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

**Date of Notification (1)**
03/06/2018

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

**Street Address**
100 University Plz.

**City, State, Zip Code**
Hackensack, NJ 07601

**Name of Contact**

**FACILITY INFORMATION**

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

**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 to being demolished)**

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Design, Inc

**Name of Abatement Contractor (9)**
Removal Safety LLC

**Street Address**
8 Crosby Ave

**City, State, Zip Code**
Paterson, NJ 07502

**Telephone No.**
856-616-9516

**License No.**
973-400-8711

**Name of OSHA Monitor**
Iris Environmental Laboratories, LLC

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

**Start Date (10)**
03-13-2018

**Scheduled Completion Date (11)**
03-15-2018

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 131</td>
<td>Removal/disposal of caulk</td>
<td>3 front windows</td>
<td>X</td>
</tr>
<tr>
<td>Building 131</td>
<td>Removal/disposal of caulk</td>
<td>1 back window</td>
<td></td>
</tr>
<tr>
<td>Building 131</td>
<td>Removal/disposal of caulk</td>
<td>2 front doors</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Removal Safety LLC

**Disposal Date**
3/15/18

**Name of Registered Landfill**
GROWS North

**City, State**
Paterson, NJ

**Completed by**
Lasko Veskov

**Title**
President

**Signature**

**Date**
03/06/2018

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

**Date of Notification (1)**
03/06/2018

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

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

**Street Address**
100 University Plz.

**City, State, Zip Code**
Hackensack, NJ 07601

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
139 Temple Ave

**City (5)**
Hackensack

**County (6)**
Bergen

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Design, Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
Removal Safety LLC

**Street Address**
8 Crosby Ave

**City, State, Zip Code**
Paterson, NJ 07502

**Telephone No.**
973-400-8711

**License No.**
01332

**Project Manager for Monitoring Firm**
Jay Murray

**Telephone No.**
856-616-9516

**Name of OSHA Monitor**
Iris Environmental Laboratories, LLC

**Street Address**
2333 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

**Start Date (10)**
03/13/2018

**Scheduled Completion Date (11)**
03/15/2018

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

**Scope of Work (Check All That Apply)**
- [x] ≥3 sf or ≥3 if
- [ ] ≥150 sf or ≥230 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Building 139</th>
<th>x</th>
<th>Removal/disposal of roof caulk</th>
<th>40LF</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front portion of the roof</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Removal Safety LLC

**NJDPR Waste Hauler ID No.**
0037007

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS North

**City, State**
Paterson, NJ

**Disposal Date**
3/15/18

**City, State**
Morrilton, PA

**Completed by**
Lasko Veskov

**Title**
President

**Signature**

**Date**
03/06/2018

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: March 9, 2018
Name of Building Owner/Operator: NJDOT
Street Address: 1035 Parkway Ave; P.O. Box 600
City, State, Zip Code: Trenton, NJ 08625
Name of Contact: Karl Bevans
Telephone Number: 609-630-3513

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place: NJDOT - Route 280, Route 21 Interchange Improvements
Street Address: Rt 21 / Rt 280
City: Newark
County: Essex

Name of Monitoring Firm Hired by Building Owner: ASCM No.

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

Square Feet: N/A

Type of Abatement Contractor: George Harms Construction Co., Inc.
Street Address: 62 Yellowbrook Road
City, State, Zip Code: Howell, NJ 07731
Telephone No.: 732-751-2089
License No.: 01055

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

Start Date: March 19, 2018
Scheduled Completion Date: March 30, 2018

Scope of Work (Check All That Apply):
- [ ] 25 sf or less
- [X] 200 sf or more
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, facing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge Abutments</td>
<td>X</td>
<td>Asbestos Roofing Cement</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.
City, State: Augusta, NJ
Completed by: Sem Hahn
Title: Project Engineer
Signature: [Signature]
Date: 3/9/2018

*C* 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

Date of Notification (1)
03 / 09 / 18

Name of Building Owner/Operator (2)
Provident Bank

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

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

Street Address
100 Wood Avenue South
City, State, Zip Code
Iselin, NJ 08830

Name of Contact
Nicholas D’Amore
Telephone Number
908-347-5795

FACILITY INFORMATION

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

Street Address
7 Jackson Street
City (5)
South River
County (6)
Middlesex

County Code (7)(STATE USE ONLY)
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions
ASCM No.
00112

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224
City, State, Zip Code
Union, NJ 07083

Telephone No.
973-494-3762

Start Date (10)
03 / 24 / 18
Scheduled Completion Date (11)
04 / 07 / 18

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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
☐ Saturday

Scope of Work (Check all that apply)
☐ >3 sf or >5 if
☐ >160 sf or >230 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible 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)

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

Amount (Specify SF or LF)
450 SF

Abatement Type
☐ Removal
☐ Encapsulation
☐ Enclosure

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

Name of Registered Waste Hauler
Century Waste, LLC / All Pro Management, LLC

Hauler ID No.
32787 / 989

Cubic Yards of Waste
As Needed

Name of Registered Landfill
G.R.O.W.S. North Landfill / Fairless Landfill / ESI Bethlehem Landfill

City, State
Elizabeth, NJ / Garfield, NJ

Disposal Date
TBD

Name of Registered Waste Hauler
Century Waste, LLC / All Pro Management, LLC

City, State
Garfield, NJ

Completed By (Print or Type)
Title
Project Manager
Signature
Allen Monchik

Date
3/9/18

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

ABB-41
JAN 13
B & G proj. #: 2018-62B

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 03/19/2018

Name of Building Owner/Operator: French & Parella Associates, PA

Street Address: 1800 Route 34
City, State, Zip Code: Wall, NJ 07719

Name of Contact: Kevin Rothauser
Telephone Number: (732) 312-9800

FACILITY INFORMATION

Name of facility where abatement is taking place: Vacant dwelling

Street Address: [redacted]
City, State, Zip Code: Jersey City, NJ 07306

Name of Monitoring Firm Hired by Bldg. Owner: ASCM No.
n/a

Type of Facility: 
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: 
# of Floors: 
Bldg. Age: 

Name of Abatement Contractor: B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number: (973)696-6969
License Number: 00378

Name of OSHA Monitor: 
Street Address: 105 Ryerson Road
City, State, Zip Code: 

Occupancy Status During Abatement: 
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe:
- Other-Describe:

Scheduled Start Date: 03/19/2018
Scheduled Completion Date: 03/31/2018

Scope of Work: 
- Demolition
- Renovation
- Full Containment/negative pressure
- Glovebag procedure
- Roofing siding
- Roofing shingles
- Felt paper
- Non-frangible procedure

Amount (Specify SF or LF):
- Transite siding: 1,600 sf
- Roofing shingles: 750 sf
- Felt paper: 750 sf

Location of asbestos-containing material to be removed: 
- Throughout exterior walls
- Roof
- Roof

Registered Waste Hauler: B & G Restoration, Inc.
NJDEP Hauler ID#: 19563
Cubic Yards of Waste: 25
Name of Registered Landfill: Tullytown Resource & Recovery Center
City, State: Tullytown, PA
Disposal Date: 03/19/18 - 04/02/18

Completed by (Print or Type): Gordana Luna
Title: Secretary/Treasurer
Signature: 
Date: 03/09/2018
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1)  
10/13/10 11/18  

Agency Notified  
X DOL  
□ EPA  
□ DEP  
□ DOH  
□ DCA  

Type Notification  
X Initial  
□ Amendment  
□ Cancellation  

Name of Building Owner/Operator (2)  
French & Parella Associates, PA  

Street Address  
1800 Route 34  
City, State, Zip Code  
Wall, NJ 07719  

Name of Contact  
Kevin Rothauser  
Telephone Number  
(732) 312-9800  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
Vacant dwelling  

Street Address  
[Redacted]  

City (5)  
Jersey City, NJ 07306  
County (6)  
Hudson  
County Code (7)  
(State use only)  

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM No.  
n/a  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.  
Street Address  
105 Ryerson Road  
City, State, Zip Code  
Lincoln Park, NJ 07035  

Scheduled Start Date (10)  
03/19/2018  
Sched. Completion Date (11)  
03/31/2018  

Occupancy Status During Abatement (Check only one)  
X Facility closed/vacated during entire period of abatement.  
□ Abatement performed outside of normal facility hours—describe;  
□ Other—describe:  

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 8 (Other than K-12)  
X Other (Private/Commercial  
Bldgs./Homes, etc.)  

Square Feet  
Bldg. Age  

□ Current Use (Prior if being demolished)  
Residential  

Project Manager for Monitoring Firm  
Phone Number  

Scope of Work (check all that apply)  
X Demolition  
□ Renovation  
□ Full Containment w/negative pressure  
□ Glovebag procedure  
□ >160 sf or >260 ft  
□ Mini-enclosure  
□ Non-friable procedure  

Location of  
asbestos-containing material to be  
abated in facility (13)  

Is location normally used solely by maintenance/custodial staff (12)  
Yes  
No  
N/A  

2nd floor  
X VAT  
650 sf  
□  
□  
□  

Roof  
X roofing material  
750 sf  
□  
□  
□  

basement  
X water proofing tar  
750 sf  
□  
□  
□  

Registered Waste Hauler  
B & G Restoration, Inc.  
NJDEP Hauler ID#  
19563  

Disposal Date  
03/19/18 - 04/02/18  
Name of Registered Landfill  
Tullytown Resource & Recovery Center  
City, State  
Lincoln Park, NJ  
City, State  
Tullytown, PA  

Completed by (Print or Type)  
Gordana Luna  
Title  
Secretary/Treasurer  
Signature  
Gordana Luna  
Date  
03/09/2018
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
February 27, 2018

Names of Building Owner/Operator (2)
Township of Voorhees

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
2400 Town Center

City, State, Zip Code
Voorhees, NJ 08043

Name of Contact
Dave Archibald

Telephone Number
267.419.1766

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Municipal Building

Street Address
620 Haddonfield Berlin Road

City (5)
Voorhees

County (6)
Camden

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Ricco Construction Corp

Street Address
282 Creek Road

City, State, Zip Code
Bellmawr, NJ 08031

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
March 9, 2018

Scheduled Completion Date (11)
June 29, 2018

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

Bidg. Age

Current Use (Prior if being demolished)

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

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 116 sf or 3260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-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>Normal Use</th>
<th>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>Interior</td>
<td>No</td>
<td>X</td>
<td>Floor Tile</td>
<td>1205 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>X</td>
<td>Roofing Material</td>
<td>7250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>X</td>
<td>Parapet Caulking</td>
<td>7250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Ricco Construction Corp

NJDEP Waste Hauler ID No.
28909

Cubic Yards of Waste
TBD

Name of Registered Landfill
Salem County

Disposal Date
TBD

City, State
Bellmawr, NJ

Alloway, NJ

Completed by
Andrew Ricco

Title
Owner

Signature

Date
February 27, 2018

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

**Date of Notification (1)**  
02-28-18

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

**Street Address**  
40 Deforest Ave.

**City, State, Zip Code**  
East Hanover NJ 07936

**Name of Contact**  
Jhon Caravella  
**Telephone Number**  
(973) 884-4900

### FACILITY INFORMATION

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

**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**  

**# of Floors**  

**Bldg. Age**  

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

**ASCM No.**  

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

**Street Address**  
522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

**Telephone No.**  
201-216-9803  
**License No.**  
01206

**Name of OSHA Monitor**  
Delta Contracting LLC

**Street Address**  
522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

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

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

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

- 23 sf or ≥ 3 if
- 160 sf or ≥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)**

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Property</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition Asbestos Debris</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)

- Non-Exempted
- Non-Friable

### Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caravella Demolition Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>35685</td>
<td>80</td>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-02-18</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-02-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem,PA</td>
</tr>
</tbody>
</table>

**Completed by**  
Jaime Delgado  
**Title**  
Proj. Manager.

**Signature**  

**Date**  
02-28-18

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

**State of New Jersey**

**Pursuant to NJAC 8:26-12.120**

---

**Name of Building Owner/Operator:** HACKENSACK UNIVERSITY MEDICAL CENTER

**Name of Facility Where Abatement is Taking Place:** St. John's Building

**Street Address:** 30 Prospect Avenue

**City:** Hackensack

**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** LANGAN Environmental Services, Inc.

**Name of Abatement Contractor:** Sky Contracting, LLC

**Start Date:** 2/12/2018

**Scheduled Completion Date:** 4/30/2018

---

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

**In Facility:**

**Type:**

- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justifiability)
- [ ] Cancellation

---

**Perimeter Wall - Penthouse Level:**

- [x] Louver Caulk

---

**Name of Registered Waste Hauler:** Service Transport Group, Inc.

**Disposal Site:**

**City:** New Castle, Delaware

**State:** Delaware

**Disposal Date:** TBD

**Name of Registered Contractor:** Inteva Enterprises, LLC

**Name:** Raynesburg, Ohio

**Name of Contact:** Mr. Donald Ferris

**Telephone Number:** (551) 996-3778

---

**FOR LEGAL USE ONLY**

**Notice:**

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

---

**Other - Describe:** Exterior Work, Unclassified Building Level

---

**Amount:**

- [ ] 5 SF

---

**Abatement Type:**

- [x] Full Containment with Negative Pressure
- [ ] Minimal Containment
- [ ] Glovebox Procedure
- [ ] NFR RRQ (1) and Non-Permeable Procedure

---

**Notes:**

*Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:99 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2/6/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>Strawbridge Building</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Prospect Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, NJ 07601</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Donald Farrell</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(551) 966-3778</td>
</tr>
<tr>
<td>Name of Facility (4)</td>
<td></td>
</tr>
<tr>
<td>Type of Facility</td>
<td></td>
</tr>
<tr>
<td>- School (K-12)</td>
<td></td>
</tr>
<tr>
<td>- Commercial (other than K-12)</td>
<td></td>
</tr>
<tr>
<td>- Other (i.e., private &amp; commercial buildings, homes)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td>25,000</td>
</tr>
<tr>
<td>No. of Floors</td>
<td>3</td>
</tr>
<tr>
<td>E.M.P. Age</td>
<td>75</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (6)</td>
<td>LANGAN Environmental Services, Inc.</td>
</tr>
<tr>
<td>AASCM No.</td>
<td>00099</td>
</tr>
<tr>
<td>Name of Abatement Contractor (7)</td>
<td>Sky Contracting, LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 Kimball Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parsippany, NJ 07054</td>
</tr>
<tr>
<td>Name of OSHA Officer for Monitoring Firm</td>
<td>Vilas Patel (973) 560-4900</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-928-54</td>
</tr>
<tr>
<td>License No.</td>
<td>00374</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>2/12/2018</td>
</tr>
<tr>
<td>Scheduling Completion Date (11)</td>
<td>4/30/2018</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler Service Transport Group, Inc.</td>
<td>N/A</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20980</td>
</tr>
<tr>
<td>Cubic Yards of Waste TBD</td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Inova Enterprises, LLC</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, New Jersey 07470</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2/8/2018</td>
</tr>
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</table>

**Facility Information**

- **Type of Facility:** Commercial
- **Square Feet:** 25,000
- **No. of Floors:** 3
- **E.M.P. Age:** 75
- **Name of Monitoring Firm:** LANGAN Environmental Services, Inc.
- **AASCM No.:** 00099
- **Name of Abatement Contractor:** Sky Contracting, LLC
- **Street Address:** 300 Kimball Drive
- **City, State, Zip Code:** Parsippany, NJ 07054
- **Telephone No.:** (973) 560-4900
- **License No.:** 00374
- **Start Date:** 2/12/2018
- **Scheduling Completion Date:** 4/30/2018
- **Name of OSHA Officer for Monitoring Firm:** Vilas Patel
- **Telephone No.:** (973) 928-54
- **License No.:** 00374
- **Location of Asbestos-Containing Material (ACM):** Strawbridge Building
- **Location Normally Used by Maintenance Custodial Staff:** Yes
- **Description of Asbestos-Containing Material:** Piping Joint Insulation
- **Amount:** 5 each
- **Abatement Type:** Removal

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

- Asbestos Demolition
- Complete Removal of Asbestos
- Glue Removal
- Non-Fireproof Procedure
- Fireproof Procedure

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

| Name of Registered Waste Hauler Service Transport Group, Inc. | N/A |
| NJDEP Waste Hauler ID No. | 20980 |
| Cubic Yards of Waste | TBD |
| Disposal Date | TBD |
| Name of Registered Landfill | Inova Enterprises, LLC |
| City, State | Wayne, New Jersey 07470 |

**Completed by:** Predrag Barcev

**Title:** Vice President
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>3/6/2018</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PROFESSIONAL GOVERNMENT ASSOCIATES</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DGA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>909 BELMONT AVENUE</td>
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<tr>
<td>City, State, Zip Code</td>
<td>NORTH HALEDON, NJ 07508</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>FRANK CATANIA</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-427-2500</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>VACANT RESIDENCE</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>FRANKLIN LAKES</td>
</tr>
<tr>
<td>County (8)</td>
<td>BERGEN</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>N/A</th>
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<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>11 VREELAND AVENUE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>TOTOWA, NJ 07512</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>973-956-8700</td>
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<tr>
<td>License No.</td>
<td>00494</td>
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<thead>
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<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>3/17/2018</td>
<td>4/2/2018</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe: VACANT</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>≥600 sf or ≥260 lf</td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
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<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>Abatement Type</td>
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<table>
<thead>
<tr>
<th>BUILDING TO BE DEMOED</th>
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<tbody>
<tr>
<td>AS ASBESTOS</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>ROVIC TRANSPORT</th>
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</thead>
<tbody>
<tr>
<td>Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>400</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/2/2018</td>
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</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>RIVERDALE, NJ 07457</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>ROVIC TRANSPORT</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>400</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/2/2018</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>City, State</th>
<th>MORRISVILLE, PA</th>
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</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>ROVIC TRANSPORT</td>
</tr>
<tr>
<td>Hauler ID No.</td>
<td>20785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>400</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>4/2/2018</td>
</tr>
</tbody>
</table>

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

| City, State | RIVERDALE, NJ 07457 |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>VIVECA RAMOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>PROJECT COORDINATOR</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:65 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>3/9/18</td>
<td>Mark Martino</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amended</td>
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<tr>
<td></td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerville, NJ 08876</td>
<td>Mark Martino</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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<tbody>
<tr>
<td>Residential Home</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500</td>
<td>4</td>
<td>70 +/-</td>
<td>Residential Home</td>
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<table>
<thead>
<tr>
<th>Name of Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>201-600-3184</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Saddle Brook, NJ 07663</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>3/19/18</td>
<td>3/24/18</td>
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</table>

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

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

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

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

**TO BE ABATED**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</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>1st Fl</td>
<td>No</td>
<td>VAT</td>
<td>361 SF</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>2nd Fl</td>
<td>No</td>
<td>VAT</td>
<td>148 SF</td>
<td>Mini-Enclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stages Abatement</td>
<td>3</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saddle Brook, NJ</td>
<td>TBD</td>
<td>Pen Argyl, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Cristofol</td>
<td>President</td>
<td>[Signature]</td>
<td>3/9/18</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 03/12/2018

Name of Building Owner/Operator: Rosemary Zapolski

Street Address: [Redacted]
City, State, Zip Code: North Bergen, NJ 07047
Name of Contact: Rosemary Zapolski

FACILITY INFORMATION

Name of facility where abatement is taking place: Rosemary Zapolski

Type of Facility:

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: [Blank]
No. of Floors: [Blank]
Bldg. Age: [Blank]

Current Use (Prior if being demolished): [Blank]

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

Street Address: 20 California Ave.
City, State, Zip Code: Paterson, NJ 07503
Telephone Number: 973-345-8020
License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue
City, State, Zip Code: Paterson, NJ 07503

Scope of Work:

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

Full Containment w/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>Description</th>
<th>Amount</th>
<th>R Em ove</th>
<th>R Ep a ir</th>
<th>R Enc ap</th>
<th>E NCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Insulation</td>
<td>190.1 ft</td>
<td>[Blank]</td>
<td>[Blank]</td>
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<td>[Blank]</td>
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</tbody>
</table>

Registered Waste Hauler:
D & S Restoration, Inc.

NJDEP Hauler ID: 13506
Cubic Yards of Waste: 2 yds.
Name of Registered Landfill: Tullytown, Resource Recovery
City, State: Paterson, NJ 07503

Disposal Date: 03/22/18

Signature: [Blank]
Date: 03/06/18

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

**State of New Jersey**

**Name of Building Owner/Operator (2):** Steve Balassone

**Date of Notification (1):** 03/07/2018

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

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

**Street Address:** [Redacted]

**City, State, Zip Code:** Florham Park, NJ 07932

**Name of Contact:** Steve

**Telephone Number:**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):**
- **Type of Facility (4):**
  - [ ] School (K-12)
  - [ ] Subchapter 8 (Other than K-12)
  - [X] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Abatement Contractor (9):**

**Removal Safety LLC**

**Street Address:**
- 8 Crosby Ave

**City, State, Zip Code:**
- Paterson, NJ 07502

**Telephone No.:**
- 973-400-8711

**License No.:**
- 01332

**Name of OSHA Monitor:**

**Removal Safety LLC**

**Street Address:**
- 8 Crosby Ave

**City, State, Zip Code:**
- Paterson, NJ 07502

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Floor Tiles</td>
<td>500 SF</td>
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</table>

**Name of Registered Waste Hauler:**

**Removal Safety LLC**

**City, State:**
- Paterson, NJ

**Completed by:**

**Lasko Vaskos**

**Title:** President

**Signature:**

**Disposal Date:**
- TBD

**Name of Registered Landfill:**

**GROWS North**

**City, State:**
- Morrisville, PA

**Date:**
- 03/07/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03/03/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Virginia Albanis</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended</td>
</tr>
<tr>
<td>Street Address</td>
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</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Whippany, NJ 07981</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Virginia Albanis</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Whippany</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>House</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>[Redacted]</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>License No.</td>
<td>973-345-8685 01311</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>D&amp;S Abatement</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
</tbody>
</table>

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

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

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

- ≥3 sf or ≥31 ft
- ≥60 sf or ≥620 ft
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Duct Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>60 SF</td>
</tr>
</tbody>
</table>

**Abatement Type**

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

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>D&amp;S Abatement, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20996</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Ned Joksimovic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>03/03/2018</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)**  
03/03/2018

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

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

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

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Others (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

**ASCM No.**  
N/A

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

**Street Address**  
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**  
N/A

**Telephone No.**  
973-345-8685

**License No.**  
01311

**Start Date (10)**  
03/15/2018

**Scheduled Completion Date (11)**  
03/19/2018

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

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

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

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

**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>1st Floor Entrance</td>
<td>Yes</td>
<td>VAT</td>
<td>150 SF</td>
<td>[x]</td>
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<tr>
<td>Stairs to the Basement</td>
<td>X</td>
<td>VAT</td>
<td>60 SF</td>
<td>[x]</td>
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</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
20986

**Cubic Yards of Waste**

**TBD**

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

**City, State**

**Totowa, NJ**

**Disposal Date**

**TBD**

**Completed by**

**Title**

**Signature**

**Date**  
03/03/2018

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

**Date of Notification (1)**  
03/03/2018

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

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

**Type Notification**  
Initial

**Street Address**  

**City, State, Zip Code**  
Belleville, NJ 07109

**Name of Contact**  
Frank Iarla

**Facility Information**

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

**Type of Facility (4)**  
Other (i.e., private & commercial buildings, homes, etc.)

**Street Address**  

**City (5)**  
Belleville

**County Code (7)**  
Essex

**County (6)**

**Square Feet**  
N/A

**# of Floors**  
N/A

**Bldg. Age**  
N/A

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

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

**ASCM No.**  
N/A

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

**Street Address**  
11 Rosengren Avenue

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Telephone No.**  
973-345-8685

**License No.**  
01311

**Start Date (10)**  
03/14/2018

**Scheduled Completion Date (11)**  
03/15/2018

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

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

- Remediation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves Bag Procedure
- Non-Exempted (*) and Non-Exempted Procedure

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

- In Facility

**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)**  
115 LF

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Endorsement

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

**Disposal Date**

**City, State**  
Totowa, NJ

**Name of Registered Landfill**

**Cubic Yards of Waste**

**Name of Registered Landfill**

**Waste Management of PA**

**Disposal Date**

**City, State**  
Morristown, PA

**Completed by**  
Ned Joksimovic

**Title**  
Project Manager

**Signature**  

**Date**  
03/03/2018

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

Date of Notification (1)  
03 / 05 / 18

Name of Building Owner/Operator (2)  
Stephen DeMarco

Agencies Notified  
☒ EPA  
☒ DOH

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #

□ DCA  
□ (NJAC 5:23-8)

☐ Emergency (including justification)  
☑ Cancellation

Street Address  
[Redacted]

City, State, Zip Code  
Newtown Square, PA 19073

Name of Contact  
Stephen DeMarco

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Cape May Point

County (6)  
Cape May

Name of Monitoring Firm Hired by Building Owner (8)  
Management & Enviro. Consulting Services

ASCM No.  
[Redacted]

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)

☐ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet  
1,900

# of Floors  
2

Bldg. Age  
70

Current Use (Prior if being demolished)  
Residence

Name of Abatement Contractor (9)  
Shade Environmental, LLC

Street Address  
623 Cutter Avenue

City, State, Zip Code  
Maple Shade, NJ 08052

Project Manager for Monitoring Firm  
Bill Weisgarber

Telephone No.  
609-289-4070

License No.  
856-755-0099  
00842

Start Date (10)  
03 / 14 / 18

Scheduled Completion Date (11)  
03 / 19 / 18

Name of OSHA Monitor  
EMSL Analytical, Inc.

Street Address  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM-_________PM-_________PM-_________AM

Scope of Work (Check all that apply)  
☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☒ Non-Exempted (*) and Non-Friable Procedure

☐ 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  
[Redacted]

Exterior  
☐  ☒  ☐ Siding

1,900 SF  

Name of Registered Waste Hauler  
Freehold Cartage

NJDEP Waste Hauler ID No.  
16939

Cubic Yards of Waste  
20

Name of Registered Landfill  
CMCMUA Sanitary Landfill

City, State  
Freehold, NJ

Disposal Date  
3/19/2018

City, State  
Woodbine, NJ

Completed By (Print or Type)  
Christina Lynch

Title  
Vice President of Operations

Signature  
[Signature]

Date  
3/19/2018

* Do not use this form for asbestos licensure exempted activities.
### I. NOTIFICATION INFORMATION

<table>
<thead>
<tr>
<th>Date of Notification:</th>
<th>03 / 06 / 2018</th>
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<tbody>
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<tr>
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<td>Emergency</td>
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<table>
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<tbody>
<tr>
<td>Demolition</td>
<td>X Renovation</td>
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### II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Catherine Brooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Somerdale</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08083</td>
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</table>

Name of Contact: Catherine Brooks

### III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Brooks Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Somerdale</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08083</td>
</tr>
<tr>
<td>County Name:</td>
<td>Camden</td>
</tr>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
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<tr>
<td>Scheduled Start Date:</td>
<td>03 / 16 / 2018</td>
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<tr>
<td>Scheduled Completion Date:</td>
<td>03 / 19 / 2018</td>
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<tr>
<th>Occupancy Status During Activity (check only one):</th>
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<tr>
<td>X Facility Closed/Vacated During Entire Activity</td>
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<td>□ Activity Performed Outside Normal Facility Hours—Describe:</td>
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<tr>
<td>□ Other—Describe:</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
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</thead>
<tbody>
<tr>
<td>X Floor Tile</td>
</tr>
<tr>
<td>□ Mastic</td>
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</table>

| Square Footage:                        | 225 SF            |
| Percentage Asbestos:                   | %                 |
| Percentage Asbestos:                   | %                 |

### IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.:</td>
<td>956-755-0099</td>
</tr>
<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>
</tbody>
</table>

| New Jersey Asbestos License Number (if applicable): | 00842 |
| Monitoring Firm (if applicable):                   | Mgmt. & Enviro. Consulting Services |
| Telephone No.:                                      | 609-298-4070 |

### 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 6, 2018</td>
</tr>
</tbody>
</table>

Signature: [Signature Image]
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:16)

**State of New Jersey**

**Date of Notification (1)**  
03 / 07 / 18

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

---

**FACILITY INFORMATION**

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

**Street Address**  
186 Mantoloking Road

**City, State, Zip Code**  
Brick, NJ 08723

**Name of Contact**  
Patrick Bottazzi

**Telephone Number**

---

**Residence**

**Square Feet**  
2000

**# of Floors**  
2

**Bldg. Age**  
65

---

**Type of Facility (4)**

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

---

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

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

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

---

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

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

**Time of Abatement:** AM - PM - AM

---

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

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

---

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

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

**City, State**  
Toms River, New Jersey

---

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

- Exterior
- Asbestos Siding: 2250 sf

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

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

**Amount (Specify SF or LF)**  
2250 sf

---

**Date of Completion (11)**

03 / 21 / 18

---

**Disclaimer**

*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)
3/7/18

Name of Building Owner/Operator (2)
Deptford Township Board of Education

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

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

Street Address
2022 Good Intent Road

City, State, Zip Code
Deptford NJ 08096

Name of Contact
Nick Sheairs

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Lake Track School

Street Address
690 Izard Road

City (5)
Woodbury NJ 08096

County (6)
Gloucester

County Code (7) (STATE USE ONLY) __________

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.

License No.
855-753-9800
00727

Start Date (10)
3/20/18

Scheduled Completion Date (11)
3/30/18

Name of OSHA Monitor
Same

Occupy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: After 3 PM or Weekend

Scope of Work (Check All That Apply)

☒ Renovation
☒ Demolition

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

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
Encapsulation

Endoscopy

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
2

Disposal Date
3/30/18

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

City, State
Elm NJ

Completed by
Anthony T Perna

Title
President

Signature

Date
3/7/18

* Do not use this form for asbestos licensure exempted activities.
### I. NOTIFICATION INFORMATION

Date of Notification: **02 / 27 / 2018**  
- Initial: □  
- Amended: □  
- Cancellation: ✗  
- Emergency (must include justification): □  
- Type of Work:  
  - Demolition: □  
  - Renovation: ✗

### II. BUILDING INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator:</th>
<th>Jesse Emple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City:</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08003</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact:</th>
<th>Jesse Emple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City:</td>
<td>Cherry Hill</td>
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<tr>
<td>State:</td>
<td>NJ</td>
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<tr>
<td>Zip:</td>
<td>08003</td>
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### III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Work Activity is to Take Place:</th>
<th>Emple Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Residence</td>
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<td>City:</td>
<td>[Redacted]</td>
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<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08003</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>County Name:</th>
<th>Camden</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Code (State Use Only):</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date:</td>
<td>03 / 08 / 2018</td>
</tr>
<tr>
<td>Scheduled Completion Date:</td>
<td>03 / 09 / 2018</td>
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</tbody>
</table>

- Occupancy Status During Activity (check only one):  
  - Facility Closed/Vacated During Entire Activity: ✗  
- Activity Performed Outside Normal Facility Hours—Describe:  
- Other—Describe:  

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Floor Tile</td>
</tr>
<tr>
<td>☑ Mastic</td>
</tr>
<tr>
<td>Percentage Asbestos: %</td>
</tr>
<tr>
<td>Percentage Asbestos: %</td>
</tr>
</tbody>
</table>

### IV. CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Shade Environmental, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.:</td>
<td>856-755-0099</td>
</tr>
<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>MDG Environmental, LLC</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>856-755-9300</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>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>February 27, 2018</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 5:16)

Date of Notification (1)
02 / 27 / 18

Name of Building Owner/Operator (2)
Jesse Emple

Agencies Notified
[ ] EPA
[ ] DOLWD
[ ] DOH
[ ] DCA
(NJAC 5:23-6)
Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment #
[ ] Emergency (Including justification)
[ ] Cancellation

Street Address

City, State, Zip Code
Cherry Hill, NJ 08003

Name of Contact
Jesse Emple

Telephone Number

FACILITY INFORMATION

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

City (5)
Cherry Hill

County (6)
Camden

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm HIred by Building Owner (8)
MDG Environmental, LLC

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Chris Macri

Telephone No.
856-755-9300

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

Square Feet
2,200

# of Floors
3

Bldg. Age
70

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
09 / 08 / 18

Scheduled Completion Date (11)
09 / 09 / 18

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

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)
Linoleum, Floor Tile, and Mastic
65 SF

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

Abatement Type
Amount (Specify SF or LF)
Removal
Repair
Encapsulate
Endorse

Laundry Room

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No.
15939
Cubic Yards of Waste
1
Name of Registered Landfill
GROWS North Landfill

City, State
Freehold, NJ

Disposal Date
03/09/2018
City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
2/27/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:10 and 12:19)

Date of Notification (1):
2/8/2018

Agency Notified:
- EPA
- DOL
- DOH

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

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 Ferrall

Telephone Number:

Name of Facility Where Abatement Is Taking Place (3):
Main Building

Street Address:
30 Prospect Avenue

City:
Hackensack

County:
Bergen

Facility Description (4):

Square Feet: 70,000

No. of Floors: 6

Age: 96 years

Name of Monitoring Firm Hired by Building Owner (6):
LANGAN Environmental Services, Inc.

ASC# No.: 00099

Name of Asbestos Contractor (5):
Sky Contracting, LLC

Street Address:
1385 Valley Road, Suite K

City, State, Zip Code:
Wayne, New Jersey 07470

Project Manager for Monitoring Firm:
Vijay Patel

Telephone No.:
(973) 560-4900

License No.:
00374

Start Date (10):
2/12/2018

Completion Date (11):
4/30/2018

Occupancy Status During Abatement (Check Only One):

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: Exterior Work, Unoccupied Building Level

Scope of Work (Check All That Apply):

- 20 ft. or 20 ft. x 150 sq. ft. or x 280 sq. ft.
- Renovation - Demolition

- 20 ft. or 20 ft. x 150 sq. ft. or x 280 sq. ft.

- 20 ft. or 20 ft. x 150 sq. ft. or x 280 sq. ft.

- 20 ft. or 20 ft. x 150 sq. ft. or x 280 sq. ft.

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

- Roof Level Stair Exit Door
- Carpenter Shop - Level B1
- Perimeter Wall - Level B1
- Roof Level

In Location Normally Used Solely By Maintenance/ Custodial Staff (14):

- No
- Yes
- N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulations, surfacing, VLT, etc.):

- Vapor Barrier Material
- Mastic on fiber glass pipe

Amount (Globally SF or LF):

- 20 LF
- 20 BF
- 50 SF
- 20 LF

Abatement Type:

- Removal
- Encapsulate

Name of Registered Waste Hauler:

Service Transport Group, Inc.

City, State:

New Castle, Delaware

_compiled by

Vice President

Date: 2/9/2018

T-101 D0004/0006 F-999

* Do not use this form for asbestos license exempted activities.
### State of NJ Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):**

10/31/15

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

Forest Green Management Corp.

**Street Address:**

1 University Plaza

**City, State, Zip Code:**

Hackensack, NJ 07601

**Name of Contact:**

Joe Schachter

**Telephone Number:**

646-529-3632

### FACILITY INFORMATION

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

Forest Green Management Corp.

**Street Address:**

1 University Plaza

**City (5):**

Hackensack

**County (6):**

Bergen

**County Code (7):**

(State use only)

**Type of Facility (4):**

- [x] Subchapter 8 (Other than K-12)
- [ ] Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:**

**No. of Floors:**

**Bldg. Age:**

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

D & S Restoration, Inc.

**Street Address:**

20 California Ave.

**City, State, Zip Code:**

Paterson, NJ 07503

**Telephone Number:**

973-345-8020

**License Number:**

01169

**Name of OSHA Monitor:**

D & S Restoration, Inc.

**Street Address:**

20 California Avenue

**City, State, Zip Code:**

Paterson, NJ 07503

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

- [x] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours.
- [ ] Other (Describe):

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

- [x] Demolition
- [ ] Renovation
- [ ] Full Containment w/negative pressure
- [ ] Mini-enclosure
- [ ] Glovebag procedure
- [x] 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:**

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

**Fireproofing:**

Amount (Specify SF or LF): 2,568 sq ft

**Registered Waste Hauler:**

D & S Restoration, Inc.

**Registered Landfill:**

Tullytown, Resource Recovery

**City, State:**

Patterson, NJ 07503

**Disposal Date:**

Various dates

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

Bohdan Joldziec

**Title:**

President

**Signature:**

03/05/2018
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:420)

D&S Proj.: 18-54

Date of Notification (1)
03/15/18

Name of Building Owner/Operator (2)
abe lehman

Name of Contact
Lourdes, brewster realty

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
abe lehman

Street Address

City (5)
elizabeth

County (6)
union

County Code (7)
(State use only)

Type of Facility (4)

School (K - 12)
subchapter 8 (Other than K-12)
Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occuancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.

Describe:
NORMAL HOURS

Scope of Work (check all that apply)

>3 sf or >3 if
Renovation
Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

BASEMENT

Pipe Insulation
250 ft

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Enc.

Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NUSEP Hauler ID# 13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERNERS, NJ 07503

Disposal Date
03/16/18

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature

Date
03/05/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 03/08/2018

Name of Building Owner/Operator (2) Alexis Van Ostenbridge

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

Street Address

City, State, Zip Code West Orange, NJ, 07052

Name of Contact Alexis VAN

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5) West Orange

County (6) Essex

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

ASCM No.

Name of Abatement Contractor (9) EHW ABATEMENT LLC

Street Address 89 FRANKLIN STREET

City, State, Zip Code PATERNSON, NJ, 07524

Telephone No.

License No. 01274

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

Square Feet N/A

# of Floors N/A

Bldg. Age N/A

Current Use (Prior if being demolished) PRIVATE HOUSE

Start Date (10) 03/21/2018

Scheduled Completion Date (11) 03/22/2018

Occuancy 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 ≥23 if
- ≥180 sf or ≥2690 if
- Renovation
- Demolition

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

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) 850SF

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

Name of Registered Waste Hauler EHW ABATEMENT LLC

NJDEP Waste Hauler ID No. 0037095

Cubic Yards of Waste TBD

Name of Registered Landfill TRY STATE TRANSFER

City, State PATERNSON, NJ

Disposal Date TBD

City, State BRONX, NY

Completed by VICTOR ESPRITI Title PROJECT MANAGER

Signature Date 03/09/201

* 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)**
03/09/2018

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Clifton, NJ, 07011

**Name of Contact**
John Monschauer

**FACILITY INFORMATION**

**Type of Facility (4)**
- School (K-12)
- Subchapter 8 (Other than K-12)

**Square Feet**
N/A

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

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

**Start Date (10)**
03/20/2018

**Scheduled Completion Date (11)**
03/21/2018

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

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

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Status</th>
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<tbody>
<tr>
<td>BASEMENT</td>
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<tr>
<td>PIPE INSULATION</td>
<td>150LF</td>
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**Name of Registered Waste Hauler**
EHW ABATEMENT LLC

**Disposal Date**
TBD

**Name of Registered Landfill**
TRY STATE TRANSFER

**Completed by**
VICTOR ESPiritu

**Title**
PROJECT MANAGER

**Signature**
[Signature]

**Date**
03/09/2018

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 03/06/2018

Name of Building Owner/Operator (2) Luis Tejada

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

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

Street Address: [Redacted]

City, State, Zip Code: Maplewood, NJ 07501

Name of Contact: Luis Tejada

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

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

County Code (7) N/A

County Code (STATE USE ONLY)

Current Use (Prior if being demolished): PRIVATE HOUSE

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

Name of Abatement Contractor (9): EHW ABATEMENT LLC

Street Address: 89 FRANKLIN STREET

City, State, Zip Code: Paterson, NJ 07524

Telephone No.: 973-336-5144

License No.: 01274

Start Date (10): 03/15/2018

Scheduled Completion Date (11): 03/16/2018

Name of OSHA Monitor: EHW ABATEMENT LLC

Street Address: 89 FRANKLIN STREET

City, State, Zip Code: Paterson, NJ 07524

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

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

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

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

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

Amount (Specify SF or LF):

Pipe Insulation 30

Abatement Type:
- Removal
- Repair
- Encapsulation
- Enclosure

Name of Registered Waste Hauler:

EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.: 0037095

Cubic Yards of Waste: TBD

Name of Registered Landfill:

TRY STATE TRANSFER

City, State: Paterson, NJ

Disposal Date: TBD

City, State: Bronx, NY

Completed by: VICTOR ESPRITU

Title: PROJECT MANAGER

Signature: [Signature]

Date: 03/06/2018

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

**Date of Notification (1)**
27/18

**Name of Building Owner/Operator (2)**
NJ DOT / Job #1707-5182 Check #9926

**Agencies Notified**
- [X] EPA
- [X] DOH
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

**Type Notification**
- [ ] Initial
- [ ] Amended Amendment #1
- [ ] Emergency (Including Justification)
- [ ] Cancellation

**Street Address**
PO Box 600
City, State, Zip Code
Trenton, NJ 08625-9600

**Name of Contact**
Matt Kolar
Telephone Number
609-586-5005

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
NJ DOT Paterson Plank Rd. Bridge

**Street Address**
Route 495 & Route 1 & 9

**City (5)**
North Bergen, NJ

**County (6)**
Hudson

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm Hired by Building Owner (8)**
M.E.C.S.

**ASCM No.**

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**License No.**
00529

**Start Date**
3/5/18

**Scheduled Completion Date**
5/4/18

**Name of OSHA Monitor**
EMSL Analytical

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 7:00PM 11PM-5:30AM

**Scope of Work (Check all that apply)**
- [ ] 25 sf or 25 sf
- [X] 300 sf or 300 sf
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
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<thead>
<tr>
<th>Exterior</th>
<th>Transite Piping</th>
<th>5,200 LF</th>
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**Name of Registered Waste Hauler**
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
40

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

**City, State**
Lumberton, NJ

**Disposal Date**
5/4/18

**City, State**
Tullytown, PA

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
2/27/18

---

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

Date of Notification (1) 3/1/18

Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1802-5265 Check#9921

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justifi.)
- Cancellation

Street Address
One Robert Wood Johnson Place

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Kristen Bell
Telephone Number 732-937-8701

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Robert Wood Johnson Hospital

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

Current Use (Prior if being demolished)
Hospital

County Code (7) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

Street Address
280 Huyler Street

City, State, Zip Code
South Hackensack, NJ 07606

Telephone No.
201-489-8700

License No.
00529

Name of OSHA Monitor
EMSL Analytical

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10) 2/19/18
Scheduled Completion Date (11) 3/9/18

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

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

IN Facility (13)
- Yes
- No
- N/A

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

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

Amount (Specify SF or LF)

Abatement Type

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

Abatement Type

- Removal
- Repair
- Encapsulate
- Endure

Location

Window Caulk/glazing
400 LF

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
12

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

City, State
Lumberton, NJ

Disposal Date
3/9/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 3/11/18

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

Date of Notification (1): 3/7/18

Name of Building Owner/Operator (2):
NJ Dept. of Military Affairs / Job #1802-5270 / Check #9962

Street Address:
101 Eggerts Crossing Road

City, State, Zip Code:
Lawrenceville, NJ 08648

Name of Contact:
Bill McBride
Telephone Number: 609-530-7136

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Sea Girt Training Center Building #18

Street Address:
1 Camp Drive

City (5):
Sea Girt, NJ

County (8):
Monmouth

County Code (7): (STATE USE ONLY)

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

ASCM No.:

Name of Abatement Contractor (9):
AbateTech, Inc.

Street Address:
1253 North Church Street

City, State, Zip Code:
Moorestown, NJ 08057

Name of OSHA Monitor:
EMSL Analytical

Telephone No.:
609-304-3969

Street Address:
30 Maple Ave. PO Box 25

City, State, Zip Code:
Lumberton, NJ 08048

License No.:
00529

Telephone No.:
609-285-2107

Start Date (10):
3/19/17

Scheduled Completion Date (11):
3/23/18

Number of Floors:

Bldg. Age:

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

Other (i.e., private and commercial buildings, homes, etc.)

Square Foot:

Current Use (Prior if being demolished):
Military Training Center

Occupancy Status During Abatement (Check only one):
Facility Closed/Vacated During Entire Period of Abatement

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

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

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

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

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

Amount (Specify SF or LF):
3,032 SF

Abatement Type:

Endorsement:

Repair
Encapsulate

Name of Registered Waste Hauler:
AbateTech, Inc.

NJDEP Waste Hauler ID No.:
18750

Cubic Yards of Waste:
40

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

City, State:
Lumberton, NJ

Disposal Date:
3/23/18

City, State:
Tullytown, PA

Complted By (Print or Type):
Gwendolyn Trumbetti

Title:
Operations Coordinator

Signature:

Date:
3/11/18

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

Date of Notification (1):
3 / 7 / 18

Name of Building Owner/Operator (2):
Verizon Communications / Job #801-5261 Check #

Street Address:
100 Greenwood Avenue
City, State, Zip Code:
Jenkintown, PA 19046

Name of Contact:
Alex Baylor

Telephone Number:
301-583-0048 CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Verizon- Pompton Lakes

Street Address:
8 Hamburg Turnpike
City (5):
Pompton Lakes, NJ
County (6):
Passaic

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:
Bidg. Age:

Current Use (Prior if being demolished):

Offices:

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

ASCM No.:
Name of Abatement Contractor (9):
AbateTech, Inc.

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

Telephone No.:
609-265-2107
License No.:
00529

Name of OSHA Monitor:
EMSL Analytical

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

Start Date (10):
3 / 12 / 18
Scheduled Completion Date (11):
3 / 14 / 18

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

Time of Abatement: ____AM-____PM/5PM-1:30AM

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:

<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>2nd Floor Mechanical Equipment Room</td>
<td>☒</td>
<td>☐</td>
<td>Pipe Fitting Insulation</td>
<td>25 LF</td>
</tr>
<tr>
<td>2nd Floor Mechanical Equipment Room</td>
<td>☐</td>
<td>☒</td>
<td>Duct Insulation</td>
<td>250 SF</td>
</tr>
<tr>
<td>2nd Floor Lunch Locker Room</td>
<td>☒</td>
<td>☐</td>
<td>Pipe Fitting Insulation</td>
<td>8 LF</td>
</tr>
<tr>
<td>2nd Floor Mechanical Equipment Room</td>
<td>☐</td>
<td>☒</td>
<td>Floor tile &amp; Mastic</td>
<td>150 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler:
AbateTech, Inc.

NJ/DEP Waste Hauler ID No.:
18750
Cubic Yards of Waste:
25

Name of Registered Landfill:
G.R.O.W.S. Landfill
City, State:
Lumberton, NJ
Disposal Date:
3/14/18

Completed By (Print or Type):
Gwendolyn Trumbetti
Title:
Operations Coordinator
Signature:

Date:
3/17/18

* Do not use this form for asbestos licensure exempted activities.
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
**PURSUANT TO NJAC 8:60-7 AND 12:12-7**

**Name of Building Owner / Operator:** CELGENE CORPORATION

**Street Address:** 535 MORRIS AVENUE

**City, State, Zip Code:** SUMMIT, NJ 07901

**Name of Contact:** JANOS ANGELI

**Telephone Number:** 908-897-4646

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** CELGENE CORPORATION - BLDG. S-5

**Street Address:** 535 MORRIS AVENUE

**City:** SUMMIT

**County:** UNION

**County Code:** ASCM NO

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

**Square Feet:** 10.000

**# Of Floors:** 1

**Building Age:** 40+

**Current Use:** MECHANICAL

**Name of Monitoring Firm Hired by Bldg. Owner:** NORTHERN CABLE ENVIRONMENTAL

**Street Address:** 464 VALLEY BROOK AVE

**City, State, Zip Code:** LYNCHBURG, NJ 07851

**Project Mgr. For Monitoring Firm:** JOHN CHAVELLO

**Telephone Number:** 201-438-4839

**Name of OSHA Monitor:** NORTHERN CABLE ENVIRONMENTAL

**Street Address:** 32 Williams Parkway

**City, State, Zip Code:** EAST HANOVER, NJ 07936

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Other - Describe: MON-FRI

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

---

**Location of Asbestos Containing Material (ACM) Abatement 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>BOILER ROOM</td>
<td>YES N/A GASKET</td>
<td>120 LF</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>ROOF</td>
<td>YES N/A FLASHER/FLASHING/TAR</td>
<td>175 SF</td>
<td></td>
<td>R</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** NORTHERN CABLE ENVIRONMENTAL

**Cubic Yards of Waste:**

**Name of Registered Landfill:** FAIRLESS LANDFILL

**City:** EAST HANOVER, NJ

**Disposal Date:**

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

**Title:** Project Manager

**Signature:**

**Date:** 03/09/18

---

**ASB-41**
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJSA 8:60 and 12:120)

<table>
<thead>
<tr>
<th>AGENCIES NOTIFIED</th>
<th>TYPE NOTIFICATION</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOC</td>
<td>Amendment # 2</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

 Builders, Inc.

**Street Address**

4 Raymond Drive, Unit 3

**City (3)**

Havertown, PA

**State, Zip Code**

PA 19083

**Name of Contact**

Mr. Steve Smith

**Telephone Number**

610-446-0500

---

**FACILITY INFORMATION**

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

Warehouse Building

**Street Address**

200 (194 - 236, et al) Liberty Street

**City (5)**

Little Ferry

**County (6)**

Bergen

**County Code (7)**

STATE USE ONLY

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

AET

**ASCN No.**

**Name of Abatement Contractor (9)**

ecoservices, LLC

**Street Address**

28 Pennsill Road

**City, State, Zip Code**

Media, PA 19063

**Project Manager for Monitoring Firm**

**Customer Service**

**Telephone No.**

610-881-0114

**License No.**

01161

**Name of OSHA Monitor**

EMSL

**Street Address**

303 B National Road

**City, State, Zip Code**

Exton, PA 19341

---

**Schedule Completion Date (11)**

3/13/18

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

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

---

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

- 23 ft or 23 ft
- 2160 sf or 2160 sf
- Full Containment with Negative Pressure
- Mitigation Enclosure
- Gluebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

---

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

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

- Yes
- No
- N/A

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

Removal

---

**Name of Registered Waste Hauler**

**Service Transport Group**

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

200

**Name of Registered Landfill**

GROWS Landfill

**Disposal Date**

TBD

**City, State**

Morrsville, PA

**Completed by**

Jack Bailey

**Sr. Project Manager**

**Signature**

Jack Bailey

Date 3/19/18

---

Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 / 9 / 18</td>
<td>INSPIRA MEDICAL CTR</td>
</tr>
</tbody>
</table>

- **Agencies Notified**: EPA, DOH, DOLWD, DCA (NJAC 5:23-8)
- **Type Notification**: Initial, Amended
- **Amendment #**: Emergency (including justification), Cancellation
- **Street Address**: 333 IRVING AVE
- **City, State, Zip Code**: BRIDGETON, NJ
- **Name of Contact**: THOMAS JOHNSON
- **Telephone Number**: 215 593-9259

### FACILITY INFORMATION
- **Name of Facility Where Abatement is Taking Place (3)**: INSPIRA MED. CTR CRISIS AREA
- **Street Address**: 333 IRVING AVE
- **City**: BRIDGETON
- **County**: CUMBERLAND
- **County Code**: CUMBERLAND
- **Square Feet**: >50,000
- **# of Floors**: 4
- **Bldg. Age**: 50+
- **Current Use (Prior to being demolished)**: HEALTH CENTER

### CRITERION LABS
- **Name of Monitoring Firm Hired by Building Owner (8)**: ASCM No.
- **Name of Abatement Contractor (9)**: DELTA/BJDS, INC
- **Street Address**: 400 STREET ROAD
- **City, State, Zip Code**: BENSALAM PA 19020
- **Telephone No.**: 215 244-1300
- **License No.**: 00783

### EHS
- **Name of OSHA Monitor**: EHS
- **Street Address**: 1345 INDUSTRIAL BLVD
- **City, State, Zip Code**: SOUTHAMPTON, PA 18966
- **Telephone No.**: 215 322-2900

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

### Scope of Work
- **≥3 sf or ≥260 sf**
- **≥160 sf or ≥260 sf**
- **Renovation**
- **Demolition**
- **Full Containment with Negative Pressure**
- **Mint-Enclosure**
- **Glovebag Procedure**
- **Non-Exempted (*) and Non-Friable Procedure**

### Location of Asbestos-Containing Material (ACM)
- **Type of Facility**: School (K-12), Subchapter B (Other than K-12), Other (i.e., private and commercial buildings, homes, etc.)
- **Location Normally Used Solely by Maintenance/Custodial Staff?**: Yes, No, N/A
- **FLOOR TILE & MASTIC**: 1,410

### Name of Registered Waste Hauler
- **Service Transport GRP**: NUDER Waste Hauler ID No. 20990
- **Cubic Yards of Waste**: Name of Registered Landfill
- **Disposal Date**: WAYNESBURG, OH 44686
- **Name of Registered Landfill**: MINERVA LANDFILL

### Completed By (Print or Type)
- **CHRISTINE DEL VISCO**: Title: ASST. ADMIN.
- **Signature**: 3-9-2018

---

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

GAC Project # 060-8

Date of Notification (1)
February 27, 2018

Notification Type
☑ Initial Notification
☐ Amended Notification #
☐ Emergency (including justification)
☐ Cancelled

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

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.: (REHS) & 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL F. SMITH, ENV.
HEALTH & SAFETY

Telephone Number
848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008

Street Address
COLLEGE AVENUE CAMPUS

City (6)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)
(Sate Use Only)

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

AECM No.
00098

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

Street Address
511 MAIN STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNEY

Telephone Number
609-386-8800

Scheduled Start Date (10)
03/09/18

Scheduled Completion Date (11)
03/13/18

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

Scope of Work (Check all that apply)
☐ ≥ 3 sf or >3 if
☐ ≥ 160 sf or ≥ 280 if
☒ Renovation
☒ Demolition

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

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

Amount (Specify SF or LF)
1500 SF

Abatement Type
Remove, Repair, Encap, Endorse

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

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

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2 Newark Cariag, Inc., Newark, NJ 04509
NJ DEP # 4598

Completed by (Print or Type)
RAYMOND C. PEDALINO

Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino

Date
February 27, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1) 
October 30, 2017

Name of Building Owner/Operator (2) 
PA of NY & NJ, Newark Liberty International Airport

Agency Notified 
☐ EPA 
☐ Non-Resident-Reg. DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment # 02
☐ Emergency (including justification)
☐ Cancellation

Street Address 
241 Erie Street
City, State, Zip Code 
Jersey City, NJ 07310

Name of Contact 
Ralph Campione, Facility Supervisor, Asbestos OPS
Telephone Number 
973-961-6100

Name of Facility Where Abatement is Taking Place (3) 
Newark Liberty International Airport


City (5) 
Newark

County (6) 
Essex

County Code (7) (STATE USE ONLY) 
N/A

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 
50+/

Current Use (Prior if being demolished) 
Abandoned Fuel Lines

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

ASCM No. 
N/A

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

Street Address 
223 Randolph Avenue

City, State, Zip Code 
Clifton, NJ 07011

Telephone No. 
973-478-4681

License No. 
00120

Name of OSHA Monitor 
EMSL Analytical, Inc.

Street Address 
200 Route 130 N

City, State, Zip Code 
Cinnaminson, NJ 08077-2892

Start Date (10) 
November 17, 2017

Scheduled Completion Date (11) 
November 16, 2018

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

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3.5 fl
☐ ≥ 160 fl or ≥ 260 fl

☐ Renovation
☐ Demolition

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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Along Earhart Road</td>
<td>Yes</td>
<td>14&quot; OD Tar &amp; Tar Paper Pipe Insulation</td>
<td>960 ln ft</td>
</tr>
<tr>
<td>Along Earhart Road</td>
<td>No</td>
<td>12&quot; OD Tar &amp; Tar Paper Pipe Insulation</td>
<td>2,080 ln ft</td>
</tr>
<tr>
<td>Along Earhart Road</td>
<td>No</td>
<td>18&quot; OD Tar &amp; Tar Paper Pipe Insulation</td>
<td>22,500 ln ft</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler 
Jimmy Byrne

ID No. 
19551

Cubic Yards of Waste 
1571

Name of Registered Landfill 
Minerva Enterprises, Inc.

City, State 
Waynesburg, OH

Disposal Date 
11/13/2017 - 11/17/2018

Completed by 
G. Roger Woodman

Title 
Project Manager

Signature 
Signature

Date 
2/9/2018

* Do not use this form for asbestos licensure-exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Furnished to N.J.A.S. 56:10 and 53:25)

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

**Residence**

Street Address

City, State, Zip Code
Clifton, N.J. 07013

Name of Contact
Michael Moskowitz

**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
1,421

# of Floors
2

Bldg. Age
78

Current Use (Prior to being demolished)

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

Residence

Street Address

City (5)
Clifton

County Code (7)
Passaic

**Name of Monitoring Firm Hired by Building Owner (8)**
A. Seine Lighthouse Solutions

ASCM No.

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue
City, State, Zip Code
Hillside, NJ 07205

License No.
01316

**Project Manager for Monitoring Firm**
Sarah Celandra

Telephone No.
201-349-2666

License No.

**Start Date (10)**
03/12/2018

**Scheduled Completion Date (11)**
03/19/2018

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

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

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

| Location Normally Used Solely by Maintenance/Custodial Staff? |
| --- | --- | --- |
| Yes | No | N/A |
| Basement | X | |
| Basement | X | |

**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>Pipewrap</td>
<td>65 LF</td>
</tr>
<tr>
<td>Vinyl Floor Tile</td>
<td>325 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
Penn Argyle, PA

Disposal Date
03/01/2018

Completed by
Alison Lamers
Title
Office Manager
Signature

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

- **Name of Facility Where Abatement is Taking Place**: Trailer Building
- **Street Address**: 30 Prospect Avenue
- **City**: Hackensack
- **County**: Bergen
- **Name of Monitoring Firm Hired by Building Owner**: LANGAN Environmental Services, Inc.
- **ASCN No.**: 00099
- **Name of Abatement Contractor**: Sky Contracting, LLC

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

- **Location Normally Used Solely by Maintenance/Custodial Staff?**
  - Roof: Yes
  - North Section: Yes
  - Perimeter Doors: Yes
  - **Location of ACM to be Abated**: Roof & Flashing Material

### Description of ACM

- **Amount (Specify SF or LF)**
  - Roof & Flashing Material: 4,300 SF
  - Floor Tiles: 3,000 SF
  - Door Window Glazing: 7 SF

### Name of Registered Waste Hauler

- **Service Transport Group, Inc.**
- **NJDEP Waste Hauler ID No.**: 20990

### Name of Registered Landfill

- **Minerva Enterprises, LLC**

### Completed by

- **Predrag Sarcev**: Vice President

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:29-12.120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>02-20-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>All County Services LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>57 Maple Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Woodland Park, NJ 07424</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe Scirica</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 747-7425</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

| Street Address | N/A |
| City, State, Zip Code | N/A |
| Project Manager for Monitoring Firm | N/A |
| Start Date (10) | 02-22-18 |
| Scheduled Completion Date (11) | 02-26-18 |
| Occupancy Status During Abatement (Check Only One) |
| Facility Closed/Vacated During Entire Period of Abatement | N/A |
| Abatement Performed Outside of Normal Facility Hours | N/A |
| Other – Describe: | N/A |
| Scope of Work (Check All That Apply) |
| ≥ 50 sq ft or ≥ 120 sq ft | N/A |
| ≥ 1600 sq ft or ≥ 2600 sq ft | N/A |
| Renovation | N/A |
| Demolition | N/A |
| Full Containment with Negative Pressure | N/A |
| Mini-Enclosure | N/A |
| Glovebag Procedure | N/A |
| Non-Exempted (*) and Non-Friable Procedure | N/A |

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

<table>
<thead>
<tr>
<th>In Facility Only</th>
<th>Normal Location</th>
<th>Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>VAT</td>
<td>1200 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Garage 2nd floor</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage 1st floor</td>
<td>X</td>
<td></td>
<td>Transite panels</td>
<td>600 SF</td>
<td></td>
</tr>
<tr>
<td>1st floor Kitchen</td>
<td>X</td>
<td></td>
<td>Wall plaster</td>
<td>320 SF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>Pipe Insulation</td>
<td>40 LF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No. 35240</th>
</tr>
</thead>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Jaime Delgado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Proj. Manager.</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>02-20-18</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:50 and 42:120)

---

**Date of Notification (1):**
3/2/18

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

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

---

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

**Residence:**

**Street Address:**

**City, State, Zip Code:**
Newark, NJ 07106

**Name of Contact:**
Edison Salazar

**Telephone Number:**

---

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

**Residence:**

**Street Address:**

**City (5):**
Newark

**County (6):**
Essex

**County Code (7):**

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

---

**Name of Monitoring Firm Hired by Building Owner (8):**
A. Seine Lighthouse Solutions

**ASCM No.:**

**Name of Abatement Contractor (9):**
Brinks Tank Services

**Street Address:**
1256 Liberty Avenue

**City, State, Zip Code:**
Hillside, NJ 07205

**Telephone No.:**
844-462-7465

**License No.:**
01316

**Name of OSHA Monitor:**
A. Seine Lighthouse Solutions

**Street Address:**

PO Box 354

**City, State, Zip Code:**
South Orange, NJ 07079

---

**Start Date (10):**
3/12/18

**Scheduled Completion Date (11):**
3/17/18

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

---

**Scope of Work (Check All That Apply):**
- [X] 23 sf or ≥ 3 if
- [X] 160 sf or ≥ 200 if
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] 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
- [X] No
- [ ] N/A

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

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

**Abatement Type:**

---

**Name of Registered Waste Hauler:**
Newark Carting

**New Jersey DEP Waste Hauler ID No.:**
04509

**Cubic Yards of Waste:**

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

**Disposal Date:**

**City, State:**
Penn Argyle, PA

---

**Completed by:**
Alison Lamers

**Title:**
Office Manager

**Signature:**

**Date:**
3/2/18

---

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

**Date of Notification (1)**
March 2, 2018

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

**Street Address**
467 Franklin Street

**City, State, Zip Code**
Bloomfield, NJ 07003

**Name of Contact**
Jack McGane

**Telephone Number**
973-748-6556

**Name of Facility Where Abatement is Taking Place (3)**
Bloomfield College - Science Hall Building

**Street Address**
171 Liberty Street

**City (5)**
Bloomfield

**County (6)**
Essex

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

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Envirowision, Inc.

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

**Sq. Feet:**
10,000

**# of Floors:**
3

**Bldg. Age:**
50+ years

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

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

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

**City, State, Zip Code**
Fairlawn, NJ 07410

**Telephone Number**
973-636-9145

**License Number**
00840

**Name of OSHA Monitor**
EMSL Inc.

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

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

- [x] Demolition
- [x] Renovation
- > 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260

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

- [x] Accoustical Drop Ceilings
- [ ] VAT & Mastic
- [ ] Transite Fume Hood

**Cubic Yards of Waste:**
40

**Name of Registered Landfill**
Meadowfill Landfill

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

**Hauler #2:**
Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

**Completed by (Print or Type):**
Marin Graure

**Title:**
SENIOR PROJECT MANAGER

**Signature:**
Marin Graure

**Date:**
March 2, 2018

**Disposal Date:**
March 16, 2018

**City State, Route:**
Bridgeport, WVA 304-842-2784

**GAC # 2017-625-002- Amendment # 1 – Change in start date from 03/03/2018 to 03/04/2018**
**Date of Notification (1)**
3/2/2018

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

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

**Name of Building Owner/Operator (2)**
MIFTAHL ULOOM ACADEMY

**Street Address**
501 15TH STREET

**City, State, Zip Code**
UNION CITY, NJ 07087

**Name of Contact**
FAATMAH YANES

**Telephone Number**
201-605-5477

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

**Street Address**
501 15TH STREET

**City (5)**
UNION CITY, NJ

**County (6)**
HUDSON

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
TWO BROTHERS CONTRACTING, INC.

**Street Address**
11 VREELAND AVENUE

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

**Project Manager for Monitoring Firm**
RICK BEACH

**Telephone No.**
267-991-9212

**Telehone No.**
973-956-8700

**License No.**
00494

**Name of OSHA Monitor**
SAME AS (9) ABOVE

**Start Date (10)**
3/3/2018

**Scheduled Completion Date (11)**
3/8/2018

**Occupyance 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
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<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>ROOM 102</td>
<td>X</td>
<td>PIPE</td>
<td>9 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Hauler**
TWO BROTHERS CONTRACTING

**NUDEP Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
WASTE MANAGEMENT G.R.O.W.S.

**City, State**
TOTOWA, NJ

**Disposal Date**
3/8/2018

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
3/2/2018

---

*Do not use this form for asbestos licensor exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:38 and 12:120)

Date of Notification (1)
3/2/2018

Agency Notified
SPA

Type Notification
Initial

Name of Building Owner/Operator (2)
MIFFAAHUL ULOOM ACADEMY

Street Address
501 15TH STREET

City, State, Zip Code
UNION CITY, NJ 07087

Name of Contact
FAATIMAH YANES

Facility Information

Name of Facility Where Abatement is Taking Place (3)
MIFFAAHUL ULOOM ACADEMY

Street Address
501 15TH STREET

City (5)
UNION CITY, NJ

County (6)
HUDSON

County Code (7)
STATE USE ONLY

Current Use (8) Not specified

Name of Monitoring Firm Hired by Building Owner (9)
RJB ENVIRONMENTAL

Address
55 EAST BRIDGE STREET

City, State, Zip Code
MORRISVILLE, PA 19067

Project Manager for Monitoring Firm
RICK BEACH

Telephone No.
287-921-9212

Start Date (10)
3/3/2018

Scheduled Completion Date (11)
3/3/2018

Occupancy Status During Abatement (Check Only One)
M

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

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

Description of Asbestos-Containing Material (ACM) Used in Facility

Room 102

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

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

Abatement Type

Amount (Specify SF or LF)
9 LF

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

City, State
TOTOWA, NJ

Complanted by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Date
3/2/2018

*Do not use this form for asbestos hazards exempted activities.
### Facilities Information

**Name of Facility Where Abatement Is Taking Place (3)**
Goodman Property

**Street Address**
[Redacted]

**City (5)**
Highland Park

**County (6)**
Middlesex

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

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

**Street Address**
95 Montrose Rd

**City, State, Zip Code**
Colts Neck, New Jersey

**Start Date (10)**
3/6/18

**Scheduled Completion Date (11)**
3/8/18

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window caulking</td>
<td>35 ft</td>
<td></td>
</tr>
<tr>
<td>Flue packing</td>
<td>3 sf</td>
<td></td>
</tr>
</tbody>
</table>

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

**Disposal Date**
3/8/18

**City, State**
Easton, PA

**Completed by**
Bree McGuire

**Title**
Secretary Treasurer

**Signature**

---

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

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:56 and 12:126)

**Date of Notification (1)**

31-Mar-18

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

[Redacted]

**Street Address**

[Redacted]

**City, State, Zip Code**

Scotch Plains, New Jersey

**Name of Contact**

Anthony

**FACILITY INFORMATION**

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

[Redacted]

**Street Address**

[Redacted]

**City (5)**

Scotch Plains

**County Code (6)**

[Redacted]

**Type of Facility (4)**

School (K-12)

**Square Feet (12)**

16,000

**# of Floors (13)**

2

**Blg. Age (16)**

50

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

Residence

**Type of Monitoring Firm**

[Redacted]

**Name of Abatement Contractor (6)**

All Insulation Co., Inc.

**Street Address**

477 Montrose Rd

**City, State, Zip Code**

[Redacted]

**Project Manager for Monitoring Firm**

[Redacted]

**Telephone No.**

[Redacted]

**License No.**

732-8-11757-00089

**Name of OSHA Monitor**

[Redacted]

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (14)**

[Redacted]

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

[Redacted]

**Amount (Specify SF or LF)**

125 LF

**Abatement Type**

Removal

**Location Normally Used Solely by Maintenance/Custodial Staff? (15)**

Yes

**Location Normally Used for Production/Service Function? (16)**

No

**Location Normally Used for Administrative Functions? (17)**

No

**Location Normally Used for Educational/Patient Care Functions? (18)**

Yes

**Cubic Yards of Waste**

[Redacted]

**Name of Registered Landfill**

[Redacted]

**Disposal Date**

3/18/18

**Completed by**

[Redacted]

**Title**

Manager

**Signature**

[Redacted]

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

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

---

**Date of Notification:** 03 / 05 / 18  
**Name of Building Owner/Operator:** United States Postal Service

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

**Type Notification:** Initial

**Street Address:** 329 Broadway  
**City, State, Zip Code:** Westville, NJ 08093

**Name of Contact:** Trevor Heydon (Belfor)  
**Telephone Number:** 856-285-6615

---

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Westville Post Office</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address:</strong></td>
<td>329 Broadway</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Westville</td>
</tr>
<tr>
<td><strong>County:</strong></td>
<td>Gloucester</td>
</tr>
</tbody>
</table>

**Square Feet:** 10,000  
**# of Floors:** 2  
**Bldg. Age:** 70

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

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

---

**Name of Monitoring Firm Hired by Building Owner:** Hillman Consulting  
**Name of Abatement Contractor:** Shade Environmental, LLC

**Street Address:** 309 Fellowship Road, Suite 200  
**City, State, Zip Code:** Mount Laurel, NJ 08054

**Telephone No.:** 908-721-2302  
**License No.:** 00842

**Start Date (10):** 03 / 17 / 18  
**Scheduled Completion Date (11):** 03 / 25 / 18

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

**Occupancy Status During Abatement:**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM_PM

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

- ≥3 sf or ≥3 if  
- ≥160 sf or ≥260 if  
- Renovation  
- Demolition

---

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

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

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

**Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>Work Floor &amp; Bathrooms</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster</td>
<td>20 SF</td>
</tr>
</tbody>
</table>

**Abatement Type:**

- X Removal  
- Repair  
- Encapsulate  
- Endorse

**Location:**

- NJDEP Waste Hauler ID No.: 159939
- Cubic Yards of Waste: 1

**Name of Registered Landfill:** GROWS North Landfill

**Disposal Date:** 03/25/2018  
**City, State:** Morrisville, PA

**Completed By (Print or Type):** Christina Lynch  
**Title:** Vice President of Operations  
**Date:** 3/5/18

---

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

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

**Street Address**
128 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07086

**Name of Contact**
PATRICIA JOHNSON

**Telephone Number**
732-594-2257

---

**FACILITY INFORMATION**

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

**Address**
128 EAST LINCOLN AVENUE - BUILDING BON

**City (5)**
RAHWAY

**County (6)**
UNION

**County Code (7)**

**ASCM No.**
104

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

**Street Address**
655 WEST SHORE TRAIL

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, CIH

**Telephone Number**
973-729-5649

**License Number**
845-368-7600

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**Expected State Date (10)**
11 / 15 /18

**Sched. Completion Date (11)**
11 / 15 /18

**Occupancy Status During Abatement (Check only one)**
- X Facility Closed/Vacated During Entire Period of Abatement
- Other - Describe: MONDAY - FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

**Scope of Work (Check all that apply)**
- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- X Renovation
- Full Containment with Negative Pressure
- Mini Enclo,
- Glovebag Procedure
- Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>1ST FLOOR CORRIDOR</td>
<td>ACM MASTIC</td>
<td>5,720 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE FITTINGS</td>
<td>489 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>DUCT INSULATION</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE SADDLES</td>
<td>6 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>DUCT SEAM MASTIC</td>
<td>12 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE INSULATION</td>
<td>250 LF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>FIRE DOORS</td>
<td>800 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**
120

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

**Disposal Date**
11/29/17-11/15/18

**City, State**
FREEHOLD, NEW JERSEY

**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
3/5/18
Date of Notification (1) 1 / 4 /18

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification #2</td>
</tr>
<tr>
<td>X</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X</td>
<td>On Hold</td>
</tr>
<tr>
<td>DOH</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code RAHWAY, NEW JERSEY 07065
Name of Contact PATRICIA JOHNSON
Telephone Number 732-584-2257

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) MERCK SHARP & DOHME CORPORATION
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N
City (5) RAHWAY
County (6) UNION
County Code (7) 104
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
Street Address 655 WEST SHORE TRAIL
City, State, Zip Code SPARTA, NEW JERSEY 07871
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIE
Telephone Number 973-729-5649

Expected State Date (10) 11 / 5 /18
Sched. Completion Date (11) 11 / 15 /18

Occupy Status During Abatement (Check only one)

- X Facility Closed/Vacated During Entire Period of Abatement
- X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 5PM-1AM
- X SATURDAY 7AM-3:30 PM
- X Other - Describe:

Scope of Work (Check all that apply)

- X Demolition
- X Renovation
- X Full Containment with Negative Pressure
- X Mini Enclo.
- X Glovebag Procedure
- X 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>ACM MASTIC</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE FITTINGS</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>DUCT INSULATION</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE SADDLES</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>DUCT SEAL MASTIC</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>FIRE DOORS (40)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
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<td></td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>X</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material</th>
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</thead>
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<td>1ST FLOOR CORRIDOR</td>
<td>ACM MASTIC</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE FITTINGS</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>DUCT INSULATION</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE SADDLES</td>
</tr>
<tr>
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<td>DUCT SEAL MASTIC</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>FIRE DOORS (40)</td>
</tr>
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</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>5,720 SF</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>489 LF</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>400 SF</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>6 LF</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>12 SF</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>250 LF</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>800 SF</td>
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Abatement Type

<table>
<thead>
<tr>
<th>Location</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>REPAIR</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>ENCLOSURE</td>
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</table>

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.
City, State, Zip Code FREEHOLD, NEW JERSEY 07752
Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE
City, State, Zip Code WILLIAMSPORT, PA 17774
Completed by (Print or Type) BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature

Disposal Date 11/29/17-11/15/18
City, State, Zip Code FREEHOLD, NEW JERSEY 07752

Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE
City, State, Zip Code WILLIAMSPORT, PA 17774
Disposal Date 11/29/17-11/15/18
City, State, Zip Code FREEHOLD, NEW JERSEY 07752

Signature

Date 1/4/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
11 / 28 /17

Agencies Notified

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

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.
Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
City, State, Zip Code
Rahway, New Jersey 07065

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-2257

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

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>X Other (ie. private &amp; comm. blgs., homes, etc.)</td>
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</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>40,000</td>
<td>1</td>
<td>65</td>
</tr>
</tbody>
</table>

Current Use (Prior if being demolished)
COMMERCIAL

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

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL
City, State, Zip Code
SPARTA, NEW JERSEY 07871

Name of OSHA Monitor
AMERISCI LABORATORIES INC
Telephone Number
845-369-7500
License Number
11480

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

Sched. Completion Date (11)
11 / 15 /18

Expected State Date (10)
11 / 29 /17

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY-FRIDAY 5PM-1AM
  SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>X Renovation</th>
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<tbody>
<tr>
<td>Demolition</td>
<td>X</td>
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<tr>
<td>&gt;300 SF OR 260 LF</td>
<td>X Non-Friable Procedure</td>
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>ACM MASTIC</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE FITTINGS</td>
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<td>1ST FLOOR CORRIDOR</td>
<td>DUCT INSULATION</td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
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</tr>
<tr>
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<td>DUCT SEAM MASTIC</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td>FIRE DOORS (40)</td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td></td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td></td>
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<tr>
<td>1ST FLOOR CORRIDOR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1ST FLOOR CORRIDOR</td>
<td></td>
</tr>
</tbody>
</table>

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

Cubic Yards of Waste
120

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

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

Date
11/28/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)
11 / 15 /17

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

Type Notification
☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RYNO 411

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-584-2257

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING BON

City (5)
RAHWAY
County (6)
UNION
County Code (7) (STATE USE ONLY)

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

ASCM No.
104

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
X ☐ Other (ie. private & commrc. bldgs., homes, etc.)

Square Feet
40,000
# of Floors
1
Bldg. Age
65

Current Use (Prior to being demolished)
COMMERCIAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

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

Name of OSHA Monitor
AMERISCI LABORATORIES INC

Telephone Number
845-399-7500
License Number
1101

Name (10)

Expected State Date (10)
11 / 15 /19

Sched. Completion Date (11)
11 / 15 /18

Month
Day
Year
Month
Day
Year

Occupancy Status During Abatement (Check only one)
X ☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☐ Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
☐ Demolition
☐ Renovation
X ☐ Full Containment with Negative Pressure
☐ Mini Enclo
☐ Glovebag Procedure
☐ Non-Friable Procedure

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

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL
X

ENCAPSULATION

ENCLOSURE

1ST FLOOR CORRIDOR
X ACM MASTIC

5,720 SF
X

1ST FLOOR CORRIDOR
X PIPE FITTINGS

489 LF
X

1ST FLOOR CORRIDOR
X DUCT INSULATION

400 SF
X

1ST FLOOR CORRIDOR
X PIPE SADDLES

6 LF
X

1ST FLOOR CORRIDOR
X DUCT SEAM MASTIC

12 SF
X

1ST FLOOR CORRIDOR
X PIPE INSULATION

250 LF
X

1ST FLOOR CORRIDOR
X FIRE DOORS (40)

800 SF
X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No.
825 HIGHWAY 33
15939

Cubic Yards of Waste
120

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

Disposal Date
11/29/17-11/15/18

City, State
FREEHOLD, NEW JERSEY

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

Signature

Date
11/15/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) 3/6/18

Name of Building Owner/Operator (2) [Redacted]

Street Address 101 GOTHARD ST
City, State, Zip Code NEWARK N.J. 07102

Name of Contact MR JOSEPH NUNES

AGENCIES NOTIFIED
- EPA
- DEP
- DOL
- DOH
- DOA

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)

Street Address [Redacted]
City (5) ELIZABETH N.J. 07202
County (6) UNION

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)

ASCM No. NOVATECH INC

NAME OF ABATEMENT CONTRACTOR (9)

ASCM No. NOVATECH INC

PROJECT MANAGER FOR MONITORING FIRM

ASCM No. [Redacted]

LICENSE NO. [Redacted]

START DATE (10) 3/13/18
SCHEDULED COMPLETION DATE (11) 4/15/18

NAME OF OSHA INSPECTOR

ASCM No. NOVATECH INC

NAME OF WASTE HAULER

ASCM No. NOVATECH INC

Disposal Date 4/16/18

ADDRESS OF WASTE HAULER

ASCM No. [Redacted]

NAME OF REGISTERED LANDFILL

G.R.O.W.S.

CITY, STATE Ogd Branch N.J. 08857

COMPLETED BY CARLOS ALFREDO TITLE PRESIDENT

SIGNATURE [Redacted] DATE 3/6/18

Notes:
- Do not use this form for asbestos licensure exempted activities.

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM in Facility</th>
<th>ACM Normally Used Solely by</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>Maintenance/Custodial Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Floor Tile x 2.90 SF</td>
</tr>
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</table>

Abatement Type

<table>
<thead>
<tr>
<th>Asbestos-Containing Material (ACM)</th>
<th>Location</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>ATTIC</td>
<td>Floor</td>
<td>Tile</td>
<td>2.90 SF</td>
</tr>
</tbody>
</table>

Other Notes:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

**FACILITY INFORMATION**

- **Name of Building Owner/Operator:** TOWNSHIP OF UPPER CAPE MAY
- **Address:** 2100 TUCKAHOE ROAD, PETERSBURG, NJ 08270
- **Contact:** PAUL DIETRICH SR., PE
- **Telephone Number:** 609-628-2011, EXT 244

**Name of Facility Where Abatement is Taking Place:** OLD TOWN HALL
**Street Address:** 1721 MOUNT PLEASANT - TUCKAHOE ROAD
**City:** TUCKAHOE
**County:** CAPE MAY

**Type of Facility:**
- [ ] School (K-12)
- [X] Subchapter 6 (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet:** 6000 +/-
**# of Floors:** 2
**Bldg. Age:** 40+

**Name of Abatement Contractor:** PENNS CONTRACTING, INC.
**Address:** 270 SPARTA AVENUE, SUITE 104, PMB 332
**Telephone:** 973-823-8890
**License No.:** 01271

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

**Scope of Work:**
- [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>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>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>
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</thead>
<tbody>
<tr>
<td>THROUGHOUT FIRST FLOOR</td>
<td>X</td>
<td>PINHOLE CEILING TILE</td>
<td>1800 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT FIRST FLOOR</td>
<td>X</td>
<td>TAN 9X9 FLOOR TILE</td>
<td>2800 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT COMMUNITY ROOM</td>
<td>X</td>
<td>CEMENTOUS WALL PANELS</td>
<td>260 SF</td>
<td>X</td>
</tr>
<tr>
<td>THROUGHOUT BASEMENT</td>
<td>X</td>
<td>PIPE FITTINGS</td>
<td>20 EA</td>
<td>X</td>
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</table>

**Name of Registered Waste Hauler:** NJDEP Waste Hauler ID No. 17273
**Name of Registered Landfill:** CAPE MAY COUNTY LANDFILL

**Date of Notification:** 03/05/2018
**Date of Completion:** 03/30/2018
**Disposal Date:** 03/30/2018
**City, State:** VINELAND, NJ
**Title:** PRESIDENT

**Signatures:**

- [ ] Handwritten signature

**ASB-41 (R 06-05)**

*Do not use this form for asbestos licensure exempted activities.*
date of notification: 2/21/18

name of building owner/operator: HELEN TRESSGRA

name of facility where abatement is taking place:

street address:

city, state, zip code: NORTH ARLINGTON, NJ

county: HUDSON

name of monitoring firm hired by building owner:

name of abatement contractor: DINAGO ENVIRONMENT LLC

street address:

city, state, zip code:

project manager for monitoring firm:

telephone no.:

license no.:

start date: 3-3-18

scheduled completion date: 3/5/18

occupancy status during abatement:

scope of work:

- <= 25 sf or <= 25 if
- >= 160 sf or >= 250 if
- renovation
- demolition
- full containment with negative pressure
- mini-enclosure
- glovebag procedure
- non-exempted (*) and non-friable procedure

location of asbestos-containing material (ACM) to be abated:

is location normally used solely by maintenance/custodial staff?

basement pipe insulation

name of registered waste hauler:

name of registered landfill:

city, state:

date:

completed by:

title: PRESIDENT

signature:

0320