STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 6/14/2018

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

Name of Building Owner/Operator (2)
Hamilton Twsp School District

Street Address
90 Park Rd

City, State, Zip Code
Hamilton, NJ 08690

Name of Contact
Ms. Katherine Attwood
Tel. Number

FACILITY INFORMATION

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

Street Address
1055 Klockner Rd

City (4), County (6), County Code (7)
Hamilton, Mercer

Name of Monitoring Firm Hired By Bldg. Owner (8)
Westchester Environmental

ASCM No.
00127

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

Name of Contractor (9)
MTM Metro Corporation

Street Address
135-137 McBride Ave

City, State, Zip Code
Paterson, NJ 07501

Phone Number
973-742-5030

License Number
00809

Project Manager for Monitoring Firm
Matthew Abraham

Telephone Number
610 431 7545

License Number

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

Source of Work (Check all that apply)
☐ > 3 sf or > 3 LF
☒ Renovation
☐ > 160 sf or > 250 LF
☐ Demolition
☐ Non-Exempted(*) & Non-Frible Procedure
☒ Glovebag Procedure

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

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES ☑ NO N/A

Description of ACM (i.e. thermal systems insulation,老爸, VAT, or other misc.)

Amount (Specify SF or LP)

Abatement Type

Rem. Rep. Encap Endose

Name of Reg. Waste Hauler
MTM Metro Corporation

NJDEP Waste Hauler ID #
26552

Cubic Yards of Waste
15

Disp. Date
7/12/2018

City, State
Tullytown, PA

Completed by (Print or Type)
Mike Dameroski

Title
Project manager

Signature
Mike Dameroski
Date
8/14/2018

ASB-41

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/19/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>South Brunswick Board of Education</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
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<tr>
<td>□ DOL</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

Street Address  
310 Georges Road

City (6)  
Monmouth Junction, New Jersey 08852

County (6)  
Middlesex

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

Current Use (Prior if being demolished)  
School

Name of Monitoring Firm HIred by Building Owner (8)  
Briggs Associates

Name of Abatement Contractor (9)  
Lillich Corporation

Street Address  
3 Crosswicks Street

City, State, Zip Code  
Bordentown, New Jersey 08505

Project Manager for Monitoring Firm  
Michael Hoodak

Telephone No  
609-298-5502

License No.  
01104

Start Date (10)  
05/26/2018

Scheduled Completion Date (11)  
07/10/2018

Name of OSHA Monitor  
Iris Environmental Laboratories, LLC

Street Address  
2333 Route 22 West

City, State, Zip Code  
Union, NJ 07083

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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</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>
<tr>
<td>□ Other – Describe: 7am-3:30pm Unoccupied</td>
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</tbody>
</table>

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  
- Glove Bag Procedure / Limited Containment & Tent  
- Non-Exempted (*) and Non-Fireable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF of LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Boiler Insulation (Full Containment)</td>
<td>260 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Steam Header Insulation (Full Containment)</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation (Full Containment)</td>
<td>120 LF</td>
<td>X</td>
</tr>
<tr>
<td>Storage Room</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>20 LF</td>
<td>X</td>
</tr>
<tr>
<td>Pump Room</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Hallway</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>120 LF</td>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>Speech Room</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>30 LF</td>
<td>X</td>
</tr>
<tr>
<td>Media Center</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>50 LF</td>
<td>X</td>
</tr>
<tr>
<td>Room 11</td>
<td>X</td>
<td>Pipe Insulation (Glovebag Procedure)</td>
<td>40 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator
South Brunswick Board of Education

Street Address
4 Executive Drive

City, State, Zip Code
South Brunswick, New Jersey 08852

Name of Contact
David Pawlowski
Telephone Number
732-297-7800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Dayton School

Street Address
195 Major Road

City (5)
Monmouth Junction, New Jersey 08852

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner
Briggs Associates

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

Square Feet
50,000

Current Use (Prior to being demolished)
School

# of Floors
2

Bldg. Age
50+

County Code (7)
STATE USE ONLY

Name of Abatement Contractor
Lillich Corporation

Street Address
606 McBride Ave

City, State, Zip Code
Bordentown, New Jersey 08505

Telephone No.
973-225-6400

License No.
01104

Project Manager for Monitoring Firm
Michael Hoopak

Telephone No.
609-298-5520

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date
06/28/2018

Scheduled Completion Date
07/10/2018

Occupancy Status During Abatement
Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)
 fullscreen

□ ±2 sf or ±3 sf

□ ±160 sf or ±260 sf

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glove Bag Procedure / Limited Containment & Tent

□ Non-Exempted (*) and Non-Frisable Procedure

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

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<tr>
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<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
<td>Cubic Yards of Waste</td>
<td>Name of Registered Landfill</td>
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<tr>
<td>--------------------------------</td>
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<td>-----------------------------</td>
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<tr>
<td>Lilich Corporation</td>
<td>18724</td>
<td>15</td>
<td>Fairless Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
<th>City, State</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Woodland Park, New Jersey</td>
<td>06/18/2018</td>
<td>Morrisville, PA</td>
<td>06/12/2018</td>
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Completed by Adriana Olejarova  
Title President  
Signature

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

Date of Notification (1)
May 23, 2018

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

Notification Type
- Initial Notification
- Amendment #1
- Emergency (including justification)

Name of Building Owner/Operator (2)
The Valley Hospital

Street Address
223 North Van Dien Avenue

City, State, Zip Code
Ridgewood, NJ 07450-2736

Name of Contact
William Stasak
Telephone Number
201-447-8141

Name of Facility Where Abatement is Taking Place (3)
The Valley Hospital
Bergen Lower Level Rm # BB121 & Blood Bank

Street Address
223 North Van Dien Avenue

City (6) 
Ridgewood 

County (8) 
Bergen 

County Code (7) 
(State Use Only) 

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

ASCM No.

Type of Facility (4)
- School (K-12)
- Subchapter 8 (other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)
- Sq. Feet: Unknown
- # of Floors: 4
- Bldg. Age: 50+ years

Current Use (prior if being demolished): Hospital

Name of Contractor (3)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
511 MAIN STREET
Butler, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of GSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road
Piscataway, NJ 08854

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:

Source of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260

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

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

Amount (Specify SF or LF)

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

Bergen Lower Level

Rm#BB121

Blood Bank

Name of Reg. Waste Hauler
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Disposal Date
July 30, 2018

Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type)
Marin Grauer

Title
SENIOR PROJECT MANAGER

Signature
Marin Grauer

Date
June 19 2018

GAC # 2018-633-003
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
06/18/2018  

Name of Building Owner/Operator (2)  
Montville School District  

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)  
School  
100 Horseneck Rd  

City (5)  
Montville NJ  

Current Use (Prior it being demolished)  

County (6)  
Morris  

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  

Bid, Age  

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

ASCM No.  

Name of Abatement Contractor (9)  
Nick Restoration LLC  

Street Address  

72 Brookside Rd  

City, State, Zip Code  
Randolph, NJ 07869  

Project Manager for Monitoring Firm  
Michael Berta  

Telephone No.  
973-920-9061  

License No.  
01358  

Name of OSHA Monitor  
IRIS  

Start Date (10)  
06/29/2018  

Scheduled Completion Date (11)  
07/01/2018  

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

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

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

Yes  No  N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Encapsulate  
Enclosure  

Hvac Fan Room & Gym  
☒  

transite panels  
260 SF  
☒  

Name of Registered Waste Hauler  
Nick Restoration LLC  

NJ/DEP Waste Hauler ID No.  
0033782  

Cubic Yards of Waste  
TBD  

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

City, State  
Randolph, NJ  

Disposal Date  
TBD  

City, State  
Tullytown, Pa  

Completed by  
Nikica Mrda  

Title  
President  

Signature  
[Signature]  

Date  
06/18/2018
**Emergency**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

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<th>6/19/18</th>
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<td>Name of Building Owner/Operator (2)</td>
<td>Education Services Commission of NJ</td>
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<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
<td>Initial</td>
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<td>DEP</td>
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<td>DOL</td>
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<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
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<tr>
<td>Street Address</td>
<td>1660 Stelton Road</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Piscataway NJ 08854</td>
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<tr>
<td>Name of Contact</td>
<td>Patrick M Moran</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-777-9848</td>
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<td>FACILITY INFORMATION</td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>New Construction Site</td>
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<tr>
<td>Street Address</td>
<td>1690 Stelton Road</td>
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<td>City (5)</td>
<td>Piscataway NJ 08854</td>
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<td>County Code (7)</td>
<td>Middlesex</td>
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<tr>
<td>Square Ft</td>
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<td># of Floors</td>
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<tr>
<td>Bldg. Age</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
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<tr>
<td>Pernaco Inc.</td>
<td>Street Address</td>
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<tr>
<td>PO Box 329</td>
<td>City, State, Zip Code</td>
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<tr>
<td>Telephone No.</td>
<td>West Berlin NJ 08091</td>
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<tr>
<td>License No</td>
<td>00727</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>856-753-9800</td>
<td>Name of OSHA Monitor</td>
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<tr>
<td>Start Date (10)</td>
<td>Same</td>
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<tr>
<td>6/20/18</td>
<td>Street Address</td>
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<td>Scheduled Completion Date (11)</td>
<td>City, State, Zip Code</td>
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<td>6/21/18</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Other – Describe:</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>x 23 sf or 23 if</td>
<td>x Renovation Demolition</td>
</tr>
<tr>
<td>x 160 sf or 280 if</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>x Transite pipe</td>
<td></td>
</tr>
<tr>
<td>100 LF</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Horizon Disposal</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>10416</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>G.R.O.W.S.</td>
</tr>
<tr>
<td>City, State</td>
<td>Disposal Date</td>
</tr>
<tr>
<td>Trenton NJ</td>
<td>6/21/18</td>
</tr>
<tr>
<td>Date</td>
<td>City, State</td>
</tr>
<tr>
<td>Date</td>
<td>Morristown PA 19067</td>
</tr>
<tr>
<td>Completed by</td>
<td>Anthony T Perna</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/13/18

Name of Building Owner/Operator (2)
236-Elmer, LLC

Street Address
120-Morris Ave.

City, State, Zip Code
Springfield, NJ

Name of Contact
Bill Oliveira

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
236-Elmer

Street Address
236-Elmer Street

City (5)
Westfield

County Code (7)
Union (STATE USE ONLY)

Current Use (Prior if being demolished)
Store

Name of Monitoring Firm HIred by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Dinago Environment LLC,

Street Address
338-Lafayette Street

City, State, Zip Code
Newark, NJ 07105

License No.
01240

Project Manager for Monitoring Firm

Telephone No.
973-491-0877

Importance of 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

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

Is Location
Normally Used Solely by
Maintenance/ Custodial Staff?

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

Envelope

Cubic Yards
of Waste

Name of Registered Landfill

NJDEP Waste
Hauler ID No.

Cubist Bethlehem Landfill
04509

Disposal Date

City, State

2335-Applebutter Rd, Bethlehem

Completed by

Title
President

Signature

Date
10/13/18

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

Date of Notification (1)
6-14-18

Name of Building Owner/Operator (2)
NL Properties

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

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

Name of Abatement Contractor (9)
Ricco Construction Corp

Street Address
229 Walnut St

City, State, Zip Code
Audubon, NJ 08106

Name of Contact
Andrew Ricco

Telephone Number
856.466.6452

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Structure

Street Address
618 Hessian Avenue

City (5)
National Park

County (6)
Gloucester

County Code (7) (STATE USE ONLY) __________

Current Use (Prior if being demolished)
Vacant VFW

Square Feet

# of Floors

Bldg. Age

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

Start Date (10)
Scheduled Completion Date (11)

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)
☐ ≥3sf 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>Interior</td>
<td>☒ Yes</td>
<td>Black Tar Associated with Plaster</td>
<td>6,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>☒ Yes</td>
<td>Transite Panel</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>☒ Yes</td>
<td>Boiler Packing</td>
<td>10 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>☒ Yes</td>
<td>Flue Packing</td>
<td>4 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No. 28909

Cubic Yards of Waste
TBD

Name of Registered Landfill
Salem County

City, State
Bellmawr, NJ

Disposal Date
TBD

Completed by
Andrew Ricco

Title
Owner

Signature
Andrew Ricco

Date 6-14-18

* 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**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6-14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NL Properties</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

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

**Type Notification**

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

**Street Address**

229 Walnut St

**City, State, Zip Code**

Audubon, NJ 08106

**Name of Contact**

Andrew Ricco

**Telephone Number**

[ ] Cont'l & 
856.466.6452

**FACILITY INFORMATION**

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

Vacant Structure

**Street Address**

618 Hessian Avenue

**City (5)**

National Park

**County (9)**

Gloucester

**County Code (7)**

(state use only)

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

Vacant VFW

**Name of Abatement Contractor (9)**

Ricco Construction Corp

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

ASCM No.

**Type of Facility (4)**

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

**Square Feet**

# of Floors

Bldg. Age

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

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

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

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

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Use Safely by Maintenance/Custodial Staff? (12)</th>
<th>Description of 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>Interior</td>
<td>X</td>
<td>9X9 Floor Tile</td>
<td>40 SF</td>
<td>X</td>
</tr>
<tr>
<td>Interior</td>
<td>X</td>
<td>12X12 Floor Tile &amp; Mastic</td>
<td>3,200 SF</td>
<td>X</td>
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<tr>
<td>Exterior</td>
<td>X</td>
<td>Skim Coat Plaster</td>
<td>6,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td>Window Glazing</td>
<td>50 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Ricco Construction Corp

**Disposal Date**

TBD

**Name of Registered Landfill**

Salem County

**Completed by**

Andrew Ricco

**Title**

Owner

**Date**

6-14-18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 6:19)

**Date of Notification:** 06 / 18 / 18

**Name of Building Owner/Operator:** Cecilia Tsang

**Address Information:**
- **Type of Notification:** [fill in]
- **Amended:**
- **Emergency (Including Justification):**
- **Cancellation:**

**Private House**
- **Street Address:** [redacted]
- **City, State, Zip Code:** Livingston, NJ 07039

**Facility Information**
- **Location of Asbestos-Containing Material (ACM) to be Abated in Facility:**
  - **Baseline:**
  - **1st Floor:**

**Location of Asbestos-Containing Material (ACM) to be Abated in Facility**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Normally Used Solely by Maintenance/Disturbance Staff (12)</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Sqm, Lf, or T)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Clean-up and/or demolition with negative pressure</td>
</tr>
</tbody>
</table>

**Location of ACM:**
- **Basement:**
- **1st Floor:**

**Location Normally Used Solely by Maintenance/Disturbance Staff:**
- **Transite air pipe:** 9 Lf
- **Transite air pipe:** 40 Lf

**Description of ACM:**
- Clean-up and demolition with negative pressure
- Full containment with negative pressure
- Min-Enclosure
- Gluebag procedure
- Non-Exempted
- Non-Examples Procedure

**Amount (Sqm, Lf, or T):**
- 9 Lf
- 40 Lf

**Abatement Type:**
- Clean-up
- Demolition

**Other Information:**
- **Name of Registered Waste Hauler:** Gr Tech LLC
- **Disposal Date:** TBD
- **City, State:** Wayne, NJ 07470
- **Date:** 06/18/18

**Signatures:**
- **TBD**
- **Wayne, NJ:**
- **TBD**
- **Date:** 06/18/18

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

**Date of Notification (1)** 6 / 18 / 2018

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

**Type of Notification**
- [X] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

**Name of Building Owner/Operator (2)**
PB NUTLEY MASTER LLC/PRISM PROPERTY SERVICES, LLC

**Street Address**
340 KINGSLAND STREET

**City, State, Zip Code**
NUTLEY, NEW JERSEY 07110

**Name of Contact**
RICK MARGERISON

**Telephone Number**

**Name of Facility Where Abatement Is Taking Place (3)**
HACKENSACK MERIDIAN BLDG. 102

**Street Address**
340 KINGSLAND STREET

**City**
NUTLEY

**County**
ESSEX

**County Code (7)**

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

**Address**
280 HUYLER STREET

**City, State, Zip Code**
S. HACKENSACK, NEW JERSEY 07606

**Phone Number**
201-489-8700

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (e.g. private & commincl. bldgs., homes, etc.)

**Square Feet**
125,000

**# of Floors**
5

**Bldg. Age**
50

**Current Use (Prior if being demolished)**
Pharm. Lab. - COMMERICAL

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**Telephone Number**
845-369-7500

**License Number**
1101

**Name of OSHA Monitor**
OMEGA #10504

**Street Address**
280 HUYLER STREET

**City, State, Zip Code**
S. HACKENSACK, NJ 07606

**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 Maint/Custodial Staff (12)</th>
<th>Description of Asbestos-containing Material (ACM) (ie, 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>4TH FLOOR ROOM C403</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>4TH FLOOR ROOM A403</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>6 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**NEWARK CARTING INC.**
369 RAYMON BLVD.
City, State
NEWARK, NEW JERSEY 07105

**Hauler ID No.**
913

**Disposal Date**
6/29-7/29/18

**Title**
DIRECTOR OF OPERATIONS

**SIGNATURE**

**DATE**
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18

Name of Building Owner / Operator (2) Cross America Partners

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended-REV #1-6/4/18
☐ DOL Emergency
☐ DOL Cancellation
☐ DCA

Cross America Partners
Street Address 601 W Hamilton St
City, State & Zip Code Allentown, PA 18101

Name of Contact Randy Kehs
Telephone Number 610-625-8000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
2 Story Building
Street Address 811 Amboy Ave

City (5) Perth Amboy County (6) Middlesex County Code (7) A

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

Environmental Connection

Street Address 120 North Warren Street
City, State & Zip Code Trenton, NJ 08610

Project Manager for Monitoring Firm Rollie Jones
Telephone Number 609-392-4200

Scheduled Start Date (10) Scheduled Completion Date (11)
ON HOLD

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:
☐ Facility Occupied During Abatement 7AM to 3:30 PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥600 lf
☐ Renovation
☐ Demolition

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)

Abatement Type
Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Back of Building Area
☐ Yes ☐ No ☐ N/A
Linoleum 300 SF

Back of Building Area
☐ Yes ☐ No ☐ N/A
Floor tile 500 SF

Roof
☐ Yes ☐ No ☐ N/A
Roofing 1,500 SF

Name of Registered Waste Hauler Service Transport Inc.
NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste 10 Cu Yd

Name of Registered Landfill Minerva Landfill

Disposal Date TBD
City, State Waynesburg, OH

Completed By (Print or Type) Gino Pizzigoni
Title Project Manager
Signature Gino Pizzigoni

Date 6/4/18
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**
5/22/18

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] REV #2
- [ ] 9/18/18
- [ ] Emergency
- [ ] Cancellation

**Name of Building Owner / Operator (2)**
Cross America Partners

**Street Address**
601 W Hamilton St
Allentown, PA 18101

**Name of Contact**
Randy Kehs

**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>2 Story Building</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perth Amboy</td>
<td>Middlesex</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
811 Amboy Ave

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

**ASCM No.**

**Environmental Connection**

**Street Address**
120 North Warren Street
Trenton, NJ 08610

**Project Manager for Monitoring Firm**
Rollie Jones

**Telephone Number**
609-392-4200

**Scheduled Start Date (10)**
6/20/18

**Scheduled Completion Date (11)**
6/25/18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement 7AM to 3:30 PM

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 if
- ≥150 sf or ≥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)**

<table>
<thead>
<tr>
<th>Material to Be Abated</th>
<th>Location Normally Used Solely by Maintenance or 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>Back of Building Area</td>
<td>Yes</td>
<td>Linoleum</td>
<td>300 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Back of Building Area</td>
<td>No</td>
<td>Floor tile</td>
<td>500 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Roof</td>
<td>N/A</td>
<td>Roofing</td>
<td>1,500 SF</td>
<td>Encapsulation</td>
</tr>
</tbody>
</table>

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

**Name of Registered Waste Hauler**
Service Transport Inc.

**Cubic Yards of Waste**
10 Cu Yd

**Name of Registered Landfill**
Minerva Landfill

**Completion Date**
6/18/18

**Title**
Project Manager

**Signature**
Gino Pizzigoni
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/22/18

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Cross America Partners
Street Address
601 W Hamilton St
City, State & Zip Code
Allentown, PA 18101

Name of Contact
Randy Kehs
Telephone Number
610-625-8000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
2 Story Building
Street Address
811 Amboy Ave

City (5)
Perth Amboy
County (6)
Middlesex
County Code (7)

Environmental Connection
Street Address
120 North Warren Street
City, State & Zip Code
Trenton, NJ 08010

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection
Telephone Number
609-392-4200

ASCM No.

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

Square Feet
2500
# of Floors
1
Bldg. Age
60+

Current Use (Prior to being demolished)
School

Name of Abatement Contractor (9)
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

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

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement 7AM to 3:30 PM

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

Renovation
Demolition

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)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

Back of Building Area
- Linoleum 300 SF
- Floor tile 500 SF
- Roofing 1,500 SF

Name of Registered Waste Hauler
Service Transport Inc.

Title
Gino Pizzigoni
Project Manager

NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste
10 Cu Yd

Name of Registered Landfill
Minerva Landfill
Disposal Date
City, State
6/11/18
Waynesburg, OH

Completed By (Print or Type)
Gino Pizzigoni

Signature

Date
5/22/18

GF18121 C
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:66 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>06/17/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Sunoco Partners Marketing &amp; Terminals, LP - Eagle Point Facility</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Amended Amendment # 1 Emergency including justification Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>1250 Crown Point Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Westville NJ 08093</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ron Rosendorn</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-553-3159</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Eagle Point Facility</td>
</tr>
<tr>
<td>Street Address</td>
<td>1250 Crown Point Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Westville</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Alpha Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>P O BOX 8297</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton NJ 08650</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
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<tr>
<td>Telephone No.</td>
<td></td>
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<tr>
<td>Start Date (10)</td>
<td>05/17/2018</td>
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<td>Scheduled Completion Date (11)</td>
<td>09/17/2018</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 If</td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Pipe Rack Central Ave - Powerhouse</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos-containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>3,500 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Service Transport Group</td>
<td>N J DEP Waste Hauler ID No. 20990</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>City, State</td>
</tr>
<tr>
<td>New Castle, DE</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Completed by</td>
<td>Rod Richardson</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Date 06/17/2018</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
06/18/2018

Name of Building Owner/Operator (2)
John Galante

Agencies Notified

× EPA
× DEP
× DOL
× DOH
× DCA

Type Notification

× Initial
× Amendment #
× Emergency (including justification)
× Cancellation

Street Address

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
John Galante

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

× House

Street Address

City (5)
West Orange

County (6)
Essex

County Code (7)

Current Use (Prior to being demolished)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

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

ACSM 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.
973-345-8685

License No.
01311

Start Date (10)
06/28/2018

Scheduled Completion Date (11)
06/28/2018

Occupancy Status During Abatement (Check One Only)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: occupied

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 l
☐ ≥150 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

(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
Encapsulation
Endorse

Basement

Pipe Insulation
70 LF

Location of Asbestos-Containing Material (ACM)

Name of Registered Waste Hauler

D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20986

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
06/18/2018

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

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:129)

**Date of Notification (1):** 6/19/18

**Name of Building Owner/Operator (2):** Jeff Debastos - Private Home

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

**Type Notification:** Initial

**Street Address:** Love Ladies NJ 08008

**City, State, Zip Code:** Love Ladies NJ 08008

**Name of Contact:** Jeff

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Jeff Debastos - Private Home

**Street Address:** Love Ladies NJ 08008

**City:** Love Ladies  
**County:** Ocean  
**County Code:** 08

**Square Feet:** 1000+  
**# of Floors:** 1  
**Bldg. Age:** 35+

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

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

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

**Street Address:** PO Box 329  
**City, State, Zip Code:** West Berlin NJ 08091

**Project Manager for Monitoring Firm:**  
**Telephone No.:** 856-753-9800  
**License No.:** 00727

**Start Date (10):** 6/29/18  
**Scheduled Completion Date (11):** 7/8/18

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

**Scope of Work (Check All That Apply):**  
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 280 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF):** 1400 SF

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

**Name of Registered Waste Hauler:** United Roll Off

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 4

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

**City, State:** Morrisville PA 19067

**Disposal Date:** 7/8/18

**Completed by:** Anthony T Perna  
**Title:** President

**Signature:**

**Date:** 6/19/18

*Do not use this form for asbestos licensure exempted activities.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:98 and 12:120)

**Date of Notification (1):** 06/21/2018  
**Name of Building Owner/Operator (2):** Paulsboro Refining Company

**Street Address:** 800 Billingsport Rd  
**City, State, Zip Code:** Paulsboro NJ 08066  
**Name of Contact:** Ravi Jarsche  
**Telephone Number:** 856-224-4444

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Paulsboro Refining Company  
**Street Address:** 800 Billingsport Rd  
**City:** Paulsboro  
**County:** Gloucester  
**Current Use (Prior to being demolished):** Oil Refinery

**Type of Facility (4):**  
- School (K-12)
- Subchapter 6 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

**Name of Monitoring Firm Hired by Building Owner (6):** ASCM No.  
**Name of Abatement Contractor (9):** Brand Energy Services LLC

**Street Address:** 740 Veterans Drive  
**City, State, Zip Code:** Swedesboro, NJ 08085

**Project Manager for Monitoring Firm:** Ed Igelias  
**Telephone No.:** 856-467-2850  
**License No.:** 01009

**Start Date (10):** 06/14/2018*  
**Completion Date (11):** 12/31/2018*

**Facility Closed/Vacated During Entire Period of Abatement:**  
**Abatement Performed Outside of Normal Facility Hours:**
- Other - Describe: Regulated Area will be Established - Active Oil Refinery

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

- ≤ 2500 sf or ≥ 23 if
- ≥1600 sq ft or ≥260 if
- Renovation  
- Full Containment with Negative Pressure  
- Demolition  
- Mini-Enclosure  
- Non-Exempted (*) and Non-Friable Procedure

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

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

**Description:** Thermal Insulation Systems  
**Amount (Specify SF or LF):** 18 LF

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

**Stm piping from ES-209 to DA-203:**

### Name of Registered Waste Hauler

**Waste Management Inc.:** NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste:** 6  
**Name of Registered Landfill:** Gloucester County Landfill

**Diagnosis Date:** Various  
**City, State:** South Harrison, NJ  
**Date:** 06/21/2018

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*To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project.*

*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)**
6/20/18

**Name of Building Owner/Operator (2)**
Princeton University, Facilities Procurement Office

**Street Address**
EA McMillan Building

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

**Name of Contact**
Ryan Dickerson

**Telephone Number**
609-258-6911

### FACILITY INFORMATION

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

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

**Street Address**
158 Nassau Street

**City (5)**
Princeton

**County Code (7)**
Mercer

**Square Feet**
7500

**# of Floors**
4

**Bldg. Age**
250

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

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

**ASCN No.**

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

**Street Address**
303 B National Road

**City, State, Zip Code**
Exton, PA 19341

**Project Manager for Monitoring Firm**
Michael Keehn

**Telephone No.**
856-840-8800

**License No.**
01161

**Start Date (10)**
6-28-18

**Scheduled Completion Date (11)**
8-03-18

**Name of OSHA Monitor**
EMSL

**Street Address**
200 U.S. 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd, 3rd Floors</td>
<td>X</td>
<td>Wall Plaster</td>
<td>6700 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>Vapor Barrier Floor Mastic</td>
<td>360 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Windows</td>
<td>X</td>
<td>Caulk &amp; Glazing</td>
<td>610 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Waste Management of New Jersey

**NUDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
60

**Name of Registered Landfill**
Grows

**City, State**
Trenton, NJ

**Disposal Date**
8-3-18

**City, State**
Morrisville, PA

**Completed by**
Joe White

**Title**
Project Manager

**Signature**

**Date**
6/20/18

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

Date of Notification (1):
6 / 20 / 18

Name of Building Owner/Operator (2):
NJSDA

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

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

Street Address:
PO Box 991
City, State, Zip Code:
Trenton, NJ 08652-0991

Name of Contact:

Name of Facility Where Abatement is Taking Place (3):
Danbo ES - Pemberton School District

Street Address:
1412 Junction Road
City (5):
Browns Mills
County (5):
Burlington

County Code (7) (STATE USE ONLY):

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

ASCM No.:

Name of Abatement Contractor (6):

Controlled Environmental Systems

Street Address:
7 Pleasant Hill Rd
City, State, Zip Code:
Cranbury, NJ 08512

Telephone No.:
(732) 390-8988

License No.:
00847

Name of DSHA Monitor:
GES

Street Address:
1121 N. Bethlehem Plank - Suite 30
City, State, Zip Code:
Spring House, PA 19477

Telephone No.:
215 642 7000

Scheduled Completion Date (11):
10 / 31 / 18

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

Time of Abatement: 7:00AM - 7:00PM

Scope of Work: (Check all that apply)
☐ ≥ 33 sf or ≥ 33 ft
☐ ≥ 160 sf or ≥ 280 ft
☐ Renovation or Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Grooveless 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

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

Amount (Specify SF or LF): 1200 LF

Abatement Type:
☐ Repair
☐ Encapsulate
☐ Enclose

Disposal Date:

City, State:

New Castle, DE

Name of Registered Waste Hauler STG:
NJDEP Waste Hauler ID No. 200690
Cubic Yards of Waste:

Name of Registered Landfill:
Minarave Landfill

Completed By: (Print or Type) Title:
Patricia Vlaco Office Manager
Signature:
[Signature]
Date:
6 / 22 / 2018

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

**Name of Building Owner/Operator:**
**Dupont Nemours Company and Chemours Company**

**Street Address:**
**Rt 130 South**

**City, State, Zip Code:**
**Deepwater, NJ 08023**

**Name of Contact:**
**Joe Murphy**

**Telephone Number:**
**609-805-7767**

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
- **(3)** Chamber Works Plant

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

### Square Feet & # of Floors & Bldg. Age

### County & County Code
- **Salem**
- **County Environmental**

### Name of Contractor
- **County Environmental**

### Street Address
- **461 New Churchmans Rd.**

### City State, Zip Code
- **New Castle, DE 19720**

### License Number
- **00578**

### Name of OSHA Monitor
- **County Environmental**

### Street Address
- **461 New Churchmans Road**

### City State, Zip Code
- **New Castle, DE 19720**

### Contact Information
- **Wesly Morrison**
  - Telephone No.: **302-326-2333**

### Scheduled Start Date
- **1-2-18**

### Scheduled Completion Date
- **9-30-18**

### Occupancy Status During Abatement
- **Facility Closed/Vacated During Entire Period of Abatement**
- **Abatement Performed Outside of Normal Facility Hours -**
- **Other - Describe: Unoccupied area.**

## Scope of Work
- **≥ 3 sf or ≥ 3 if**
- **≥ 160 sf or ≥ 260 if**

## Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Material Type</th>
<th>Normal Location</th>
<th>Asbestos Containing Material (ACM) To Be Abated in Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Systems</td>
<td>x</td>
<td>Thermal coverings throughout area 10,000LF</td>
</tr>
<tr>
<td>Thermal Systems</td>
<td>x</td>
<td>Thermal coverings throughout area 3,000SF</td>
</tr>
<tr>
<td>Floor Tile / Mastic</td>
<td>x</td>
<td>Floor tile and mastic throughout area 2,300SF</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler ID No.:**
- **03217**

**Cubic Yards of Waste:**
- **>30**

**Name of Reg. Landfill:**
- **Constoga**

**Disposal Date:**
- **TBD**

**City, State:**
- **Woodstown, NJ**
- **Morgantown, PA**

**Completed by:**
- **Evelyn Walsh**

**Title:**
- **Office Manager**

**Signature:**
- **(Signature)**

**Date:**
- **6-18-18**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

State of New Jersey

Date of Notification (1)
6/20/2018

Agencies Notified
 encompasses Initial Notification

DBI Projects

Name of Building Owner/Operator (2)

1261 Broadway
City: State: Zip Code:
New York, NY 10001

Name of Contact
Chris Tomlan & Brian Bennington
Telephone Number
215-533-1200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Henry Bonsall Elementary School

Street Address
1575 Mt. Ephraim Ave

City (5)
Camden, NJ

County Code (7)
Camden

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

ASCN No.
00110

Type of Facility (4)

Name of Abatement Contractor (9)
Associated Specialty Contracting

Street Address
7 Pleasant Hill Rd.

City, State, Zip Code:
Cranbury, NJ 08512

Telephone No.
732-390-5858

Project Manager for Monitoring Firm
Kevin T. Lovely

Telephone No.
610-364-9622

Name of OSITA Monitor
Criterion Labs

Location Address
3370 Progress Drive

City, State, Zip Code:
Bensalem, PA 19020

Start Date (10)
7/02/2018

Scheduled Completion Date (11)
8/15/2018

Occupancy Status During Abatement (Check Only One)
Yes

Scope of Work (Check All That Apply)
Yes

Location of Asbestos Containing Material (ACM)
Interior of Facility (13)

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

Name of Registered Waste Hauler
Mercer Group International

City, State:
1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637

Cubic Yards of Waste
160

Name of Registered Landfill
Tullalynn Resources Recovery Landfill

Disposal Date
As Required

Completed by
Jack Tomasura
Title
Sr. Estimator
Signature
Date
6/20/2018

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