# Notification of Asbestos Abatement

**State of New Jersey**

**NOTIFICATION OF ABSESTOS ABATEMENT**

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

**Date of Notification:** 3/17/19

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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td></td>
<td>Initial</td>
</tr>
</tbody>
</table>

**Name of Building Owner/Operator:** PSE&G

**Street Address:**

4000 HADLEY ROAD

**City, State, Zip Code:**

SOUTH PLAINFIELD, NJ 7080

**Name of Contact:** MIKE ESCAMILLA

**Telephone Number:** 973-417-0464

---

**Name of Facility Where Abatement is Taking Place:** PSE&G

**Street Address:** 7 POLHEMUS LANE

**City:** BRIDGEWATER

**County:** SOMERSET

**Environmental Tactics:** ASCM No. 0045

**Name of Abatement Contractor:** UNIQUE SYSTEMS OF AMERICA, INC.

**Street Address:** 356 WHITEHEAD AVE.

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

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

**Start Date:** 3/18/19

**Scheduled Completion Date:** 3/30/19

**Occupancy Status During Abatement:**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Necessary; Unknown

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

- Control Room

**Description of Material:**

- Renovation/Demolition

**Amount:**

- Full Containment with Negative Pressure

**Name of Registered Waste Hauler:** VEOLIA

**City, State:** FLANDERS, NJ

**Name of Registered Landfill:** FAIRLESS

**City, State:** MORRISVILLE, PA

**Cubic Yards of Waste:** 2

**Disposal Date:** TBD

**Completed by:** CAROL RAIMO

**Title:** OFFICE MGR.

**Signature:**

---

*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)**  
3/7/19

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

**Name of Facility Where Abatement is Taking Place (3)**  
234 Pierson Ave.

**Street Address**  
64 BROAD STREET

**City (5)**  
MATAWAN, NJ 07747

**County (6)**  
MIDDLESEX

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

**Street Address**  
396 WHITEHEAD AVE.

**City, State, Zip Code**  
SOUTH RIVER, NJ 08882

**Type of Facility (4)**

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

**Current Use (Prior to being demolished) (12)**

- [ ] Substation

**Start Date (10)**  
3/25/19

**Scheduled Completion Date (11)**  
5/15/19

**Occupancy Status During Abatement (Check Only One)**

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

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

- [ ] Windows

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

- [ ] ACM Caulking

**Amount (Specify SF or LF)**

- [ ] 850 LF

**Name of Registered Waste Hauler**

- [ ] VEOLIA

**Cubic Yards of Waste**

- [ ] 40

**Name of Registered Landfill**

- [ ] FAIRLESS

**Disposal Date**

- [ ] TBD

**Completed by**

- [ ] CAROL RAIMO

**Title**

- [ ] OFFICE MGR.

**Signature**

- [ ] Carol Raimo

**Date**

- [ ] 3/7/19

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:65 and 12:120)

Date of Notification (1)
02/19/2019

Name of Building Owner/Operator (2)
The Esquire Group LLC

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

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

Street Address
2095 W County Line Road, Suite #3
Jackson, NJ 08527

Name of Contact
Joseph Sabbag
Telephone Number
732-719-8684

Name of Facility Where Abatement Is Taking Place (3)
101 Boardwalk

Street Address
101 Boardwalk

City (5)
Atlantic City

County (6)
Atlantic

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

Square Feet
16841

# of Floors
9

Built Age
2010

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
Crown Air Services LLC

ASCM No.

Name of Abatement Contractor (9)
Asbestways Solutions Corp

Street Address
132 Washington Avenue

City, State, Zip Code
Brooklyn, NY 11205

Project Manager for Monitoring Firm

Telephone No.
7188582600

License No.
01340

Start Date (10)
03/07/2019

Scheduled Completion Date (11)
03/15/2019

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

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

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)
1500 Sqf

Abatement Type
x

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
4506

Cubic Yards of Waste

Name of Registered Landfill
Tully-town RE Facility

City, State
Newark, NJ 07102

Completed by
Mendy Gorodetsky

Title
Officer

Signature

Date
02/19/2019

* 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 1, 2019

Agencies Notified
☐ EPA
☐ DCA
☐ ODL
☐ DEP
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Certification
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
Shai & Heather Kushner

Street Address

City, State, Zip Code
Maplewood, NJ

Name of Contact
Heather Kushner

Telephone Number

FACILITY INFORMATION

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

City (5) County (6) County Code (7)
Maplewood, NJ Essex

Name of Monitoring Firm Hired by Bldg. Owner (8)
Sky Environmental Services, Inc.

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

Sq. Feet: 2000 # of Floors: 2 Bldg. Age: 60 years

Current Use (prior if being demolished):

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

Street Address
511 MAIN STREET

City, State, Zip Code
Butler, NJ 07405

Telephone Number
973-492-0477

License Number
00840

Name of OSHA Monitor
EMSL inc.

Street Address

City, State, Zip Code
1056 Steffon Road
Piscataway, NJ 08854

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

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

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

Asbestos dust and asbestos contaminated material

Amount (Specify SF or LF)

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

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

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure
x Negative Air with an attached Decon

Abatement Type
Remove, Repair, Encapsulate, Dispose

Basement, 1st & 2nd Floors

Asbestos dust and asbestos contaminated material

2000 sf

Amount

Cubic Yards of Waste:
5 cu.yds

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

Disposal Date
March 11, 2019

Completed By (Print or Type)
Marin Grauere

Title
Sr. PROJECT MANAGER

Signature
Marin Grauere

Date
March 1, 2019

GAC # 2019-672- Please Note: This house was previously abated by others over 3 years ago. The owner’s independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be hepa vacuumed and wet wiped.
**State of New Jersey - Notification of Asbestos Abatement**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contractor</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1, 2019</td>
<td>Initial Notification</td>
<td>Shai &amp; Heather Kupper</td>
<td></td>
<td></td>
<td>Heather Kupper</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility:**
  - [ ] School (K-12)
  - [ ] Subchapter 9 (other than K-12)
  - [ ] Other (i.e., private & commercial buildings, homes, etc.)
  - Current Use: (prior to being demolished):

- **Name of Facility Where Abatement Is Taking Place:**
  - Private Residence

- **Street Address:**
  - 140 Boulevard

- **City:**
  - Maplewood, NJ

- **County:**
  - Essex

- **County Code:**
  - [State Use Only]

- **Name of Managing Firm Hired by Bldg. Owner:**
  - Sky Environmental Services, Inc.

- **Name of Contractor:**
  - GREENWOOD ABATEMENT CONSULTANTS, INC.

- **Address:**
  - 611 MAIN STREET
  - Butler, NJ 07405

- **Telephone Number:**
  - 973-492-0477

- **License Number:**
  - 00860

- **Name of OSHA Monitor:**
  - EML, Inc.

- **Address:**
  - 1068 Stetson Road
  - Piscataway, NJ 08854

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

- **Source of Work:**
  - [ ] Renovation
  - [ ] Demolition

- **Location of Asbestos-Containing Material (ACM) in Facility:**
  - [ ] Location Normally Used Solely by Maintenance Staff
  - [ ] Description of Asbestos Containing Material (ACM) (i.e., thermal insulation, surfacing, VAV, or other material)

- **Basement, 1st & 2nd Floors:**
  - [ ] Asbestos dust and asbestos contaminated material
  - 2000 sf

- **Name of Registered Lead:**
  - GROWS

- **Planned Date:**
  - March 11, 2019

- **City, State:**
  - Route 2, Box 68
  - Bridgewater, WA

- **Phone:**
  - 304-542-2784

- **Hauler 1:**
  - Greenwood Abatement Consultants, Inc.
  - Butler, NJ 07405

- **Hauler 2:**
  - Newark Carting, Inc.
  - Newark, NJ 07105

- **Contractor:**
  - Martin Graue

GAC # 2019-672 - Please Note: This house was previously abated by others over 3 years ago. The owner’s independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be hepa vacuumed and wet wiped.
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 4, 2019

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

Notification Type
- Initial Notification
- x Amendment #1
- Emergency (including justification)

Name of Building Owner/Operator (2)
The Valley Hospital

Street Address
223 North Van Dien Avenue

City, State, Zip Code
Ridgewood, NJ 07450-2736

Name of Contact
William Stasiak
Telephone Number
201-447-8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
The Valley Hospital Warehouse

Street Address
599 Valley Health Plaza

City
Paramus

County
Bergen

County Code (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (6)
Golden Corporation

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

Street Address
28 Washington Street

City, State, Zip Code
Butler, NJ 07405

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

Sq. Feet: Unknown # of Floors: 4 Bidg. Age: 50+ years

Current Use (prior if being demolished): Hospital

Name of OSHA Monitor
EMSL inc.

Street Address
1056 Stelton Road

City, State, Zip Code
Piscataway, NJ 08854

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:

Source of Work (Check all that apply)
- [X] 3 sf or 3 ft
- [ ] 160 sf or 290

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

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

Phillips/Bergen Corridor Ramp
- [X] YES
- [ ] NO
- [NA]

Kitchen
- [X] VAT & Mastic
- [ ] HVAC

Amount (Specify SF or LF)

140 sf

200 sf

Abatement Type
- [X] Remove
- [ ] Repair
- [ ] Enclose

Cubic Yards of Waste:
5

Name of Registered Landfill
Meadowfill Landfill/GROWS

Disposal Date
March 26, 2019

City, State
Route 2, Box 68
Bridgeport, WVA
304-842-2704

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561

Hauler #2 Newark Carting, Inc. – Newark, NJ 04090, NJ DEP # 19551

Completed by (Print or Type)
Marin Graue

Title
SENIOR PROJECT MANAGER

Signature
Marin Graue

Date
March 4, 2019

GAC # 2019-673 Please Note: This amended notification includes the change in start date for the Phillips/Bergen Corridor abatement. This work will start on March 15th 2019 & The Kitchen abatement will start on March 22, 2019.
**State of New Jersey**

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

**Name of Building Owner/Operator:** TBC Contracting Inc.

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

**Street Address:** 11 Vreeland Avenue

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

**Name of Contact:** Viveca Ramos

**Telephone Number:** 973-955-8700

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Vacant 2 Story Building

**Street Address:** 1625 Federal Street

**City:** Camden NJ 08105

**County Code:** Camden

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

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

**Square Feet:** 1000

**# of Floors:** 2

**Bidg. Age:** 35+

**Name of Monitoring Firm Hired by Building Owner:** N/A

**ASCM No.:**

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

**Street Address:** PO Box 329

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

**License No.:** 00727

**Name of OSHA Monitor:** Same

**Start Date:** 2/25/19

**Scheduled Completion Date:** 2/28/19

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

**Scope of Work (Check All That Apply):**
- ☒ Renovation
- ☒ Demolition
- ☒ Full Containment with Negative Pressure
- ☒ Mini-Enclosure
- ☒ Glovebag Procedure
- ☒ Non-Exempted (*) and Non-Friable Procedure

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

<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>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Side of Building Between 1st &amp; 2nd Floor</td>
<td>x</td>
<td>Flashing material</td>
<td>210 LT</td>
<td>x</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.:** 22459

**Cubic Yards of Waste:** 2

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

**City, State:** Morrisville PA 19067

**Disposal Date:** 2/28/19

**Name of Contact:** Viveca Ramos

**Telephone Number:** 973-955-8700

**City, State:** Totowa NJ 07512

**Name of Building Owner/Operator:** TBC Contracting Inc.

**Date Completed:** 2/22/19

**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): 3/4/2019

Agencies Notified
- EPA
- DOH
- DOL
- DCA

Type Notification
- Initial
- Amended
- Emergency (Including justification)

Name of Building Owner/Operator (2)
Grosso Homes

Street Address
[Redacted]

City, State, Zip Code
Princeton NJ

Name of Contact
Grosso Homes

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Grosso Homes's Residential

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

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Avenue

City, State, Zip Code
Clifton NJ 07011

Telephone No.
2018999008

License No.
01336

Name of OSHA Monitor

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
3/4/2019

Scheduled Completion Date (11)
3/5/2019

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

Scope of Work (Check All That Apply)
- 325 sf or <325 sf
- 1600 sf or >2500 sf
- Renovation
- Demolition

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

Location

Exterior

1st Floor

Is Location Normally Used Safely 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

VAT

1120 X

280 X

Name of Registered Waste Hauler
MKD Property Maintenance LLC

NJDEP Waste Hauler ID No.
0037991

Cubic Yards of Waste
1 YD

Disposal Date

City, State
Morrisville, PA 19067

Name of Registered Landfill
Fairless Landfill

Completed by
Darko Raloski

Title
Project Manager

Signature

Date
3/4/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification**: 03/04/2019  
**Name of Building Owner/Operator**: Us Bank Master Trust

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

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

**Street Address**: 2711 N Haskett Ave  
**City, State, Zip Code**: Dallas, TX 75204  
**Name of Contact**: Edwardo Loor

**Telephone Number**: 908 361 9548

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**:  
**Residence**:  
**City**: Hillside, NJ 07205  
**County**: Union

**County Code (7) (STATE USE ONLY)**:  
**Square Feet**:  
**# of Floors**:  
**Bldg. Age**:

**Name of Monitoring Firm Hired by Building Owner**:  
**ASCM No.**:  
**Name of Abatement Contractor**: Nick Restoration LLC

**Street Address**: 72 Brookside Rd  
**City, State, Zip Code**: Randolph, NJ 07869  
**Telephone No.**: 973933-2550  
**License No.**: 01358

**Project Manager for Monitoring Firm**:  
**Name of OSHA Monitor**: IRIS

**Start Date**: 03/16/2019  
**Scheduled Completion Date**: 03/18/2019  
**Occupancy Status During Abatement**:  
- [ ] 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

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<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 area</td>
<td>X</td>
<td>TSI</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: Nick Restoration LLC  
**NJDEP Waste Hauler ID No.**: 0033782

**Cubic Yards of Waste**: TBD  
**Name of Registered Landfill**: G.R.O.W.S  
**Disposal Date**: TBD  
**City, State**: Tullytown, Pa

**Completed by**: Nikica Mrda  
**Title**: President  
**Signature**: William Lick  
**Date**: 03/04/2019
# State of New Jersey

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

### Name of Building Owner/Operator
CARLA TURNER

### Name of Facility Where Abatement is Taking Place
JERSEY CITY NJ 07304

### Name of Monitoring Firm Hired by Building Owner
ALL SOLUTIONS CONTRACTING

### Name of Abatement Contractor
ALL SOLUTIONS CONTRACTING

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

### Description of Asbestos-Containing Material (ACM)
PIPE INSULATION

### Amount (Specify SF or LF)
17 LF

### Abatement Type
Removal

### Other Information
- **Occupancy Status During Abatement**: Facility Closed/Vacated During Entire Period of Abatement
- **Scope of Work**: Renovation, Demolition
- **Location Normally Used Solely by Maintenance/Custodial Staff**: Yes
- **Location of ACM**: In Facility
- **Asbestos-Containing Material (ACM)**: TO BE ABATED
- **In Location Normally Used Solely by Maintenance/Custodial Staff**: Yes

### Additional Details
- **City, State, Zip Code**: JERSEY CITY NJ 07304
- **Telephone Number**: 201 873-9418
- **License No.**: 01301
- **Name of OSHA Monitor**: ALL SOLUTIONS CONTRACTING
- **Start Date**: 02/28/2019
- **Scheduled Completion Date**: 03/01/2019
- **Current Use**: Prior to being demolished
- **801g, Age**: 50 YEARS

### Contact Information
- **Name of Contact**: CARLA TURNER

### Certification
- **Signature**: [Signature]
- **Date**: 02/28/2019

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*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 and 12:120)

Date of Notification (1) 02/26/2019
Name of Building Owner / Operator (2) EMR Camden Iron & Metals Inc

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Street Address
143 Harding Avenue
City, State & Zip Code
Bellmawr, NJ 08031
Name of Contact
Robert Speed
Telephone Number
856-617-3762

FACILITY INFORMATION

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

Street Address
1423 Ferry Ave

City (5) Camden
County (6) Camden
County Code (7)

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

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

Square Feet 10,000
# of Floors 1
Bldg. Age 50+

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Alpha Environmental, LLC

Street Address
PO Box 8297
City, State & Zip Code
Trenton, NJ 08650

Telephone Number
609-847-2956
License Number
01222

Name of OSHA Monitor
EMSL Analytical

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

Project Manager for Monitoring Firm

TelephoneNumber

Scheduled Start Date (10) 03/07/2019
Scheduled Completion Date (11) 03/17/2019

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

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 l f
- ≥160 sf or ≥260 l f
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)
1,300 LF

Abatement Type

Endurable
- Removal
- Repair
- Encapsulate

Warehouse
Name of Registered Waste Hauler
ALPHA ENVIRONMENTAL
NJDEP Waste Hauler ID No.
00033330
Cubic Yards of Waste
1
Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ
Disposal Date
various
City, State
Morrisville, PA

Completed By (Print or Type)
Rod Richardson
Title
Project Manager
Signature
Rod Richardson
Date
02/26/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 3/5/19

Name of Building Owner/Operator (2)
Monroe Township Public Schools

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOD
☐ DOH
☐ DCA

Street Address
75 East Academy Street

City, State, Zip Code
Williamstown NJ 08094

Name of Contact
Tom
Telephone Number
856-767-7750

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holly Glen Elementary School

Street Address
900 N Main Street

City (5)
Williamstown NJ 08094

County (6)
Gloucester

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) 3/15/19

Scheduled Completion Date (11) 3/29/19

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

Scope of Work (Check All That Apply)
☐ ≤300 sf
☐ 301 to 600 sf
☐ 601 to 1600 sf
☐ ≥1600 sf or ≥2600 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
Removal
Repair
Encapsulate
Endorse

Exterior Window panels

above windows and doors

Transit panels
800 sf

Name of Registered Waste Hauler
United Roll Off

Cubic Yards of Waste
4

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

Disposal Date
3/29/19

City, State
Elm NJ

Morrisville PA 19067

Completed by
Anthony T Perna
Title
President
Signature

Print Form

* 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):**
03/06/19

**Agency Notified:***
- [x] EPA
- [ ] DEP
- [ ] DOL
- [x] DOH
- [ ] DCA

**Type Notification:***
- [x] Initial
- [ ] Amended
- [ ] Amendment #:_-
- [ ] Emergency (Including justification)
- [ ] Cancellation

**Name of Building Owner/Operator (2):***
Matt's Construction

**Street Address:**
14 Irene Court

**City, State, Zip Code:**
Lakewood, NJ 08701

**Name of Contact:**
Matt's Construction
**Telephone Number:**
732-905-4494

**Name of Facility Where Abatement is Taking Place (3):**
[Redacted]

**City (5):***
Lakewood

**County (6):***
Ocean

**County Code (7):***
(State Use Only)

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

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

**Street Address:**
6 WHITE DOVE COURT

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

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

**License No.:***
1200

**Name of OSHA Monitor:**
AAA LEAD PROFESSIONALS

**Street Address:**
6 WHITE DOVE COURT

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

**Start Date (10):***
03/17/19

**Scheduled Completion Date (11):***
03/22/19

**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):***
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [x] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<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>Yes</td>
<td></td>
<td>SIDING</td>
<td>2500SF</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
NEWARK CARTING

**City, State:**
NEWARK, NJ

**NJDEP Waste Hauler ID No.:**
04509

**Cubic Yards of Waste:**
8

**Name of Registered Landfill:**
IESI

**City, State:**
BETHLEHEM PA

**Completed by:**
JOSEPH PERLSTEIN

**Title:**
OWNER

**Signature:**

**Date:**
03/06/19

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-3-19</td>
<td>ADAMS CONTRACTING</td>
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</tbody>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Initial</td>
<td>DENNY</td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
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<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Amended #</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>716 HAVEN AVE</td>
<td>OCEAN CITY N.J 08226</td>
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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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<tbody>
<tr>
<td>RESIDENCE</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>OCEAN CITY</td>
<td>CAPE MAY</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPE MAY</td>
<td>N/A</td>
<td>ASCM No.</td>
<td>KLEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>License No.</th>
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<tbody>
<tr>
<td>369 S SPRING AVE</td>
<td>WOODBRIDGE N.J 08096</td>
<td>01331</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-779-0472</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>3-13-19</td>
<td>3-23-19</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>renovation</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>demolition</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLIDING X TRANSITE 12.30 SF X</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC.</td>
<td>12345</td>
<td>3</td>
<td>WOODBRIDGE</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE N.J</td>
<td>3-3-19</td>
<td></td>
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</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 05 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>☑ EPA</td>
<td></td>
</tr>
<tr>
<td>☐ DOLWD</td>
<td></td>
</tr>
<tr>
<td>☑ DOH</td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
</tr>
<tr>
<td>Type Notification</td>
<td></td>
</tr>
<tr>
<td>☑ Initial</td>
<td></td>
</tr>
<tr>
<td>☐ Amended</td>
<td></td>
</tr>
<tr>
<td>☐ Amendment #</td>
<td></td>
</tr>
<tr>
<td>☐ Emergency (including justification)</td>
<td></td>
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<tr>
<td>☐ Cancellation</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Groundhawg Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>P O Box 32</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bay Head, NJ 08742</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-899-5200</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>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Wall</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>03 / 18 / 19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>03 / 19 / 19</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM:PM/AM:PM/AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>☑ 3 sf or ≥3 f</td>
<td>☐ Renovation</td>
</tr>
<tr>
<td>☐ ≥160 sf or ≥250 ft</td>
<td>☑ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>03/19/19</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Nicholas Femicola</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</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 8:66 and 12:120)

Date of Notification (1)
3/1/2019

Name of Building Owner/Operator (2)
Old Dominion Freight Line

Agencies Notified

Type Notification
X Initial

Street Address
500 Old Dominion Way

City, State, Zip Code
Thomasville, NC 27360

Name of Contact
Michael Diggs

Telephone Number
336-239-4213

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Old Dominion Terminal Building

Street Address
200 S. Inman Ave

City (5)
Avenel

County (6)
Middlesex

County Code (7)
(State Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
ELCON Environmental Inc

Street Address
2002 Renaissance Blvd, Suite 110

City, State, Zip Code
King of Prussia

Name of OSHA Monitor
same

Project Manager for Monitoring Firm
Andrew D. Hubley

Telephone No.
610-279-7070

Start Date (10)
3/1/2019

Scheduled Completion Date (11)
3/26/19

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 ft or ≥3 if
X ≥160 ft or ≥280 ft

Renovation
Demolition

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

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

In Facility (13)

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

Attached

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.
SW2117

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
New Castle, DE

Disposal Date
TBD

City, State
Waynesburg OH

Completed by
Andre Gosek

Title
Project Manager

Signature
Andre Gosek

Date
03/01/2019

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

Date of Notification (1) 03 / 05 / 19

Name of Building Owner/Operator (2) Carol Smith

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

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

Street Address

City, State, Zip Code
Montclair, NJ 07043

Name of Contact
Carol Smith

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)
Montclair, NJ 07043

County (6)
Essex

Name of Monitoring Firm Hired by Building Owner (8)

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

Start Date (10) 03 / 15 / 19

Scheduled Completion Date (11) 03 / 16 / 19

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

Scope of Work (Check all that apply)
☒ > 3 sf or > 3 ft
☐ ≥ 160 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 (13)

Yes No N/A
Basement

Pipe insulation 110 LF

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Completion Date
TBD

City
Wayne, NJ 07470

State

Tullytown, PA

N.Jevtic

Signature

Date
03/05/19

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

Date of Notification (1)
02/01/2019 check #0155

Name of Building Owner/Operator (2)
JIM BRENnan

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

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

Street Address
[Redacted]

City, State, Zip Code
RIDGWOOD NJ 07450

Name of Contact
JIM BRENnan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)
RIDGWOOD NJ 07450

County (6)
BERGEN

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

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.)

Square Feet
100X100

# of Floors
2 FL

Bldg. Age
50 YEARS QI

Name of Abatement Contractor (9)
ALL SOLUTIONS CONTRACTING INC

ASCM No.

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD PARK NJ 07407

Project Manager for Monitoring Firm

Telephone No.
201 873 9418

License No.
01301

Name of OSHA Monitor
ALL SOLUTIONS CONTRACTING INC

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD PARK NJ 07407

Start Date (10)

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
- Other – Describe: 7:00 AM TO 3:30 PM

Scope of Work (Check All That Apply)
- 100 sf or >260 sf
- 260 sf or >260 sf

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

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

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

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

Amount (Specify SF or LF)

Abatement Type

BASEMENT

FLOOR TILE
350 SF

BASEMENT

DUCT INSULATION
6 SF

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

Name of Registered Waste Hauler
ATLANTIC CARTING

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
TDB

Name of Registered Landfill
GRAND CENTRAL

Disposal Date
TDB

City, State
PEN ARGYLL PA 18072

Completed by
LUIS ARCILA

Title
PRESIDENT

Signature

Date
03/01/2019

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 05 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Township of Deptford</td>
</tr>
<tr>
<td>Street Address</td>
<td>1011 Cooper Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Deptford, NJ 08096</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Donald Banks</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>855-686-2218</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Deptford Municipal Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1011 Cooper Street</td>
</tr>
<tr>
<td>City</td>
<td>Deptford</td>
</tr>
<tr>
<td>County</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Management &amp; Enviro. Consulting Services</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Shade Environmental, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>623 Cutler Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-286-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>03 / 06 / 19</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>03 / 06 / 19</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>X Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:</td>
<td>AM-PM/PM-AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</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>414 SF</td>
</tr>
<tr>
<td>2nd Floor Storage Room</td>
<td>Floor Tile and Mastic</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Freehold Cartage</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>15939</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>City, State</td>
</tr>
<tr>
<td>Freehold, NJ</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Christina Lynch</td>
</tr>
<tr>
<td>Title</td>
<td>Vice President of Operations</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</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)

Date of Notification (1)
3/1/2019

Name of Building Owner/Operator (2)
Marotta Controls Inc.

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

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

Street Address
78 Boonton Avenue

City, State, Zip Code
Montville NJ 07045

Name of Contact
Thomas Marotta

Telephone Number
973-334-7800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Marotta Controls Inc.

Street Address
78 Boonton Avenue

City (5)
Montville

County (6)
Morris

County Code (7)
(State Use Only)

Current Use (Prior to being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

License No.
01334

Start Date (10)
3/2/2019

Scheduled Completion Date (11)
3/15/2019

Name of OSHA Monitor
Checkmark Industrial

Project Manager for Monitoring Firm

Telephone No.
973-570-2845

Occuany 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

In Facility

(13)

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
Removal
Repair
Encapsulation
Endorse

Office area
X

Floor tile
1,085 SF

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
10

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark NJ

Disposal Date

City, State
Pen Argyl, PA

Completed by
Corey Stankovic
Title
CEO
Signature

Date
2/1/2019

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)**  
2/25/2019

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

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

**Type Notification**  
- [X] Emergency (including justification)

**Street Address**  

**City, State, Zip Code**  
Chatham NJ 07928

**Name of Contact**  
John Leung

**Telephone Number**  

**FACILITY INFORMATION**

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

**Square Feet**  
4,020

**# of Floors**  
2

**Bldg. Age**  
1970

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

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

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

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Checkmark Industrial

**Street Address**  
54 Morgan Dr

**City, State, Zip Code**  
Sparta NJ 07871

**License No.**  
01334

**Project Manager for Monitoring Firm**  

**Telephone No.**  
973-570-2645

**Start Date (10)**  
2/26/2019

**Scheduled Completion Date (11)**  
3/4/2019

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

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>garage</td>
<td>X</td>
<td></td>
<td></td>
</tr>
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</table>

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

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

**Abatement Type**

**Name of Registered Waste Hauler**  
Newark Carting

**NJDEP Waste Hauler ID No.**  
2

**Disposal Date**  

**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**City, State**  
City Pen Argyll, PA

**Completed by**  
Corey Stankovic  
Title  
CEO

**Signature**  

**Date**  
2/25/2019

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

Date of Notification (1) 3 / 05 / 19

Name of Building Owner/Operator (2)
Hackensack University Medical Center

Street Address
30 Prospect Avenue

City, State, Zip Code
Hackensack, NJ 07601

Name of Contact
Mr. Donald Ferrell
Telephone Number
(551) 996-3778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hackensack University Medical Center (Laundry Building/Main Building)

Street Address
30 Prospect Avenue

City (5)
Hackensack

County (6)
Bergen

County Code (7) (STATE USE ONLY)

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

ASCM No.
00099

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

Street Address
300 Kimball Drive

City, State, Zip Code
Parsippany, NJ 07054

Project Manager for Monitoring Firm
Vijay Patel
Telephone No.
973-560-4983

Telephone No.
(973) 852-3444

License No.
01349

Name of OSHA Monitor
SAI Environmental Services, LLC

Start Date (10) 3 / 21 / 19

Scheduled Completion Date (11) 04 / 30 / 19

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/4:00PM-12:30AM

Scope of Work (Check all that apply)
□ 3 or ≥3 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 IN Facility (13)

Yes No N/A

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

Location

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

For Laundry Building Level B2

Pipe & Joint Insulation
1,000 LF

Name of Registered Waste Hauler
Service Transport Group, Inc
NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste
100

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE
Waynesburgh, OH

Completed By (Print or Type)
Mary Petrovski
Title
Manager

Signature
Date 3/5/19

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3 / 05 / 19</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Hackensack University Medical Center</th>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Hackensack University Medical Center (Laundry Bldg)</th>
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</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>30 Prospect Avenue</th>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Hackensack</th>
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<table>
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<tr>
<th>County (6)</th>
<th>Bergen</th>
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</table>

<table>
<thead>
<tr>
<th>County Code (?)(STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
<th>Hospital</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Langan Engineering Environmental Services</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00999</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>SAI Environmental Services, LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 Kimball Drive</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Parsippany, NJ 07054</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Vijay Patel</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>973-560-4983</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>3 / 21 / 19</th>
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</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>04 / 30 / 19</th>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>SAI Environmental Services, LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>277 Fairfield Road, Suite 102</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Fairfield, NJ 07004</th>
</tr>
</thead>
</table>

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

- ≥30 ft² or ≥3 lf
- ≥160 ft² or ≥260 lf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>No</th>
</tr>
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</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>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
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<tbody>
<tr>
<td>Laundry Building Level B2</td>
<td>×</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Building Level B</td>
<td>×</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Building Level G</td>
<td>×</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Building Level B</td>
<td>×</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group, Inc</th>
</tr>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>SW2117</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>30</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>New Castle, DE</th>
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</thead>
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<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Various</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Waynesburgh, OH</th>
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</thead>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Mary Petrovski</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Mary Petrovski</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>3/5/19</th>
</tr>
</thead>
</table>

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

(Pursuant to NJAC 8:68 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>3-6-2019</td>
<td>Paulsboro Refining Company</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Street Address**

800 Billingsport Rd

**City, State, Zip Code**

Paulsboro NJ 08066

**Name of Contact**

Ravi Jarecha

**Telephone Number**

856-224-4444

**FACILITY INFORMATION**

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

Paulsboro Refining Company

**Street Address**

800 Billingsport Rd

**City**

Paulsboro

**County**

Gloucester

**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)**

Brand Energy Services LLC

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

ASCN No. NA

**Name of OSHA Monitor**

Total Environmental Solutions

**Street Address**

740 Veteranas Drive

**City, State, Zip Code**

Swedesboro, NJ 08085

**Project Manager for Monitoring Firm**

Ed Igelesias

**Telephone No.**

302-344-2417

**License No.**

01009

**Start Date (10)**

3-18-2019*

**Scheduled Completion Date (11)**

12-31-2019*

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Regulated Area will be Established - Active Oil Refinery

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

- ≥25 sf or ≥24 if
- ≥180 sf or ≥260 sf
- Demolition
- Other - Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU7</td>
<td>x</td>
<td>Thermal Insulation Systems 16&quot; pipe - 42' long riser 3&quot; thick</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

Waste Management Inc.

**Waste Hauler ID No.**

17273

**Cubic Yards of Waste**

5

**Name of Registered Landfill**

Gloucester County Landfill

**City, State**

South Harrison, NJ

**Disposal Date**

Various

**Completed by**

Tim Evans

**Title**

Insulation Manager

**Signature**

Date 3-7-2019

*To Support scheduled and unscheduled plant shutdowns, revised notification will be submitted for each project.

ASB-41 (R-05-06)

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