESTOS PIPE DEBRIS**

<table>
<thead>
<tr>
<th>Name of registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfield Waste Management of Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pezo Inc</td>
<td>CS 6224</td>
<td></td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>City, State</th>
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<tbody>
<tr>
<td>06/17/17</td>
<td>Morristown</td>
<td>Pennsylvania</td>
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Completed by:

<table>
<thead>
<tr>
<th>Gustavo Ordon</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGER</td>
<td>V. President</td>
<td>05/2017</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 8:40 and 12:129)

Date of Notification (1)
6/13/17

Name of Building Owner/Operator (2)
Long Branch Partners, LLC

Street Address
350 Main Street

City, State, Zip Code
Mountville, New Jersey 07045

Name of Contact
Chuck

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

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

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Long Branch Partners, LLC Property

Street Address
159 Broadway

City (5)
Long Branch

County (6)
Monmouth

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

Name of Abatement Contractor (9)
Ace Insulation Co., Inc.

Street Address
95 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey 07722

Project Manager for Monitoring Firm
Telephone No.

Start Date (10)
6/13/17

Scheduled Completion Date (11)
6/14/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7am-7pm

Scope of Work (Check All That Apply)
- ≥3,000 ft² or ≥3000 ft²
- ≥160 sf or ≥2200 sq ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td>No</td>
<td>roofing material</td>
<td>2000</td>
<td>x</td>
</tr>
</tbody>
</table>

*Emergency per Jim Harris DOL

supervising loading of lined dumpsters

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 405059

Cubic Yards of Waste
10

Name of Registered Landfill
Chrin's

City, State
Newark, New Jersey

Completed by
Bree McGuire
Title
Secretary

Signature
Date 6/13/17

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

Date of Notification (1) 6 / 13 / 17
Name of Builder Owner/Operator (2) Haddonfield Public Schools

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

Street Address
1 Lincoln Avenue
City, State, Zip Code
Haddonfield, NJ 08033

Name of Contact
Jim Eberts - Epic Environmental

Name of Facility Where Abatement is Taking Place (3)
Elizabeth Haddon Elementary School

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 100,000

# of Floors 2

Bldg. Age 80

Source Code (5)/STATE USE ONLY

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (6)
Pennoni Associates, Inc.

ASCM No. 00102

Name of Abatement Contractor (9)
Shade Environmental, LLC

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

Project Manager for Monitoring Firm
R. Alan Lloyd

Telephone No. 856-547-0505

Start Date (10) 06 / 27 / 17
Scheduled Completion Date (11) 07 / 23 / 17

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

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Scope of Work (Check all that apply)
- ≥3 sft or ≥3 lft
- ≥160 sft or ≥260 lft
- 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

<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 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>Teacher's Room 7</td>
<td>☑</td>
<td>Plaster</td>
<td>100 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Storage Room 4</td>
<td>☑</td>
<td>Plaster</td>
<td>200 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Classroom 102</td>
<td>☑</td>
<td>Plaster</td>
<td>100 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>Girl's Toilet (next to Room 102)</td>
<td>☑</td>
<td>Plaster</td>
<td>50 SF</td>
<td>☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No. 15339

Cubic Yards of Waste 120

Name of Registered Landfill
GROWS North Landfill

City, State
Freehold, NJ
Disposal Date 07/28/2017

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch
Vice President of Operations

Signature
Date 6/13/17

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

Continued on page 2
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

State of New Jersey

Date of Notification (1)
6 / 13 / 17

Name of Building Owner/Operator (2)
Haddonfield Public Schools

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

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

Street Address
1 Lincoln Avenue

City, State, Zip Code
Haddonfield, NJ 08033

Name of Contact
Jim Eberts - Epic Environmental

FACILITY INFORMATION

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

Square Feet
100,000

# of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
School

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.)

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
06 / 27 / 17

Scheduled Completion Date (11)
07 / 28 / 17

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 
- ≥160 sf or ≥280 
- Renovation
- Demolition

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
- 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

Middle School Cafeteria

Room 18

1st Floor Stairway S-2

2nd Floor Stairway S-2

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
120

Name of Registered Landfill
GROWS North Landfill

Disposal Date
07/23/2017

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
01/31/17

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

CH 4042

* Continued on Page 2
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

State of New Jersey

Date of Notification (1): 6/13/2017
Name of Building Owner/Operator (2): Newark Public School

Agencies Notified:
- EPA
- DEP
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Emergency
- (including justification)
- Cancellation

Street Address:
2 Cedar Street
City, State, Zip Code:
Newark, NJ 07102
Name of Contact:
Mr. Benjamin Olagadeyo

Telephone Number:

FACILITY INFORMATION

Name of Facility: Malcolm X Shabazz High School
80 Johnson Avenue

City/ (5):
Newark
County/ (6):
Essex
County Code/ (7):
07108

Name of Monitoring Firm Hired by Building Owner:
WHITMAN
ASCM No.:
00110

Street Address:
17 Pleasant Hill Road

City, State, Zip Code:

County:

Cranbury, NJ 08512

Project Manager for Monitoring Firm:
Kevin Lovely
Telephone No.:
732-390-5858

Start Date (10):
6/27/17
Scheduled Completion Date (11):
9/27/17

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:

Scope of Work (Check all that apply):
- 360 sf or ≥ 260 sf

- Renovation
- Demolition

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:
School

Name of Abatement Contractor (9):
Apex Development, Inc.

Street Address:
658 Rutgers Place

City, State, Zip Code:
Paramus, NJ 07652

Telephone No.:
(973) 350-0101
License No.:
01215

Name of OSHA Monitor:
Metro Analytical Laboratories

Street Address:
255 West 36th Street, Suite 203

City, State, Zip Code:
New York, New York, 10018

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER ROOM</td>
<td>X</td>
<td>BOILER INSULATION, GASKETS, FIREBRICK AND MOTOR</td>
<td>750 SF</td>
<td>*</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>X</td>
<td>PIPE INSULATION INCLUDING ELBOWS AND JOINTS</td>
<td>300 LF</td>
<td>*</td>
</tr>
<tr>
<td>BOILER ROOM</td>
<td>X</td>
<td>BREECH INSULATION</td>
<td>1,000 SF</td>
<td>*</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
JIMMY BYRNE TRUCKING
NIDEP Waste Hauler ID No.:
19551
Cubic Yards of Waste:
30
Name of Registered landfill:
MINERVA ENTERPRISES ASSOC., INC.

City, State:
Bronx, NY 10474
Disposal Date:

City, State:
Waynesburg, OH 44688

Completed By:
Chinyelu Onogbunam
Title:
Vice President
Signature:

Date:
6/13/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.13)

Date of Notification (1): 6/12/2017

Agencies Notified:
- EPA
- DEP
- NJDEP
- DOH
- DCA

Type Notification: Initial

Name of Building Owner/Operator (2):
Lisa Thomas

Address:
City: 
State: 
Zip Code: 
Belleville, NJ 07109

Name of Contact:
Lisa Thomas

Telephone Number:

FACILITY INFORMATION

Name of Facility:

City/County:
Belleville, Essex County

Name of Monitoring Firm Hired by Building Owner:
McGriff Air Assessment, LLC

ASCM No.:

Street Address:
2031 Hughes Avenue #2A

City, State, Zip Code:
Bronx, NY 10457

Project Manager for Monitoring Firm:
Monique McGriff

Telephone No.:
718-584-7800

Start Date (10): 06/12/17

Scheduled Completion Date (11): 06/14/17

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

Describe:

Scope of Work (Check all that apply):

- ≥ 3,000 sf or ≥ 3,000 ft²
- ≥ 160 sf or ≥ 260 ft²
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial/Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement X DEBRIS</td>
<td></td>
<td>200 SF</td>
<td>a</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
JIMMY BYRNE TRUCKING

NJDEP Waste Hauler ID No.:
19551

Cubic Yards of Waste:
30

Name of Registered landfill:
MINERVA ENTERPRISES, INC.

City, State:
Bronx, NY 10474

Disposal Date:

City, State:
Waynesburg, 011 44688

Completed By:
Chinyelu Oracagbun

Title:
Vice President

Signature:

Date:
06/12/2017
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
06-12-2017  

Name of Building Owner/Operator (2)  
Connie Holinka  

Agencies Notified Type Notification  
EPA □ Initial  
DEP □ Amended  
DOL □ Amendment #  
DOH □ Emergency #  
DCA □ Cancellation  

Street Address  
[Redacted]  

City, State, Zip Code  
Bayonne NJ 07002  

Name of Contact  
Connie Holinka  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
Private Dwelling  

Street Address  
1208 Fulton Street, Suite 2A  

City, State, Zip Code  
Brooklyn NY 11233  

County Code (7)  
Hudson  

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

ASCM No.  
Name of Abatement Contractor (9)  
Amax Contracting LLC  

Street Address  
PO BOX 734  

City, State, Zip Code  
Woodland Park NJ 07424  

License No.  
01286  

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)  
Private Dwelling  

Project Manager for Monitoring Firm  
Kayode Adefisoye  

Telephone No.  

Name of OSHA Monitor  
Amax Contracting LLC  

Street Address  
PO BOX 734  

City, State, Zip Code  
Woodland Park NJ 07424  

Start Date (10)  
06-21-2017  

Scheduled Completion Date (11)  
06-29-2017  

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

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

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

1st Location Normally Used Solely by Maintenance/  
Custodial Staff? (12)  
Yes □  
No □  
N/A □  

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

Amount (Specify SF or LF)  
120 LF □  

Abatement Type  
Removal □  
Repair □  
Encapsulate □  
Endstate □  

Name of Registered Waste Hauler  
Amax Contracting LLC  

NJDEP Waste Hauler ID No.  
0036184  

Cubic Yards of Waste  
3 cy  

Name of Registered Landfill  
Fairlles Hills  

Disposal Date  
07-05-2017  

City, State  
Morrisville PA  

Completed by  
Tome Maslarkov  

Title  
Project Manager  

Signature  
[Signature]  

Date  
06-12-2017  

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Check#</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>3022</td>
<td>Academy of Our Lady</td>
<td>180 Rodney Street</td>
<td>Glen Rock, NJ 07452</td>
<td>Leny</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place**: Academy of Our Lady
- **Street Address**: 180 Rodney Street
- **City**: Glen Rock
- **County**: BERGEN
- **Square Feet**: 16,000
- **# of Floors**: 2
- **Bldg. Age**: 50+
- **Current Use (Prior if being demolished)**: School

**Name of Monitoring Firm Hired by Building Owner**: N/A

**Name of Abatement Contractor**: EA Services Corporation

**Project Manager for Monitoring Firm**: Street Address

**Telephone No.**: Telephone No.

**License No.**: 02074

**Start Date**: 6/23/17

**Scheduled Completion Date**: 6/26/2017

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: Starting at 8:30 AM

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

- ≥3 sf or ≥3 if
- 160 sf or ≥260 sf
- 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**

<table>
<thead>
<tr>
<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>Yes</td>
<td>Wall plaster</td>
<td>5 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

- **Freehold Carting**: NJDEP Waste Hauler ID No. 1599
  - **City**: Freehold
  - **Date**: 6/23/17

**Completed by**

- Gina Betances
  - **Title**: Office Manager
  - **Signature**: __________
  - **Date**: 6/8/2017

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 12:120)  

Date of Notification (1)  
06/12/2017  

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

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

Name of Building Owner/Operator (2)  
Ashley Rumzie  

Street Address  
[Redacted]  

City, State, Zip Code  
Colonia, NJ, 07067  

Name of Contact  
Ashley Rumzie  

Telephone Number  

FACILITY INFORMATION  

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

City (5)  
Colonia  

County (5)  
Middlesex  

County Code (7)  
[STATE USE ONLY]  

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 8 (Other than K-12)  
X 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.  

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  

Telephone No.  
973-345-8885  

License No.  
01311  

Start Date (10)  
06/22/2017  

Scheduled Completion Date (11)  
06/27/2017  

Name of OSHA Monitor  
D&S Abatement, Inc.  

Street Address  
11 Rosengren Avenue  

City, State, Zip Code  
Totowa, NJ, 07512  

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)  
□ ≥33 sf or ≥3 lf  
X ≥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  

Attic  
X  

Vermiculite  
1000 SF  
□ X  

Abatement Type  

Amount (Specify SF or LP)  

Name of Registered Waste Hauler  
D&S Abatement, Inc.  

NJDEP Waste Hauler ID No.  
20956  

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  
06/12/2017  

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

Date of Notification (1)
06/12/17

Name of Building Owner/Operator (2)
Gary Thorn

Name of Contact
Gary Thorn

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

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

Street Address:

City, State, Zip Code
Cranford, NJ 07016

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

County Code (7)
(STATE USE ONLY)

City (5)
Cranford

County (6)
Union

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

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-832-4244

License No.
01155

Start Date (10)
06/23/17

Scheduled Completion Date (11)
06/30/17

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)

☐ Renovation
☐ Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes ☐ No ☑ N/A (13)

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 ☐

Title
Supervisor

Completed by
Filip Geleski

Name of Registered Waste Hauler
Academy Construction Inc.

NJ/DEP Waste Hauler ID No.
034422

Cubic Yards of Waste
2

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Date
06/12/17

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

Date of Notification (1) 06.09.17

Agency Notified
- EPA
- DEP
- DOH
- DCA

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

Name of Building Owner/Operator (2)
THE PORT AUTHORITY OF NJ & NY

Street Address
220 Bruce Reynolds Blvd

City, State, Zip Code
Fort Lee, NJ 07024

Name of Contact
Mr. Uday Mehta

Name of Facility Where Abatement is Taking Place (3)
GEORGE WASHINGTON BRIDGE (NJ ANCHORAGE/HUDSON TERR.)

FACILITY INFORMATION

Type of Facility (4)
- School (K-12)
- Subchapter B (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)
BRIDGE

Name of Monitoring Firm Hired by Building Owner (3)

Name of Abatement Contractor (5)
TURNING POINT CONTRACTING CORP.

Street Address
51 BERKELEY TERRACE

City, State, Zip Code
IRVINGTON, NJ 07111

Telephone No.
973-372-3177

License No.
01238

Project Manager for Monitoring Firm
TIGER ENVIRONMENTAL

Street Address
234 20TH AVE

City, State, Zip Code
BRICK, NJ 08724

Start Date (10)
07.05.17

Scheduled Completion Date (11)
07.28.17

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

Other - Describe: BRIDGE

Scope of Work (Check All That Apply)

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

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

In Facility

Yes
No
N/A

Location of
Asbestos-Containing Material (ACM)

Description of
Asbestos-Containing Material (ACM)

Amount
(Specify SF or LF)

Abatement
Type

SOUTH CORNER

X
EXT. NON-FRIABLE CAULKING
21 (LF)

X
WIRE INSULATION
240 (LF)

ELECTRICAL SWITCH

X

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No
4509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill (GCS)

City, State
Pen Argyl, PA

Disposal Date
TBD

Completed by
EMEKA OKEKE

Title
PRESIDENT

Signature

Date
06.09.17

* Do not use this form for asbestos licensed exempted activities
Date of Notification (1)  
06/09/2017

Name of Building Owner/Operator (2)  
William Patterson

Street Address  
300 Pompton Road

City, State, Zip Code  
Wayne, NJ 07470

Name of Contact  
Karl Pettit

Name of Facility Where Abatement is Taking Place (3)  
William Patterson University

County (6)  
Passaic

County Code (7)  
STATE USE ONLY

Current Use (Prior if being demolished)  
University

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

Street Address  
1253 N Church Street

City, State, Zip Code  
Moorestown, NJ 08057

Name of Abatement Contractor (9)  
PAL Environmental Services

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

Telephone No.  
856-889-5182

License No.  
00853

Name of OSHA Monitor  
Martin McRea

Start Date (10)  
06/19/2017

Scheduled Completion Date (11)  
11/19/2017

Street Address  
714 Kennedy Blvd.

City, State, Zip Code  
Bayonne, NJ 07002

Scope of Work (Check All That Apply)  

- Renovation
- Demolition

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Endorsement

Endorsement

Name of Registered Waste Hauler  
ATC

Disposal Date  
06/19/2017

City, State  
Shirley, NY 11967

Name of Registered Landfill  
Minerva Enterprises

Completed by  
Ann A. All

Title  
Compliance Admin

Signature  
[Signature]

Date  
06/09/2017

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

Date of Notification (1) 06-13-2017

Name of Building Owner / Operator (2) Jessica & Robert L. McSulla

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
- Initial
- Amended
- Emergency
- Cancellation

Street Address [Redacted]

City, State & Zip Code Mountainside, NJ 07092

Name of Contact Jessica & Robert L. McSulla

FACILITY INFORMATION

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

City (5) Mountainside, NJ 07092

County (6) Warren

County Code (7) [Redacted]

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

Square Feet 1,660

# of Floors 2.5

Bldg. Age 87

Current Use (Prior if being demolished) Residential

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

Name of Abatement Contractor (9) Resource Management Group, LLC

Street Address 2115 Hamilton Ave, Suite 202

City, State & Zip Code Trenton, NJ 08619

Name of OSHA Monitor J&S Environmental Laboratories, Inc.

Street Address 2333 Route 22 West

City, State & Zip Code Union, NJ 07083

Project Manager for Monitoring Firm Mr. Jim Proctor

Telephone Number 856-452-1311

Scheduled Start Date (10) 6-25-2017

Scheduled Completion Date (11) 6-30-2017

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed during Normal Hours:
  - Describe: 8:30am - 6:00pm
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥160 sf ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- 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 or 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) 340 SF

Abatement Type
- Removal
- Repair
- Encapsulation
- Endorse

Name of Registered Waste Hauler Resource Management Group, LLC

NJ DEP Waste Hauler ID No. 0035218

Cubic Yards of Waste TBD

Name of Registered Landfill Grows Landfill

City, State Trenton, NJ 08619

Disposal Date TBD

City, State Morrisville, PA

Completed By (Print or Type) Mr. Brian Haney

Title President

Signature DPM / JAY

Date 06-13-2017
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

---

**Date of Notification (1):** June 13, 2017

**Agency Notified:**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2):** DSM Nutritional Products, LLC

**Street Address:**
45 Waterview Blvd
Parsippany, NJ 07054

---

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

**Building:** 214

**City:** Belvidere

**County:** Warren

**Name of Monitoring Firm Hired by Building Owner (9):** Environmental Health Investigations, Inc.

**ASCM No.:** 00104

**Name of Abatement Contractor (9):** The MACK Group, LLC.

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**Project Manager:** 973-729-5649

**Telephone No.:** 973-729-5649

**License No.:** 00781

---

**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 to being demolished):** Building

---

**Start Date (10):** 6/27/17

**Scheduled Completion Date (11):** 6/27/18

---

**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] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 200 ft

**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**

---

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vat/Mastic</td>
<td>7360 s/f</td>
</tr>
<tr>
<td>Fireproofing</td>
<td>8000 s/f</td>
</tr>
<tr>
<td>Lab table tops / shelves</td>
<td>1645 s/f</td>
</tr>
<tr>
<td>Fire doors</td>
<td>95</td>
</tr>
</tbody>
</table>

---

**Location of Registered Waste Hauler:**

**NJ DEP Waste Hauler ID No.:** 22253

**Name of Registered Landfill:** Cumberland Co./BFI/GROWS/TRRF

**City:** Newark Carting / Spartan Environmental

**State:** Delaware

**Disposal Date:** 6/27/18

---

**Completed by:** Michael Cooper

**Title:** President

**Signature:**

**Date:** 6/13/17

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor 6/7 Exterior Pipe Rack exterior</td>
<td>Yes No N/A</td>
<td>pipe</td>
<td>15 l/f</td>
<td>Repair</td>
</tr>
<tr>
<td>-&quot;-</td>
<td></td>
<td>fittings</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>-&quot;-</td>
<td></td>
<td>transite panels</td>
<td>3615 s/f</td>
<td></td>
</tr>
<tr>
<td>-&quot;-</td>
<td></td>
<td>tar on duct insulation</td>
<td>2400 s/f</td>
<td></td>
</tr>
<tr>
<td>-&quot;-</td>
<td></td>
<td>tar on hatches, exhaust fans &amp; alcohol condensers</td>
<td>315 s/f</td>
<td></td>
</tr>
<tr>
<td>elevator doors</td>
<td></td>
<td>roof flashing / pitch pockets</td>
<td>1872 s/f</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td></td>
<td>elevator doors</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td></td>
<td>misc pipe gaskets</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>


# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

### Date of Notification (1)
6/1/17

### Agency Notified
- [ ] EPA
- [ ] DDEP
- [ ] BDOL
- [x] DOD
- [ ] DCA

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

### Name of Building Owner/Operator (2)
Long Branch Partners, LLC

### Street Address
352 Montrose St

### City, State, Zip Code
Montville, New Jersey 07045

### Name of Contact
Tony

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Long Branch Partners, LLC Property

#### Street Address
128 Broadway

#### City (5)
Long Branch

#### County (6)
Morris

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

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

#### ASCM No.

#### Name of Abatement Contractor (9)
Ace Insulation Inc.

#### Street Address
95 Montrose Rd

#### City, State, Zip Code
Montville, NJ 07045

#### Project Manager for Monitoring Firm

#### Telephone No.

#### Start Date (10)
6/1/17

#### Scheduled Completion Date (11)
7/1/17

#### Name of OSHA Monitor

#### 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)
- [x] 300 sf or ≥ 300 sf
- [x] 1600 sf or ≥ 2500 sf
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

#### TO BE ABATED

#### IN Facility

#### Is Location
- [ ] Yes
- [ ] No
- [x] N/A

#### Normally Used Solely by Custodial Staff?
- [ ] Yes
- [x] No
- [x] N/A

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

#### Amount (Specify SF or L.F.)

#### Abatement Type
- [x] Repair
- [x] Removal
- [ ] Encapsulation
- [x] Securement
- [ ] Other

### Name of Registered Waste Hauler
Mazza

### NJDEP Waste Hauler ID No.
134217

### Cubic Yards of Waste
100

### Name of Registered Landfill
Fairless Landfill

### City, State, Township, ZIP
Easton, PA

### Completed by

#### Name

#### Title
Secretary/Manager

#### Signature

#### Date
6/1/17

*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 / 14 / 17

Name of Building Owner/Operator (2)
City of Camden

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

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
James Rizzo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
634 N 8th STREET STRUCTURE

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

PO Box 95120
City, Camden, NJ 08101

Name of Contact
James Rizzo

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior to being demolished)

HOUSING DEEMED UNSAFE

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)

Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Telephone No.
215 542 7000

License No.
00847

Name of OSHA Monitor
CES

Street Address
1121 N Bethlehem Pike -Suite 60

City, State, Zip Code
Spring House, PA 19477

Name of OSHA Monitor
CES

Start Date (10)
6 / 15 / 17

Scheduled Completion Date (11)
8 / 21 / 17

Project Manager for Monitoring Firm

Telephone No.

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ ≥300 sf or ≥500 if

☐ Renovation
☐ Demolition

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

IN Facility

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

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

Name of Registered Waste Hauler
Waste Management of NJ

See Attached Notice of Hazard

☐ Yes
☐ No
☐ N/A

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residenc

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature
[Signature]

Date
0/14/17

Disposal Date
8/21/17

CITY OF CAMDEN

* Do not use this form for asbestos license exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:1-120-7)  

Date of Notification (1)  
06/14/17  

Name of Building Owner/Operator (2)  
Preit Services LLC  

Agency Notified  
X EPA  
X DEP  
X DCA  
X DOH  

Type Notification  
X Initial  

Street Address  
200 South Broad Street 3rd floor  

City, State, Zip Code  
Philadelphia, PA 19102  

Name of Contact  
Melanie Glass  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Cherry Hill Mall- Zara- storage room 830  

City (5)  
Cherry Hill  

County (6)  
NJ  

County Code (7)  
(State Use Only)  

Type of Facility (4)  
X Other (i.e. Private & commercial buildings, homes, etc.)  

Square Feet  
99,000  

Current Use (Prior if being demolished)  
Bldg. Age  
80  

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

ASCM No.  
ASCN No.  

Name of Abatement Contractor (9)  
Associated Specialty Contracting Inc  

Street Address  
98 LaCrue Avenue  

City, State, Zip Code  
Glen Mills, PA 19342  

Telephone Number  
610-364-9022  

Name of OSHA Monitor  
Criterion Labs  

Street Address  
3370 Progress Dr  

City, State, Zip Code  
Bensalem, PA 19020  

Occupancy Status During Abatement (Check only one)  
X Abatement Performed Outside of Normal Facility  

Hours - Describe: 8:00 AM to 4:30 PM  

Renovation  

x Non-Friable Procedure  

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

In Facility (13)  

Is Location Normally Used  
Yes  

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

Amount  
(Specify SF or LFT)  

Abatement Type  
R E R E N C A L  

Storage room 830  

x mastic  

280 SF  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  
5  

Name of Registered Landfill  

Tulltown Resources Recovery Facility  

City, State  
Tulltown PA  

Disposal Date  
As req.  

Completed By (Print or Type)  
Mark Goshaw  

Title  
Project Manager  

Signature  
Mark Goshaw  

Date  
6/14/17  

ABS-41  

JUN 95  

G4667
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  6 / 15 / 17

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

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

Name of Building Owner/Operator (2)
CAMPBELL'S SOUP COMPANY

Street Address
1 CAMPBELL'S PLACE

City, State, Zip Code
CAMDEN, NJ 08103

Name of Contact
Sinclair Powell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CAMPBELL'S-PILOT PLANT

Street Address
1 CAMPBELL PLACE

City (5)
CAMDEN

County (6)
CAMDEN

Name of Monitoring Firm Hired by Building Owner (8)
CRITERION LABS

CRIT No.

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

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON, PA 18966

Project Manager for Monitoring Firm
ERIC WYSOCKI

Telephone No.
215 244-1300

License No.
00763

Start Date (10)
6 / 19 / 17

Scheduled Completion Date (11)
6 / 26 / 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: ZAM-_____PM-_____PM-ZAM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 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)

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

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

PILOT PLANT

☐ ☒ ☐ ☐ TRANSITE CEILING  40 SF

☐ ☐ ☐ ☐

Location of Registered Waste Hauler

SERVICE TRANSPORT GRP

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Disposal Date

Completed By (Print or Type)
BRYAN CULLEN / CDV

Signature

Date
6/15/2017

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/15/17</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
CAMPBELLS SOUP COMPANY

**Street Address**
1 CAMPBELL PLACE

**City, State, Zip Code**
CAMDEN, NJ 08103

**Name of Contact**
Sinclair Powell

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>CAMPBELL'S PILOT PLANT</th>
</tr>
</thead>
</table>

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

**Square Feet**
20,000

**Current Use**
Pilot Plant

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

<table>
<thead>
<tr>
<th>PILOT PLANT</th>
<th>TRANSITE CEILING</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 Normally Used Solely By Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>REMOVAL</th>
<th>REPAIR</th>
<th>ENCAPSULATION</th>
<th>ERADICATION</th>
</tr>
</thead>
</table>

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

- [ ] 180 ft or 360 ft
- [ ] 2160 sq ft or 3600 sq ft
- [ ] Transite Ceiling 40 SF
- [ ] [ ] [ ]

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GRP

**Cubic Yards of Waste**

<table>
<thead>
<tr>
<th>MINERVA LANDFILL WAYNE, NJ 07470</th>
</tr>
</thead>
</table>

**Disposal Date**
City, State
WAYNE, NJ 07470

**Date**
6-15-2017

**Signatures**
**PROJECT MANAGER**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)  
6/1/17

Name of Building Owner/Operator (2)  
PSE&G

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

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

Street Address  
150 CIRCLE AVE.

City, State, Zip Code  
CLIFTON, NJ 07011

Name of Contact  
DWIGHT THOMAS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PSE&G

Street Address  
150 CIRCLE AVE.

City (5)  
CLIFTON

County (6)  
PASSAIC

County Code (7)  
0045

Square Feet  
15,000

# of Floors  
2

Bldg. Age  
APPX 61 YRS

Current Use (Prior if being demolished)  

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

ASCM No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-290-2217

Telephone No.  
732-432-8350

License No.  
01111

Name of OSHA Monitor  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Start Date (10)  
6/1/17

Scheduled Completion Date (11)  
7/5/17

Occupy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Other - Describe: NECESSARY OPERATORS ONLY - OFF HRS

Scope of Work (Check All That Apply)  

[X] ≥36 sf or ≥3 if  
[X] ≥160 sf or ≥280 sf

Renovation  
Demolition

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

In Facility (15)  

[X] Floor, Main Office  

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

Yes  
No  
N/A

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

VAT + MASTIC  

Amount (Specify SF or LF)  
3,800 SF

Abatement Type  

Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Registered Waste Hauler  

WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  
1125

Cubic Yards of Waste  
45

Name of Registered Landfill  
GROWS NORTH

Disposal Date  
7/3

City, State  
ELIZABETH, NJ

City, State  
MORRISVILLE, PA

Completed by  
CAROL RAIMO

Title  
OFFICE MGR.

Signature  
[Signature]

Date  
6/1/17

ASB-41 (R-06-08)

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

**State of New Jersey**

**Date of Notification (1)**
06/14/2017

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

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

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

**Street Address**
47 Spring Valley Road

**City, State, Zip Code**
Montvale NJ 07645

**Name of Contact**
Mrs. Marian Latz

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**
53 West Grand Avenue

**City (5)**
Montvale

**County (6)**
Bergen

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

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

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

**ASCM No.**
00127

**Name of Abatement Contractor (9)**
Savic Construction Corp

**Street Address**
307 N Walnut St

**City, State, Zip Code**
West Chester, PA 19380

**Project Manager for Monitoring Firm**
Philip Condeh

**Telephone No.**
(610) 431-7545

**Telephone No.**

**License No.**
973-339-9735
01034

**Start Date (10)**
06/26/2017

**Scheduled Completion Date (11)**
07/06/2017

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

**Scope of Work (Check All That Apply)**
- Renovation
- 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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Hallways</td>
<td>X</td>
<td>Ceiling Plaster</td>
<td>1,000 SF</td>
<td>×</td>
</tr>
<tr>
<td>Main Hallways</td>
<td>X</td>
<td>Pipe Insulation and Fittings</td>
<td>500 LF</td>
<td>×</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS

**City, State**
Newark NJ

**Disposal Date**
07/05/2017

**City, State**
Morrisville, PA

**Completed by**
Milos Savic

**Title**
Project Manager

**Signature**

**Date**
06/14/2017

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