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

Date of Notification (1)
2/28/2017

Check#2977

Name of Building Owner/Operator (2)
Mr. Roy Verstraete

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

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

Street Address
112 Oak Street

City, State, Zip Code
Ridgewood, NJ 07450

Name of Contact
Roy Verstraete

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ridgewood YMCA-YWCA

Street Address
112 Oak Street

City (5)
Ridgewood, NJ 074501

County (6)
BERGEN

County Code (7)
(SHARE USE ONLY)

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

AsCM No.

Name of Abatement Contractor (9)
EA Services

Street Address
426 69th Street

City, State, Zip Code
Guttenberg, NJ 07093

Telephone No.
201-295-1700

License No.
01074

Name of OSHA Monitor
Same as above

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

Start Date (10)
3/10/2017

Scheduled Completion Date (11)
3/15/2017

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

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

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)
150 LF

Abatement Type

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler
Freehold Carting

Freehold Carting

City, State
Freehold, NJ

Completed by
Gina Betances

Title
Office Manager

Signature

Disposal Date
TBD

Name of Registered Landfill
Cumberland Landfill

City, State
Newburg, PA

Date
2/28/2017

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

**State of New Jersey**

**Name of Building Owner/Operator:** Logow Management

**Address:** 160 South Livingston Ave., Livingston, NJ 07039

**Name of Contact:** John

**City:** Livingston

**State:** NJ

**Zip Code:** 07039

---

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** Brandwyne East Apt. #4A
- **Street Address:** Brandwyne East Court
- **City:** Brielle
- **County:** Monmouth
- **Square Feet of Building:** 50+

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

### Current Use (Prior to being demolished)
- **Apartment Unit**

### Name of Abatement Contractor
- **Name:** Harmony Contracting
- **Address:** 380 Palisade Ave., Garfield, NJ 07026
- **Telephone No.:** 973-460-6026
- **License No.:** 31265

### Scope of Work (Check All That Apply)
- **Asbestos Removal**
- **Demolition**
- **Putt Containment with Negative Pressure**
- **Wet Encapsulation**
- **Glovebag Procedures**
- **Non-Exempted**

### Location of Asbestos-Containing Material (ACM)
- **To Be Abated in Facility:**
  - **Location Normally Used Before Maintenance/Control Ready:** Yes
  - **Description of Asbestos-Containing Material (ACM):** VAT, 415 SF

### Disposal:
- **Name of Registered Waste Hauler:** Harmony Contracting
- **ID No.:** 30137
- **Waste Hauler:** NJDEP Waste Hauler
- **Name of Registered Landfill:** G.R.C.W.S. Landfill
- **Disposal Date:** TBD
- **City:** Montville, PA 10617

### Completed by
- **Name:** Steven Lazarevich
- **Title:** President

---

*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)
3 / 3 / 17

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

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

Street Address
8201 Park Avenue

City (8)
Pennsauken

County (9)
Camden

Name of Monitoring Firm Hired by Building Owner (8)
Arcadis U.S., Inc.

ASCM No.

Name of Abatement Contractor (6)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
04 / 14 / 17

Scheduled Completion Date (11)
04 / 23 / 17

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

Time of Abatement: AM PM PM PM AM

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

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

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

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

Abatement Type
Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
Cumberland County Landfill

Disposal Date
04/23/2017

City, State
Newburg, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
3/3/17

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification:** 3/3/17

**Name of Building Owner/Operator:** Tracy Smith

**Agency Notified:**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)

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

**City, State, Zip Code:** Pitman, NJ 08071

**Name of Contact:** Tracy Smith

**City:** Pitman

**County:** Gloucester

**Street Address:** PO Box 341

**County Code:** 08515

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

**Name of Monitoring Firm Hired by Building Owner:** Mgmt. & Environmental Consulting Services

**Agency Monitoring:** ASCM No.

**Name of Abatement Contractor:** Shade Environmental, LLC

**Address:** 623 Cutler Avenue

**License No.:** 00842

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

**Street Address:** 200 Route 130 North

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

**Start Date:** 3/13/17

**Scheduled Completion Date:** 3/14/17

**Occupancy Status During Abatement:**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and/or Non-Friable Procedure

**Time of Abatement:** AM: PM

**Scope of Work:**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥200 if
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and/or Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13):**
- [ ] Attic
- [ ] Pipe Insulation

**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):** 30 LF

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endoscope

**Name of Registered Waste Hauler:** Freehold Cartage

**NJDEP Waste Hauler ID No.:** 15939

**Cubic Yards of Waste:** 1

**Name of Registered Landfill:** Cumberland County Landfill

**Disposal Date:** 3/14/2017

**City, State:** Newburg, PA

**Completed By:**
- [Print or Type] Christina Lynch

**Title:** Vice President of Operations

**Signature:** [Signature]

**Date:** 3/3/17

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

**Date of Notification (1)**: March 3, 2017  
**Check #**: 11587

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

**Type Notification**  
- [x] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Cancellation

**Name of Building / Owner / Operator (2)**: Jerard Ingenito

**Street Address**

City, State & Zip Code: Atlantic City, NJ 08401

**Name of Contact**: Jerard Ingenito

**FACILITY INFORMATION**

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

**Street Address**

City (5): Atlantic City

County (6): Atlantic

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

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

**NIA**: Synatech, Inc.

**Street Address**

City, State & Zip Code: Little Egg Harbor, NJ 08087

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date (10)**: March 13, 2017  
**Scheduled Completion Date (11)**: April 13, 2017

**Occupancy Status During Abatement (Check only one)**  
- [x] Facility Closed/Vacated During Entire Period of Abatement

**Other – Describe:**

**Scope of Work (Check all that apply)**  
- [ ] ≥3 sf or ≥3 if
- [x] ≥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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance or 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**

- [x] Removal  
- [ ] Repair  
- [ ] Encapsulation  
- [ ] Endorsement

**Location of Registered Waste Hauler**

**Cubic Yards of Waste**

2

**Name of Registered Landfill**

Fairless Hills  
City, State: Morrisville, PA

**Disposal Date**

April 14, 2017

**Completed By**

**Title**

Executive Administrator

**Signature**

Diane Aloia

**Date**

March 3, 2017

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

Date of Notification (1): 3/3/2017

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

Agencies Notified:  
- EPA  
- DSB  
- DOL  
- DOH  
- DCA

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

Street Address: 2000 FRANK RODGERS BLVD.
City, State, Zip Code: HARRISON, NJ 07029
Name of Contact: GREG BRASS

FACILITY INFORMATION

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

Street Address: GRASSELLI STATION ROAD / STREMY POINT RD.
City (5): LINDEN  
County (6): UNION  

County Code (7): N/A  
Current Use (Prior if being demolished): LP TANK FARM

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL TACTICS
ASCN No.: 0045

Name of Abatement Contractor (9): UNIQUE SYSTEMS OF AMERICA
Street Address: 386 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Name of OSHA Monitor: UNIQUE SYSTEMS OF AMERICA

Project Manager for Monitoring Firm: TOM GEIGER
Telephone No.: 732-280-2217

Start Date (10): 4/17/2017
Scheduled Completion Date (11): 6/30/2017

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

Scope of Work (Check All That Apply):  
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥250 ft
- Renovation
- Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED | 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) | Type of Abatement Type | Removal | Repair | Encapsulation | Endorsement |
|---|---|---|---|---|---|---|---|---|---|
| PROPANE TANK FARM | X | TAR/MASTIC | 13,893 SF | X | |

Name of Registered Waste Hauler: WASTE MANAGEMENT
NJDEP Waste Hauler ID No.: 1125

Cubic Yards of Waste: APPX. 650
Name of Registered Landfill: GROWS NORTH

City, State: ELIZABETH, NJ
Disposal Date: TBD
City, State: MORRISVILLE, PA

Completed by: CAROL RAIMO  
Title: OFFICE MGR.
Signature: [Signature]
Date: 3/3/2017

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

**State of New Jersey**

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

---

**Date of Notification:** 3/13/2017

**Name of Building Owner/Operator:** PSEG

**Street Address:** 4000 HADLEY ROAD

**City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Name of Contact:** DENNIS WAKULA

---

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

**Street Address:** 195 W 63RD STREET

**City:** BAYONNE

**County:** HUDSON

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

**Square Feet:** 1200

**# of Floors:** 1

**Bldg. Age:** 65

---

**Name of Monitoring Firm Hired by Building Owner:** ENVIRONMENTAL TACTICS

**ASCM No.:** 0045

**Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE. SOUTH RIVER, NJ 08882

**Telephone No.:** 732-320-2217

**License No.:** 01111

---

**Start Date:** 3/13/17

**Scheduled Completion Date:** 4/10/2017

**Name of OSHA Monitor:** UNIQUE SYSTEMS OF AMERICA

**Street Address:** 396 WHITEHEAD AVE.

**City:** SOUTH RIVER

**State:** NJ

**Zip Code:** 08882

---

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Necessary operations only

**Scope of Work:**
- ≥3 sf or ≥3 If
- ≥160 sf or ≥230 lf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage Building</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Control House</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Material (ACM):**
- ACM TRANSITE PANELS 3460 SF
- ACM CAULK + GIP INSULATION 160 LF
- TRANSITE PIPES + INSULATION 75 LF
- TRANSITE FLOOR PANEL 180 LF

---

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 1125

**Cubic Yards of Waste:** 30

**Disposal Date:** TBD

**Name of Registered Landfill:** GROWS NORTH

**City:** MORRISVILLE

**State:** PA

---

**Completed by:** CAROL RA IMO

**Title:** OFFICE MANAGER

**Signature:** CAROL RA IMO 3/13/2017

---

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

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

**Date of Notification (1):** 11/23/2017

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

**Address:**
- **Street Address:** 4000 HADLEY ROAD
- **City, State, Zip Code:** SOUTH PLAINFIELD, NJ 07080

**Name of Contact:** DENNIS WAKAIA

**Facility Information**

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

- **Square Feet:** 1900
- **# of Floors:** 1
- **Bldg. Age:** Appx. 65
- **Current Use (Prior to being demolished):** Switch Station

**Name of Scheduling Firm Hired by Building Owner (3):** ENVIRONMENTAL TACTICS

**Name of Abatement Contractor (9):** UNIQUE SYSTEMS OF AMERICA

**Address:**
- **Street Address:** 396 WHITEHEAD AVE.
- **City, State, Zip Code:** SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm:** TOM GEIGER

**Telephone No.:** 732-280-2217

**Start Date (10):** 11/23/17

**Scheduled Completion Date (11):** 3/10/2017

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

**Scope of Work (Check All That Apply):**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥280 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fireable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage Building</td>
<td>Yes</td>
</tr>
<tr>
<td>Control House</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Description of Asbestos-Containing Materials:**

- ACM Transite Panels: 3400 SF
- ACM Caulk + Pipe Insulation: 160 LF
- Transite Pipes + Insulation: 75 LF
- Transite Pipe Panels: 180 LF

**Name of Registered Waste Hauler:**
- NJDEP Waste Hauler ID No.: 1125
- Name of Registered Landfill: GROWS NORTH

**Disposal Date:** TBD

**Completed by:**
- **CAROL RAIMO**
  - Title: OFFICE MANAGER
  - Signature: [Signature]
  - Date: 11/23/2017

---

*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) 3/3/2017
Name of Building Owner/Operator (2) PSE&G

Agencies Notified
☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA
Type Notification
☐ Initial  ☑ Amended  ☑ Amendment #  ☐ Emergency (including justification)  ☐ Cancellation
Street Address
472 WESTON CANAL ROAD
City, State, Zip Code
SOMERSET, NJ 08873
Name of Contact
MIKE ZIELINSKI
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PSE&G
Street Address
900 WEST GRAND ST.
City (5)
ELIZABETH
County (6)
UNION
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
40,000
# of Floors
2
Bldg. Age
APPX 77 YRS

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL TACTICS
ASCM No.
0045
Name of Abatement Contractor (9)
UNIQUE SYSTEMS OF AMERICA
Project Manager for Monitoring Firm
TOM GEIGER
Telephone No.
732-292-2217
Street Address
64 BROAD STREET
City, State, Zip Code
MATAWAN, NJ 07747
Telephone No.
732-432-8350
License No.
01111

Start Date (10)
3/17/2017
Scheduled Completion Date (11)
3/20/2017
Name of OS/HA Monitor
UNIQUE SYSTEMS OF AMERICA
Street Address
396 WHITEHEAD AVE.
City, State, Zip Code
SOUTH RIVER, NJ 08882

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥200 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility (12)

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)
ACM PIPE INSULATION

Amount
175 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
WASTE MANAGEMENT
NJDEP Waste Hauler ID No.
1125
Cubic Yards of Waste
APPX 10
Name of Registered Landfill
GROWS NORTH
Disposal Date
TBD
City, State
MORRISVILLE, PA

Completed by
CAROL RAIMO
Title
OFFICE MGR.
Signature
Date
3/3/2017

* 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)

Name of Building Owner / Operator (2)
RUSSO DEVELOPMENT INC.

Street Address
570 COMMERCE BLVD
CARLSTADT, NJ 07072

Name of Contact
DOMINICK TUCCI

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER MERCK UNION

Street Address
1011 MORRIS AVE

City (5)
UNION

County (6)
UNION

County Code (7)

Square Feet
800,000

# Of Floors
N/A

Building Age
40 +

Current Use (Prior if being demolished)
OFFICE / PRODUCTION

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM NO

EHI

NORTHSTAR CONTRACTING GROUP, INC.

Street Address
655 WEST SHORE TRAIL
SPARTA, NJ 07871

City, State, Zip Code
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Project Mgr. For Monitoring Firm
WILLIAM KIERBIL

Telephone Number
973-729-5649

Scheduled Start Date (10)
03 / 13 / 17

Sched. Completion Date (11)
12 / 30 / 17

Telephone Number
973-884-8682

License Number
00860

Name of OSHA Monitor
NORTHSTAR CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

City, State, Zip Code
East Hanover, NJ 07936

Occupy Status During Abatement (Check Only 1)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: 7:00 AM-3:30 PM

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems, Insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>PIPE FITTINGS</td>
<td>E</td>
</tr>
<tr>
<td>U1</td>
<td>VAT MASTIC</td>
<td>E</td>
</tr>
<tr>
<td>U1</td>
<td>MASTIC</td>
<td>E</td>
</tr>
<tr>
<td>U1</td>
<td>CAULK</td>
<td>E</td>
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</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
4509

Cubic Yards of Waste
Name of Registered Landfill
I.E.S.I.

City, State
NEWARK, NJ

Disposal Date

City, State
BETHLEHEM, PA 18105

Completed by (Print or Type)
Title
Signature
Date

ASB-41

Steve Stiles
Project Manager
03/08/17
<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) Used Solely by Maintenance/Custodial Staff</th>
<th>Description of ACM (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>U1</td>
<td>WATER PROOFING</td>
<td>10,750 SF</td>
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<tr>
<td>U2</td>
<td>VAPOR BARRIER PAPER</td>
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<tr>
<td>U2</td>
<td>CEILING PLASTER</td>
<td>1,080 SF</td>
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<tr>
<td>U2</td>
<td>ROOFING FLASHING</td>
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<tr>
<td>U2</td>
<td>PIPE &amp; FITTINGS</td>
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<tr>
<td>U2</td>
<td>CAULK</td>
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<tr>
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<tr>
<td>U3</td>
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<tr>
<td>U3</td>
<td>LINOLEUM AND MASTIC</td>
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<tr>
<td>U3</td>
<td>TRANSITE</td>
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<tr>
<td>U3</td>
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<tr>
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<tr>
<td>U9/9A</td>
<td>ROOF TAR</td>
<td>10 SF</td>
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<td>CAULK</td>
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<td>ROOF TAR</td>
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<td>LAB TOPS</td>
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<td>VAT MASTIC</td>
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<td>U18</td>
<td>TRANSITE</td>
<td>800 SF</td>
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<tr>
<td>U18</td>
<td>TRANSITE DUCT</td>
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<tr>
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<td>DUCT MASTIC</td>
<td>1,200 SF</td>
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<td>U18</td>
<td>CAULK</td>
<td>845 LF</td>
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<td>U18</td>
<td>ROOF FLASHING</td>
<td>4,740 SF</td>
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<td>ROOFING</td>
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<td>EXTERIOR RACKS</td>
<td>PIPE INSULATION</td>
<td>330 LF</td>
</tr>
<tr>
<td>EXTERIOR TANK FARM</td>
<td>MASTIC / TAR</td>
<td>1,288 SF</td>
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<td>TANK INSULATION PAPER</td>
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<tr>
<td>78 TANK SHED</td>
<td>ROOFING</td>
<td>200 SF</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
3/6/2017

Name of Building Owner/Operator (2)
GLASSBORO HOUSING AUTHORITY

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

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

Street Address
181 DELSEA MANOR DR
City, State, Zip Code
GLASSBORO, NJ 08028

Name of Facility Where Abatement is Taking Place (3)
Ellis Manor and Whitney Apartments

Street Address
LINCOLN BLVD AND HIGGENS DRIVE
City (5)
GLASSBORO
County (6)
GLOUCESTER
County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Square Feet
>50,000

# of Floors
1-2

Bldg. Age
50+

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

Street Address
411 SOUTHGATE COURT SUITE E
City, State, Zip Code
MICKLETON, NJ 08056

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

Street Address
1345 INDUSTRIAL BLVD
City, State, Zip Code
SOUTHAMPTON, PA 18966

License No.
00783

Name of OSHA Monitor
CRITERION LABS

Street Address
3370 PROGRESS DRIVE
City, State, Zip Code
BENSELEM, PA 19020

Start Date (10)
3-20-2017
Scheduled Completion Date (11)
12-31-2017

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00AM-6:00PM Mon-Sat.

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulation

Endorsement

Name of Registered Waste Hauler
SERVICE TRANSPORT COMPANY

NJDEP Waste Hauler ID No.
20990
Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
58 PYLES LANE NEW CASTLE DE. 19720
Disposal Date

City, State
WAYNESBURG, OH 44688

Completed by
CHRISTINE DELVISCIO
Title
ASST. ADMIN

Signature

Date 3/6/2017

* Do not use this form for asbestos licensure exempted activities.
### Scope of Work – Asbestos

#### Ellis Manor:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Apartments</td>
<td>Floor Tile &amp; Mastic (2 layers)</td>
<td>61,047 SF</td>
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<tr>
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<td>Door &amp; Window Caulk (exterior)</td>
<td>7,902 LF</td>
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<tr>
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<td>Pipe and Pipe Fitting Insulation</td>
<td>7,500 LF</td>
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<tr>
<td></td>
<td>Flue Packing</td>
<td>240 LF</td>
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<tr>
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<td>Transite Pipe/Flue Sleeve</td>
<td>1,200 LF</td>
</tr>
<tr>
<td>Church Building (741 Lincoln)</td>
<td>Floor Tile &amp; Mastic</td>
<td>1,700 SF</td>
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<td>Administration Building (737 Lincoln)</td>
<td>Floor Tile &amp; Mastic (2 layers)</td>
<td>2,500 SF</td>
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<td></td>
<td>Transite siding at Gable ends</td>
<td>200 SF</td>
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<tr>
<td></td>
<td>Roofing under new roof</td>
<td>1,000 SF</td>
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<td>Window &amp; Door Caulk</td>
<td>400 LF</td>
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<td>Maintenance Building (Higgins)</td>
<td>Floor Tile &amp; Mastic (attached offices)</td>
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<td>Window Glazing</td>
<td>153 LF</td>
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# Scope of Work – Asbestos

**Whitney Gardens “A”:**

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<th>Description</th>
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<td>103 – 202 Boiler Room</td>
<td>Pipe Insulation</td>
<td>150 LF</td>
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<td>Transite on walls</td>
<td>400 SF</td>
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<td>103 – 202 Apartments</td>
<td>Floor Tile and Mastic</td>
<td>3,200 SF</td>
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<td>(2 layers)</td>
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<td>Pipe Insulation (exposed &amp; below slab)</td>
<td>400 LF</td>
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<td>Door &amp; Window Caulk (exterior)</td>
<td>165 LF</td>
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<td>Transite Siding (exterior)</td>
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<td>204 – 210 Boiler Room</td>
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<td>204 – 210 Apartments</td>
<td>Floor Tile and Mastic</td>
<td>3,200 SF</td>
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<tr>
<td></td>
<td>(2 layers)</td>
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<td>Pipe Insulation (exposed &amp; below slab)</td>
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<tr>
<td></td>
<td>Door &amp; Window Caulk (exterior)</td>
<td>350 LF</td>
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<td>Transite Siding (exterior)</td>
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<td>218 – 224 Boiler Room</td>
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<td>218 – 224 Apartments</td>
<td>Floor Tile and Mastic</td>
<td>3,200 SF</td>
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<td>(2 layers)</td>
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<td>Pipe Insulation (exposed &amp; below slab)</td>
<td>400 LF</td>
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<td></td>
<td>Door &amp; Window Caulk (exterior)</td>
<td>350 LF</td>
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<td>Transite Siding (exterior)</td>
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<td>107 – 216 Boiler Room</td>
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<td>Transite on walls</td>
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<td>107 – 216 Apartments</td>
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<td>3,200 SF</td>
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<td>(2 layers)</td>
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<td>Pipe Insulation (exposed &amp; below slab)</td>
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<td>Door &amp; Window Caulk (exterior)</td>
<td>350 LF</td>
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<tr>
<td></td>
<td>Transite Siding - exterior</td>
<td>286 SF</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
03/03/17

Name of Building Owner/Operator (2)
Elmwood Terrace Inc

Agencies Notified

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<th>Agency</th>
<th>Notification</th>
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<tr>
<td>DEP</td>
<td>X Amended</td>
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<td>DOL</td>
<td>X Amendment #</td>
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<td>DOH</td>
<td>X Emergency (including justification)</td>
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<td>DCA</td>
<td>X Cancellation</td>
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Street Address
155 Riverside Drive

City, State, Zip Code
New York NY 10024

Name of Contact
Brian Tarzuk

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Elmwood Terrace

Street Address
38 iozia Terrace

City (5)
Elmwood Park NJ

County (9)

County Code (7)

Square Feet
1000

# of Floors
2

Bldg. Age
56

Type of Facility (4)

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

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
A Zone Corp

Name of Abatement Contractor (9)
Turningpoint Contracting Corporation

Street Address
2785 West 16th Street

City, State, Zip Code
Brooklyn New York 11224

Project Manager for Monitoring Firm
Beca

Telephone No.
6467700167

License No.
01238

Start Date (10)
03/13/17

Scheduled Completion Date (11)
03/30/17

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: Boiler room will be closed for others

Scope of Work (Check All That Apply)

- [ ] 23 sf or 23 if
- [X] 150 sf or 150 if
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler room</td>
<td>[X] No</td>
<td>boiler insulation</td>
</tr>
<tr>
<td>Boiler room</td>
<td>[X] No</td>
<td>pipe insulation</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)
140 sqft
80 LNFT

Name of Registered Waste Hauler
Newark Carting Inc

NJ DEP Waste Hauler ID No.
4506

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Re-facility

City, State
Newark NJ 07102

Completed by
Emeka Okeke

Title
Supervisor

Signature

Disposal Date
03/03/17

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

Date of Notification (1)  
03-03-17  

Name of Building Owner/Operator (2)  
Verizon Communication  

Name of Contact  
Carol Soukup  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  

Street Address  
507 Bangs Avenue  

City (6)  
Asbury Park  

County (6)  
Monmouth  

Type of Facility (4)  

Current Use (Prior if being demolished)  
Commercial  

Square Feet  
75,000  

# of Floors  
5  

Bldg. Age  
1960  


Name of Monitoring Firm Hired by Building Owner (5)  
ESIS Health, Safety & Environmental  

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.  

Street Address  
P.O. Box 430  

City, State, Zip Code  
North Versailles, PA 15137  

Project Manager for Monitoring Firm  
Brian Kingsbury  

Telephone No.  
(201) 355-5166  

Telephone No.  
201-939-6655  

License No.  
00756  

Start Date (10)  
03-06-17  

Scheduled Completion Date (11)  
06-30-17  

Name of OSHA Monitor  
Even-Air Inc.  

Street Address  
10-59 Jackson Avenue  

City, State, Zip Code  
Long Island City, NY 11101  

Scope of Work (Check All That Apply)  

- >= 300 sf or >=3 fl  
- >=160 sf or >=260 sf  

- Renovation  
- Demolition  

- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friendly 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)  
VAT/Mastic  
VAT/Mastic  

Amount (Specify SF or LF)  
880SF  
1,000SF  

Abatement Type  
Removal  
Repair  
Encapsulate  
Endorsement  

Name of Registered Waste Hauler  
Newark Carting, Inc.  

NJDEP Waste Hauler ID No.  
04509  

Disposal Date  
TBD  

Name of Registered Landfill  
Grand Central Sanitary Landfill  

City, State  
Pen Argyl, PA 18072  

Completed by  
Joseph Patrick  

Title  
Project Manager  

Signature  

Date  
03-03-17  

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

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>March 2, 2017</th>
</tr>
</thead>
</table>

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

## Notification Type
- [X] Initial Notification
- Amended Certification
- Emergency (including justification)
- [ ] Cancelled

## Name of Building Owner/Operator (2)
- Bloomfield College

## Street Address
- 467 Franklin Street

## Bloomfield, NJ 07003

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Bloomfield College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1 Park Place</td>
</tr>
<tr>
<td>City</td>
<td>Bloomfield</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (State Use Only)</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Bldg. Owner (4) | Envirovision, inc. |
| Telephone Number | 973-636-9145 |

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>March 13, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>March 14, 2017</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sq. Feet</th>
<th>2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+ years</td>
</tr>
</tbody>
</table>

## Current Use (prior if being demolished):

<table>
<thead>
<tr>
<th>Name of Contractor (9)</th>
<th>GREENWOOD ABATEMENT CONSULTANTS, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>20-21 Wagarow Road, Bldg # 35E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Fred Larson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>973-636-9145</td>
</tr>
</tbody>
</table>

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

## Source of Work (Check all that apply)
- [X] Renovation
- Demolition

<table>
<thead>
<tr>
<th>≥ 3 sf or ≥ 3 if</th>
<th>≥ 160 sf or ≥ 260</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>1st Location Normally Used Solely by Maint/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VLT, or other asbestos)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
<td>Remove, Repair, Enclose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tent /Glovebag Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Reg. Waste Hauler</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>TSI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste:</th>
<th>9'</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Meadowfill LANDFILL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>March 14, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Butler, NJ 07405</td>
</tr>
<tr>
<td>Route 2, Box 88</td>
<td>Bridgeport, WVA 304-842-2784</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP #</td>
<td>12561</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hauler #2</th>
<th>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
<th>Marin Graure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>SENIOR PROJECT MANAGER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Marin Graure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>March 2, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GAC #</th>
<th>2017-595</th>
</tr>
</thead>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/3/17
Name of Building Owner/Operator (2) NW. DENNIS MASUZZO

Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial

Street Address: Montclair, NJ 07043
City, State, Zip Code: Montclair, NJ 07043

Name of Facility Where Abatement is Taking Place (3)

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

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

Square Feet: 2200
# of Floors: 2
Bldg. Age: 1940
Current Use (Prior if being demolished): Residence

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

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

Project Manager for Monitoring Firm: Omega Environmental
Street Address: 280 Huyler Street
City, State, Zip Code: South Hackensack, NJ 07606

Start Date (10) 3/2/17
Scheduled Completion Date (11) 3/22/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8:30 am to 5:30 pm

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (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>Yes</td>
<td>Thermal System Insulation</td>
<td>85 SF x 2</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>No</td>
<td>Thermal Surfacing Insulation</td>
<td>40 SF x 2</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Best Removal Inc
N/DEP Waste Hauler ID No.: 17109
Cubic Yards of Waste: 3245
Date: 3/22/17

Name of Registered Landfill
Minerva Enterprises, LLC
City, State: Waynesburg, OH 44683
Disposal Date: 3/22/17

Completed by: J. Maiorano
Title: Estimator
Signature: [Signature]
Date: 3/3/17

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56-7 and 12:120-7)

Date of Notification (1) 3/3/17

Name of Building Owner/Operator (2) County College of Morris

Agencies Notified

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

Street Address
214 Center Grove Road

City, State, Zip Code
Randolph, NJ 07869

Name of Contact
Joseph Ponturo

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

Square Feet
8000

# of Floors
2

Bldg. Age
~ 60

Current Use (Prior to being demolished)
educational

Name of Facility Where Abatement is Taking Place (3)
DeBush Hall - CCM

Street Address
214 Center Grove Road

City (5) Randolph

County (6) Morris

County Code (7) (STATE USE ONLY) ASCM No.

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No. 00110

Street Address
7 Pleasant Hill Road

City, State, Zip Code
Cranbury, NJ 08512

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Scheduled Start Date (10)
3/13/17

Sched. Completion Date (11)
3/31/17

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: evenings and weekends (+ spring break)
- Other - Describe: partially vacated

Scope of Work (Check all that apply)
- Demolition
- 3 to 6 or ≥6 If
- ≥160 sf or ≤60 sf

Abatement Type
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non - Failable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

DeBush Hall - Suite 100

Floor tile/mastic.

1500 SF

Name of Registered Waste Hauler
Jupiter Environmental Services

NJ/DEP Waste Hauler ID No. 04782

Cubic Yards Of Waste
5

Name of Registered Landfill
Minerva Landfill

City, State
Pine Brook, NJ

Disposal Date
3/29/17

City, State
Waynesburg, OH

Disposal Date
3/3/17

Title
General Manager

Signature

Date
3/3/17

ASB-41
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification** 2-28-2017

**Name of Building Owner/Operator**

Mercer Jordan, LLC

**Street Address**

199 Lee Avenue

**City, State, Zip Code**

Brooklyn, NY 11211

**Name of Contact**

Gerald Eglenawicz

---

### FACILITY INFORMATION

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

Residential

**City**

Jersey City, NJ 07306

**County**

Hudson

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

Square Feet

8000

**Number of Floors**

3

**Bldg. Age**

80+

---

### FIRM INFORMATION

**Name of Monitoring Firm Hired by Building Owner**

ASCM No.

**Name of Abatement Contractor**

Green Environmental Services, LLC

**Street Address**

235 Virginia Avenue

**City, State, Zip Code**

Jersey City, NJ 07304

**Telephone No.**

201-333-8855

**License No.**

01174

---

### PROJECT INFORMATION

**Project Manager for Monitoring Firm**

**Scheduled Completion Date**

3-10-2017

**Occuancy Status During Abatement**

Facility Closed/Vacated During Entire Period of Abatement

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

- ✔️ ≥23 sf or ≥3 lf
- ✔️ ≥180 sf or ≥260 lf
- ✔️ Renovation
- ✔️ Demolition
- ✔️ Full Containment with Negative Pressure
- ✔️ Mini-Enclosure
- ✔️ Glovebag Procedure
- ✔️ Non-Exempted (A) and Non-Friable Procedure

---

### ABATEMENT

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

<table>
<thead>
<tr>
<th>Location</th>
<th>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>Roof</td>
<td>x</td>
<td>Roof material</td>
<td>2700 SF</td>
<td>x</td>
</tr>
<tr>
<td>3rd Floor Bathroom</td>
<td>x</td>
<td>Wall Plaster</td>
<td>150 SF</td>
<td>x</td>
</tr>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>Wall Plaster</td>
<td>2000 SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe insulation</td>
<td>100 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Green Environmental Services, LLC

**Disposal Date**

3-10-2017

---

**Completed by**

Liliana Serrano

**Title**

Office Manager

**Signature**

[Signature]

**Date**

2-28-2017

---

*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)
2 / 27 / 17

 Agencies Notified
EPA
DEP
X DOL
X DOH
X DCA

Type Notification
Initial Notification
Amended Notification
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY
Street Address
400 SOUTH ORANGE AVENUE
City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNICK
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY
Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER
City, State, Zip Code
SOUTH ORANGE, ESSEX 07079

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.
ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION
Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUVEEN, NEW YORK 10901

Project Manager for Monitoring Firm
JEFF SEAMAN
Telephone Number
500-889-9182

License Number
1101

Expected State Date (10)
Sched. Completion Date (11)
Month Day Year
3 / 11 / 17

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

Scope of Work (Check all that apply)
Demolition
Removal

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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>KITCHEN</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>BACK HALL</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>35 LF</td>
<td>X</td>
</tr>
<tr>
<td>BACK HALL</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>DISHWASHING AREA &amp; ASSOCIATED</td>
<td></td>
<td>PIPE FITTINGS</td>
<td>85 LF</td>
<td>X</td>
</tr>
<tr>
<td>HALL</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>RECEIVING AREA</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
<td>1,530 SF</td>
<td>X</td>
</tr>
<tr>
<td>BOARD DINING</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>25 LF</td>
<td>X</td>
</tr>
<tr>
<td>SEVERY BAY 1</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>SEVERY BAY 1</td>
<td>X</td>
<td>SPRAY ON INSULATION</td>
<td>760 SF</td>
<td>X</td>
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<tr>
<td>HALLWAY BETWEEN SEVERY BAYS</td>
<td></td>
<td>PIPE FITTINGS</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>SEVERY BAY 2</td>
<td></td>
<td>PIPE FITTINGS</td>
<td>15 LF</td>
<td>X</td>
</tr>
<tr>
<td>KITCHEN</td>
<td>X</td>
<td>FIRE WALL</td>
<td>40 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NJ/DEP Waste
NEWARK CARTING INC.
369 RAYMONT BLVD.

Cubic Yards of Waste
200

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
12/23/11 12/07/2017

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

Signature Date
3/3/17
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

#### Date of Notification (1)
3/2/17

**Name of Building Owner/Operator (2)**
Four Seasons Tree Service

**Street Address**
1301 VENTURA DRIVE

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Name of Contact**
SHLOMO HOROWITZ

**Telephone Number**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
24 SHADY LN LAKEWOOD

**Street Address**
24 SHADY LANE

**City (5)**
LAKEWOOD

**County Code (6)**
OCEAN

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

---

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

**Name of Abatement Contractor (9)**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Telephone No.**
732-668-9078

**License No.**
1200

---

**Name of OSHA Monitor**
AAA LEAD PROFESSIONALS

**Street Address**
6 WHITE DOVE COURT

**City, State, Zip Code**
LAKEWOOD, NJ 08701

**Start Date (10)**
3/3/17

**Scheduled Completion Date (11)**
3/6/17

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

---

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

- ☑️ ≥23 sf or ≥252 ft²
- ☑️ ≥180 sf or ≥2000 sf
- ☑️ Demolition
- ☑️ Renovation
- ☑️ 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>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Exterior</th>
<th>Siding</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>IESI</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING

**Disposal Date**
3/6/17

**City, State**
BETHLEHEM PA

**Completed by**
JOSEPH PERLSTEIN

**Title**
OWNER

---

*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)
2 / 24 / 17

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

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

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

Street Address
920 Broad Street

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Annette Muhammad / Christopher Colley Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
505 Clinton Ave - Basement (For Reuse - Sub 8)
Street Address
505 Clinton Avenue
City (5)
Newark, NJ

County (6)
Essex
County Code (7) [STATE USE ONLY]

Bank

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

Square Feet
7,125
# of Floors
1
Bldg. Age
87

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates
ASCM No.
012

Name of Abatement Contractor (9)
Tricon Enterprises, Inc.
Street Address
322 Beers Street
City, State, Zip Code
Keyport, NJ 07735

Project Manager for Monitoring Firm
Clive Williams
Telephone No.
732-276-2420

License No.
732-739-1200
1095

Name of OSHA Monitor
N/A

Start Date (10)
3 / 6 / 17
Scheduled Completion Date (11)
6 / 1 / 17

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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 ft
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

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

See Attached

See Attached

Name of Registered Waste Hauler
Freehold Cartage, Inc.
NJDEP Waste Hauler ID No.
S2265

Cubic Yards of Waste
160

Name of Registered Landfill
Cumberland County Landfill
Disposal Date
6/1/2017
City, State
Newburgh, PA

Completed By (Print or Type)
Thomas Camarda
Title
Project Manager
Signature
Date 6/1/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (Yes/No/N/A)</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 Hallways, Storage and Baths</td>
<td>X</td>
<td>Corrug. pipe/pipe joint ins.</td>
<td>790 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Hallways, Storage and Baths</td>
<td>X</td>
<td>Corrug. pipe/pipe joint ins. Debris</td>
<td>2,812 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Hallways, Storage and Baths</td>
<td>X</td>
<td>Tan wafer pipe ins/pipe joint ins.</td>
<td>535 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement Hallways, Storage and Baths</td>
<td>X</td>
<td>White matrix block pipe ins.</td>
<td>300 LF</td>
<td>X</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/02/2017
Name of Building Owner/Operator (2) BB&T BANK

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

Street Address 4943 LANDIS AVE.
City, State, Zip Code VINELAND NJ 08360
Name of Contact MARY SHEELEY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BANK
Street Address 4943 LANDIS AVE.
City (5) VINELAND NJ
County (6) CUMBERLAND
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.
Street Address 1012 INDUSTRIAL DRIVE
City, State, Zip Code WEST BERLIN NJ 08091
Project Manager for Monitoring Firm MATT DEPALMA
Telephone No. 856-809-1202
Schedule Completion Date (11) 03/05/2017

Scope of Work (Check All That Apply)

≥3 sf or ≥23 if
≥160 sf or ≥260 if

Renovation
Demolition

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

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES
City, State MULLICA HILL NJ
Disposal Date 03/08/2017
Name of Registered Landfill MINERVA LANDFILL
Completed by RON SWANSON Title GENERAL MANAGER

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**CHECK# 1680**

**Date of Notification (1)**
02/24/2017

**Agency Notified Type Notification**
- [ ] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOL
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2)**
BB&T BANK

**Street Address**
4943 LANDIS AVE.

**City, State, Zip Code**
VINELAND NJ 08360

**Name of Contact**
MARY SHEESELY

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | BANK |
| City (5) | VINELAND NJ |
| County (6) | CUMBERLAND |
| County Code (7) | STATE USE ONLY |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | 1012 INDUSTRIAL DRIVE |
| City, State, Zip Code | WEST BERLIN NJ 08091 |
| Name of Abatement Contractor (9) | ASSURED ENVIRONMENTAL SERVICES INC. |
| Street Address | 570 CLEMS RUN |
| City, State, Zip Code | MULLICA HILL NJ 08062 |
| Telephone No. | 610-304-4676 |
| License No. | 01145 |
| Name of OSHA Monitor | EMSL |
| Street Address | 200 RT. 130 NORTH |
| City, State, Zip Code | CINNAMINSON NJ 08077 |

**Square Feet**
5,000

**Current Use (Prior if being demolished)**
- [ ] SCHOOL (K-12)
- [ ] SUBCHAPTER 8 (OTHER THAN K-12)
- [ ] OTHER (I.E. PRIVATE & COMMERCIAL BUILDINGS, HOMES, ETC.)
- [ ] Other: 50+ Bldg. Age

**Type of Facility (4)**

**Facility Closed/Vacated During Entire Period of Abatement (Check Only One)**
- [ ] Yes
- [ ] No
- [ ] N/A

**Scope of Work (Check All That Apply)**
- [ ] ≥ 23 sf or ≥ 23 if
- [ ] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Repairs
- [ ] Encapsulation
- [ ] Enclosure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>160 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
ASSURED ENVIRONMENTAL SERVICES

**City, State**
MULLICA HILL NJ

**Committed by**
RON SWANSON

**Title**
GENERAL MANAGER

**Signature**

**Date**
02/24/2017

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

Date of Notification (1): 03/01/17  
Name of Building Owner/Operator (2): ANDREW SPINELLI  
Street Address: 320 MAGNOLIA PLACE  
City, State, Zip Code: LEONIA, NJ.  
Name of Contact: ANDREW SPINELLI  

Name of Facility Where Abatement is Taking Place (3): SPINELLI'S HOME  
Street Address: 320 MAGNOLIA PLACE  
City: LEONIA  
County Code (7): BERGEN  
Name of Monitoring Firm HIred by Building Owner (8): ASCM No.  
Name of Abatement Contractor (9): ARIA  
Street Address: 144 MILL ST.  
City, State, Zip Code: PATerson NJ 07501  
Telephone No.: 9136382652  
License No.: 1254  
Name of OSHA Monitor: GORAN IGEB  
Street Address: 144 MILL ST.  
City, State, Zip Code: PATerson NJ 07501  

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  
- 2160 sf or 2260 if  
- Renovation Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (F) 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 (Square SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>TS1 VAC TSI 300 LF</td>
<td>300 LF</td>
<td><strong>V</strong></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: INDIAN ARROW INDUSTRIES  
Name of Registered Landfill: G. R. O. W. S.  
City, State: PATerson NJ    
Disposal Date: TBD  
Name of Registered Waste Hauler: INDIAN ARROW INDUSTRIES  
Name of Registered Landfill: G. R. O. W. S.  
City, State: PATerson NJ    
Disposal Date: TBD  

Completed by: GORAN IGEB  
Title: CEO  
Signature:  
Date: 03/03/17  

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4-17</td>
<td>Kevin Sherwood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td>Westfield, NJ 07090</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Facility Where Abatement is Taking Place | Single Family Dwelling |

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cranford</td>
<td>Union</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor</th>
<th>EPC Technologies Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Construction Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>609-758-3365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 15, 2017</td>
<td>March 17, 2017</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Current Use (If Being Demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Dwelling</td>
<td>Single Family Dwelling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation Demolition</td>
<td>Siding Shingles 1200 SF X</td>
</tr>
<tr>
<td></td>
<td>Floor Tiles/Pattern 120 SF X</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility |
|-----------------------------|-------|
| Exterior Walls              | Yes   |
| Lower Level Back Room       | Yes   |

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NUDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>17000</td>
<td>12</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>President</td>
</tr>
</tbody>
</table>

* 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):
03 / 03 / 17

Name of Building Owner/Operator (2):
John Ehrenberg

Agency Notified:
- [x] EPA
- [x] DOLWD
- [x] DMSS
- [ ] DCA (NJAC 5:23-8)

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

Street Address:
[Redacted]
City, State, Zip Code:
South Orange, NJ 07079

Name of Contact:
John Ehrenberg

Telephone Number:

FACILITY INFORMATION

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

Street Address:
[Redacted]

City (8):
South Orange, NJ 07079

County (5):
Essex

County Code (7) [STATE USE ONLY]:

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

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
376 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 OSHA Monitor:
Envirosion Consultants, Inc

Street Address:
20-21 Wagarsaw Road, Bldg. # 35B

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

Start Date (10):
03 / 13 / 17

Scheduled Completion Date (11):
03 / 16 / 17

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

Time of Abatement: ___ AM- ___ PM- ___ PM- ___ AM

Scope of Work (Check all that apply):
- [x] >3 sf or >3 lft
- [x] > 160 sf or >260 lft

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

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

Description of Asbestos-Containing Material (ACM)
(i.e., thermal insulation, surfing, VAT, or other miscellaneous):
- [x] Pipe insulation 250 LF
- [x] Ceiling panel boards 1,000 SF
- [x] VAT floor tiles 200 SF

Amount (Specify Sf or Lf):

Abatement Type:
- [x] Clean up and decontamination with negative pressure
- [x] 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

NJDEP Waste Hauler (12) No.:
0033785

Cubic Yards of Waste:
TBD

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

City, State:
Wayne, NJ 07470

Disposal Date:
TBD

City, State:
Tullytown, PA

Completed By (Print or Type):
N. Jevtic

Title:
Owner

Signature:

Date:
03/03/17

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 03 / 17</td>
<td>Jennifer Huse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Abatement Contractor (3)</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>DOL WD</td>
<td>Amended</td>
<td>Street Address</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td>City, State, Zip Code</td>
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<tr>
<td></td>
<td>Cancellation</td>
<td>Eatontown, NJ 07724</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>Monmouth</th>
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<tbody>
<tr>
<td>Eatontown, NJ 07724</td>
<td>Monmouth</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Gr Tech LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>973-638-1777</td>
<td>01127</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 12 / 17</td>
<td>03 / 14 / 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3 sf or &gt;3 sf</td>
<td>Attic</td>
</tr>
<tr>
<td>&gt;160 sf or &gt;260 sf</td>
<td>Utility room-1st floor</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vermiculite insulation</th>
<th>550 SF</th>
</tr>
</thead>
</table>

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

**ASBESTOS CONTROL & LICENSING**
**RECEIVED**
MAR - 7 2017

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
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<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>TBD</td>
<td>T.R.R.F., Inc</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Tullytown, PA</td>
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<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
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<tbody>
<tr>
<td>N. Jevtic</td>
<td>Owner</td>
<td>[Signature]</td>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>03/03/17</td>
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</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey Department of Labor Notification of Asbestos Abatement

Date of Notification: 03/03/2017

Name of Building Owner/Operator (2)
Ivette Casanova

Agencies Notified
( ) USEPA
( ) NJDEP
( ) NJDOH
( ) NJDCA

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

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

Street Address [Redacted]

City, State, Zip Code
Guttenberg, NJ 07093

Name of Contact
Ivette Casanova

Facility Information

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

Sq. Feet: 500
# of Floors: 1
Bldg. Age: 40

Current Use (if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (5)
ISES, Inc.

Name of Contractor (6)
Industrial Safety & Environmental Solutions, Inc.

Street Address
3300 Hudson Avenue

City, State, Zip Code
Union City, NJ 07087

Project Manager for Monitoring Firm
David Camacho

Telephone Number
201 325-0055

Scheduled Start Date (10)
03/07/2017

Scheduled Completion Date (11)
03/10/2017

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

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation

( ) Full Containment with Negative Pressure
( ) Mini-Enclosure with Negative Pressure
( ) Glove-bag Procedure or Wrap and cut 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 or Custodial Staff? (12)
YES NO N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAF, or other miscellaneous.)
Asbestos mastic and wood flooring

Amount (Specify SF or LF)
~ 320 SF

Abatement Type
Removal Repair Encapsulation Enclosure

Name of Reg. Waste Hauler
Atlas Disposal Options, Inc.

NJDEP Waste Hauler ID #
50452

Cubic Yards of Waste
~ 10

Name of Reg. Landfill
Grand Central Sanitation

City, State
311 East Blackwell Street, Dover, NJ 07801

Disp. Date
03/10/2016

City, State
Pen Argyl, PA 18072

Completed by (Print or Type)
David Camacho

Title
Project Supervisor

Signature

Date
03/03/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 3 / 2 / 17

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

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

Name of Building Owner/Operator (2)
Arconic

Street Address
9 Roy Street

City, State, Zip Code
Dover, NJ 07801

Name of Contact
Charlie Pressner

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Arconic

Street Address
9 Roy Street

City (5)
Dover

County (6)
Morris

County Code (*) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
EHS Environmental Co., Inc.

ASCM No.

Name of Abatement Contractor (9)
Plymouth Environmental Co., Inc.

Street Address
923 Haws Ave.

City, State, Zip Code
Norristown, PA 19401

Telephone No.
856-224-0080

License No.
610-239-9920

00398

Name of OSHA Monitor
EHS Environmental Co., Inc.

Street Address
411 Southgate Court

City, State, Zip Code
Mickleton, NJ 08056

Start Date (10) 3 / 16 / 17

Scheduled Completion Date (11) 3 / 24 / 17

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
- Removal
- Repair
- Encapsulate
- Embed

Name of Registered Waste Hauler
Newark Carting

NJ/DEP Waste Hauler ID No.
4509

Cubic Yards of Waste
1CY

Name of Registered Landfill
GROWS

Disposal Date
10/3/16

City, State
Morristown, PA

Completed By (Print or Type)
James M. Kelly

Title
Vice President

Signature

Date 3/4/17

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

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

**Check#2730**

**Date of Notification (1)**

03 / 03 / 17

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

Kristin Stellingwerf

**Agency Notified**

☐ EPA

☒ DOLWD

☒ DHSS

☐ DCA (NJAC 5:23-8)

**Type Notification**

☐ Initial

☒ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

**City, State, Zip Code**

Westfield, NJ 07090

**Name of Contact**

Kristin Stellingwerf

**FACILITY INFORMATION**

**Private House**

Street Address

[Redacted]

**County (6)**

Westfield, NJ 07090

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

[Blank]

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

[Blank]

**Type of Facility (4)**

[Blank]

**Square Feet**

[Blank]

**Number of Floors**

[Blank]

**Blg. Age**

[Blank]

**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 sf

☒ 160 sf or >260 sf

☒ Renovation Demolition

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

**IN Facility (15)**

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

Yes ☐ No ☒

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

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

[Blank]

**Amount (Specify SIF or LF)**

185 LF

**Abatement Type**

☐ Repair

☐ Encapsulate

☐ Enclosure

☐ Extraction

**Location of Registered Waste Hauler**

[Blank]

**Name of Registered Landfill**

T.R.R.F., Inc

**Disposal Date**

TBD

**Tullytown, PA**

**Name of Registered Owner**

N. Jevtic

**Signature**

[Signature]

**Date**

03/03/17

**RECEIVED**

MAR - 7 2017

ASBESTOS CONTROL & LICENSING

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