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>3 / 1 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>E.I. duPont de Nemours</td>
</tr>
<tr>
<td>Address</td>
<td>260 Cheesequake Road, Parlin, NJ 08859</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parlin, NJ 08859</td>
</tr>
<tr>
<td>County</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>DuPont Parlin Facility - Building 713 ECR Room</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Name of Abatement Contractor (5)</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET, BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>216-788-8040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET, BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>23 SF or 25 ft</td>
</tr>
<tr>
<td>2160 sf or 260 ft</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (10)</td>
<td>ECR Room</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>100 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>City, State</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Nichol Reinhold</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
03/06/2017

Name of Building Owner/Operator (2):
Seritage SRC Finance LLC

Street Address:
489 Fifth Avenue 18th Floor
City, State, Zip Code:
New York, NY 10017

Name of Contact:
Colin Stirrat

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Sears Store Unit#1434

Street Address:
50 Route 46
City (5):
Wayne
County Code (7):
Passaic

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

ASCM No.:
00120

Name of Abatement Contractor (9):
PAL Environmental Services

Street Address:
11-02 Queens Plaza South
City, State, Zip Code:
Long Island City, NY 11101

Project Manager for Monitoring Firm:
Veronica Kero

Telephone No.:
201-489-8700

Scheduled Completion Date (11):
12/18/2017

Occupancy Status During Abatement (Check Only One):

X Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply):

X Renovation
X Demolition

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

1st Floor
2nd Floor

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):

Floor Tile, Fittings & Fireproofing

Amount (Specify SF or LF):
58,000 SF

Abatement Type:

Name of Registered Waste Hauler:
ATC

NJDEP Waste Hauler ID No.:
24310

Disposal Date:
03/22/2017

City, State:
Waynesburg, OH 44688

Completed by:
Ann A. Ali

Title:
Compliance Admin

Signature:

* 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)**
03/03/2017

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

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
BERLIN NJ 08009

**Name of Contact**
JAMES

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
BERLIN

**County (6)**
CAMDEN

**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**
1616

**# of Floors**
2

**Bldg. Age**
87

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
ASSURED ENVIRONMENTAL SERVICES INC.

**Street Address**
570 CLEMS RUN

**City, State, Zip Code**
MULLICA HILL NJ 08062

**Project Manager for Monitoring Firm**
MATT DEPALMA

**Telephone No.**
610-304-4676

**License No.**
01145

**Start Date (10)**
03/06/2017

**Scheduled Completion Date (11)**
03/07/2017

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

**Scope of Work (Check All That Apply)**
- ≥3 tf or ≥3 cf
- ≥160 sf or ≥260 sf
- Renovation
- Demolition

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

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

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

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

**Abatement Type**

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

**NJ/DEP Waste Hauler ID No.**
0034985

**Cubic Yards of Waste**
6

**Name of Registered Lendill**
MINVERA LANDFILL

**City, State**
MULLICA HILL NJ

**Disposal Date**
03/07/2017

**City, State**
WAYNESBURG, OH

**Completed by**
RON SWANSON

**Title**
GENERAL MANAGER

**Signature**
[Signature]

**Date**
03/03/2017

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification:** 05/03/2017

**Name of Building Owner/Operator:** JAMES MILLETT

**Street Address:** City, State, Zip Code: BERLIN NJ 08009

**Type of Facility:** RESIDENTIAL

**County:** CAMDEN

**Name of Monitoring Firm Hired by Building Owner:** ACER ASSOCIATES

**Name of Abatement Contrator:** ASSURED ENVIRONMENTAL SERVICES INC.

**Address:** 670 CLEMS RUN, MULLICA HILL NJ 08062

**Start Date:** 06/08/2017

**Schedules Completion Date:** 05/07/2017

**Occupancy Status During Abatement:** Residential/Crawlspace Vacant

**Locaton of Asbestos-Containing Material:**

- **Location:** PIPE INSULATION
- **Amount:** 25 LF

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

- **Type:** Full Containment with Negative Pressure
- **Reimbursement Method:** Mini-Encapsulation
- **Globetrot Procedure:** Non-Encapsulated
- **Other:** NA

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

**Disposal Date:** 03/07/2017

**City, State:** WAYNESBURG, OH

**Name of Registered Landfill:** MINERVA LANDFILL

**Completed by:** RON SWANSON

**General Manager:**

**Signature:**

---

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

State of New Jersey

Date of Notification (1):
03/02/2017

Name of Building Owner/Operator (2):
Teri Rhodes

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

Type Notification:
- Initial

Street Address:

City, State, Zip Code:
Glen Gardner, NJ 08826

Name of Contact:
Teri Rhodes

FACILITY INFORMATION

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

Street Address:

City:
Glen Gardner

County:
Hunterdon

County Code (7):

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

ASCM No.

Name of Abatement Contractor (9):
Nick Restoration LLC

Street Address:
72 Brookside Rd

City, State, Zip Code:
Randolph, NJ 08879

Telephone No.:
973-933-2550

License No.:
01133

Name of OSHA Monitor:
IRIS

Street Address:
2333 Rt 22

City, State, Zip Code:
Union, NJ 07083

Project Manager for Monitoring Firm:
Rick

Start Date (10):
03/11/2017

Scheduled Completion Date (11):
03/13/2017

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply):
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff?
Yes
No
N/A

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

Attic

Yes
No
N/A

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

Amount (Specify SF or LF):
500 sf

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

Name of Registered Waste Hauler:
Nick Restoration LLC

NJDEP Waste Hauler ID No:
33782

Cubic Yards of Waste:
TBD

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

City, State:
Tullytown, PA

Completed by:
Elvira Mrda

Title:
President

Signature:

Date:
03/02/2017

* 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)
3/3/17

Name of Building Owner/Operator (2)
Eric Franzen

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

Street Address:

City, State, Zip Code
Asbury Park, NJ 07712

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

County Code (7) (STATE USE ONLY) __________

Current Use (Prior to being demolished)

FACILITY INFORMATION

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

Square Feet 2300

# of Floors 2

Bldg. Age 62

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. 1

Name of Abatement Contractor (9)
ASS Environmental Services, LLC

Street Address
PO Box 483, E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

License No. 703

Start Date (10)
3/16/17

Scheduled Completion Date (11)
4/30/17

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 ≤ 31 sf
☐ ≥ 160 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

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

Name of Registered Waste Hauler
Freehold Cartage
NJ DEP Waste Hauler ID No. 15939

Cubic Yards of Waste TBD

Name of Registered Landfill
Western Berks Landfill

Disposal Date TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins
Title President
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)
2/22/17

Name of Building Owner/Operator (3)
Joann Diaz

Agencies Notified
EPA  
DEP  
DOL  
DOH  
DCA

Type Notification
x Initial  
Amended

Street Address

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
Joann Diaz

Facility Information

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

Street Address

City (5)
Linden

County (6)
Union

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

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

Square Feet
1,900

Current Use (Prior to being demolished)

# of Floors
2

Building Age
70

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

Scope of Work (Check All That Apply)

2x3 sf or 2x4 ft  

2 sq ft or 2x6 ft  

Renovation

Demolition

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

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

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

Amount (Specify SF or LF)
50 LF  

Abatement Type
Removal  
Encapsulate  
Endure

Name of Registered Waste Hauler
Freehold Cartage

NUDEP Waste Hauler ID No. 15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5-17</td>
<td>D. L. MINOR</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. L. MINOR</td>
<td>06444</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CIAPES WAY COURT HOUSE W.5 08820</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>USE ONLY</th>
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<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLMCO INC</td>
<td>369 S. SPRUCE AVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>W.5 08820</td>
<td>851-739-0472</td>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>06444</td>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-15-17</td>
<td>3-22-17</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
<th>Demolition</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 33 sf or 243 ft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ 2160 sf or 2380 ft</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDING</td>
<td>Yes</td>
<td>TRANSITE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2250 S.F. X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
<th>NIDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLMCO INC</td>
<td>N.J. 11981</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill (15)</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. M. C. M. U. 1A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>W.5 08820</td>
<td>C. M. C. M. U. 1A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLMCO INC</td>
<td>SUP.</td>
<td>WILDE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>3-5-17</th>
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</thead>
</table>

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

Date of Notification (1) 3/5/17
Name of Building Owner/Operator (2) Estate of Nikolaus Siemba

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

- City, State, Zip Code

Laurel Springs, NJ 08021

Name of Contact

Regine Ervin

Telephone Number

FACILITY INFORMATION

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

City

Laurel Springs, NJ 08021

County

Camden

County Code (7) (STATE USE ONLY)

City

361 E. Fleming Pike

# of Floors

2

Current Use (Prior to if being demolished)

Residence

Square Feet

2200 SF

Bldg. Age

40 yrs

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

AEI2, LLC

Street Address

361 E. Fleming Pike

City, State, Zip Code

Hammonton, NJ 08037

Project Manager for Monitoring Firm

Telephone No.

License No.

609-481-2122

00689

Start Date (10)

3/25/17

Scheduled Completion Date (11)

4/1/17

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Separated Area

Scope of Work (Check all that apply)

- 3 or 3
- 160 or 260 or 3

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

VINCE TILE

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

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

- Removel
- Repairs
- Enclosure

Name of Registered Waste Hauler

AEI2, LLC

Cubic Yards of Waste

1

Name of Registered Landfill

TBD

Disposal Date

TBD

City, State

Hammonton, NJ

Completed By

Wm. Minnick

Title

Program Mgr.

Signature

Date

3/5/17

- 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)**
03/01/2017

**Name of Building Owner/Operator (2)**
IBC. IGLESIA BAUTISTA CENTRAL

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

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

**Street Address**

**City, State, Zip Code**
PATerson NJ.

**Name of Contact**
JOSE LUIS CASTRO

**Telephone Number**

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

**Street Address**

**City (5)**
PATerson NJ. 07513

**County (6)**
PASSaic

**County Code (7)**
(NJ USE ONLY) 07513

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

**ASCM No.**

**Name of Abatement Contractor (9)**
NORTH EAST. ENVIRONMENTAL LLC.

**Street Address**
435 MAIN RD. SUIT 200

**City, State, Zip Code**
TOWACo NJ. 070082

**Project Manager for Monitoring Firm**
MICHAEL BOGGI

**Start Date (10)**
03/10/2017

**Scheduled Completion Date (11)**
03/13/2017

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

**Scope of Work (Check All That Apply)**
- ≥23 sf or ≥23 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Frisable Procedure

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

**Location Normally Used Solely by Maintenance/ Custodial Staff?**
Yes, No, N/A

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

**Amount (Specify SF or LF)**

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

### Location of ACM

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTIC</td>
<td>X</td>
<td>FLOOR TILE</td>
<td>500 SQ.</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>138 LF.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
TRI-STATE - ASSOCC - INC

**NJDEP Waste Hauler ID No.**
19951

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
MINERVA ENTERPRISE INC.

**City, State**
WAYNERBURG, OHIO

**Completed by**
CARLOS ESQUIVEL

**Title**
SAFETY MANAGER

**Signature**

**Date**
02/28/2017

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

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

**Name of Building Owner/Operator (2):** Lisa Rabinowitz  
**Street Address:** [Redacted]  
**City, State, Zip Code:** Montclair, NJ 07043  
**Name of Contact:** Lisa Rabinowitz  
**Telephone Number:** [Redacted]

**FACILITY INFORMATION**

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

**Street Address:** [Redacted]  
**City:** Montclair  
**County Code (7):** Essex  
**Current Use (Prior if being demolished):** House

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

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

**Street Address:** 11 Rosengren Avenue  
**City, State, Zip Code:** Totowa, NJ 07512

**Project Manager for Monitoring Firm:** [Redacted]  
**Telephone No.:** 973-345-8885  
**License No.:** 01311

**Start Date (10):** 03/13/2017  
**Scheduled Completion Date (11):** 03/14/2017

**Occupy Status During Abatement (Check Only One):**  
- Facility Closed/Vacated During Entire Period of Abatement
- Other — Describe: Occupied

**Scope of Work (Check All That Apply):**  
- ≥3 sf or ≥3 If
- ≥180 sf or ≥260 If
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**  
- Basement  
  - Pipe and Fitting Insulation

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

**Amount (Specify SF or LF):** 40 LF

**Abatement Type:**  
- Encapsulate
- Endorse

**Name of Registered Waste Hauler:** D&S Abatement, Inc

**NJDEP Waste Hauler ID No.:** 20996

**Cubic Yards of Waste (TBD):** TBD

**Name of Registered Landfill:** Waste Management of PA

**City, State:** Tullytown, PA

**Disposal Date (TBD):**  
**Signature:** [Signature]

**Date:** 03/02/2017

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02/28/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Beth Tremelio</td>
</tr>
</tbody>
</table>

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

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

**Street Address**

**City, State, Zip Code**
- Milburn, NJ 07041

**Name of Contractor**
- Beth Tremelio

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

**Square Feet**
- N/A

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

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

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

**Name of OSHA Monitor (9)**
- D&S Abatement, Inc.

**Street Address**
- 11 Rosengren Avenue
- Totowa, NJ 07512

**Telephone No.**
- 973-345-8886
- 01311

**Licence No.**
- 01311

**Start Date (10)**
- 03/13/2017

**Scheduled Completion Date (11)**
- 03/14/2017

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

**Scope of Work (Check All That Apply)**
- [x] 3 sf or 3 ft
- [x] 100 sf or 2600 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frisable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct Insulation</td>
<td>10 SF</td>
</tr>
</tbody>
</table>

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

**Waste Hauler ID No.**
- 20956

**Cubic Yards of Waste**
- TBD

**Name of Registered Landfill**
- Waste Management of PA

**City, State**
- Totowa, NJ

**Disposal Date**
- TBD

**City, State**
- Morrisville, PA

**Completed by**
- Ned Joksimovic

**Title**
- Project Manager

**Signature**
- [Signature]

**Date**
- 02/28/2017

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

(State of New Jersey)
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification:** 03/02/2017

**Name of Building Owner/Operator:** Philip Corrigh

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

**Type of Facility:** N/A

**Type of Notification:** Initial

**Street Address:** N/A

**City, State, Zip Code:** Hoboken, NJ 07030

**County:** Hudson

**County Code:** N/A

**Current Use:** N/A

**Name of Company Hired by Building Owner:** N/A

**Name of Abatement Contractor:** D&S Abatement, Inc.

**Address:** 11 Rosengren Avenue

**License No.:** 01311

**Start Date:** 03/14/2017

**Scheduled Completion Date:** 03/15/2017

**Occupancy Status:** Occupied

**Scope of Work:**
- Renovation
- Demolition

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance / Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe and Fitting Insulation</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** N/A

**Name of Registered Landfill:** Waste Management of PA

**Completed by:**

**Title:** Project Manager

**Signature:**

**Date:** 03/02/2017

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:126)

**Date of Notification (1):** 3/7/17

**Name of Building Owner/Operator (2):** Nocito Narcissus

**Facility Information**

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

**City (5):** Old Bridge

**County (6):** Middlesex

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

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

**Street Address:**
- 95 Montrose Rd
- Colts Neck, New Jersey

**Telephone No.:** 732 294 1757

**License No.:** 00029

**Start Date (10):** 3/11/17

**Scheduled Completion Date (11):** 3/21/17

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

**Scope of Work (Check All That Apply):**
- 23 sf or 23 ft
- 2,160 sf or 2260 ft
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**
- Laundry, Room 11
- Flooring

**Amount (Specify SF or LF):** 150 LF

**Name of Registered Waste Hauler:**
- Ace Insulation Co., Inc.

**Name of Registered Landfill:**
- Christie Landfill

**City, State:**

**Completed by:**
- Bree McGuire

**Title:** Secretary Treasurer

**Signature:**

**Date:** 3/7/17

---

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

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

**State of New Jersey**

**Date of Notification (1)**
3/6/2017

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

**City, State, Zip Code**
Bayonne, NJ, 07002

**Name of Contact**
Allan Weinstein

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

**Square Feet**
3750

**Number of Floors**
2

**Bldg. Age**
87

**Current Use (Prior if being demolished)**
N/A

**Category Information**

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

**Street Address**

City (5)
Bayonne

County (6)
Essex

County Code (7)
(State Use Only)
N/A

**Name of Abatement Contractor (9)**
AZTECH MANAGEMENT, Inc.

**Street Address**
86 Christopher St.

**City, State, Zip Code**
Montclair, NJ 07042

**Telephone Number**
(973) 744-8800

**License Number**
00371

**Name of OSHA Monitor**
N/A

**Street Address**

City, State, Zip Code

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

**Scope of Work (Check all that apply)**
- [X] >3 sf or >3 lf
- [ ] >160 sf or >260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glove-bag Procedure
- [ ] Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Normally Used By Maintenance/Custodial Staff (12)</th>
<th>Location Normally Used Solely</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Basement</td>
<td>X Pipe Insulation 140 LF</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AZTECH MANAGEMENT, INC.

**Waste Hauler ID No.**
17040

**Cubic Yards of Waste**
1.5

**Name of Registered Landfill**
Minerva Enterprise INC

**City, State**
Montclair, NJ 07042

**Disposal Date**
03/18/2017

**City, State**
Waynesburg, Ohio 44688

**Completed By (Print or Type)**
Constantine Vivian

**Title**
President

**Signature**

**Date**
3/6/2017
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/6/17</td>
<td>The Ferber Group</td>
</tr>
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<table>
<thead>
<tr>
<th>Address Notified</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>DOE</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>194 Mount Airy Rd</td>
<td>Banking Ridge, New Jersey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Elev. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>24,000</td>
<td>1</td>
<td>50+</td>
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</table>

| Current Use (Prior to being demolished) | Office Building |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc</td>
<td>100029</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (6)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc</td>
<td>732 294 1757</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>95 Montrose Rd</td>
<td>732 294 1757</td>
<td>00029</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colls Neck, New Jersey</td>
<td>732 294 1757</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (8)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/17</td>
<td>3/17/17</td>
<td></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Performed Outside of Normal Facility Hours</th>
<th>Other – Describe</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or 23 ll</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ll</td>
</tr>
<tr>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Multi-Enclosure</td>
</tr>
<tr>
<td>Glovebox 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 (15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Room, Vault, Stair landings on 3rd FL (USE +)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 sq ft</td>
<td>Removal</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>RUDP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace Insulation Co., Inc</td>
<td>12086</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Chris Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/17/17</td>
<td>Eto 7, PA</td>
</tr>
</tbody>
</table>

Completed by: Bree McGuire  Title: Secretary Treasurer  Signature:  Date: 3/17/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 03 / 17</th>
</tr>
</thead>
</table>

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

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

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

**Street Address**
695 East Bay Avenue

**City, State, Zip Code**
Barnegat, NJ 08005

**Name of Contact**
Curt Kelly

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
588 Shiloh Pike

**City (5)**
Hopewell Township

**County (6)**
Cumberland

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

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

**Square Feet**
1500 sf

**# of Floors**
1

**Bldg. Age**
65

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

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

**Street Address**
1889 Route 9, Unit 61

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

**Project Manager for Monitoring Firm**

**Telephone No.**
732-349-9932

**License No.**
00624

**Start Date (10)**
03 / 14 / 17

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

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

**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

**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>exterior</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>exterior</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>exterior</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)**
- asbestos roofing: 1300 sf
- window glazing (10 windows): 285 sf
- window & door caulk: 500 if

**Cubic Yards of Waste**
4

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

**Disposal Date**
03/17/17

**City, State**
Tullytown, Pennsylvania

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJ/DEP Waste Hauler ID No.**
20223

**Completed By (Print or Type)**
Nicholas Fernicola

**Title**
Project Manager

**Signature**

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Abate Builders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Mike</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Fair Haven</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Guardian Contracting, Inc.**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>1889 Rte. 9, Unit 61</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

**Nicholas Fernicola**

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>732-349-9932</th>
</tr>
</thead>
</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>03 / 07 / 17</th>
<th>09 / 17</th>
</tr>
</thead>
</table>

**Scheduled Completion Date (11)**

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

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

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

- ≥ 3 sf or ≥ 2 If
- ≥ 160 sf or ≥ 260 If
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>basement/crawlspace</th>
<th>duct wrap</th>
</tr>
</thead>
</table>

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

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

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

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

**Amount (Specify SF or LF)**

| 34 sf |

**Abatement Type**

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

**Name of Registered Waste Hauler**

**Guardian Contracting, Inc.**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>20223</th>
</tr>
</thead>
</table>

**Cubic Yards of Waste**

| 2 |

**Name of Registered Landfill**

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

| City, State | Tullytown, Pennsylvania |

**Completed By (Print or Type)**

**Nicholas Fernicola**

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
03 / 06 / 17

Name of Building Owner/Operator (2)
Abate Builders

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

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

Street Address
92 Mantoloking Road
Brick, NJ 08723

Name of Contact
Mike

City, State, Zip Code
Brick, NJ 08723

Telephone Number

FACILITY INFORMATION

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

Square Feet
2000

# of Floors
2

Bldg. Age
80

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

City (5)
Fair Haven

County (6)
Monmouth

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
Residence

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
Toms River, New Jersey 08755

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

Telephone No.
732-349-9932

License No.
00624

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

E.M.S.L. Analytical

Name of OSHA Monitor

Street Address
1056 Stelton
Piscataway, New Jersey 08854

City, State, Zip Code
Piscataway, New Jersey 08854

Start Date (10)
03 / 07 / 17

Name of Registered Waste Hauler
Guardian Contracting, Inc.

Cubic Yards of Waste
6

Disposal Date
03/10/17

City, State
Toms River, New Jersey

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

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

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

Date of Notification (1)
March 3, 2017

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

Notification Type
- Initial Notification
- Amended Certification #1
  - Emergency (including justification)
  - Cancelled

Name of Building Owner/Operator (2)
Bloomfield College

Street Address
467 Franklin Street
City, State, Zip Code
Bloomfield, NJ 07003

Name of Contractor (9)
Jack Mc Grane

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Bloomfield College- College Hall

Street Address
171 Liberty Street
City (5)
Bloomfield
County (6)
Essex

Name of Monitoring Firm Hired by Bldg. Owner (8)
Enviovision, inc.

ASCM No.

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

Sq. Feet: 2,000
# of Floors: 4
Bldg. Age: 50+ years

Current Use (prior if being demolished):

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

Street Address
20-21 Wagaraw Road, Bldg # 35E
City, State, Zip Code
Fairlawn, NJ 07410

Project Manager for Monitoring Firm
Fred Larson

Telephone Number
973-636-9145

Scheduled Start Date (10)
March 7, 2017

Scheduled Completion Date (11)
March 12, 2017

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

Source of Work (Check all that apply)
- ≥ 3 sf or ≥ 10 sf
- ≥ 160 sf or ≥ 260
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- X Tent/Glovebag Procedure
- X Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
- Is Location Normally Used Solely by Maintenance Staff? (14)
  - YES
  - NO
  - NA
- Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Amount (Specify SF or LF)
- Abatement Type

Rooms # 108 & 109
- VAT
- Fume Hoods - Transite
- TSI
- 160 sf
- 200 sf
- 7 lf

Pipe Chase
- X

Name of Reg. Waste Hauler
See Hauler Below # 1 & 2
NJ/DEP Waste Hauler ID #
See Below

Cubic Yards of Waste:
20

Name of Registered Landfill
Meadowfill Landfill

Disposal Date
March 12, 2017

City, State
Route 2, Box 68
Bridgeport, WV 304-842-2784

Marin Graure
SENIOR PROJECT MANAGER

Signature

Date
March 3, 2017

GAC # 2017-595- Amendment # 1 - Additional asbestos material- 7 lf
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
02/13/17

Name of Building Owner/Operator (2)
Albert Mongillo

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

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

Address
City, State, Zip Code
Highlands, NJ

Name of Contact

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

Name of Facility Where Abatement is Taking Place (3)
Albert Mongillo

City (5)
Highlands

County (6)
Monmouth County

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (9)
Pro Abatement

Street Address
1009 87th Street Suite A4

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm

Telephone No.
201-293-6305

License No.
01223

Name of OSHA Monitor
HILMAMM CONSULTING LLC

Street Address
1600 ROUTE EAST SUITE 107

City, State, Zip Code
UNION, NJ 07083

Start Date (10)
02/13/17

Scheduled Completion Date (11)
03/09/17

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

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

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

In Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
WASTE MANAGEMENT GROWS N.

City, State
HILLSIDE, NJ

Disposal Date

Completed by
Bryan Parra

Title
Project Manager

Signature

Date
02/13/17

ASB-41 (R-06-08)

* 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)
3/1/17

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

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

Name of Building Owner/Operator (2)
O’Conner Construction

Street Address
500 7th St

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Franke

FACILITY INFORMATION

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

City (5)
Jersey City

County (6)
Tribute County

County Code (7)

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

Name of Abatement Contractor (9)

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

Square Feet
2300

# of Floors
3

Bldg. Age
20

Current Use (Prior to being demolished)

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
3/1/17

Scheduled Completion Date (11)
3/3/17

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)
☐ ≥ 500 sf or ≥ 50 if
☐ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition
☑️ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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

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

Amount (Specify SF or LF)
2000 SF

Name of Registered Waste Hauler
All MRE LLC

Waste Hauler ID No.
206347

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date
TBD

City, State
Jersey City, NJ

Completed by
Joseph T. Hall
Title
V. President

Signature

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

GAC Project # 060-17

Date of Notification (1) March 3, 2017

Agencies Notified
☐ EPA
☐ DCA
☐ DOH
☐ DEP - No Longer REQUIRED
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Notification #4
☐ Add Phase Schedule, Location, Quantity, New Completion Date
☐ Emergency (including justification)
☐ Canceled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LIPMAN HALL, BLDG# 6025

Street Address
COOK CAMPUS

City (5) NEW BRUNSWICK
County (6) MIDDLESEX
County Code (7) (State Use Only)

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

Telephone Number
609-386-8800

ASCM No.
0098

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

Sq. Feet: N/A
# of Floors: 4
Bldg. Age: 80+ years

Current Use (prior to being demolished):
ACADEMIC

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
973-492-0477

License Number
00840

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

Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)

☐ > 3 of ≥ 3 if
☐ ≥ 160 sf or ≥ 260 sf

☒ Renovation
☒ Demolition

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES
NO
NA

Description of Asbestos Containing Material (ACM) (i.e. the man systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type
Remove Repair Encaps Envelope

Rooms 309, 328, 331

VAT

1200 SF

Rooms 318 & 321 Suites

VAT

1300 SF

Rooms 327

VAT

200 SF

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste: 30 CY

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

Disposal Date
03/27/2017

City, State
100 New Ford Mill Rd, Morrisville, Pa 19067
215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
March 3, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17
Date of Notification (1) February 23, 2017

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code PISCATAWAY, NJ 08854

Name of Contractor MICHAEL SMITH, ENV.
HEALTH & SAFETY

Facility Information
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025
Street Address COOK CAMPUS
City (5) NEW BRUNSWICK County (6) MIDDLESEX County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC
Street Address 3 TERRI LANE
City, State, Zip Code BURLINGTON, NJ 08016
Project Manager for Monitoring Firm BRIAN KEARNY
Telephone Number 609-386-8800
Scheduled Start Date (10) 02/03/17 Scheduled Completion Date (11) 03/06/17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
☐ Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)
Phase I Room 309 - 2/3 - 2/6 Phase II Rooms 318 & 321 Suite -
2/24 - 2/28, Phase III Rooms 328 & 331 - TBD
Scope of Work (Check all that apply)
☐ > 3 sf or > 3 lf ☑ Renovation ☐ 260 sf or > 260 lf
☐ ≥ 160 sf or ≥ 260 sf ☑ Demolition
☐ ≥ 260 sf or ≥ 260 sf
Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA
Description of Asbestos Containing Material (ACM) (i.e. the real systems insulation, surfacing,
VAT, or other miscellany)
Amount (Specify SF or LF) 1200 SF
Abatement Type ☑ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove bag Procedure / Wrap & Cut
☐ Non-Exempted (*) and Non-Frangible Procedure

Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
Cubic Yards of Waste: 30 CY
Disposal Date 03/06/2017
City, State 100 New Ford Mill Rd, Morrisville, Pa 19067
215-736-1700

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Raymond C. Pedalino
Senior Project Manager

Signature
February 23, 2017
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17

Date of Notification (1)
February 3, 2017

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT,
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS,

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

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

Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years

Current Use (prior if being demolished): ACADEMIC

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

Street Address
268 MAIN STREET

City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477 License Number
00840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGAROW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Name of Facility Where Abatement Is Taking Place (3)
LIPMAN HALL, BLDG# 6025

Street Address
COOK CAMPUS

City (6) County (6) County Code (7) (State Use Only)
NEW BRUNSWICK MIDDLESEX

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC
ASCN No.
0098

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY Telephone Number
609-386-8800

Scheduled Start Date (10)
02/03/17

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 - Specify
□ Other - Specify:

Schedule: 8AM – 5AM (24 HOURS & WEEKENDS AS NEEDED)
Phase I Room 309 - 2/3 - 2/6 Phase II Rooms 328 & 331 - TBD

Scope of Work (Check all that apply)
☐ > 300 sf or > 290 if
☐ > 160 sf or > 290 if

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove bag Procedure / Wrap & Cut
☐ Non-Exempted (*) and Non-Friable Procedure

Rooms 309,328,331

☑️ VAT

1200 SF

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

NJDEP Waste Hauler ID #
See Below

Disposal Date
03/06/2017

Cubic Yards of Waste: 15 CY

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carting, Inc, Newark, NJ 04509
NJ DEP # 4509

Completed by (Print or Type) Title
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
February 3, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17
Date of Notification (1)  January 27, 2017

Agencies Notified
- EPA
- DCA
- DOL
- DEP: No Longer REQUIRED
- DOH

Notification Type
- Initial Notification
- Amended Notification #1
- New Start & Completion Dates
- Emergency (including justification)
- Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.  
27 ROAD 1, BLDG 4066. LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LIPMAN HALL, BLDG# 6025

Street Address
COOK CAMPUS

City (5)  NEW BRUNSWICK
County (6)  MIDDLESEX
County Code (7)  ASCM No.

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

Street Address
3 TERRI LANE

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-9800

Scheduled Start Date (10)  02/03/17
Scheduled Completion Date (11)  02/08/17

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)  YES
Description of Asbestos-Containing Material (ACM) (i.e. the material itself, e.g. insulation, surfacing, VAT, or other nomenclature)

Amount (Specify SF or LF)
1200 SF

Abatement Type
- Full Containment with Negative Pressure
- Renovation
- Demolition
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

Rooms 309,328,331
8 VAT

Cubic Yards of Waste
15 CY

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

Disposal Date
02/06/2017

City, State
100 New Ford Mill Rd. Morrisville, PA 19067
215-758-1500

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
<th>Date of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
<td>January 17, 2017</td>
</tr>
<tr>
<td>DCA</td>
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</tr>
<tr>
<td>DOL</td>
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<tr>
<td>DEP - No Longer REQUIRED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
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</tr>
<tr>
<td></td>
<td>Amended Notification #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (Including</td>
<td></td>
</tr>
<tr>
<td></td>
<td>justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancelled</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Information**

- **Name of Facility Where Abatement is Taking Place (3)**: LIPMAN HALL, BLDG# 6025
- **Street Address**: COOK CAMPUS
- **City (5)**: NEW BRUNSWICK
- **County (6)**: MIDDLESEX
- **County Code (7)**: 0068
- **Type of Facility (4)**: School (K-12)
- **Subchapter 8 (other than K-12)**: Other (i.e. private & commercial buildings, homes, etc.)
- **Sq. Feet**: N/A
- **# of Floors**: 4
- **Bldg. Age**: 80+ years
- **Current Use (prior to being demolished)**: ACADEMIC

**Project Manager for Monitoring Firm**
- **Name of Monitoring Firm Hired by Bldg. Owner (8)**: ATC
- **Street Address**: 3 TERRI LANE
- **City, State, Zip Code**: BURLINGTON, NJ 08016
- **Telephone Number**: 609-388-5800
- **Scheduled Start Date (10)**: 01/27/17
- **Scheduled Completion Date (11)**: 1/30/17
- **Occupancy Status During Abatement (Check only one)**: Facility Closed/Vacated During Entire Period of Abatement
- **Abatement Performed Outside of Normal Facility Hours - Describe**: Other - Describe: Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)
- **Location of Asbestos-Containing Material (ACM) in Facility (13)**: Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES
- **Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**
- **Description of Asbestos Containing Material**: Full Containment with Negative Pressure
- **Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**
- **Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**
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- **Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**

**Rooms**
- **309, 320, 331**, VAT, 1200 SF

**Name of Registered Landfill**
- **Name of Registered Landfill**: G.R.O.W.S. North Landfill
- **Cubic Yards of Waste**: 15 CY

**Disposal Date**
- **Date**: 1/27/2017

**Name of Registered Landfill**
- **Name of Registered Landfill**: G.R.O.W.S. North Landfill
- **City, State**: 100 New Ford Mill Rd, Morrisville, PA 19067
- **Date**: 215-736-1700

**Copies To**: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
March 3, 2017

**Name of Building Owner/Operator (2)**
Lawrence Blenden/ The Blenden Group

**Street Address**
374 Millburn Ave, Suite 205E

**City, State, Zip Code**
Millburn, NJ 07041

**Name of Contact**
Marko Stankovic, Project Manager

---

**FACILITY INFORMATION**

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

**Street Address**
341 Pompton Ave

**City (5)**
Verona

**County (6)**
Essex

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

**Square Feet**
40,000

**# of Floors**
1

**Bldg. Age**
40

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

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

**Name of Abatement Contractor (9)**
BL Contracting Inc.

**Street Address**
5 Marguerite Lane

**City, State, Zip Code**
Towaco, NJ 07082

---

**Start Date (10)**
March 4, 2017

**Scheduled Completion Date (11)**
March 7, 2017

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

---

**Scope of Work (Check All That Apply)**
☑ ≥23 sf or ≥23 if
☑ ≥150 sf or ≥250 if
☑ Renovation
☑ Demolition

---

**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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>north side of building</td>
<td>X</td>
<td>9x9 Floor Tile</td>
<td>27 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Waste Management

**City, State**
Newark, NJ

**Disposal Date**
3/6/2017

**City, State**
Tullytown, PA

**Completed by**
Marko Stankovic

**Title**
Project Manager

**Signature**

**Date**
3/3/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 5:18)

Date of Notification: 6/17
Name of Building Owner/Operator: JENSON TOLDE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: RESIDENCE

Project Manager for Monitoring Firm: BELGEN

Name of Abatement Contractor: A MAC Contracting Inc.

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

Is Location Normally Used Solely by Maintenance Custodial Staff? Yes

Component of Building: ZIPED INSULATION

Amount (Specify SF or LF): 90 LF

Name of Registered Waste Hauler: Newark Carting

Name of Registered Landfill: IESI/PA Bethlehem Landfill Corp

Disposal Date: 3/17/17

City, State: Bethlehem, PA

City, State: Newark, NJ

Title: Vice President

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

Date of Notification (1)
December 15, 2016

Name of Building Owner/Operator (2)
PA of NY & NJ

Street Address
2 Gateway Center, 11th Floor

City, State, Zip Code
Newark, NJ 07102

Name of Contact
Uday Mehta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
George Washington Bridge

Street Address
220 Bruce Reynolds Blvd.

City (5)
Fort Lee, NJ 07024

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
PA of NY & NJ

Name of Abatement Contractor (9)
B&N&K Restoration Co., Inc.

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

Street Address
241 Erie Street, Room 236

City, State, Zip Code
Jersey City, NJ 07310

Project Manager for Monitoring Firm
Uday Mehta

Telephone No. 201-595-4881

Start Date (10)
December 27, 2016

Scheduled Completion Date (11)
December 26, 2017

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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 ll
☒ ≥ 160 sf or ≥ 260 ll

☒ Renovation
☐ Demolition

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

Near Bridge 77 N abutment between
PIP S & N, just off N bound exit

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes, No, N/A

☒ Yes

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

Duct bank containing Transite Conduit

ACM contaminated debris

Amount (Specify SF or LF)

255 ln ft

1 cu yd

Name of Registered Waste Hauler
Two Brothers Contracting, Inc.

Cubic Yards of Waste
95

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Totowa, NJ 07512-1120

Completed by
G. Roger Woodman

Title
Project Manager

Signature

Date 3/3/2017

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/3/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Joseph Bonanno</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Brooklyn, NY 11218</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Charles Chelotti</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>718-840-8631</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Vacant Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>601 Division St</td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>vacant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>MDG Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1000 Maplewood Dr</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Chris Macri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>(856)755-9300</td>
</tr>
</tbody>
</table>

| Start Date (10) | 3/14/2017 |
| Scheduled Completion Date (11) | 3/14/2017 |

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- [X] ≥3 sf or ≥3 Lf
- [ ] ≥160 sf or ≥260 Lf
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>2nd floor window area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st floor window area</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>window caulking</td>
<td>20 Lf</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>window tar 20 Lf</td>
<td>10 sq feet</td>
<td>x</td>
<td></td>
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</tbody>
</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Active Environmental Technologies Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

| Disposal Date | 3/14/2017 |
| City, State, Zip Code | Myerstown, Pa |

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Waste Recovery Solutions Inc.</th>
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<tbody>
<tr>
<td>Cubic Yards of Waste</td>
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<table>
<thead>
<tr>
<th>Name of Asbestos Supervisor</th>
<th>Nick Smarrto</th>
</tr>
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<tbody>
<tr>
<td>Title</td>
<td>Asbestos Supervisor</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>3/3/2017</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-26-17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>EARTHTECH CONTROL &amp; LICENSING</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 RT 50</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CREEKFIELD N.J. 08230</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>BRUCE</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>VACANT</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
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<tr>
<td># of Floors</td>
<td>2</td>
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<tr>
<td>Bidg. Age</td>
<td>50+</td>
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<tr>
<td>Type of Asbestos-Containing Material (5)</td>
<td>TRANSITE</td>
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<tr>
<td>Amount (Square Feet or Linear Feet)</td>
<td>2250 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>CITY MUNICIPAL WASTE DISPOSAL</td>
</tr>
<tr>
<td>City, State</td>
<td>MAPLE SHADE N.J.</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C. MUN.</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEMM</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) 3 / 1 / 17

Name of Building Owner/Operator (2) E.I. duPont de Nemours

Agencies Notified
☑ EPA
☑ DOLWD
☑ DPH/DOH
☑ DCA (NJAC 5:23-8)
☐ Emergency (including justification)
☐ Cancellation

Type Notification
☑ Initial
☐ Amended
☐ Amendment #

Street Address
250 Cheesquake Road
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Telemophone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Building 713 ECR Room

Street Address
250 Cheesquake Road
Parlin, NJ

City (5)
Parlin

County (6)
Middlesex

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

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

Project Manager for Monitoring Firm
John Lutz

Telephone No.
609-386-8800

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

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

Start Date (10)
3 / 2 / 17

Scheduled Completion Date (11)
3 / 2 / 17

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

Time of Abatement: 7:00AM - 3PM; 30PM - 5AM

Scope of Work (Check all that apply)
☒ 23 sf or >33 sf
☒ 160 sf or >260 sf

☒ 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

ECR Room
☒ ☐ ☐
transite ceiling

☐ ☐ ☐

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

City, State
BRISTOL, PA 19007

Disposal Date
3/3/2017

Name of Registered Landfill
GROWS Landfill

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator
Signature
Date
3-1-17

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