State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
6/23/18

Name of Building Owner/Operator (2)
Lusa Construction

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 #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
52-54 Porete Avenue
City, State, Zip Code
North Arlington NJ 07031

Name of Contact
Manny

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

<table>
<thead>
<tr>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

Square Feet
2300

# of Floors
2

Bldg. Age
65

County Code (7)

Current Use (Prior if being demolished)

Name of Facility

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC
Street Address
PO Box 483, 4 E Gate Drive
City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
973-764-2276
License No.
703

Start Date (10)
7/3/18

Scheduled Completion Date (11)
7/20/18

Occupancy Status During Abatement (Check Only One)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other – Describe: basement</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check All That Apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)</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</td>
<td>x</td>
<td>Siding</td>
<td>3,600 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Tony's Cleanup & Hauling
Name of Registered Landfill
Chrin Brothers Sanitary Landfill

Completed by
A. Scott Higgins
Title
President
Signature
Date
6/23/18

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

**Name of Building Owner/Operator (2)**
J.A. Neary Excavating Corp.

**Street Address**
330 Lincoln Boulevard
Middlesex, NJ 08846

**Name of Contact**
Philip Sabatino

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Barn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>280 Route 17 South</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Mahwah</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>Bergen</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Square Feet</strong></th>
<th>3400</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of Floors</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Bidg. Age</strong></td>
<td>72</td>
</tr>
</tbody>
</table>

**Current Use (Prior to being demolished)**
- [ ] Barn

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

**ASCN No.**

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
PO Box 463, 4 E Gate Drive
Glenwood, NJ 07418

**Telephone No.**
973-764-2276

**License No.**
703

**Name of OSHA Monitor**

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
6/25/18

**Scheduled Completion Date (11)**
8/15/18

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

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- [x] Demolition
- [x] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>south side</td>
<td>X</td>
<td>window caulk</td>
<td>700 LF</td>
</tr>
<tr>
<td>center flat roof</td>
<td>X</td>
<td>roofing</td>
<td>1,200 SF</td>
</tr>
<tr>
<td>ground floor</td>
<td>X</td>
<td>floor tile &amp; mastic</td>
<td>2,500 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Freehold Cartage

**Freehold Cartage ID No.**
15939

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
GROWS/FAIRLESS LANDFILL

**Disposal Date**
TBD

**City**
Morrisville PA

**Date**
6/15/18

*A do not use this form for asbestos licensure exempted activities.*
| Date of Notification (2)
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES HUSS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Property (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Myler Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor's Firm (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Director (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES HUSS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Project Manager (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Huss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Inspector (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containers with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Material (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 SF or LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Regulated Waste Handler (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of Work (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval of Work (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES HUSS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES HUSS, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Certification (21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Inspector (22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Approval (23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor's Firm (24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Compliance Authority (25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Compliance (26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Work (27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor's Firm (28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Compliance Authority (29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Compliance (30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contractor's Firm (31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental Services Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Compliance Authority (32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Compliance (33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** 06/25/18

**Name of Building Owner/Operator (2):** Kevin Donoghue

**Street Address:**

**City, State, Zip Code:** Maplewood, NJ 07040

**Name of Contact:** Kevin Donoghue

**FACILITY INFORMATION**

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

**City:** Maplewood, NJ 07040

**County:** Essex

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

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

**Type of Facility (4):**

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

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**ASCM No.:**

**Name of Abatement Contractor (9):** Gr Tech LLC

**Street Address:** 576 Valley Rd #283

**City, State, Zip Code:** Wayne, NJ 07470

**Telephone No.:** 973-638-1777

**License No.:** 01127

**Name of OSHA Monitor:** Envirovision Consultants, Inc

**Street Address:** 20-21 Wagaraw Road, Bldg. #35E

**City, State, Zip Code:** Fair Lawn, NJ 07410

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM

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

- >3 sf or >3 ft
- >160 sf or >260 ft
- Renovation
- Demolition

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

- Basement
- Pipe insulation

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

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

**Amount (Specify SIF or LF):** 120 LF

**Abatement Type:**

- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:** Gr Tech LLC

**NDEP Waste Hauler ID No:** 0033785

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** T.R.R.F. Inc

**City, State:** Tullytown, PA

**Disposal Date:** TBD

**Completed By (Print or Type):**

**Title:** Owner

**Signature:** [Signature]

**Date:** 06/25/18

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 6/25/18

Name of Building Owner/Operator (2) HANNA WILLS

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

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

Street Address [Redacted]

City, State, Zip Code RUTHERFORD, NJ, 07070

Name of Contact WILLS

Telephone Number [Redacted]

Name of Facility Where Abatement Is Taking Place (3)

WILLS

Square Feet 2100

# of Floors 2

Bldg. Age 1940

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

Current Use (Prior to being demolished) [Residence]

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

Name of Abatement Contractor (9) Best Removal Inc.

Street Address 450 South River Street

City, State, Zip Code Hackensack, NJ 07601

Telephone No. 201-329-7444

License No. 00388

Name of OSHA Monitor Omega Environmental

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, NJ 07606

Start Date (10) 7/9/18

Scheduled Completion Date (11) 7/10/18

Occlusion Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 8 AM TO 5:00 PM

Scope of Work (Check All That Apply)
☐ 0 sf or 0 ft
☐ 1,000 sf or 3,000 ft
☐ Renovation
☐ Demolition

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

In Facility

Yes No NA

Basement VAT

500 SF x

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulation

Includes

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

Name of Registered Waste Hauler Best Removal Inc

Hauler ID No. 17109

Cubic Yards of Waste 31/207

Name of Registered Landfill Minerva Enterprises, LLC

City, State Waynesburg, OH 44688

Disposal Date 7/10/18

Completed by J. Maiorano Title Estimator

Signature [Redacted] Date 6/25/18

* Do not use this form for asbestos licensure 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 / 21 / 2018

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY25-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 84N

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(same use only)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH
973-729-5649

Telephone Number

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
6 / 25 / 2018

Sched. Completion Date (11)
8 / 30 / 2018

Month
Day
Year

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 7AM-3:30 PM

X Other - Describe:

Scope of Work (Check all that apply)
Demolition
Renovation

>3SF OR LF

>180 SF OR 260 LF

Location of
Asbestos-containing
Material (ACM)

TO BE ABATED
in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(is e.g. Thermal insulation, surfacing, VAT, or other miscellaneous)

Amount
(Specify SF or LF)

Abatement Type
REMOVAL
ENCAPSULATION
ENCLOSURE

MER - SOUTHWEST AREA

X DUCT SEAM CAULK

10 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

Cubic Yards of Waste
3

Disposal Date
6/12/12-30/18

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

Signature

Date
5/23/18
<table>
<thead>
<tr>
<th><strong>State of New Jersey</strong></th>
<th><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Pursuant to NJAC 8.60-7 and 12-120-7)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Notification (1)**

6 / 11 /18

**Agencies Notified**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #1</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

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

MERCK SHARP & DOHME CORP.

**Street Address**

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07085

**Name of Contact**

PATRICIA JOHNSON

**Telephone Number**

732-594-7749

---

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 84N

**City (5) City, State, Zip Code**

RAHWAY, UNION, NEW JERSEY 07085

**County Code (6) (STATE USE ONLY)**

**Square Feet**

108,769

**# of Floors**

4

**Bidg. Age**

49

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIH

**Telephone Number**

973-729-8649

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

RESEARCH LABORATORY AND OFFICE FACILI

**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

**Expected State Date (10)**

6 / 12 /18

**Sched. Completion Date (11)**

6 / 30 /18

**Name of OSHA Monitor**

AMERICAN LABORATORIES INC

**License Number**

#11460

---

**OCCUPANCY STATUS DURING ABATEMENT (Check only one)**

X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30PM

**SCOPE OF WORK (Check all that apply)**

Demolition

>300 LF

>160 SF OR 290 LF

X Renovation

Glovebag Procedure

Non-Friable Procedure

---

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

MER - SOUTHWEST AREA

**Is Location normally used solely by Maint/Custodial Staff (12)**

Yes

No

N/A

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

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

SUCT SEAM CAULK

**Amount (Specify SF or LF)**

10 SF

---

**Abatement Type**

REMOVAL

ENCAPSULATION

ENGULFMENT

---

**Name of Registered Waste Hauler**

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SRF

447 ALEXANDER DRIVE/ROUTE 15

**City, State**

FREEHOLD, NEW JERSEY

**Disposal Date**

8/12-12/30/18

**City, State**

MONTGOMERY, PA 17752

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**Title**

DIRECTOR OF OPERATIONS

---

**Signature**

[Signature]

**Date**

6/11/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5 / 31 / 18

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

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

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.
Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code
RAHWAY, NEW JERSEY 07085
Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-7476

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 64N

City (5)
RAHWAY
County (6)
UNION
County Code (7)
(State Use Only)

Type of Facility (4)
- [X] Subchapter 8 (Other than K-12)
- [ ] Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
108,709
# of Floors
4
Bldg. Age
49

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUFFERN, NEW YORK 10901

Name of OSHA Monitor
AMERISCIO LABORATORIES INC
License Number
#11480

Project Manager for Monitoring Firm
WILLIAM S. BERKEL, CIH
Telephone Number
973-729-5649

Telephone Number
845-389-7500

License Number
1101

Expected State Date (10)
6 / 12 / 18
Sched. Completion Date (11)
8 / 30 / 18

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

Month Day Year

Street Address
117 EAST 30TH STREET
City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)
- [X] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [X] >3SF OR LF
- [ ] Glovebag Procedure
- [X] >160 SF OR 280 LF
- [X] Non-Friable Procedure

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

Is Location normally used solely by
Maint/Custodial Staff (12)
Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(is. Thermal systems insulation, surfacing, VAT,
or other miscellaneous)

Amount
10 SF
(Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
823 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
3
Disposal Date
6/12/30/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS
Signature
Date
5/31/18
Date of Notification (1): June 25, 2018
Name of Building Owner/Operator (2): Univation Technologies

Name of Facility Where Abatement is Taking Place (3):
Dow Chemical / Univation Technologies

Street Address:
65 Beakeland Avenue
City (3):
Middlesex, NJ 08846

County (5):
Middlesex

Name of Monitoring Firm Hired by Building Owner (8):
AET

Name of Abatement Contractor (10):
The MACK Group, LLC.

Start Date (13):
6/26/18

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

Other - Describe:

Score of Work (Check All That Apply):
X Cleaning - 2.5 ft.
X 100 ft. or more

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (11):
Testing Bldg., Lab, doors & benching

Name of Registered Waste Hauler:
Newark / Freehold Garbage

Name of Registered Landfill:
Imperial Landfill

Completed by:
Michael Cooper
Title: President
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
6/7/2018

Name of Building Owner/Operator (2)
Pei Yi Zhang

Agency Notified

- EPA
- DEP
- DOH
- DCA
- Initial
- Amended
- Emergency (including justification)

Street Address

City, State, Zip Code
Union City, NJ 07087

Name of Contact
Pei Yi (Peggy) Zhang

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
Union City

County (6)
Hudson

County Code (7) (STATE USE ONLY) ________

Square Feet
2000 sq ft

# of Floors
2

Bldg. Age
unknown

Current Use (Prior if being demolished)
Single-Family

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

Name of Abatement Contractor (9)
Schaffer Demo & Environmental Services LLC

Street Address
6207 Hudson Avenue

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

License No.
01354

Project Manager for Monitoring Firm

Telephone No.
201-304-3820

Start Date (10)
6/8/2018

Scheduled Completion Date (11)
6/11/2018

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 ≥3 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 (12)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</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>Siding</td>
<td>X</td>
<td>500 SF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>X</td>
<td>5 LF</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Drywall</td>
<td>X</td>
<td>300 SF</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Rovic Transport

Cubic Yards of Waste
2

Name of Registered Landfill
Conestoga Landfill

Disposal Date
6/13/2018

City, State
Riverdale, NJ

Complete by
Dean Schaffer

Title
Project Manager

Signature

Date
6/7/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:29 and 12:12B)

Date of Notification (1) 6-2-2018
Name of Building Owner/Operator (2) RPM Contracting
Street Address 47 Park Ave
City, State, Zip Code Montclair, NJ 07042
Name of Contact Gally
Telephone Number 732-677-3065

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RPM Property
Street Address 38-40 Russell Ave
City (5) OCEAN PT (E. HANOVER)
County (6)
County Code (7) 24
Current Use (Prior to being demolished) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Name of Abatement Contractor (9) ACE Insulation Co., Inc
Street Address 49 Montrose Rd
City, State, Zip Code NEK, NJ 07924
Telephone No. 973-344-1377
License No. 000029

Start Date (10) 7-1-18
Scheduled Completion Date (11) 7-19-18
Occupancy Status During Abatement (Check Only One) RESIDENTIAL
Facility Closed/Monitored During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)

- x3 sf or x3 ft
- x100 sf or x200 ft
- x Renovation
- x Demolition
- x Full Containment with Negative Pressure
- x Mini-Enclosure
- x Glueless Procedure
- x Non-Exempted (*) and Non-Fireable Procedure

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

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

1st Floor
Basement

1st Floor
Basement

1st Floor
Basement

Description of Asbestos-Containing Material (ACMs)

(i.e., internal systems insulation, surfacing, VAV, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Endorsement

Name of Registered Waste Hauler

ACE Insulation Co., Inc
NIDEP Waste Hauler ID No. 12084
Cubic Yards of Waste 8
Name of Registered Landfill Fairless
Disposal Date 7-19-18
City, State NEK, NJ
Completed by Peter McGraw Title Secretary/Treasurer
Signature 16/3/18
Date 6/2/18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/3/18</td>
<td>Rapid Contracting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency/Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td></td>
<td></td>
<td>Montclair, New Jersey 07042</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPM Property</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>36 Russell Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Oceanport (Ft. Monmouth)</td>
</tr>
<tr>
<td>County</td>
<td>Monmouth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A &amp; E Insulation Co., Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>40 Montrose Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>HSBECK, N J 07732</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/18</td>
<td>7/12/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st FL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>654 LF</td>
<td></td>
</tr>
</tbody>
</table>

<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>A &amp; E Insulation Co., Inc</td>
<td>12086</td>
<td>2</td>
<td>Fairless</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City; State</th>
<th>Disposal Date</th>
<th>City; State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSBECK, N J</td>
<td>6/3/18</td>
<td>HSBECK, N J</td>
<td>6/3/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deonan Fraser</td>
<td></td>
<td>6/4/18</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:128)

**Date of Notification:** 6/21/18  
**Name of Building Owner/Operator:** RPM Contracting  
**Street Address:** 77 Park Ave  
**City, State, Zip Code:** Montclair, NJ 07042

**FACILITY INFORMATION**

**Type of Notification:** Original  
**City:** Montclair  
**County Code:** (STATE USE ONLY)  
**Current Use:** Residence  
**Type of Facility:** School (K-12)  
**Occupancy Status During Abatement:** Vacated During Entire Period of Abatement  
**Start Date:** 6/21/18  
**Scheduled Completion Date:** 3/2/18  
**Scope of Work:** Renovation \( 
\)[Renovation DEMO]  
\[Full Containment with Negative Pressure\]

**Location of Asbestos-Containing Material (ACM):**  
**Location Normally Used Solely by Maintenance/Custodial Staff:** Yes  
**Description of Asbestos-Containing Material (ACM):** Pipe Covering  
**Amount (Specify SF or LF):** 387 LF  
**Abatement Type:**  
**Endorsement:**

**Name of Registered Waste Hauler:** Ace Insulation, Inc.  
**Name of Registered Landfill:** FCY Less  
**Disposal Date:** 7/22/18  
**Completed by:** Bee McKenzie  
**Title:** Secretary/Retiree  
**Signature:**  
**Date:** 6/21/18

*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 / 25 / 18

Name of Building Owner/Operator (2) D & A Demo, LLC

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

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

Street Address
2156 Campain Road

City, State, Zip Code
Hillsborough, NJ 08844

Name of Contact
Antonio Dimuzio
Telephone Number
732-713-4496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Bank

Street Address
80 Ridge Road

City (5)
North Arlington

County (8)
Bergen

County Code (7) [STATE USE ONLY]

Square Feet
9,000

# of Floors
2

Bldg. Age
80

Current Use (Prior to being demolished)
Former Bank

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Rte. 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

License No.
00624

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

Telephone No.
732-349-9932

Name of OSHA Monitor
E.M.S.L. Analytical

Start Date (10) 07 / 05 / 18

Scheduled Completion Date (11) 07 / 20 / 18

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 180 sf or ≥ 260 sf
☐ 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 Facililty

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>☐</td>
<td>asbestos floor tile &amp; mastic</td>
<td>2800 sf</td>
<td>☑</td>
</tr>
<tr>
<td>basement</td>
<td>☐</td>
<td>ceiling tiles</td>
<td>2500 sf</td>
<td>☑</td>
</tr>
<tr>
<td>1st &amp; 2nd floors</td>
<td>☐</td>
<td>asbestos floor tile</td>
<td>6000 sf</td>
<td>☑</td>
</tr>
<tr>
<td>exterior</td>
<td>☐</td>
<td>window caulk</td>
<td>15 windows</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Disposal Date
07/20/18

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

Date
6/25/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:38 and 5:16)  

Date of Notification (1) 5 31 18

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

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

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
James Rizzo

Telephone Number
856-767-7032

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
438 GRANT STREET STRUCTURE

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 9 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

City (5)
Camden

Square Feet
varies

County (6)
CAMDEN

# of Floors
varies

County Code (7) (STATE USE ONLY)

Bldg. Age
50+

Current Use (Prior to being demolished)
HOUSING DEEMED UNSAFE

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Controlled Environmental Systems

Street Address

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
215 542 7000

License No.
00847

Start Date (10)
6 1 18

Scheduled Completion Date (11)
7 20 18

Name of OSHA Monitor
CES

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Sealed During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00am-5:00pm, Monday - Friday

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 250 lf
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Non-Exempted (*) and Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED IN Facility

Is Location Normally Used Only 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

Encapsulate

Endorse

See Attached Notice of Hazard
donotapply

See Attached Notice of Hazard

200 YD per rate

Name of Registered Waste Hauler

Waste Management of NJ

NJDEP Waste Hauler ID No. 1723

Cubic Yards of Waste

200/residence

Name of Registered Landfill

GROWS

Disposal Date
7/20/18

City, State
Fairless Hills, PA

Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
5-31-2016

* 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 8:18 and 8:21)

**Date of Notification:** 8/1/10

**Name of Building Owner/Operator:** City of Camden

**Name of Facility Where Abatement is Taking Place:**
- **400 Grant Street Structure**

**Street Address:** PO Box 88120

**City:** Camden, NJ

**State:** NJ

**Zip Code:** 08104

**County:** Camden

**Type of Facility:** Commercial
- Location: 436 Grant Street
  - Address: 436 Grant Street
  - City: Camden
  - State: NJ
  - Zip Code: 08104

**Date of Notification:** 8/1/10

**Scheduled Completion Date:** 7/23/10

**Type of Abatement (Check all that apply):**
- **R** Replacement
- **D** Demolition

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

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, WVT, or other milled asbestos):**

**Amount:** 100 YD per run

**Name of Registered Waste Handler:**
- NJDPS Waste
- Route: 13
- No.: 12372

**Name of Contact:** James Rizzo

**FACILITY INFORMATION**

**Name of Monitoring Firm Used by Building Owner:**

**Address:** 121 W Bethalme Pl

**City:** Spring House, PA

**State:** PA

**Zip Code:** 19468

**Telephone No.:** 215-542-7900

**License No.:** 11111111111

**Notes:**
- Use this form for asbestos removal completed after May 31, 2018.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
06/23/2018

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

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

Name of Building Owner/Operator (2)
Alfred Edel

Street Address

City, State, Zip Code
Haledon, NJ 07508

Name of Contact
Joe

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Haledon

County (6)
Passaic

County Code (7)

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
973-400-8711

License No.
01332

Start Date (10)
07/02/2018

Scheduled Completion Date (11)
07/05/2018

Occupy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
☒ Other – Describe: 7:00 am - 5:00 pm

Scope of Work (Check All That Apply)
☒ ≥ 33 sf or ≥ 33 if
☒ ≥ 160 sf or ≥ 260 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frigible Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal ☒ Repair ☐ Encapsulate ☐ Endoscope ☐

Basement ☒ Pipe Insulation 60 LF

Basement ☒ Tiles 500 SF

Name of Registered Waste hauler
Removal Safety LLC

NJDEP Waste Hauler ID No.
0037007

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS North

City, State
Paterson, NJ

Completed by
Lasko Veskov

Title
President

Signature

Date
06/23/2018

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 / 21 / 18</td>
<td>JCP&amp;L/FirstEnergy Company / Job #1806-5333 (Check #10281)</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-B)

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>10 Legion Place- Building A</td>
</tr>
<tr>
<td>Amended</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Amendment #______</td>
<td>Morristown, NJ 07960</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>Cancellation</td>
<td>William Heraney</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>ASB-41</th>
</tr>
</thead>
<tbody>
<tr>
<td>848-210-2970</td>
<td>MAY 11</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCP&amp;L- Joe Leone's Catering</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>509 American Legion Way</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Pleasant Beach, NJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>Substation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>140 S. Village Ave. Suite 130</td>
<td>00529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exton, PA 19341</td>
<td>610-524-5525</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Hovendorn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 5 / 18</td>
<td>7 / 5 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Maple Ave. PO Box 25</td>
<td>Lumberton, NJ 08048</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ≥ 3 sf or ≥ 3 if</td>
</tr>
<tr>
<td>□ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Pole JC893PP</td>
</tr>
<tr>
<td>Exterior Pole JC889PP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Boolan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Boolan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N/DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S. Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6/21/18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
6 / 19 / 18
Name of Building Owner/Operator (2)
JCP&L/FirstEnergy Company / Job #1806-5330 Check #10252

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

Street Address
10 Legion Place- Building A
City, State, Zip Code
Morristown, NJ 07960
Name of Contact
John Greco

Telephone Number
201-602-1499

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L
Street Address
4 Sixth Street
City (5)
New Providence, NJ
County (6)
Union
County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & health, Inc.
ASCM No.
Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
140 S. Village Ave. Suite 130
City, State, Zip Code
Exton, PA 19341
Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Brian Hovendon
Telephone No.
610-524-5525

Start Date (10) 6 / 20 / 18
Scheduled Completion Date (11) 6 / 20 / 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: AM PM PM AM

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

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

Is Location 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

Location
NJDEP Waste Hauler ID No. 18750
Cubic Yards of Waste
2
Name of Registered Landfill
G.R.O.W.S. Landfill

Disposal Date
6/20/18
City, State
Lumberton, NJ
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti
Title
Operations Coordinator
Signature
Date 6/19/18

ASB-41
MAY 11

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

Date of Notification (1) 6 / 19 / 18

Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1806-5328 Check #10253

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ NJAC 5:23-5

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

Street Address
10 Legion Place - Building A
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
John Greco

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCP&L

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

Square Feet

# of Floors

Bldg. Age

County Code (7) [STATE USE ONLY]

Substation

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.

ASCM No.

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address
140 S. Village Ave, Suite 130
City, State, Zip Code
Exton, PA 19341

Telephone No.
610-524-5525

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
30 Maple Ave, PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Brian Hovendon

Start Date (10) 6 / 20 / 18

Scheduled Completion Date (11) 6 / 20 / 18

Name of Registered Waste Hauler
AbateTech, Inc.

Cinnaminson, NJ 08077

Cubic Yards of Waste
2

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

Completed By (Print or Type)
Gwen Trumbetti

Title
Operations Coordinator

Signature

Date 6/20/18

* 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:** 6 / 21 / 18

**Name of Building Owner/Operator:** PSE&G / Job #1805-5310

**Street Address:** 4000 Hadley Road
**City, State, Zip Code:** South Plainfield, NJ
**Name of Contact:** Tom Pelardis
**Telephone Number:** 908-377-5147

**FACILITY INFORMATION**

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

PSE&G - Jersey City

**Street Address:** 90 Duffield Ave.
**City, State, Zip Code:** Jersey City, NJ

**County Code (STATE USE ONLY):** Hudson

**Name of Monitoring Firm Hired by Building Owner:** Bureau Veritas

**Telephone No.:** 732-489-2813

**Name of Abatement Contractor:** AbateTech, Inc.

**Street Address:** 30 Maple Ave, PO Box 25
**City, State, Zip Code:** Lumberton, NJ 08048

**License No.:** 00529

**Name of OSHA Monitor:** EMSL Analytical

**Telephone No.:** 609-265-2107

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

**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):**

- [x] 3 sf or 3 lf
- [ ] 160 sf or 260 lf
- [ ] 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:**

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

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

- [ ] Thermal insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF):** 240 LF

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

**Name of Registered Waste Hauler:** Waste Management

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Camden, NJ

**Disposal Date:** 6/22/18

**City, State:** Morrisville, PA

**Completed By (Print or Type):**

Gwendolyn Trumbetti

**Title:** Operations Coordinator

**Signature:**

**Date:** 6/21/18

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 15 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>SJ Gas / Job #1805-5315 Check #10179</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 South Jersey Plaza</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Folsom, NJ 08037</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Naselli</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>518-775-0537</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residential |
| Street Address | [Redacted] |
| City (5) | Glassboro, NJ |
| County (6) | Gloucester |
| County Code (7) | Gloucester |
| Type of Facility (4) | Residential |
| Square Feet | # of Floors | Bldg. Age |
| Current Use (Prior if being demolished) | Residential |
| Name of Abatement Contractor (9) | AbateTech, Inc. |
| Street Address | 30 Maple Ave. PO Box 25 |
| City, State, Zip Code | Lumberton, NJ 08048 |
| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | Telephone No. |
| License No. | 00529 |
| Start Date (10) | 6 / 14 / 18 |
| Scheduled Completion Date (11) | 6 / 22 / 18 |
| Name of OSHA Monitor | EMSL Analytical |
| Street Address | 206 Route 130 North |
| City, State, Zip Code | Cinnaminson, NJ 08077 |

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

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

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

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

**Name of Registered Waste Hauler**
- AbateTech, Inc.
- NJDEP Waste Hauler ID No. 18750

**Disposal Date**
- 6/22/18
- Tullytown, PA

**City, State**
- Lumberton, NJ

**Completed By (Print or Type)**
- Gwendolyn Trumbetti
- Operations Coordinator

**Signature**
- [Signature]

**Date**
- 6/15/18

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

Date of Notification (1): 6/21/18  

Agencies Notified:  
- [x] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  
Type Notification:  
- [x] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Cancellation

Name of Building Owner / Operator (2): VERIZON COMMUNICATIONS  
Street Address:  
386 East Bay Avenue  
City, State & Zip Code: Manahawkin NJ 08050  
Name of Contact: Brian Tilton  
Telephone Number: 215-540-4563

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Manahawkin Central Office  
Street Address:  
386 East Bay Avenue

City (5): Manahawkin  
County (6): Ocean  
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8): USA ENVIRONMENTAL MANAGEMENT, INC.  
ASCM No.:  
Street Address:  
8435 ENTERPRISE AVE  
City, State & Zip Code: PHILADELPHIA PA 19153
Project Manager for Monitoring Firm: MARK JENKINS  
Telephone Number: 215-365-5810

Scheduled Start Date (10): 7/23/18  
Scheduled Completion Date (11): 8/8/18

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

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

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

Boiler Room

Location Normally Used Solely by Maintenance or Custodial Staff? (12):  
- [x] Yes  
- [ ] No  
- [ ] N/A

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12):  
- [ ] Yes  
- [x] No  
- [ ] N/A

Description of Asbestos-Containing Material (ACM):  

- [ ] Vat/Mastic  
- [ ] Boiler Insulation  
- [ ] Breaching Insulation

Amount (Specify SF or LF):  

- [x] 1200 SF
- [ ] 100 SF
- [ ] 100 SF

Abatement Type:  
- [ ] Full Containment with Negative Pressure  
- [ ] Encapsulation  
- [ ] Non-Exempted and Non-Friable Procedure  
- [ ] Other

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.  
NJDEP Waste Hauler ID No.: 20990

Completed By (Print or Type): PATRICK T. DeCARO  
Title: Estimator

Name of Registered Landfill: MINERVA LANDFILL  
Disposal Date: TBD  
City, State: WAYNESBURG, OH 44688

Date: 6/21/18

BS18083
Date of Notification (1)  
6/26/2018

Name of Building Owner/Operator (2)  
Hugo Neu Realty Management

Street Address  
78 John Miller Way, Building 78

City, State, Zip Code  
Kearny NJ 07032

Name of Contact  
Marko Stankovic, Project Manager

Telephone Number  
973-570-2645

---

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Kearny Point Industrial Park

Street Address  
78 John Miller Way, Building 78

City (5)  
Kearny

County (6)  
Hudson

Square Feet  
45,000

Current Use (Prior if being demolished)  
Warehouse

End Date (10)  
CONTINUATION DATE

Scheduled Completion Date (11)  
UNKNOWN

Name of Abatement Contractor (8)  
Checkmark Industrial

---

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

Subchapter 6 (Other than K-12)  
Other (i.e. private & commercial buildings, homes, etc.)

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

Other - Describe:  

Scope of Work (Check All That Apply)  
320 sf or over

2160 sf or over

Renovation

Demolition

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

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

TO BE ABATED  

Location Normally Used Solely by Maintenance/ Custodial Staff?  

Yes

No

N/A

Outside of Building (ROOF)  

Window Pane Tar  

5000 SF

---

Name of Registered Waste Hauler  
Atlantic Carting

NJDEP Waste Hauler ID No.  
120

Cubic Yards of Waste  
120

Name of Registered Landfill Waste Management  

City, State  
Wayne NJ

Disposal Date  
6/26/2018

Completed by  
Corey Stankovic

Title  
CEO

Signature  

Date  
6/26/2018

---

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
06/22/18

Name of Building Owner/Operator (2)
Phillips 66 Domestic Trades Terminal

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

Type Notification
- Initial
- Amended Amendment #1
- Emergency (Including Cancellation)

Street Address
Route 1 North

City, State, Zip Code
Linden, NJ 07036

Name of Contact
Joe Garza

Name of Facility Where Abatement is Taking Place (3)
Phillips 66 Domestic Trades Terminal

Street Address
Route 1 North

Square Feet
200

City (5)
Linden

County Code (7)
(SATE USE ONLY)

County (6)

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

Name of Abatement Contractor (9)
Advanced Specialty Contractors

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

Name of OSHA Monitor
Tiger Environmental

Telephone Number
732-525-0100

License No.
00750

Current Use (Prior to being demolished)
Transfer Pipes

Street Address
2400 Main Street Extension Suite 10

City, State, Zip Code
Sayreville, NJ 08872

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
07/07/18

Scheduled Completion Date (11)
07/19/18

Occurrence Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Encapsulation of semi in pipe rack

Scope of Work (Check All That Apply)
- 20 sq ft or 56 sq ft
- 1600 sq ft or 2560 sq ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable 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, VAC, or other miscellaneous)
Pipe Insulation

Amount (Specify SF or LF)
200 LF

Abatement Type
- Removal
- Repair
- Enclosure
- Encapsulate

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No. 15939

Freehold Cartage
Cubic Yards of Waste
60

Freehold Cartage
Fairless Landfill

Disposal Date
07/19/18

City, State
Morrilton, PA

Completed by
Dan Baptista
Title
Safety Agent

Signature
06/22/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
06/25/2018

Name of Building Owner/Operator (2)
Hndz LLC

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

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

Street Address
31 Lake Trl E

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Sam

**FACILITY INFORMATION**

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

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

County Code
PASSAIC

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

Telephone No.
973-400-8711

License No.
01332

Start Date (10)
07/04/2018

Scheduled Completion Date (11)
07/06/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00am - 5:00pm

Scope of Work (Check All That Apply)
- >=3 sf or >=3 ll
- >=160 sf or >=2600 f2
- 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>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>70 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Removal Safety LLC

City, State
Paterson, NJ

Completed by
Lasko Veskov
Title
President

Signature

Date
06/25/2018

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

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

**Date of Notification (1)**
6 / 25 / 18

**Name of Building Owner/Operator (2)**
West Windsor Plainsboro School District / Job #1806-2317 / Chk. #4959

**Street Address**
130 Hightstown Rd.

**City, State, Zip Code**
West Windsor, NJ 08560

**Name of Contact**
Jason Harris

**Telephone Number**
609-486-8945

---

**FACILITY INFORMATION**

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

**Street Address**
305 Clarksville Rd.

**City (5)**
Princeton Junction, NJ

**County (6)**
Mercer

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

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

**ASCM No.**

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

**Street Address**
3859 Sylon Boulevard

**City, State, Zip Code**
Hainesport, NJ 08036

**Telephone No.**
609-702-0400

**License No.**
00862

**Name of OSHA Monitor**
EMSL Analytical, Inc.

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

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

---

**Start Date (10)**
7 / 5 / 18

**Scheduled Completion Date (11)**
7 / 11 / 18

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

- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

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

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

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

- [ ] Closet #100
- [ ] Classroom #100

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

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

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

- [ ] 2 Elbows/fittings w/ Asb Pl
- [ ] Floor Tile & Mastic 1,100 SF

**Name of Registered Waste Hauler**
Waste Management

**Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**Disposal Date**
7.13.18

**City, State**
Penn Argyle, PA

**Completed By (Print or Type)**
Joann Mullarkey

**Title**
Office Coordinator

**Signature**

**Date**
6-25-18

---

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

**Date of Notification (1)**
06/25/2018

**Name of Building Owner/Operator (2)**
Newark Public Schools

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

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

**Street Address**
2 Cedar Street

**City, State, Zip Code**
Newark, NJ 07102

**Name of Contact**
Benjamin Olugadayo

**Telephone Number**
973-938-7544

### FACILITY INFORMATION

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

**Street Address**
321 Chancellor Avenue

**City (5)**
Newark, NJ 07112

**County (6)**
Essex

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

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

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

**Square Feet**
70,000

**# of Floors**
4

**Bldg. Age**
80

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

**ASCM No.**

**Name of Abatement Contractor (9)**
SMAC Corp.

**Street Address**
7 Pleasant Hill Road

**City, State, Zip Code**
Cranbury, NJ 08512

**Project Manager for Monitoring Firm**
Kevin Lovely

**Telephone No.**
732 390 5858

**License No.**
01110

**Name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
431 North Midland Ave.

**City, State, Zip Code**
Saddle Brook, NJ 07663

### Start Date (10)
07/09/2018

### Scheduled Completion Date (11)
08/03/2018

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

- [X] >3 sf or >3 lf
- [ ] ≥100 sf or ≥260 lf

- [ ] 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>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>Basement Rooms</td>
<td>X</td>
<td>Pipe Insulation/Pipe Fitting</td>
<td>100 If</td>
<td>x</td>
</tr>
<tr>
<td>Basement Rooms</td>
<td>X</td>
<td>Floor Tile/Mastic</td>
<td>3750 sf</td>
<td>x</td>
</tr>
<tr>
<td>Basement Rooms</td>
<td>X</td>
<td>Glue Dot Mastic</td>
<td>65 If</td>
<td>x</td>
</tr>
<tr>
<td>Basement Rooms</td>
<td>X</td>
<td>Cove Base Mastic</td>
<td>165 If</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SMAC Corp.

**NJDSEP Waste Hauler ID No.**
18590

**Cubic Yards of Waste**
40

**Name of Registered Landfill**
Grows Landfill

**City, State**
Saddle Brook, NJ 07663

**Disposal Date**
08/03/2018

**Completed by**
Borco Gjorsoski

**Title**
President

**Signature**

**Date**
06/25/2018

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