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

Date of Notification (1)  
03/10/17

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

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

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

Street Address  
171 Clifton Ave.

City, State, Zip Code  
Newark, NJ 07104

Name of Contact  
Tom Conboy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Sacred Heart Church

Street Address  
499 Beilgrove Dr.

City (5)  
Kearny

County (6)  
Hudson  
County Code (7)  
(State Use Only)

Square Feet  
10,000

# of Floors  
2

Bldg. Age  
100+

Current Use (Prior to being demolished)  
Church

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

ASCM No.  
Name of Abatement Contractor (9)  
Lesco Services Inc.

Street Address  
156 Maple Ave.

City, State, Zip Code  
Wallington, NJ 07057

Project Manager for Monitoring Firm

Telephone No.  
862-221-9092

License No.  
01107

Start Date (10)  
03/20/17

Scheduled Completion Date (11)  
03/31/17

Name of OSHA Monitor  
Leslaw Nalodka

Street Address  
156 Maple Ave.

City, State, Zip Code  
Wallington, NJ 07057

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (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)  
2800sf.

Abatement Type

Endorsements

Employer Identification No.  
Name of Registered Waste Hauler  
Newark Carting Inc.

Waste ID No.  
05409

Cubic Yards of Waste  
5

Name of Registered Landfill  
GROWS

City, State  
Morrisville, PA

Disposal Date

Completed by  
Leslaw Nalodka

Title  
President

Signature

Date  
03/10/17

* 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)

Date of Notification (1) 3 / 10 / 17

Name of Building Owner/Operator (2)
Trustees of Princeton University

Agencies Notified
- EPA
- DOLWD
- DHSS
- OSHA (NJAC 5:23-8)

Type Notification
- Initial
- Amended
- Amendment #2-3/15/17
- Emergency (including justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Princeton University

Street Address
272 Alexander St
City (5)
Princeton
County (6)
MERcer

County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)
Pennoni Associates, Inc.

ASCM No.
00102

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

Street Address
516 Grove St., Suite 1B
City, State, Zip Code
Haddon Heights, NJ 08035

Telephone No.
856-656-2944

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10) 3 / 16 / 17
Scheduled Completion Date (11) 3 / 22 / 17

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td></td>
<td></td>
<td></td>
<td>Sheetrock</td>
</tr>
<tr>
<td>Attic</td>
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<tr>
<td>Attic</td>
<td></td>
<td></td>
<td></td>
<td>Vermiculite</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
Disposal Date
City, State
BRISTOL, PA 19007

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

Name of Contact
Robert Ortego

Telephone Number

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

Square Feet
7,500

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

Date 3/15/17

* 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)

Date of Notification (1)

<table>
<thead>
<tr>
<th>3</th>
<th>10</th>
<th>17</th>
</tr>
</thead>
</table>

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Amendment #1-3/13/17
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Trustees of Princeton University

Name of Facility Where Abatement is Taking Place (3)
Princeton University

Street Address
272 Alexander St

City (5)
Princeton

County (6)
MERCER

Name of Monitoring Firm Hired by Building Owner (6)
Pennoni Associates, Inc.

ASCM No.
00102

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

Street Address
515 Grove St., Suite 1B

City, State, Zip Code
Haddon Heights, NJ 08035

Project Manager for Monitoring Firm
Brian Clark

Telephone No.
856-656-2944

Start Date (10)
3 / 16 / 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 - Describe Time of Abatement: 7:00AM-5:30PM/10PM-AM

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-Friable Procedure

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

Yes | No | N/A
---|----|---

Attic

Attic

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
3/13/17

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
#### NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 10 / 17</td>
</tr>
</tbody>
</table>

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

**Trustees of Princeton University**

**Street Address**

**E.A. MacMillan Building**

**City, State, Zip Code**

**Princeton, NJ 08544**

**Name of Contact**

**Robert Ortega**

### FACILITY INFORMATION

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

**Princeton University**

**Type of Facility (4)**

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

**Square Feet**

7,500

**# of Floors**

2

**Bldg. Age**

50+

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

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

**Name of Abatement Contractor (9)**

**BRISTOL ENVIRONMENTAL, INC.**

**Street Address**

**1123 BEAVER STREET**

**City, State, Zip Code**

**BRISTOL, PA 19007**

**Telephone No.**

215-788-6040

**License No.**

00509

**Name of OSHA Monitor**

**BRISTOL ENVIRONMENTAL, INC.**

**Street Address**

**1123 BEAVER STREET**

**City, State, Zip Code**

**BRISTOL, PA 19007**

**Telephone No.**

856-666-2344

**License No.**

00102

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

**Pennoni Associates, Inc.**

**Project Manager for Monitoring Firm**

**Brian Clark**

**Start Date (10) | Scheduled Completion Date (11)**

| 3 / 14 / 17 | 3 / 20 / 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:**

7:00AM - 5:30PM / 6:00PM - 8:00AM

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

☑ 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?**

<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>

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

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
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</thead>
<tbody>
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<td>1400 SF</td>
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<tr>
<td>Transite</td>
<td>1400 SF</td>
</tr>
<tr>
<td>Vermiculite</td>
<td>2000 SF</td>
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</tbody>
</table>

**Name of Registered Landfill**

**G.R.O.W.S. NORTH LANDFILL**

**Disposal Date**

**MORRISVILLE, PA 19067**

**Completed By (Print or Type)**

**Brian Scafiro**

**Title**

**Estimator**

**Signature**

**Brian Scafiro**

**Date**

3/10/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJA 8:60 and 12:120)

Date of Notification (1)
3/16/17

Name of Building Owner/Operator (2)
TOWNSHIP OF NORTH BERGEN

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

Street Address
4233 KENNEDY BLVD

City, State, Zip Code
NORTH BERGEN, N J, 07047

Name of Contact
Mr. Peter Hamre

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CARL WASH

Street Address
1811 PATERNSON PLANK RD

City (5)
NORTH BERGEN

County (6)
HUDSON

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

Square Feet
10,000

# of Floors
1

Bldg. Age
1974

Current Use (Prior if being demolished)
CARL WASH

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

Best Removal Inc

Name of Abatement Contractor (9)
Street Address
450 South River Street

City, State, Zip Code
Hackensack, NJ 07601

Telephone No.
201-329-7444

License No.
00388

Name of OSHA Monitor
Omega Environmental

Street Address
280 Huylere Street

City, State, Zip Code
South Hackensack, NJ 07606

Start Date (10)
3/30/17

Scheduled Completion Date (11)
4/5/17

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 9:30 AM TO 5:00 PM

Scope of Work (Check All That Apply)
☐ ≥ 3 ft or ≥ 3 lb
☐ ≥ 160 ft or ≥ 260 ft

☐ Renovation
☐ Demolition

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

In Facility

Yes
No
N/A

Description of Abatement Type

Removal
Repair
Dispose
Endorse

Name of Registered Waste Hauler
Newark Carting

RJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
20 CYS

Name of Registered Landfill
1851 Bethlehem Land

City, State
Newark, NJ

Disposal Date
4/5/17

Bethlehem, PA 18015

Completed by
J. Maiorano

Title
Estimator

Signature
J. Maiorano

Date
3/16/17

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 15 / 17</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Martin Katz</td>
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<tr>
<td>Agency notified</td>
<td>EPA</td>
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<td>DSHS</td>
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<td>Cancellation</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Lakewood, NJ 08701</td>
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<td>Private home</td>
<td>Yes</td>
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<tr>
<td>Street Address</td>
<td>976 Valley Rd. #283</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
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<tr>
<td>County Code</td>
<td>Ocean</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>G+Tech LLC</td>
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<tr>
<td>ASCM No.</td>
<td>973-638-1777</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Environmental Consultants, Inc.</td>
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<tr>
<td>Telephone No.</td>
<td>973-638-1777</td>
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<tr>
<td>License No.</td>
<td>01127</td>
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<td>Start Date (10)</td>
<td>03 / 16 / 17</td>
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<td>Completed Completion Date (11)</td>
<td>03 / 17 / 17</td>
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<td>Type of Work (Check all that apply)</td>
<td>Cleanup</td>
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<td>Demolition</td>
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<tr>
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<td>Renovation</td>
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<td>Tear Down</td>
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<td>Recycle</td>
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<td></td>
<td>Rebuild</td>
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<td>Scope of Work (Describe all that apply)</td>
<td>Location of Asbestos-Containing Material (ACM)</td>
</tr>
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<td>TO BE ABATED</td>
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</tr>
<tr>
<td>IN Facility</td>
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<tr>
<td>Yes</td>
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<tr>
<td></td>
<td>N/A</td>
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<tr>
<td>wearables/ Cushions (12)</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<tr>
<td>(i.e., floors, vans, mastics, etc.)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Asbestos Type</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
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<td>(i.e., floors, vans, mastics, etc.)</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Asbestos Type</td>
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*Do not use this form for asbestos licenses, permits, or dispositions.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

State of New Jersey  

Date of Notification (1)  
03-15-2017  

Name of Building Owner / Operator (2)  
PNC Bank  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

Type Notification  
Initial  
Amended  
Emergency  
Cancellation  

Street Address  
201 Penn Avenue  
Scranton, PA 18501  

City, State & Zip Code  
2 plus basement  
78  

Name of Contact  
Kim Carr-Property Manager/Owner Representative  

FACILITY INFORMATION  

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

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

Square Feet  
3,200  

# of Floors  
2 plus basement  

Bidg. Age  
78  

Current Use (Prior if being demolished)  
Bank  

Name of Abatement Contractor (9)  
Resource Management Group, LLC  

Street Address  
2115 Hamilton Ave, Suite 202  
Trenton, NJ 08619  

ASCM No.  
117  

Telephone Number  
609-914-4279  

License Number  
01185  

Name of OSHA Monitor  
J&S Environmental Laboratories, Inc.  

Street Address  
2333 Route 22 West  
Union, NJ 07083  

Occuancy Status During Abatement (Check only one)  
Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed during Normal Hours:  
Describe: 9:00am - 6:00pm  
Facility Occupied During Abatement  

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

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

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

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

Amount (Specify SF or LF)  
25 LF  

Abatement Type  
Removal  
Repair  
Encapsulation  
Endorse  

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  

Pipe Insulation & Assoc fittings  

Name of Registered Waste Hauler  
NJDEP Waste Hauler ID No. 0035218  
Resource Management Group, LLC  

Cubic Yards of Waste TBD  

Name of Registered Landfill  
Grows Landfill  

Disposal Date TBD  
City, State Morrisville, PA  

Completed By (Print or Type)  
Mr. Brian Haney  
Title President  

Signature  
Date 03-15-2017
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Diocese of Camden</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 15 / 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Agencies Notified
- [x] EPA
- [x] DOL/WD
- [x] DOH
- [ ] DCA
  (NJAC 5:23-8)

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

#### Street Address
- 831 Market Street
- City, State, Zip Code: Camden, NJ 08102

#### Name of Contact
- Pat Williams

#### Telephone Number
- [ ]

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place
- Saint Augustine Church

#### Street Address
- 1310 Ocean Avenue
- City: Ocean City
- County: Cape May

#### County Code (STATE USE ONLY)
- [ ]

#### Current Use (Prior if being demolished)
- Church

#### Name of Abatement Contractor
- Shade Environmental, LLC

#### Street Address
- 623 Cutler Avenue
- City, State, Zip Code: Maple Shade, NJ 08052

#### Telephone No.
- 856-755-0099
- License No.
- 00842

#### Name of OSHA Monitor
- EMSL Analytical, Inc.

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

#### Time of Abatement
- AM: [ ] PM: [ ]

#### Scope of Work (Check all that apply)
- [ ] 3 sf or >3 if
- [ ] 160 sf or >280 if
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

#### 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)
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>70 LF</td>
</tr>
<tr>
<td>Pipe Fittings</td>
<td>5 LF</td>
</tr>
<tr>
<td>Debris</td>
<td>200 SF</td>
</tr>
</tbody>
</table>

#### Name of Registered Waste Hauler
<table>
<thead>
<tr>
<th>Name</th>
<th>ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>15939</td>
</tr>
</tbody>
</table>

#### Cubic Yards of Waste
- 5

#### Disposal Date
- 03/31/2017
- City, State: Newburg, PA

#### Completed By
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Lynch</td>
<td>Vice President of Operations</td>
<td>[Signature]</td>
<td>3/15/17</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)

State of New Jersey

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>3 / 10 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Trustees of Princeton University</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>- EPA</td>
<td>Type Notification</td>
</tr>
<tr>
<td>- DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>- DHSS</td>
<td>Amendment #1-3/13/17</td>
</tr>
<tr>
<td>- DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-6)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place
Princeton University

Street Address
272 Alexander St

City (5)
Princeton

County (6)
MERCER

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner
Pennoni Associates, Inc.

ASCM No.
00102

Name of Abatement Contractor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

- 3 sf or 15 if
- \( \geq 160 \text{ sf or } \geq 260 \text{ sf} \)

Location of Asbestos-Containing Material (ACM)

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
<td></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>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>Yes</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>No</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>No</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>No</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

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

City, State
BRISTOL, PA 19007

Disposal Date

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date 3/13/17

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  3  / 10  / 17

Name of Building Owner/Operator (2)  Trustees of Princeton University

Name of Facility Where Abatement is Taking Place (3)  Princeton University

Street Address  272 Alexander St

City (5)  Princeton

County (6)  Mercer

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

Square Feet  7,600

Current Use (Prior to being demolished)  # of Floors  2  Bldg. Age  50+

Name of Abatement Contractor (9)  Bristol Environmental, Inc.

Name of Monitoring Firm Hired by Building Owner (8)  Pennoni Associates, Inc.

ASCM No.  00102

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/PM-AM

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

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

<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>Throughout</td>
<td>Yes [X] No [ ] N/A</td>
<td>Sheetrock</td>
<td>1400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic</td>
<td>Yes [X] No [ ] N/A</td>
<td>Transite</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Attic</td>
<td>Yes [X] No [ ] N/A</td>
<td>Vermiculite</td>
<td>400 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Bristol Environmental, Inc.

NuDep Waste Hauler ID No.  18706

Cubic Yards of Waste  Name of Registered Landfill  G.R.O.W.S. North Landfill

City, State  Bristol, PA 19007

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

City, State  Morrisville, PA 19067

Completed By (Print or Type)  Brian Scafaro

Title  Estimator

Signature  Brian Scafaro

Date  3/10/17

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

Date of Notification (1)
3/13/17

Name of Building Owner/Operator (2)
Melissa Viola

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
[Redacted]

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Melissa & Judy

FACILITY INFORMATION

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

Street Address

City (5)
Nutley

County (6)
Essex

County Code (7)

Square Feet
2000

# of Floors
2

Bldg. Age
66

Current Use (Prior if being demolished)

Type of Facility (4)

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

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

Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Name of OSHA Monitor

Street Address

City, State, Zip Code

Start Date (10)
3/22/17

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: basement

Scope of Work (Check All That Apply)

□ ≤3 sf or ≤3 if
☒ ≥160 sf or ≥260 if

□ Renovation
☒ Demolition

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

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

In Facility (13)

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
15999

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
3/13/17

* 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)**
03-14-2017

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

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

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

**Street Address**
[Redacted]

**City (5) City, State, Zip Code**
Fair Lawn NJ 07410

**Name of Contact**
Mel Kalebek

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Private Dwelling

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

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

**Name of Monitoring Firm Hired by Building Owner (5)**
ASCNM No.

**Name of Abatement Contractor (9)**
Amax Contracting LLC

**Street Address**
2108 Fulton Street Suite 2A

**City, State, Zip Code**
Brooklyn NY11233

**Telephone No.**
347-241-7673

**License No.**
01266

**Name of OSHA Monitor**
Amax Contracting LLC

**Start Date (10)**
03-23-2017

**Scheduled Completion Date (11)**
03-29-2017

**Project Manager for Monitoring Firm**
Kayode Adefisoye

**Street Address**
PO BOX 734

**City, State, Zip Code**
Woodland Park NJ 07424

**Telephone No.**
972-692-6298

**County Code (7)**
Bergen

**(STATE USE ONLY)**

**Name of Registered Waste Hauler**
Amax Contracting LLC

**NJ/DEP Waste Hauler ID No.**
0036184

**Cubic Yards of Waste**
3 CY

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

**Description of Asbestos Containing Material (ACM)**
Pipe Insulation

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

**TO BE ABATED**
- [X] 3 sf or >3 LF
- [X] >160 sf or >260 LF

**Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
Yes [X] No [ ] N/A

**Description (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM)**
- [X] Basement
- [ ] Other

**Abatement Type**
- [X] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endorse

**Name of Registered Landfill**
GROWS

**Disposal Date**
03-30-2017

**City, State**
Morrisville PA

**Name of Registered Waste Hauler**
Amax Contracting LLC

**Disposal Date**
03-30-2017

**City, State**
Woodland Park NJ 07424

**Completed by**
Tome Maslarkov

**Title**
Project Manager

**Signature**
[Signature]

**Date**
03-14-2017

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): 03/13/2017

Name of Building Owner/Operator (2): Keith Fulton
Street Address: South Orange, NJ 07079

Name of Contact: Keith Fulton

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: N/A
# of Floors: N/A
Bldg. Age: N/A

Name of Abatement Contractor (9): D&S Abatement, Inc.
Street Address: 11 Rosengren Avenue
City, State, Zip Code: Totowa, NJ 07512
License No.: 01311

Name of OSHA Monitor: D&S Abatement, Inc.
Street Address: 11 Rosengren Avenue
City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply):
- >= 3 sf or >= 1 if
- >= 160 sf or >= 2600 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

<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>Boiler Room</td>
<td>X</td>
<td>Pipe insulation</td>
<td>80 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: D&S Abatement, Inc.
NJDEP Waste Hauler ID No.: 20996
Cubic Yards of Waste: TBD
Name of Registered Landfill: Waste Management of PA
City, State: Totowa, NJ
Disposal Date: TBD
City, State: Tullytown, PA

Completed by: Oliver Hegedus
Title: Project Manager
Signature: [Signature]
Date: 03/13/2017

* 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**

**Notify of Abatement**

03/13/2017

**Name of Building Owner/Operator**

Stevens Institute of Technology

**Street Address**

1 Castle Point on Hudson

**City, State, Zip Code**

Hoboken, NJ 07030

**Name of Contact**

David Fernandez

**FACILITY INFORMATION**

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

Carnegie Building & EAS Building

**Street Address**

1 Castle Point on Hudson

**City (5)**

Hoboken

**County Code (7)**

N/A

**Type of Facility (4)**

School (K-12)

**Square Feet**

N/A

**# of Floors**

N/A

**Bldg. Age**

N/A

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

TTI Environmental, Inc.

**ASCM No.**

0003

**Name of Abatement Contractor**

D&S Abatement, Inc

**Street Address**

11 Rosengren Avenue

**City, State, Zip Code**

Totowa, NJ 07512

**Project Manager for Monitoring Firm**

Jeff Seaman

**Telephone No.**

856-840-8800

**License No.**

01311

**Start Date (10)**

03/25/2017

**Scheduled Completion Date (11)**

04/01/2017

**Occupancy Status During Abatement**

Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work**

Renovation

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

Between Carnegie & EAS Building

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

Exterior Black Tar

**Amount (Specify SF or LF)**

6 LF

**Abatement Type**

Removal

**Endorsements**

Name of Registered Landfill

Waste Management of PA

**City, State**

Totowa, NJ

**Completed by**

Oliver Hegedis

**Title**

Project Manager

**Date**

03/13/2017

*Do not use this form for asbestos licensure exempted activities.*
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 13:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/10/17</td>
<td>M. B. S. Squairt</td>
<td></td>
<td>Verona, NJ, 07044</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

#### Type of Facility:
- School (K-12)
- Subchapter 1 (Other than K-12)
- Other (c. i.e., private or commercial buildings, houses, etc.)
- Residence

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Current Use (Prior of Demolition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. B. S. Squairt</td>
<td>Residence</td>
</tr>
</tbody>
</table>

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

- In Location Normally Used Solely for Maintenance
  - Classified by
  - Description of Asbestos-Containing Material (ACM)
    - Location
    - Amount
    - Abatement Type

#### Name of Registered Waste Handler

- Best Removal Inc
- Minerva Enterprises, LLC

#### Other Information

-city
-street
-zip code
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

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

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

Street Address
631 Market Street
City, State, Zip Code
Camden, NJ 08102

Name of Contact
Pat Williams

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holy Cross Cemetery

Street Address
5061 Harding Highway and Route 40

City (5)
Mays Landing

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

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

Square Feet
5,000

# of Floors
2

Bldg Age
100

Current Use (Prior if being demolished)
Maintenance Building

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue
City, State, Zip Code
Camden, NJ 08102

Telephone No.
856-755-9300

License No.
00842

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Scope of Work (Check all that apply)

☐ ≥ 33 sf or ≥ 3 If
☐ ≥160 sf or ≥260 If

☐ Renovation
☐ Demolition

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

IN Facility (13)

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

Yes ☒ No ☐ N/A ☐

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

Amount (Specify SF or LF)

Abatement Type

Maintenance Building
Floor Tile
800 SF

Floor Tile Mastic
860 SF

Cement Wall Board
768 SF

Cloth Vibration Collar
10 SF

Name of Registered Waste Hauler
Shade Environmental, LLC

Disposal Date
03/31/2017

Name of Registered Landfill
Atlantic County Utilities Authority

City, State, Zip Code
Egg Harbor Township, NJ

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
3/15/17

ASR-42
JAN 13

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

### I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>3 / 14 / 2017</th>
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</thead>
<tbody>
<tr>
<td>Initial</td>
<td>☑</td>
</tr>
<tr>
<td>Amended</td>
<td>☐</td>
</tr>
<tr>
<td>Cancellation</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency (must include justification)</td>
<td>☐</td>
</tr>
<tr>
<td>Type of Work:</td>
<td>☐ Demolition</td>
</tr>
<tr>
<td></td>
<td>☑ Renovation</td>
</tr>
</tbody>
</table>

### II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Scott Cearfoss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Scott Cearfoss</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td></td>
</tr>
</tbody>
</table>

### III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Cearfoss Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe Facility Use:</td>
<td>Residence</td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
<tr>
<td>County Name:</td>
<td>Burlington</td>
</tr>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>3 / 23 / 2017</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>3 / 27 / 2017</td>
</tr>
<tr>
<td>Occupancy Status During Activity (check only one):</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Activity</td>
<td></td>
</tr>
<tr>
<td>☐ Activity Performed Outside Normal Facility Hours—Describe:</td>
<td></td>
</tr>
<tr>
<td>☐ Other—Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>☑ Floor Tile</td>
<td>300 SF</td>
</tr>
<tr>
<td>☑ Mastic</td>
<td>300 SF</td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td>%</td>
</tr>
<tr>
<td>Percentage Asbestos:</td>
<td>%</td>
</tr>
</tbody>
</table>

### IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Maple Shade</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08052</td>
</tr>
<tr>
<td>New Jersey Asbestos License Number (if applicable):</td>
<td>00842</td>
</tr>
<tr>
<td>Monitoring Firm (if applicable):</td>
<td>Mgmt. &amp; Enviro. Consulting Services</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>856-755-0099</td>
</tr>
<tr>
<td></td>
<td>609-298-4070</td>
</tr>
</tbody>
</table>

### V. SIGNATURE

<table>
<thead>
<tr>
<th>Completed By (type or print legibly):</th>
<th>Christina Lynch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Date:</td>
<td>March 14, 2017</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>
# NOTIFICATION OF ASPEROS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASPEROS ABATEMENT**

**Permits in NJAC 8:60 and 12:120**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/13/17</td>
<td>MICHAEL JAEGER</td>
<td>MK. N. JAEGER</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAYWOOD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAYWOOD</td>
<td>BERGEN</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Best Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 South River Street</td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>Omega Environmental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Huyler Street</td>
<td>800-999-9999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>Minerva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>THERMAL INSULATION</td>
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<table>
<thead>
<tr>
<th>Cable Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>27</td>
<td>Minerva Enterprises, LLC</td>
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<table>
<thead>
<tr>
<th>Date of Completion</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/25/17</td>
<td>Minerva Enterprises, LLC</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ 07601</td>
<td>Minerva Enterprises, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Maiorano</td>
<td>Estimator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL JAEGER</td>
<td>201-329-7444</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 3/13/17

Name of Building Owner/Operator (2)
Hudson County

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

Type of Notification
[x] Initial
[ ] Notification
[ ] Emergency
[ ] Amended
[ ] Cancellation

Street Address
595 Newark Ave.

City, State, Zip Code
Jersey City, NJ 07306

Name of Contact
Kim Riscart

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

Square Feet
250000

# of Floors
13

Bldg. Age
~ 50

Current Use (Prior if being demolished)
Office building

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hudson County Admin. Bldg.

Street Address
595 Newark Avenue

City (5)
Jersey City

County (6)
Hudson

County Code (7) (STATE USE ONLY)

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)
3/27/17

Sched. Completion Date (11)
12/31/17

Occupancy Status During Abatement (Check only one)
[x] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours—Describe: evenings and/or weekends
[ ] Other—Describe: partially vacated

Scope of Work (Check all that apply)

[x] Renovation
[x] Full Containment with Negative Pressure
[ ] Mini – Enclosure
[ ] Glovebag Procedure
[ ] Non – Failable Procedure

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

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

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04752

Cubic Yards Of Waste
40 +

Name of Registered Landfill
Alliance Landfill

City, State
Pine Brook, NJ

Disposal Date
4/11/17 +

Date
3/13/17

NOTE: This is a phased project. First phase is to occur in sheriff’s offices (~450 SF of plaster is to be removed – Sub 8 project). First phase completion is expected on/about 4/10/17. Amendments will be sent for other phases.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

**Cancellation**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 13 / 17</td>
<td>Jennifer Huse</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment</td>
<td></td>
</tr>
<tr>
<td>DHSS</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Eatontown, NJ 07724</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenisha Victor</td>
<td></td>
</tr>
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</table>

**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>Private house</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Eatontown, NJ 07724</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Monmouth</th>
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<tbody>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>County Code</td>
<td>County Code</td>
</tr>
<tr>
<td>07724</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>576 Valley Rd #283</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Wayne, NJ 07470</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>973-638-1777</td>
<td>01127</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>03 / 12 / 17</td>
<td>03 / 14 / 17</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>Envirosion Consultants, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>20-21 Wagaraw Road, Bldg. 35E</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Fair Lawn, NJ 07410</th>
</tr>
</thead>
</table>

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

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

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

- Attic
  - Yes
  - No
  - N/A
  - Vermiculite insulation
    - 550 SF

- Utility room-1st floor
  - Yes
  - No
  - Transite panel
    - 25 SF

**Name of Registered Waste Hauler**

Gr Tech LLC

<table>
<thead>
<tr>
<th>City, State</th>
<th>Wayne, NJ 07470</th>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>0033785</td>
<td></td>
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**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Jevtic</td>
<td>Jude Wenad</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) 03 / 13 / 17
Name of Building Owner/Operator (2) Erbil Kurtsoy

A agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-6)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
City, State, Zip Code
Short Hills, NJ 07078
Name of Contact
Erbil Kurtsoy

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

Street Address
City (5)
Short Hills, NJ 07078
County (5)
Essex

County Code (7) (STATE USE ONLY)

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) ASCM No.
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No.

License No.
973-638-1777
01127

Name of Abatement Contractor (9)
Envirovision Consultants, Inc
Street Address
20-21 Wagger Road, Bldg. #35E
City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
☒ >3 sf or >3 ft²
☒ >160 sf or >280 ft²
☒ Renovation
☒ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Location

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

Utility room
Utility room
Electrical closet

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470

Tonnage

Cubic Yards of Waste
TBD
Name of Registered Landfill
T.R.R.F. Inc
City, State
Tullytown, PA

Disposal Date
TBD

Completed By (Print or Type)
N. Jevtic
Title
Owner

Signature

Date
03/13/17

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

**Date of Notification (1)**  
03/13/2017

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

**Check No.**  
4612 $200

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

**Street Address**  
Name of contact: Jan Zimovcaka

**City, State, Zip Code**  
North Arlington, New Jersey 07009

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**  
280 Stuyvesant Avenue

**City (8)**  
Lyndhurst, New Jersey

**County (6)**  
Bergen

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

**Type of Facility (4)**

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

**Square Feet**

15,000

**# of Floors**

5

**Bldg. Age**

50+

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

---

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

**Name of Abatement Contractor (9)**

- Lilich Corporation

**Street Address**

600 McBride Avenue

**City, State, Zip Code**

Woodland Park, New Jersey 07424

**Telephone No.**

973-225-8400

**License No.**

01104

**Name of OSHA Monitor**

Iris Environmental Laboratories, LLC

**Street Address**

2333 Route 22 West

**City, State, Zip Code**

Union, New Jersey 07083

---

**Start Date (10)**  
03/23/2017

**Scheduled Completion Date (11)**  
04/07/2017

**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: 7am - 3:30pm

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

- [x] 23 sf or 23 LF
- [x] 2160 sf or 2260 LF
- [x] Renovation Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility (13)**

- [x] Basement
- [x] 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 systems insulation, surfacing, V/T, or other miscellaneous

**Amount (Specify SF or LF)**

- Pipe Insulation: 600 LF
- Tank Insulation: 90 SF

**Abatement Type**

- [x] Removal
- [x] Repair
- [x] Encapsulation
- [x] Enclosure

---

**Name of Registered Waste Hauler**

Lilich Corporation

**NJDEP Waste Hauler ID No.**

18724

**Cubic Yards of Waste**

30

**Name of Registered Landfill**

GROWS Landfill

**City, State**

Woodland Park, New Jersey

**Disposal Date**

04/07/17

**City, State**

Morrisville, PA

**Signature and Date**

Adriana Olejarova  
President  
03/13/2017

---

*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)
03/13/2017
Name of Building Owner/Operator (2)
Shallesh Mittal
Check No. 4810 $200

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

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

Street Address
[Redacted]
City, State, Zip Code
Hamilton, New Jersey 08610
Name of Contact
Shallesh Mittal
Telephone Number

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

City (5)
Hamilton, New Jersey 08610
County (6)
Mercer

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
1200
# of Floors
1
Bldg. Age
50

Current Use (Prior If being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Lilich Corporation
Street Address
606 McBride Avenue
City, State, Zip Code
Woodland Park, New Jersey 07424
License No.
01104

Project Manager for Monitoring Firm
Telephone No.
973-225-8400

Start Date (10)
03/24/2017
Scheduled Completion Date (11)
03/25/2017

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)
☑ x3 sf or x3 ft
□ x160 sf or x260 sf
X X Renovation
Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Fireable Procedure

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

Yes No N/A
Basement X TSI

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)
200 LF

Abatement Type
Removal Repair Encapsulate Enclose

Name of Registered Waste Hauler
Lilich Corporation
NUDEP Waste Hauler ID No. 18724
Cubic Yards of Waste 2
Name of Registered Landfill
GROWS Landfill

City, State
Woodland Park, New Jersey
Disposal Date
03/25/2017

Completed by
Adriana Olejarova
Title
President
Signature
Date 3/13/2017

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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification (1)**  
03/13/17

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

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

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

**Street Address**  
City, State, Zip Code  
Glen Ridge, NJ 07028

**Name of Contact**  
Chris Guidi  
Telephone Number

### FACILITY INFORMATION

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

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

**City (5)**  
Glen Ridge

**County Code (7)**  
Essex

### Competent Supervisor

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Academy Construction Inc.

**Street Address**  
205 Rt. 46 West Suite 14

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

**Project Manager for Monitoring Firm**

**Telephone No.**  
973-932-4244

**License No.**  
01155

**Start Date (10)**  
03/25/17

**Scheduled Completion Date (11)**  
04/11/17

**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:

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

- [X] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [X] 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 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 Insulation</td>
<td>125 LF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Academy Construction Inc.

**NJ DEP Waste Hauler ID No.**  
034422

**Cubic Yards of Waste**  
3

**Name of Registered Landfill**  
GROWS Landfill

**Disposal Date**  
TBD

**City, State**  
Totowa, NJ

**Tullytown, PA**

**Completed by**  
Filip Geleski

**Title**  
Supervisor

**Signature**  
[Signature]

**Date**  
03/13/17

---

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-12-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Operator/Owner (2)</td>
<td>RESNICK BRUNSWICK</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>25 VAN DYKE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>NEW BRUNSWICK, NJ 08901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MIKE MUSTAKAS</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESNICK DISTRIBUTORS</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 VAN DYKE AVE</td>
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<tr>
<td>City (5)</td>
<td>NEW BRUNSWICK</td>
</tr>
<tr>
<td>County (6)</td>
<td>COUNTY CODE (STATE USE ONLY)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ATLAS ENVIRONMENTAL SERVICES</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>FRYMAR CONSTRUCTION INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO BOX 11645</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PHILA PA 19116</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>JASON DUA</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-724-4193</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>FRYMAR DUA</td>
</tr>
<tr>
<td>Street Address</td>
<td>279 HENDERSON AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PHILA PA 19116</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3-15-17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-18-17</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation or Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Office</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Floor Tile</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>900 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>FRYMAR CONSTRUCTION</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>6036759</td>
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<tr>
<td>Disposal Date</td>
<td>3-17-17</td>
</tr>
<tr>
<td>City, State</td>
<td>TULSA, OK</td>
</tr>
<tr>
<td>Completed by</td>
<td>FRYMAR DUA</td>
</tr>
<tr>
<td>Title</td>
<td>V. PRES</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>3-1-17</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)  
03 / 14 / 17

Name of Building Owner/Operator (2)  
"Charles Louis Custom Homes"

Street Address  

City, State, Zip Code  
Chatham, NJ 07928

Name of Contact  
Charles Louis

Telephone Number  

FACILITY INFORMATION

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

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 8 (Other than K-1 2)  
☑ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet  

# of Floors  
Blg. Age

County (6)  
Morris

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
Gr Tech LLC

ASCM No.  

Name of Abatement Contractor (9)  
Gr Tech LLC

Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm  

Telephone No.  
973-638-1777

License No.  
01127

Name of OSHA Monitor  
Envirovision Consultants, Inc

Street Address  
20-21 Wagaw Road, Bldg. #35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)  
☐ 3+ sf or >3 ft  
☐ 180+ sf or >260 ft

Renovation  
Demolition

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

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

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

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

Amount (Specify SIF or LF)  

Abatement Type  
Removal  
Repair  
Encapsulation  
Endorsement

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

Basement  
Pipe insulation  
125 LF

First floor  
VAT floor tiles  
500 SF

Kitchen  
Linoleum  
150 SF

Second floor & third floor-bathroom  
VAT floor tiles  
50 SF + 30 SF

Name of Registered Waste Hauler  
N.J. D.E.P. Waste Hauler # 75

Cubic Yards of Waste  
TBD

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

City, State  
Tullytown, PA

Disposal Date  
TBD

Completed By  
N. Jevtic

Title  
Owner

Signature  

Date  
03/14/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)  
3/13/17

Name of Building Owner/Operator (2)  
BPM Developers

Agency Notified  
☐ EPA  ☑ DEP  ☐ DOH  ☐ DCA

Type Notification  
Initial

Addressed  
Russell Ave

City, State, Zip Code  
Oceanport, NJ

Name of Contractor  
Gery

Name of Facility Where Abatement is Taking Place (3)  
BPM Developers Property

Street Address  
8 Russell Ave

County (6)  
Monmouth

County Code (7)  
(DISTRICT 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  
28,600

# of Floors  
2

Bldg. Age  
55

Current Use (Prior if being demolished)  

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

City, State, Zip Code  
Colts Neck, New Jersey

License No.  
00029

Telephone No.  
732 294 1757

Project Manager for Monitoring Firm  
Telephone No.

Name of OSHA Monitor  

Start Date (10)  
3/13/17

Scheduled Completion Date (11)  
3/20/17

Facility Closed/Vacated During Entire Period of Abatement  
☐

Abatement Performed Outside of Normal Facility Hours  
☐

Other – Description  

Occupancy Status During Abatement (Check Only One)  

☐ School

☐ Office

☐ Industrial

☐ Storage

☐ Other

☐ 8,000 to 12,000 SF

☐ 16,000 to 28,000 SF

☐ 28,000 SF or more

☐ 48,000 SF or more

☐ Other

Scope of Work (Check All That Apply)  

☐ Interior

☐ Exterior

☐ Renovation

☐ Demolition

☐ Expansion

☐ Building or Structure

☐ Exterior

☐ Gutting

☐ Roofing

☐ Flooring

☐ Plumbing

☐ Electrical

☐ HVAC

☐ Elevator

☐ Window

☐ Siding

☐ Insulation

☐ Gutter

☐ Masonry

☐ Fencing

☐ Pool

☐ 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 systems insulation, surfacing, VAT, or other miscellaneous)

Amount  
200 SF

Abatement Type  

☐ Removal

☐ Repair

☐ Encapsulate

☐ Endose

☐ Disposal Date  
3/13/17

☐ City, State  
Easton, PA

Name of Registered Waste Hauler  
Ace Insulation Co., Inc

Waste Hauler ID No.  
120836

Cubic Yards of Waste  
2

Name of Registered Landfill  

Chirns Landfill

City, State  
Chester, PA

Completed by  
Brea McGuire

Title  
Secretary Treasurer

Signature  

Date  
3/13/17

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

(State of New Jersey)

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/13/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BPM Developers</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Russell Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oceanport, New Jersey</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | BPM Property |
| Street Address | 2 Russell Ave |
| City (5) | Oceanport |
| County (6) | Monmouth |
| 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 |
| City, State, Zip Code | Colts Neck, New Jersey |
| Telephone No. | 732-294-1757 |
| License No. | 000029 |
| Start Date (10) | 3/23/17 |
| Scheduled Completion Date (11) | 3/29/17 |
| Occupancy Status During Abatement (Check Only One) | Residential |
| Abatement Performed Outside of Normal Facility Hours | Yes |
| Scope of Work (Check All That Apply) | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Gluebag Procedure | |
| Non-Exempted (r) and Non-Fireable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Interior, Pipe wrap |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? | Yes |
| Name of Registered Waste Hauler | Ace Insulation Co., Inc |
| NJDEP Waste Hauler ID No. | 10286 |
| Cubic Yards of Waste | 2 |
| Disposal Date | 3/24/17 |
| Name of Registered Landfill | Chris Landfill |
| City, State | Easton, PA |
| Completed by | Bree McGuire |
| Title | Secretary Treasurer |
| Signature | 3/13/17 |

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

**NOTIFICATION OF ASBESTOS ABATMENT**

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

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<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/13/17</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BPM Developers</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Russell Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oceanport, NJ 07757</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gary</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>BPM Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Russell Ave</td>
</tr>
<tr>
<td>City (5)</td>
<td>Oceanport (Fort Monmouth)</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
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<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter E (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>2000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residential</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Ace Insulation Co., Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>95 Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, NJ 07722</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-294-1757</td>
</tr>
<tr>
<td>License No.</td>
<td>000029</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>3/22/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3/27/17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
<tr>
<td>Other — Describe</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
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</tr>
<tr>
<td>23 sf or 23 ft</td>
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</tr>
<tr>
<td>160 sf or 220 ft</td>
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<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
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</table>

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**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)**

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Interior</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe wrap</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>200 LF</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Ace Insulation Co., Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>12086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>3/27/17</td>
</tr>
<tr>
<td>City, State</td>
<td>Easton, PA</td>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Chrin's Landfill</th>
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</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Oceanport, NJ 07757</td>
</tr>
<tr>
<td>Date</td>
<td>3/13/17</td>
</tr>
</tbody>
</table>

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