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

**Date of Notification:**
6/20/19

**Name of Building Owner/Operator:**
Pittsgrove Twp Board of Ed.

**Street Address:**
1076 Almond Road

**City, State, Zip Code:**
Pittsgrove Twp NJ 08318

**Name of Contact:**
Jim Maillay

**Telephone Number:**
856-358-3084

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:**
  - Vacant Building
  - 1126 Almond Road

- **City:**
Pittsgrove Twp

- **County:**
  - Salem
  - County Code (STATE USE ONLY)

- **Name of Monitoring Firm Hired by Building Owner:**
  - ASCM No.

- **Name of Abatement Contractor:**
Pernaco Inc

- **Street Address:**
  - PO Box 329

- **City, State, Zip Code:**
  - West Berlin NJ 08091

- **Project Manager for Monitoring Firm:**

- **Telephone No.:**

- **Start Date:**
  - 7/1/19

- **Scheduled Completion Date:**
  - 7/10/19

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>2000 sf</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>70 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste:**
6

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

**City, State:**
Morrissville PA 19067

**Completed by:**
Anthony T Perna

**Title:**
President

**Signature:**

**Date:**
6/20/19

*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)

**STATE OF NEW JERSEY**

**Date of Notification (1)** 6/12/2019

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

**Street Address**
256 East Main St
City, State, Zip Code
Ramsey, NJ 07446

**Name of Contact**
Mr. Thomas O'Hern
Tel. Number
201.785.2300

**AGENCIES NOTIFIED**

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

**FACILITY INFORMATION**

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

**Street Address**
256 East Main St

**City**
Ramsey

**County**
Bergen

**County Code (2)**
(State Use Only)

**Name of Monitoring Firm/Hired by Bldg. Owner (8)**
Environmental Design Inc

**ASCM No.**
0095

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

**Name of Contractor (8)**
MTM Metro Corporation

**Street Address**
5434 King Ave Suite 101

**City, State, Zip Code**
Pennsauken, NJ 08109

**Name of OSHA Monitor**
MTM Metro Corporation

**Telephone Number**
856.616.9516

**License Number**
973-742-5030

**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 if
- > 160 sf or > 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Non-Exempted(*) & Non-Friable Procedure
- Glovebag Procedure
- Mini-Enclosure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Location Normally Used Solely by Maint/Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td>X - SBSAs' pilers insulation</td>
<td>YES</td>
<td>3,000 sf</td>
<td>X</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>X - TSI debris</td>
<td>NO</td>
<td>1347 sf</td>
<td></td>
</tr>
</tbody>
</table>

**Location Normalized Used by Maint/Custodial Staff**

- SBSAs' pilers insulation
- TSI debris

**Name of Reg. Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Location</th>
<th>Cubic Yards of Waste</th>
<th>Name of Reg. Landfill</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDOE Waste Hauler, Inc.</td>
<td>26552</td>
<td>60</td>
<td>Tullytown</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Maslakoff</td>
<td>Business Administrator</td>
<td>Elizabeth Maslakoff</td>
<td>6/12/2019</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1) 6/22/19

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

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

Name of Building Owner/Operator (2)
Linda & Lou Fahmie Private Residence

Street Address
[Redacted]

City, State, Zip Code
Little Egg Harbor NJ 08087

Name of Contact
Linda

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Linda & Lou Fahmie Private Residence

Street Address
[Redacted]

City (6)
Little Egg Harbor NJ 08087

County (6)
Ocean

County Code (7) [STATE USE ONLY] ______________

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

Square Feet
1000+

# of Floors
1

Bldg. Age
35

Current Use (Prior if being demolished)
2 Houses

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Telephone No.
856-753-9800

License No.
00727

Name of OSHA Monitor
Same

Project Manager for Monitoring Firm

Telephone No.

Street Address

City, State, Zip Code

Start Date (10)
7/2/19

Scheduled Completion Date (11)
7/12/19

Scope of Work (Check All That Apply)

- >=3 sf or >=1 if
- >=150 sf or >=200 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) 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>Exterior Siding House 1</td>
<td>X</td>
<td>Exterior Siding</td>
<td>1000SF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior Siding House 2</td>
<td>X</td>
<td>Exterior Siding</td>
<td>1000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Roll Off</td>
<td>22459</td>
<td>6</td>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

City, State
Elm NJ

Disposal Date
7/12/19

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature

Date
6/22/19

ASB-41 (R-06-06)

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

- **Date of Notification (1):** 06 / 21 / 19
- **Name of Building Owner/Operator (2):** Jacobs Demolition

**AGENCIES NOTIFIED**

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

**TYPE NOTIFICATION**

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

- **Street Address:** P O Box 9
- **City, State, Zip Code:** Manasquan, NJ 08736
- **Name of Contact:** Linda
- **Telephone Number:** 732-528-3600

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3):** Residence-garage
- **Street Address:** 17 W. Bayview Avenue
- **City:** Ocean Gate
- **County:** Ocean
- **Square Feet:** 500 sf
- **# of Floors:** 1
- **Bldg. Age:** 65
- **Current Use (Prior if being demolished):** Garage
- **Name of Monitoring Firm Hired by Building Owner (8):** ASCM No.
- **Name of Abatement Contractor (9):** Guardian Contracting, Inc.
- **Street Address:** 1889 Route 9, Unit 61
- **City, State, Zip Code:** Toms River, New Jersey 08755
- **Telephone No.:** 732-349-8932
- **License No.:** 00624
- **Name of OSHA Monitor:** E.M.S.L. Analytical
- **Street Address:** 1056 Stetton
- **City, State, Zip Code:** Piscataway, New Jersey 08854

**Start Date (10):** 07 / 03 / 19  
**Scheduled Completion Date (11):** 07 / 08 / 19

**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 / __________ AM - __________ PM

**Scope of Work (Check all that apply):**
- ≥3 sf or ≥30 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY (13):**

- **Exterior-garage:** asbestos siding

**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):** 500 sf

**ABATEMENT TYPE:**

- Removal
- Repair
- Encapsulation
- Enclosure

**NAME OF REGISTERED WASTE HAULER:**

Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No.:** 20223

**Cubic Yards of Waste:** 3

**Name of Registered Landfill:**

**T.R.R.F.:**

**Disposal Date (14):** 07/08/19

**City, State:**

Tullytown, Pennsylvania

**COMPLETED BY (PRINT OR TYPE):**

Nicholas Femicola  
**Title:** Project Manager

**Signature:**

**Date:** 6/21/19

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

Date of Notification (1) 06/21/2019
Name of Building Owner/Operator (2) New Providence Board of Education

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

Street Address
356 Elwood Avenue
City, State, Zip Code
New Providence, New Jersey 07974

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
New Providence High School

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

Square Feet
20,000
# of Floors
2
Bldg. Age
50+

County Code (7)
Bergen
(State Use Only)

Current Use (Prior if being demolished)
High School

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

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
500 South Broad Street
City, State, Zip Code
Glen Rock, New Jersey 07452

Street Address
248 Union Boulevard
City, State, Zip Code
Totowa, New Jersey 07512

Project Manager for Monitoring Firm
Bruce Wolf

Telephone No.
201-852-1119

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
07/01/2019

Scheduled Completion Date (11)
07/08/2019

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

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)
☐ >=5 sf or >=1 sf
☐ >=150 sf or >=260 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility (12)
☐ Cafeteria
☐ Transite Panels

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 of LF)
1346 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure
☐ Other

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
15

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, New Jersey

Disposal Date
07/08/2019

City, State
Morrisville, PA

Completed by
Adriana Olejarova
Title
President

Signature

Date
06/21/2019

* 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**

**PROJECT ON HOLD**

**Date of Notification:** 06/21/2019

**Check #: 1532**

---

**Name of Building Owner/Operator:** Montclair State University

**Name of Contact:** Amy Ferdinand

**Telephone Number:** 973-655-5546

---

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

**Type Notification:**
- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency (including justification)
- [ ] Cancellation

---

**Facility Information**

**Name of Facility Where Abatement is Taking Place:**
MSU, Bohn Hall

**Street Address:**
1 Normal Ave

**City:** Montclair

**County:** Essex

---

**Name of Monitoring Firm Hired by Building Owner:** Detail Associates, Inc

**ASCM No.:**

**Name of Abatement Contractor:** Lilich Corporation

**Street Address:**
245 Union Boulevard

**City, State, Zip Code:**
Englewood, NJ 07631

**Name of OSHA Monitor:**

**Telephone No.:**
973-226-8400

**License No.:** 01104

**Project Manager for Monitoring Firm:** Anthony Valentine

**Telephone No.:** 201-589-6708

**Start Date:** 06/21/2019

**Scheduled Completion Date:** 06/24/2019

**On Hold**

---

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

**Scope of Work:**
- [ ] ≤ 50 sf or ≤ 50 if
- [ ] ≥ 150 sf or ≥ 260 sf

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

**In Facility:** Room 411

- [X] VAT and Mastic

**Location Normaly Used Solely by Maintenance/Custodial Staff:** (12)

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

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

- [ ] 200 SF

**Amount (Specify SF or LF):** 200 SF

---

**Name of Registered Waste Hauler:** Lilich Corporation

**NJDEP Waste Hauler ID No.:** 18724

---

**Disposal Date:** 06/24/2019

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Morrisville, PA

---

**Completed by:** Adriana Olejarova

**Title:** President

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:68 and 12:12B)

State of New Jersey

Name of Building Owner/Operator:
Montclair State University

Address:
1 Normal Ave

City, State, Zip Code:
Montclair, NJ 07043

Name of Contact:
Amy Ferrand

Telephone Number:
973-655-6562

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
MSU, Bohm Hall

Street Address:
1 Normal Ave

City:
Montclair

County:
Essex

County Code:

Name of Monitoring Firm Hired by Building Owner:
Detail Associates, Inc

ASCM No.:

Name of Abatement Contractor:
Lilich Corporation

Street Address:
300 Grant Ave

City, State, Zip Code:
Englewood, NJ 07631

Telephone No:
973-655-6708

Project Manager for Monitoring Firm:
Anthony Valentine

Telephone No:
973-255-6500

License No.:
01104

Start Date:
06/14/2019

Scheduled Completion Date:
06/24/2019

Conflict Status During Abatement:
Facility Closed/Accessed During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Description:

Scope of Work - (Check All That Apply)

Demolition

Removal

Full Containment with Negative Pressure

Glove Bag Procedure (Limited Containment & Tent)

Non-Exempted (*) and Non-Feasible Procedure

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

Location Normally Used Solely by Maintenance/Custodial Staff:

Room 411

Yes: No: N/A

VAT and Mastic

200 SF

Amount (Specify SF or LF)

Abatement Type

Regulated

Reclaimable

Encapsulated

Excludable

Name of Registered Waste Hauler:
Lilich Corporation

Waste Hauler ID No:
B724

Cubic Yards of Waste:
1.5

Name of Registered Landfill:
Health Landfill

City, State:
Toledo, Ohio

Disposal Date:
08/14/2019

Completed by:
Adriana Clejara

Title:
President

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

State of New Jersey

Date of Notification (1)
06-20-19

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

Type Notification
☐ initial
☒ Amended
☐ Amendment # 12
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Riverside Square LTD c/o Simon Property Group

Street Address
PO Box 6120
City, State, Zip Code
Indianapolis, IN 46206

Name of Contact
Sam Fattah
Telephone Number
317-640-2272

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Street Address
One Riverside Square

City (5)
Hackensack

County (6)
Bergen

County Code (7)
859111

Square Feet
859111

# of Floors
2

Bed. Age
32 yrs.

Current Use (Prior to being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
TRC Solutions, Inc.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
1430 Broadway, 10th Floor
City, State, Zip Code
New York, NY 10018

Project Manager for Monitoring Firm
Arnul Javal

Telephone No. (212) 221-7822

Telephone No.
201-939-6565

License No.
00756

Start Date (10)
(2)03-13-18
Scheduled Completion Date (11)
(12)12-31-19

Name of OSAM Monitor
Even-Air Inc.

Street Address
10-59 Jackson Avenue
City, State, Zip Code
Long Island City, NY 11101

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)

☒ 33 sf or 83 sf
☒ ≥160 sf or ≥260 sf
☐ Renovation
☐ Demolition

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

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

Basement: Restroom

1st Floor: Restroom

Roof: Entrance Canopy Roof

1st & 2nd Floors

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

Caulking

Caulking

Flashing

Wall Tar

Amount (Specify SF or LF)
4SF
12SF
360SF
6,220SF

Abatement Type
Endoscope
Endoscope
Endoscope
Endoscope

Endoscope
Endoscope

Location of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Waynesburg, OH 44688

Completed by
Richard Doran

Title
Project Manager

Signature

Date
06-20-19

* 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 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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Ground: Room 191A</td>
<td>N/A</td>
<td>Floor Tile/Mastic</td>
<td>460SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(3) Ground: Room 194B</td>
<td>N/A</td>
<td>ACM Mastic on Beam</td>
<td>80LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(4) Ground: Pottery Barn Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>2,000SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(4) Ground: Vera Bradley Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>2,500SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(5) 2nd Floor: L'occitane Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>1,400SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) 2nd Level: Column B10 &amp;AB</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>150SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(7) Ground: Bloomingdale's Parapet</td>
<td>N/A</td>
<td>Mastic</td>
<td>30SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(7) Ground: Beam above Cupcake Store</td>
<td>N/A</td>
<td>Mastic</td>
<td>20SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(8) Ground: Utility Trench</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>30LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(9) Ground: Adjacent to Bloomingdale's</td>
<td>N/A</td>
<td>Exterior Wall Mastic</td>
<td>10SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(10) Ground: PBK Wall</td>
<td>N/A</td>
<td>Mastic</td>
<td>20SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(11) Ground: PBK Wall</td>
<td>N/A</td>
<td>Floor Mastic</td>
<td>160SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(12) Ground: Bathroom</td>
<td>N/A</td>
<td>ACM Mastic on Beam</td>
<td>20SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
June 21, 2019

Name of Building Owner/Operator
BASF Catalysts

Address
25 Middlesex Turnpike
Iselin, NJ 08830

FACILITY INFORMATION

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

Sq. Ft.: Unknown  # of Floors: # of Floors: 2

Current Use (prior if being demolished):

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

Street Address
511 MAIN STREET
Butler, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stetton Road
Piscataway, NJ 08854

Name of Facility Where Abatement is Taking Place (3)
BASF Catalysts

City (5)
Iselin

County (6)
Middlesex

Name of Monitoring Firm hired by Builder
EnviroVision Consultants, Inc.

SCM No.
00079

Street Address
20-21 Wagayar Road, Bldg # 35 E

City, State, Zip Code
Fairlawn, NJ 07410

Project Manager for Monitoring Firm
Fred Larson

Telephone Number
973-636-9145

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

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maintenance Staff (12)?
YES

Renovation
Demolition

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

Amount (Specify SF or LF)

Full Containment with Negative Pressure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Lab #104

VAT & Mastic

Cubic Yards of Waste:
5

Name of Registered Landfill
Fairless Landfill/Grand Central Landfill

Disposal Date
July 8, 2019

City, State
FL-1000 New Ford Rd, Morrisville, PA 19067 Permit#1G318072

Hauler #1)
Greenwood Abatement Consultants, Inc. Butler, NJ 07405
NJ DEP # 12681.

Hauler #2)
Newark Carting, Inc. Newark, NJ 07102
NJ DEP # 19531

Completed by (Print or Type)
Marin Grazue

Title
Sr. Project Manager

Signature
Marin Grazue

Date
June 21, 2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/20/2019

Name of Building Owner/Operator (2)
Toms River Township

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment # 1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
33 Washington Street

City, State, Zip Code
Toms River, NJ 08753

Name of Contact
Robert Chankalian

Name of Facility Where Abatement is Taking Place (3)
Red Carpet Inn

Street Address
2 W Water Street

City (5)
Toms River

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCAN No.
0145

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
8861 Washington Ave

City, State, Zip Code
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm
Kevin Burns

Telephone No.
732-671-6400

Scheduled Completion Date (11)
6/28/2019

Start Date (10)
6/17/2019

Occupy Status During Abatement (Check Only One)

Square Feet
36,000 sf

# of Floors
3

Bidg. Age
30+

Current Use (Prior if being demolished)
Hotel

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Name of Registered Landfill
GROWS Landfill

City, State
Egg Harbor Township, NJ

Disposal Date
6/28/2019

Completed by
Eric Keys

Title
OM

Signature

Date
06/20/2019

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:88 and 12:120)

Date of Notification (1)
06/20/2019

Name of Building Owner/Operator (2)
P&P Services Inc.

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

Street Address
3970 Amboy Rd.

City, State, Zip Code
Staten Island, NY 10308

Name of Contact
Tino Corso

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residential Property

Street Address
[Redacted]

City (5)
Irvington

County (6)
essex

County Code (7) [STATE USE ONLY] ______

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

Name of Abatement Contractor (9)
Danvic Contracting LLC

Street Address
240 South 5th St.

City, State, Zip Code
Elizabeth, NJ 07206

Project Manager for Monitoring Firm

Telephone No.
908-908-4123

License No.
01355

Start Date (10)
06/29/2019

Scheduled Completion Date (11)
07/05/2019

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

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)
Pipe Insulation

Amount (Specify SF or LF)
120 LF

Abatement Type

Encapsulation

Endorse

Name of Registered Waste Hauler
Danvic Contracting LLC

NUDEP Waste Hauler ID No. 37574

Cubic Yards of Waste
3

Name of Registered Landfill
Fairless Landfill

City, State
Elizabeth, New Jersey

Disposal Date
TBD

Completed by
Jeymy Donneys
Title
Owner

Signature

Date
06/20/2019

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1) 6/14/19
Name of Building Owner/Operator (2) Albert Internosca

Name of Facility Where Abatement is Taking Place (3)

City (5) Princeton

County (6) Mercer

Street Address

PO Box 915
Brick, NJ 08723

City, State, Zip Code

Type of Facility (4)

EPA
DEP
DOI
DOH
DCA
□ Initial
□ Amendment
□ Emergency (including justification)
□ Cancellation

Square Foot 2300

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

Current Use (Prior to being demolished)

# of Floors 2
Big Age 96

Project Manager for Monitoring Firm

Name of Monitoring Firm/Person Listed by Building Owner (8)

ACSM No.

Brick Industries, Inc.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

PO Box 915
Brick, NJ 08723

License No.

732-699-7499
01186

Name of OSHA Monitor

Start Date (10) 6/24/19
Scheduled Completion Date (11) 7/22/19

Occuancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

X Dismantling

Full Containment with Negative Pressure
Mini Enclosure
Blasting Procedures
Non-Exempted (*) and Non-Fatal Procedure

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff (14)

Yes
No

X Floor Tile

Amount (Specify SF or LF)

100SF

X Pipe Insulation

250LF

Identifying Waste Hauler

Name of Registered Waste Hauler

Brick Industries, Inc.

City, State

Brick, NJ

Waste Hauler ID No.

21602

Cubic Yards of Waste

4

Name of Registered Landfill

Grows North Landfill

City, State

Morrisville, PA

Disposal Date 7/22/19

Completed by

Eric Plackis

Title

President

Signature

Date 6/14/19

* Do not use this form for asbestos licensing exempted activities
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:58-5 and 8:58-120)

Date of Notification (1): 6-24-19
Name of Building Owner/Operator (2):

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

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

Street Address:
110 Hill Hollow Road
City, State, Zip Code:
Watchung, N.J. 07060

Name of Facility Where Abatement Is Taking Place (3):
Single Family Dwelling
City (5):
Watchung NJ 07060
County (6):
Somerset

County Code (7) (STATE USE ONLY):

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

Name of Abatement Contractor (9):
EPC Technologies Inc.
Street Address:
P.O. Box 337
New Egypt, NJ 08533

Telephone No.:
609-758-3365
License No.:
00394

Project Manager for Monitoring Firm:
Steve Schenke

Start Date (10):
July 8, 2019
Scheduled Completion Date (11):
July 12, 2019

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

Scope of Work (Check All That Apply):
- 23 sf or 23 if
- 260 sf or 260 if
- Renovation
- Demolition

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):
258 SF

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

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Kitchen</th>
<th>Flooring</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler:
EPC Technologies
NJDEP Waste Hauler ID No.:
17000
Cubic Yards of Waste:
2
Name of Registered Landfill:
Waste Management of PA

City, State:
New Egypt NJ

Disposal Date:
7-12-19
City, State:
Moonachie PA

Completed by:
Steve Schenke
Title:
President
Signature:

Date:
6-24-19

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

**Date of Notification (1)**
6/22/19

**Name of Building Owner/Operator (2)**
Brian DiBrino Private House

**Agencies Notified (3)**
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification (4)**
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

**Street Address (5)**
City, State, Zip Code
Forked River, NJ 08731

**Name of Facility Where Abatement is Taking Place (6)**
Brian DiBrino Private House

**City (7)**
Forked River, NJ 08731

**County Code (7)**
Ocean

**Square Feet (8)**
1000+

**# of Floors (9)**
1

**Bldg. Age (10)**
35

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

**Name of Monitoring Firm Hired by Building Owner (11)**
N/A

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

**Name of Abatement Contractor (13)**
Pernaco Inc

**Street Address (14)**
PO Box 329

**City, State, Zip Code (15)**
West Berlin NJ 08091

**Project Manager for Monitoring Firm (16)**

**Telephone No. (17)**
856-753-9800

**License No. (18)**
00727

**Start Date (19)**
7/2/19

**Scheduled Completion Date (20)**
7/12/19

**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)**
- ≤300 sf or ≤30 if
- ≤160 sf or ≤250 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 (31)**

<table>
<thead>
<tr>
<th>X</th>
<th>Exterior Siding</th>
</tr>
</thead>
</table>

**Is Location Normally Used Solely by Maintenance/ Custodial Staff? (32)**

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

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

<table>
<thead>
<tr>
<th>Exterior Siding</th>
</tr>
</thead>
</table>

**Amount (Specify SF or LF)**
1000SF

**Abatement Type**

<table>
<thead>
<tr>
<th>Removed</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler (33)**
United Roll Off

**Cubic Yards of Waste (34)**
3

**Name of Registered Landfill (35)**
G.R.O.W.S.

**City, State (36)**
Morrilton PA 19067

**Disposal Date (37)**
7/12/19

**City, State (38)**
Morrilton PA 19067

**Completed by (39)**
Anthony T Perna

**Title (40)**
President

**Signature**

**Date (41)**
6/22/19

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

Date of Notification (1)
5 / 14 / 19

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

Type Notification
☒ Initial
☐ Amended
☐ Amendment #4-6/20/19
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Verizon Communications

Name of Facility Where Abatement is Taking Place (3)
Verizon Middletown Central Office

Street Address
1009 State Route 35

City (5)
Middletown

County (6)
Monmouth

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Chubb Global Risk Advisors

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Phone No.
215-788-6040

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 5:00AM-1:30PM __PM-__AM

Start Date (10) 6 / 11 / 19
Scheduled Completion Date (11) 7 / 12 / 19

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td>Roof Flashing 700 SF</td>
</tr>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td>Coping Stone Caulk 300 LF</td>
</tr>
<tr>
<td></td>
<td>☒</td>
<td>☒</td>
<td>Caulk 88 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Disposal Date TBD

Name of Registered Landfill
MINERVA LANDFILL

Cubic Yards of Waste

Name of Contact
Anthony Porta

Telephone Number
412-633-4021

ASB-41
JAN 13
00 19015

DUE TO ALL THE RAIN WE WILL BE ON OFF SITE ON

Signature
Dillan DeCaro

Date
6/20/19

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

Date of Notification (1)

5 / 14 / 19

Name of Building Owner/Operator (2)
Verizon Communications

Agencies Notified
☐ EPA
☐ DOH
☐ DCA (NJAC 5:23-8)
☐ [X] Initial
☐ [X] Amended
Amendment #2-5/7/19
☐ Emergency (including justification)
☐ Cancellation

Type Notification

Street Address
15 East Montgomery Street

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Middletown Central Office

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

Square Feet
12,425

# of Floors
2

Bldg. Age
+50

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
Verizon

Name of Monitoring Firm Hired by Building Owner (8)
Chubb Global Risk Advisors

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Telephone No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
6 / 11 / 19

Scheduled Completion Date (11)
6 / 21 / 19

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-1:30PM/3:00PM-6:00AM

Scope of Work (Check all that apply)
☐ 2,000 sf or more
☐ 2,000 sf or more
☐ 2,000 sf or more
☐ 2,000 sf or more
☐ 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
Removal
Repair
Encapsulate
Endorse

Location
(1)

Roof
☐ ☐ ☑ Roof Flashing
☐ ☐ ☑ Roof Flashing
700 SF
☐ ☐ ☑ Roof Flashing

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
YARDLEY, PA

Disposal Date
TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillian DeCaro

Title
Estimator

Signature

Date
6/7/19

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

Date of Notification (1)
5 / 14 / 19

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
Amendment #1-5/22/19
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
15 East Montgomery Street
City, State, Zip Code
Pittsburgh, PA 15212
Name of Contact
Anthony Porta
Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Middletown Central Office

street Address
1009 State Route 35
City (5)
Middletown
County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Chubb Global Risk Advisors

ASCM No.

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

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
201-356-5166

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

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

Scope of Work (Check all that apply)
☐ 33 sf or >3 if
☐ >160 sf or >260 if

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

<table>
<thead>
<tr>
<th>Material</th>
<th>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>Roof</td>
<td>☐</td>
<td>☑ Roof Flashing</td>
<td>700 SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td>Roof</td>
<td>☐</td>
<td>☑ Roof Flashing</td>
<td>700 SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td>Side of Building</td>
<td>☐</td>
<td>☑ Roof Flashing</td>
<td>700 SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Roof Flashing</td>
<td>700 SF</td>
<td>☑ Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Disposal Date
TBD

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillian DeCaro
Title
Estimator
Signature
Date
5/23/19

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

State of New Jersey

Date of Notification (1)

5 / 14 / 19

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
15 East Montgomery Street

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Middletown Central Office

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

Square Feet
12,425

# of Floors
2

Bldg. Age
+50

Current Use (Prior to if being demolished)
Verizon

Name of Monitoring Firm Hired by Building Owner (5)
Chubb Global Risk Advisors

ASCM No.

Name of Abatement Contractor (6)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10)
5 / 28 / 19

Scheduled Completion Date (11)
6 / 14 / 19

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: 6:00AM-1:00PM

Scope of Work (Check all that apply)

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

City, State
YARDLEY, PA

Completed By (Print or Type)
Dillian DeCaro

Title
Estimator

Signature
Dillian DeCaro

Date
5-14-19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:16)

Date of Notification (1)
5 / 14 / 19

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
15 East Montgomery Street

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

Telephone Number
412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Middletown Central Office

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

Square Feet
12,425

City (5)
Middletown

County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)

County (6)
Monmouth

Occupancy Status During Abatement (Check only one)

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Brian Kingsbury

Telephone No.
201-356-5166

License No.
00509

Start Date (10)
6 / 11 / 19

Scheduled Completion Date (11)
7 / 12 / 19

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 ft
≥ 160 sf or ≥ 260 lf

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material</th>
<th>Description</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Roof Flashing</td>
<td>Yes</td>
<td>700 SF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Roof</td>
<td>No</td>
<td>300 LF</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Roof</td>
<td>No</td>
<td>88 LF</td>
<td>Globebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Roof</td>
<td>No</td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td></td>
<td>Side of Building</td>
<td>No</td>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td>Side of Building</td>
<td>No</td>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td>Side of Building</td>
<td>No</td>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td>Side of Building</td>
<td>No</td>
<td></td>
<td>Enclose</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NUDEP Waste Hauler Id No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
YARDLEY, PA

Disposal Date
TBD

City, State
WAYNESBURG, OH

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date 6-17-19

* 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)
06/21/2019

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

### Type Notification
- Initial

### Name of Building Owner/Operator (2)
Rich Jordan

### Street Address

### City, State, Zip Code
Cranford, NJ 07016

### Name of Contact
Rich Jordan

### Telephone Number

---

**FACILITY INFORMATION**

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

### Street Address

### City (5)
Cranford

### County (6)
Union

### 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.
973-345-8685

### Start Date (10)
07/02/2019

### Scheduled Completion Date (11)
07/03/2019

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

### Scope of Work (Check All That Apply)
- ≥ 25 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)
160 LF

### Abatement Type

### Name of Registered Waste Hauler
Atlantic Carting

### NJDEP Waste Hauler ID No.
26085

### Cubic Yards of Waste
TBD

### Name of Registered Landfill
Grand Central

### City, State
Wayne, NJ

### Disposal Date
TBD

### City, State
Pen Argyl, PA

### Completed by
Ned Joksimovic

### Title
Project Manager

### Signature

### Date
06/21/2019

---

*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)
06/21/2019

#### Name of Building Owner/Operator (2)
Michael Florence

#### Agencies Notified

- [X] EPA
- [X] DEP
- [X] DOH
- [X] DCA

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

#### Street Address
[Redacted]

#### City, State, Zip Code
Ridgewood, NJ 07450

#### Name of Contact
Michael Florence

#### 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>House</td>
<td></td>
</tr>
</tbody>
</table>

#### Street Address
[Redacted]

#### City, State, Zip Code
Ridgewood, NJ 07450

#### Square Feet
N/A

#### # of Floors
N/A

#### Bldg. Age
N/A

#### County Code (7)
N/A

#### 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.
973-345-8685

#### License No.
01311

#### Start Date (10)
07/01/2019

#### Scheduled Completion Date (11)
07/02/2019

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

#### Scope of Work (Check All That Apply)
- [ ] ≥ 3 sf or ≥ 3 ft
- [X] ≥ 160 sf or ≥ 260 ft
- [ ] 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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Carting</td>
<td>26085</td>
<td>TBD</td>
<td>Grand Central</td>
</tr>
</tbody>
</table>

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

#### Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Location Normally Used Solely by Maintenance or Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
</tr>
</tbody>
</table>

#### Cured Date
TBD

#### City, State
Wayne, NJ

#### Pen Argyl, PA

#### Completed by
Oliver Hagedis
Title: Project Manager

#### Signature
08/21/2019

---

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

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

**State of New Jersey**

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

**Date of Notification (1)**
06/21/2019

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

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

**Street Address**
(City, State, Zip Code)
Nutley, NJ 07110

**Name of Contact**
Phyllis Wilson

**FACILITY INFORMATION**

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

**County**
Essex

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

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

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

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

**Telephone No.**
973-345-8685

**License No.**
01311

**Start Date (10)**
07/02/2019

**Scheduled Completion Date (11)**
07/03/2019

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

**Scope of Work (Check All That Apply)**
- [X] ≥ 23 sf or ≥ 23 if
- [X] ≥ 160 sf or ≥ 280 if
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>45 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Atlantic Carting

**City, State**
Wayne, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Grand Central

**City, State**
Pen Argyll, PA

**Completed by**
Ned Joksimovic

**Title**
Project Manager

**Signature**

**Date**
06/21/2019

---

*Do not use this form for asbestos licenses exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:18-8:19)

Date of Notification (1):
06 / 20 / 19

Agsagias Notified
EPA
DOLWD
DHAED
DCA (NJAC 8:23-6)
Type Notification
Initial
Amended
Amendment #
Emergency (including justification)
Cancellation

Name of Building Owner/Operator (2):
Justin Gingeleski
Street Address:

City, State, Zip Code:
Summit, NJ 07901
Name of Contact:
Justin Gingeleski
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Private house
Street Address:

City (5):
Summit, NJ 07901
County (6):

Union:

Name of Monitoring Firm HIred by Building Owner (8):

ABCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC
Street Address:
576 Valley Rd #283
City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777
License No.:
01127

Name of QSHA Monitor:
Envirosight Consultants, Inc
Street Address:
20-21 Wawaynad Rd, Bldg # 35E
City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date (10):
06 / 21 / 19

Scheduled Completion Date (11):
06 / 22 / 19

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

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement
AM, PM, PM, AM

Scope of Work (Check all that apply):
Renovation
Demolition
Clean up and decontamination with negative pressure

Full Containment with Negative Pressure

Mining-Enclosure

Glue/Wax Procedure

Test with Negative Pressure

Non-Exempted (*) and Non-Flexible Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
Yes No N/A

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

Amount (Specify Gif or LF):

Abatement Type:

Location of Registered Waste Handler

Name of Registered Waste Handler:
Gr Tech LLC

Compliant By (Print or Type):
N. J. Wilson

MAY 11

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

**Date of Notification (1)**  
06.20.2019

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

**Agency Notified (3)**  
- [X] EPA
- [X] DEP
- [ ] DOH
- [ ] DOL
- [ ] DCA

**Type Notification (4)**  
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address (5)**  

**City, State, Zip Code (6)**  
Irvington, NJ 07111

**Telephone Number (7)**

---

**Name of Facility Where Abatement is Taking Place (8)**  
Private House

**Square Feet (9)**  
1380

**# of Floors (10)**  
2

**Bldg. Age (11)**  
1924

**Facility Information (12)**

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

**Current Use (Prior if being demolished (13))**  
Residence

**Name of Monitoring Firm Hired by Building Owner (14)**  
N/A

**Name of Abatement Contractor (15)**  
Spes Contracting LLC

**Street Address (16)**  
164 Merline Ave Unit C

**City, State, Zip Code (17)**  
Woodland Park, NJ 07424

**Telephone No. (18)**  
973-807-6330

**License No. (19)**  
01383

**Name of OSHA Monitor (20)**  
Spes Contracting LLC

**Street Address (21)**  
164 Merline Ave Unit C

**City, State, Zip Code (22)**  
Woodland Park, NJ 07424

**Project Manager for Monitoring Firm (23)**

**Start Date (24)**  
06.29.2019

**Scheduled Completion Date (25)**  
06.30.2019

**Occupancy Status During Abatement (Check Only One) (26)**
- [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) (27)**
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovetag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (28)**

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (29)**
- [ ] Yes
- [X] No
- [ ] N/A

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Area</td>
<td>X</td>
<td></td>
<td></td>
<td>TSI - pipes and fittings</td>
</tr>
<tr>
<td>Basement Area</td>
<td>X</td>
<td></td>
<td></td>
<td>TSI - Furnace</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler (30)**  
Spes Contracting LLC

**NJDEP Waste Hauler ID No. (31)**  
0038075

**Cubic Yards of Waste (32)**  
1.5

**Name of Registered Landfill (33)**  
Fearless Landfill

**Disposal Date (34)**  
TBD

**City, State (35)**  
Morresville, PA

**Completed by (36)**  
Branislav Pavlov

**Title (37)**  
project manager

**Signature (38)**

**Date (39)**  
06.20.2019

---

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

(Compliant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

IN#10655 PAID

Check # 16655

RECEIVED JUN 26 2019

ASBESTOS CONTROL & LICENSING

Notification Date: 6/21/2019

Name of Building Owner/Operator: 1114 Hudson Street Condo Association

Street Address: 1114 Hudson Place Apt #8
City, State, Zip Code: Hoboken, NJ, 07030

Name of Contact: Ken Holitt
Telephone Number: (201) 320-19110

Notifying Agency: [ ] EPA, [ ] DEP, [X] DOL, [X] DOH, [ ] DCA

Type of Notification: [ ] Initial Notification, [ ] Amended Notification, [ ] Emergency, [ ] Cancellation

FACILITY INFORMATION:

Name of Facility Where Abatement is Taking Place: 1114 Hudson Street Condo Association

Street Address: 1114 Hudson Place Apt #8
City, County: Hoboken, Hudson

Owner (8): N/A

Name of Abatement Contractor: AZTECH MANAGEMENT, INC.

Street Address: 86 Christopher St.
City, State, Zip Code: Montclair, NJ 07042

Name of OSHA Monitor: N/A

Project Manager for Monitoring Firm: N/A

Telephone Number: (973) 744-8800

License Number: 00371

Scheduled Start Date: 07-09-19
Scheduled Completion Date: 07-12-19

Occupancy Status During Abatement: [ ] Facility Closed/Vacated During Entire Period of Abatement

Scope of Work: [XX] >250 sf or >250 lf

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

Amount (Specify SF or LF)

Abatement Type

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>In Location Normally Used Solely By Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VRT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X Pipe Insulation</td>
<td>125 LF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: AZTECH MANAGEMENT, INC.

Waste Hauler ID No: 17040

Cubic Yards of Waste: 1.5

Name of Registered Landfill: Tri-State

City, State: Montclair, NJ 07042

Disposal Date: 07/12/19

Name of Landfill: Tri-State

City, State: Bronx, NY, 10474

Completed By: Constantine Vivian
Title: President

Signature: Constantine Vivian
Date: 6/21/2019

1114 Hudson Place
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1):
6/11/19

Name of Building Owner/Operator (2):
Nick Mike Mayer

Agencies Notified:
- [ ] EPA
- [X] DEP
- [ ] DCL
- [ ] DOH
- [X] DCA

Type Notification:
- [X] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (Including Justification)
- [ ] Cancellation

Street Address:
[Redacted]

City, State, Zip Code:
Wayne, NJ 07470

Name of Contact:
Nick

Telephone Number:

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
Mr. Mayer

Street Address:
[Redacted]

City (5):
Wayne

County (6):
Passaic

Country Code (7) (STATE USE ONLY):

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

Name of Abatement Contractor (9):
A. Mac Contracting, Inc.

Street Address:
185 Vreseland Ave

City, State, Zip Code:
Midland Park, NJ 07432

Project Manager for Monitoring Firm:

Telephone No.:
201-262-5841

License No.:
00156

Name of OSHA Monitor:
Omega Environmental Services Inc.

Street Address:
260 Huylar Street

City, State, Zip Code:
Hackensack, NJ 07606

Start Date (10):
07/12/19

Scheduled Completion Date (11):
7/29/19

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

Other – Describe:

Scope of Work (Check All That Apply):
- [ ] ≥3,000 sf or ≥3,000 lf
- [ ] ≥160 sf or ≥200 lf
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Normal Use</th>
<th>Custodial Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermiculite</td>
<td>658SF</td>
<td></td>
</tr>
</tbody>
</table>

Location of Registered Waste Hauler

Newark Cartling, Inc.

Cubic Yards of Waste:
3

Name of Registered Landfill:
Grand Central Sanitary Landfill

Disposal Date:
7/15/19 on

City, State:
Pen Artyl, PA 08072

Completed by:
R. McDonald

Title:
President

Signature:

Date:
6/30/19

Do not use this form for asbestos-related work.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
6/11/19

Agencies Notified

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

Name of Building Owner/Operator (2)
Nick Mayer

Street Address

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Nick

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Mr. Mayer

Street Address

City (5)
Wayne

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
A. Mac Contracting, Inc.

Street Address
185 Freeland Ave

City, State, Zip Code
Midland Park, NJ 07432

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
07/15/19

Scheduled Completion Date (11)
7/29/19

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

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

Yes | No | N/A

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

In Facility (13)

Attic | Vermiculite | X

Cubic Yards of Waste

Name of Registered Waste Hauler
Newark Carting, Inc.

Cubic Yards of Waste
04509

Grand Central Sanitary Landfill

Disposal Date
7/15/19 on

City, State
Pen Argyl, PA 08072

Name of Registered Landfill

Completed by
R. McDonald

Title
President

Signature

Date
6/11/19

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