State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
CHECK # 25017/25072/25087/25180/5992/5995/25967/25624/25486/6014
MAY 8 2019

Date of Notification (1)
03-22-19

Agencies Notified Type Notification
☐ EPA Initial
☐ DEP Amended
☐ DOL Amendment # 9
☐ DOH Emergency (including justification)
☐ DCA Cancellation

Name of Building Owner/Operator (2)
Riverside Square LTD. c/o Simon Property Group

Street Address
PO Box 6120

City, State, Zip Code
Indianapolis, IN 46206

Name of Contact
Sam Fattah
Telephone Number
317-840-2272

Facility Information

Name of Facility Where Abatement is Taking Place (3)
One Riverside Square

City (5)
Hackensack

County (6)
Bergen

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
859111

# of Floors
2

Bldg. Age
32 yrs.

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
TRC Solutions, Inc.

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
1430 Broadway, 10th Floor

City, State, Zip Code
New York, NY 10018

Project Manager for Monitoring Firm
Arnel Javal

Telephone No.
(212) 221-7822

Scheduled Completion Date (11)
(6) 06-30-19

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

Scope of Work (Check All That Apply)
☒ ≥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)

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

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

3. Amount (Specify SF or LF)

4. Abatement Type

<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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement: Restroom</td>
<td>X</td>
<td>Caulking</td>
<td>4SF</td>
<td>√</td>
</tr>
<tr>
<td>1st Floor: Restroom</td>
<td>X</td>
<td>Caulking</td>
<td>12SF</td>
<td></td>
</tr>
<tr>
<td>Roof: Entrance Canopy Roof</td>
<td>X</td>
<td>Flashing</td>
<td>360SF</td>
<td></td>
</tr>
<tr>
<td>1st &amp; 2nd Floors</td>
<td>X</td>
<td>Wall Tar</td>
<td>6,220SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ATC, Inc. / JBT (50071)

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY / Bronx, NY

Disposal Date
TBD

Completed by
Richard Doran

Title
Project Manager

Signature

Date
03-22-19

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or 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 Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Ground: Room 191A</td>
<td>N/A</td>
<td>Floor Tile/Mastic</td>
<td>460SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(3) Ground: Room 194B</td>
<td>N/A</td>
<td>ACM Mastic on Beam</td>
<td>80LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(4) Ground: Pottery Barn Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>2,000SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(4) Ground: Vera Bradley Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>2,500SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(5) 2nd Floor: L'occitane Store</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>1,400SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(6) 2nd Level: Column B10 &amp;AB</td>
<td>N/A</td>
<td>Wall Mastic</td>
<td>150SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(7) Ground: Bloomingdale's Parapet</td>
<td>N/A</td>
<td>Mastic</td>
<td>30SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(7) Ground: Beam above Cupcake Store</td>
<td>N/A</td>
<td>Mastic</td>
<td>20SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(8) Ground: Utility Trench</td>
<td>N/A</td>
<td>Pipe Insulation</td>
<td>30LF</td>
<td>Removal</td>
</tr>
<tr>
<td>(9) Ground: Adjacent to Bloomingdale's</td>
<td>N/A</td>
<td>Exterior Wall Mastic</td>
<td>10SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

**DOL - 10 DAY**

**Name of Building Owner/Operator (2)**
Pei Yi Zhang

**Street Address**
Union City, NJ 07087

**City, State, Zip Code**

**Name of Contact**
Pei Yi (Peggy) Zhang

**Telephone Number**

---

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

**Street Address**

**City (5)**
Union City

**County (6)**
Hudson

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Schaffer Demo & Environmental Services LLC

**Street Address**
6207 Hudson Ave

**City, State, Zip Code**
West New York, NJ 07093

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
3-26-19

**Scheduled Completion Date (11)**
4-3-19

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

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

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥60 sf or ≥600 if
- Demolition

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

- Roof
- Floor

**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)**
- Roofing
- Flooring

**Amount (Specify SF or LF)**
- 1000SF
- 100SF

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Endorsement

**Name of Registered Waste Hauler**
Rovic Transport

**NJ/DEP Waste Hauler ID No.**
20785

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Conestoga Landfill

**Disposal Date**
4-4-19

**City, State**
MorganTown, PA

**Completed by**
Dean Schaffer

**Title**
Project Manager

**Signature**

**Date**
3-25-19

---

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

**Date of Notification (1)**  
03/20/19  

**Check #** 3342

**Name of Building Owner/Operator (2)**  
Christ the King Elementary School  
MAR 23 2019

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

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

**Street Address**  
239 Woodside Ave  
Newark, NJ, 07104

**City, State, Zip Code**  
Newark, NJ, 07104

**Name of Contact**  
Gambino

**Telephone Number**  
609-553-6357

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Christ the King Elementary School

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

**Square Feet**  
20,000+

**# of Floors**  
3

**Bldg. Age**  
50+

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

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

**ASCM No.**  
N/A

**Name of Abatement Contractor (9)**  
EA Services

**Street Address**  
426 69th st  
Guttenberg, NJ, 07093

**City, State, Zip Code**  
Guttenberg, NJ, 07093

**Telephone No.**  
201-295-1700

**License No.**  
01074

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

**Scheduled Completion Date (11)**  
04/01/19

**Start Date (10)**  
03/30/19

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

**Scope of Work (Check All That Apply)**  
- ≥3 sf or ≥3 if  
- ≥150 sf or ≥260 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Fritable Procedure

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>(13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor Main Hallway</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

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

|  
| Sprayed on Ceiling and Elbows | 4 LF |

**Amount (Specify SF or LF)**  
1

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

**Endorse**  
X

**Name of Registered Waste Hauler**  
Tri-State Transfer Associates

**NJ DEP Waste Hauler ID No.**  
19551

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
Minerva Enterprise

**City, State**  
Waynesburg, OH

**Disposal Date**  
TBD

**Completed by**  
Michael Fajardo

**Title**  
Office Clerk

**Signature**  
[Signature]

**Date**  
03/20/19

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

**Date of Notification (1)**  
03/22/19

**Name of Building Owner/Operator (2)**  
John J. O’Hanlon

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**  
Greendell, NJ 07839

**Name of Contact**  
John J. O’Hanlon

**Telephone Number**
[Redacted]

**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**  
[Redacted]

**# of Floors**  
[Redacted]

**Bldg. Age**
[Redacted]

**Current Use (Prior if being demolished)**  
[Redacted]

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

**City (5)**  
Andover

**County (6)**  
Sussex

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

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

**Competent Supervisor**
[Redacted]

**ASCM No.**
[Redacted]

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

**Street Address**
205 Route 46 Suite 14

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

**Project Manager for Monitoring Firm**
[Redacted]

**Telephone No.**
973 832 4244

**License No.**
01378

**Name of OSHA Monitor**  
Same as above

**Start Date (10)**  
04/2/19

**Scheduled Completion Date (11)**  
04/9/19

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

**Scope of Work (Check All That Apply)**
- ≥20 sf or ≥2 sf
- ≥160 sf or ≥290 sf
- Renovation/ Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe insulation</td>
<td>100 LF</td>
<td>x, x</td>
</tr>
<tr>
<td>Garage</td>
<td>Pipe insulation</td>
<td>20 LF</td>
<td>x, x</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**
034422

**Cubic Yards of Waste**
3

**Name of Registered Landfill**
Fairless Landfill

**City, State**  
Morrisville, PA

**Disposal Date**
TBD

**Completed by**
Filip Geleski

**Title**
Supervisor

**Signature**
[Signature]

**Date**
03/22/19

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

Date of Notification (1)
3/20/2019

Name of Building Owner/Operator (2)
Commercial

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

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

Street Address
6001 Tonnelle Ave

City, State, Zip Code
North Bergen, New Jersey 07047

Name of Contact
Mr. Bob Stikna

Telephone Number
(201) 693-1206

FACILITY INFORMATION

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

Street Address
6001 Tonnelle Ave

City (5)
North Bergen

County Code (6)
Bergen

County (7)
(BUSINESS USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.
(973) 928-5040

License No.
00874

Start Date (10)

Scheduled Completion Date (11)

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

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (7) and Non-Friable Procedure

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Ground Floor - Storage Room

Pipe Insulation

25 LF

x

Name of Registered Waste Hauler
Service Transport Group, Inc.

Bureau of Waste Management (20990)

Cubic Yards of Waste
Name of Registered Landfill
TBD
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

 Completed by
Predrag Sarcev Title
Vice President

Signature
Date 3/20/2019

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

Date of Notification (1)
03 / 21 / 19

Name of Building Owner/Operator (2)
Lucretia Cuccia

Type Notification
\( \square \) initial
\( \square \) Amended
Amendment #
\( \square \) Emergency (Including justification)
\( \square \) Cancellation

Street Address

City, State, Zip Code
Toms River, NJ 08753

Name of Contact
Lucretia Cuccia

Telephone Number

FACILITY INFORMATION

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

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

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

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

City (5)
Toms River

County Code (7) (STATE USE ONLY)

Square Feet
2,052

# of Floors
2

Bldg. Age
43

Current Use (Prior if being demolished)
Residence

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

License No.
00842

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

Telephone No.
856-756-0099

Name of OSHA Monitor
EMSL Analytical, Inc.

City, State, Zip Code
Maple Shade, NJ 08052

Street Address
623 Cutler Avenue

Occupancy Status During Abatement (Check only one)

\( \square \) Facility Closed/Vacated During Entire Period of Abatement
\( \square \) Abatement Performed Outside of Normal Facility Hours - Describe

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

Scope of Work (Check all that apply)

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

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

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

\( \square \) Removal
\( \square \) Repair
\( \square \) Encapsulate

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Disposal Date
04/09/2019

Completed By (Print or Type)
Margie Muller

Title
Administrative Manager

Signature

Date
3-21-19

* 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)
03-20-19

Name of Building Owner/Operator (2)
IBN Construction Corp

Street Address
49 Herman St.

City, State, Zip Code
Newark, NJ 07105

Name of Contact
Nelson Espinosa

Telephone Number
(973) 344-4568

**FACILITY INFORMATION**

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

**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)

ASCM No.

Name of Abatement Contractor (9)
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.

201 216-9603

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

Start Date (10)
04-02-19

Scheduled Completion Date (11)
04-05-19

Scope of Work (Check All That Apply)

- ≤3sf or ≤3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Decorative Work
- 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
(B13)

<table>
<thead>
<tr>
<th>Type of Asbestos Material Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Abatement Type

- Removal
- Encapsulation
- Endorse

Name of Registered Waste Hauler
Delta Contracting LLC

Cubic Yards of Waste
5

Disposal Date
04-05-19

City, State
Tullytown, PA

Name of Registered Landfill
Tullytown Resource Recovery Facility

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
03-20-19

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

Date of Notification (1) 03-20-19

Name of Building Owner/Operator (2) IBN Construction Corp

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

Street Address 49 Hermon St.
City, State, Zip Code Newark, NJ 07105

Name of Contact Nelson Espinosa Telephone Number (973) 344-4568

FACILITY INFORMATION

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

Street Address
City (5) Oakland
County (6) Bergen
County Code (7) (STATE USE ONLY) _______

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Delfa Contracting LLC.

Street Address 522 7th St.
City, State, Zip Code Union City NJ 07087

Project Manager for Monitoring Firm Telephone No.

License No. 01206

Start Date (10) 04-01-19 Scheduled Completion Date (11) 04-04-19

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

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

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

Yes No N/A
Basement x

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

Amount (Specify SF or LF) 240 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endoscope

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No. 356240

Cubic Yards of Waste 5

Name of Registered Landfill Tullytown Resource Recovery Facility

City, State Union City, NJ
Disposal Date 04-05-19

Completed by Jaime Delgado Title Proj. Manager.

Signature Date 03-20-19

ASB-41 (R-06-06)

* 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)  
03-20-19

Name of Building Owner/Operator (2)  
IBN Construction Corp

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

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

Street Address  
49 Hermon St.

City, State, Zip Code  
Newark, NJ 07105

Name of Contact  
Nelson Espinosa

Telephone Number  
(973) 344-4568

FACILITY INFORMATION

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

Street Address  
[Redacted]

City (5)  
Oakland

County (6)  
Bergen

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

Name of Abatement Contractor (9)  
Della Contracting LLC.

Street Address  
522 7th St.

City, State, Zip Code  
Union City NJ 07087

Project Manager for Monitoring Firm  

Telephone No.  
201.216.9603

License No.  
01206

Start Date (10)  
03-30-19

Scheduled Completion Date (11)  
04-03-19

Name of OSHA Monitor  
Della 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)  
- [ ] ≥3 ft or ≥3 If  
- [ ] ≥160 ft or ≥260 ft  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)  
1700 SF

Abatement Type  
Removal  
Repair  
Encapsulation  
Elimination

Name of Registered Waste Hauler  
Della Contracting LLC

NJDEP Waste Hauler ID No.  
356240

Cubic Yards of Waste  
10

Name of Registered Landfill  
Tullytown Resource Recovery Facility

City, State  
Union City, NJ

Disposal Date  
04-05-19

City, State  
Tullytown, PA

Completed by  
Jaime Delgado  
Title  
Proj. Manager.

Signature  
[Signature]

Date  
03-20-19

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

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

**State of New Jersey**

**Date of Notification (1)**
03-20-19

**Name of Building Owner/Operator (2)**
IBN Construction Corp

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

**Street Address**
49 Hermon St.

**City, State, Zip Code**
Newark, NJ 07105

**Name of Contact**
Nelson Espinosa

**Telephone Number**
(973) 344-4568

**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**
- **# of Floors**
- **Bldg. Age**

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

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

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

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

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

- **Street Address**
- **City, State, Zip Code**

**Project Manager for Monitoring Firm**

**Telephone No.**
201 216-9603

**License No.**
01206

**Name of OSHA Monitor**
Defa Contracting LLC

- **Street Address**
- **City, State, Zip Code**

**Start Date (10)**
03-29-19

**Scheduled Completion Date (11)**
04-01-19

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

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

- 23 sf or 23 ft
- 160 sf or 160 ft
- Renovation
- Demolition

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

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

- Yes
- No
- N/A

<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>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>800 SF</td>
<td>x</td>
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**Endorsements**

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

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

**NJDEP Waste Hauler ID No.**
356240

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
04-05-19

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
03-20-19

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

Date of Notification (1)
3/20/2019

Name of Building Owner/Operator (2)
WCD Group

Agencies Notified
× EPA
× DEP
× DOL
× DOH
× DCA

Type Notification
× Initial

Street Address
1350 Broadway, Suite 1904

City, State, Zip Code
New York, NY 10018

Name of Contact
Mr. Michael Garambone
Telephone Number
(212) 631-9000

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

Street Address

City (5)
Spring Lake

County (6)
Monmouth

County Code (7)
(STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.

Scheduled Completion Date (11)
4/30/2019

Start Date (10)
4/2/2019

License No.
00874

Telephone No.
(973) 929-5040

Name of OSHA Monitor
Sky Contracting, LLC

Street Address
1385 Valley Road, Suite K

City, State, Zip Code
Wayne, New Jersey 07470

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

× ≥3,000 sq ft ≥6,000 sq ft

× ≥150 sq ft ≥250 sq ft

Renovation

Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Description of Asbestos Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Main House

X

Transite Siding

8,000 SF

X

Main House

X

Roof Shingles & Membrane

4,000 SF

X

Main House

X

VAT/Mastic

1,400 SF

X

Main House

X

Plaster

1,000 SF

X

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP waste
Hauler ID No.
20990

Cubic Yards of Waste
20

Name of Registered Landfill
Minerva Enterprises, LLC

City, State
Waynesburg, Ohio

Completed by
Predrag Sarcev
Title
Vice President

Signature

Date
3/20/2019

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99 and 12:129)

Date of Notification (1)
3/22/19

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

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

Name of Building Owner/Operator (2)
Borough of Fairview New Building

Street Address
59 Anderson Avenue

City, State, Zip Code
Fairview NJ 07022

Name of Contact
Arthur Senor

Telephone Number
201-624-2137

FACILITY INFORMATION

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

Street Address
59 Anderson Avenue

City (5)
Fairview NJ 07022

County (6)
 Bergen

Square Feet
1000 +

# of Floors
2

Bldg. Age
35+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Municipal Building

Name of Monitoring Firm Hired by Building Owner (8)
Remington & Vernick Engineers Inc.

ASCM No.

Name of Abatement Contractor (9)
Pemaco Inc.

Street Address
232 Kings Highway East

City, State, Zip Code
Haddonfield NJ 08033

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm
Marco Carulli

Telephone No.
856-755-9800

License No.
00727

Start Date (10)
4/4/19

Scheduled Completion Date (11)
4/23/19

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

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

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

Abatement Type
Removal
Encapsulate
Endoscope

Former Police Dep Area
Floor Tile
900 SF

1st Fl Rear Stairwell
Linoleum
25 SF

Basement
Pipe Insulation & Fittings
150 SF

Through-out Building
Pipe Insulation & Fittings
475 SF

Name of Registered Waste Hauler
NUDEP Waste Hauler ID No.
07512

Cubic Yards of Waste
TBD

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

City, State
Morrisville PA 19067

Disposal Date
4/23/19

Committed by
Anthony T Pema
Title
President

Signature

Date
3/22/19

ASB-4I (R-06-08)

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

**Date of Notification (1)**  
3/22/19

**Name of Building Owner/Operator (2)**  
B&S Partners

**Name of Facility Where Abatement is Taking Place (3)**  
1601 Atlantic Avenue - Boiler Room

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

**Square Feet**  
7900

**# of Floors**  
7

**Bldg. Age**  
45+

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

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

**Type of Abatement (5)**  
X Full Containment with Negative Pressure

**Name of Abatement Contractor (6)**  
Diamond Huntbach Construction Corp.

**Telephone No.**  
215-739-8166

**License No.**  
00646

**Start Date (10)**  
2/25/19

**Scheduled Completion Date (11)**  
4/17/19

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

**Other – Describe:**  
Open and under full containment Boiler Room

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

<table>
<thead>
<tr>
<th>Location Within Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>asbestos metal ceiling insulation</td>
<td>175 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>exterior boiler insulation</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>boiler rope</td>
<td>180 LF</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler Services Transport Group**  
NUDEP Waste Hauler ID No. A901 20990

**Cubic Yards of Waste**  
15

**Name of Registered Landfill**  
Minerva Landfill

**City, State**  
Waynesburg, OH 44686

**Completed by**  
Wayne Huntbach

**Title**  
Project Manager

**Signature**  

**Date**  
3/22/19

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

**Date of Notification (1)**
3/20/2019

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

**Street Address**

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

**Name of Contact**
Taryn Pahigian

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
<th>Notification Date</th>
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<tbody>
<tr>
<td>[ ] EPA</td>
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<td>[ ] DCA</td>
<td>[ ] Amended #</td>
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<td>[ ] DOL</td>
<td>[ ] Emergency notification (including justification)</td>
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<td>[ ] DEP</td>
<td>[ ] Cancelled</td>
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</tr>
<tr>
<td>[ ] DOH</td>
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<td></td>
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</tbody>
</table>

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Bayonne, NJ

**County (6)**
Hudson

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

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

**ASCM No.**

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

**Street Address**

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

**Project Manager for Monitoring Firm**

**Telephone Number**
973-901-0193

**License Number**
01265

**Scheduled Start Date (10)**
3/30/2019

**Scheduled Completion Date (11)**
6/6/2019

**Name of OSHA Monitoring**
BL Contracting Inc

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

<table>
<thead>
<tr>
<th>Contact Options</th>
<th>Description</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 - Describe</td>
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</tr>
<tr>
<td>[ ] Other - Describe: Friday-Sunday 7AM-4:30 PM</td>
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**Source of Work (Check all that apply)**

<table>
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<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
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<td>[ ] Renovation</td>
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</tr>
<tr>
<td>[ ] Demolition</td>
<td></td>
</tr>
<tr>
<td>[ ] Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>[ ] Glove-bag Procedure</td>
<td></td>
</tr>
<tr>
<td>[ ] Non-Friable Procedure</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>In Location Normally Used Solely by Main/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>Exterior</td>
<td>[ ]</td>
<td>Removal transite siding</td>
<td>3,000 SF</td>
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**Name of Reg. Waste Hauler**
BL Contracting Inc

**BL Contracting Inc**

**NJDEP Waste Hauler ID #**
0936784

**Cubic Yards of Waste**
7

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

**Disposal Date**
4/8/2019

**City, State**

**Tullytown, PA**

**Completed by (Print or Type)**
Nedo Vasilic

**Title**
Project Manager

**Signature**

**Date**
3/20/2019
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>3/22/2019</td>
<td>CITY OF CAMDEN</td>
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<th>Agencies Notified</th>
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<tr>
<td>✗ EPA</td>
<td>Initial</td>
<td>520 MARKET STREET</td>
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<td>✗ DEP</td>
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<td>CAMDEN, NJ 08101</td>
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<td>✗ DOL</td>
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<td>CAMDEN, NJ 08101</td>
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<tr>
<td></td>
<td></td>
<td>CAMDEN, NJ 08101</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
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<tbody>
<tr>
<td>VACANT BUILDING</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>1625 FEDERAL STREET</td>
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<table>
<thead>
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<th>City (5)</th>
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<td>CAMDEN</td>
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<td>CAMDEN</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
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<tr>
<th>ASCM No.</th>
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</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>TWO BROTHERS CONTRACTING, INC.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
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<td>11 VREELAND AVENUE</td>
</tr>
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<table>
<thead>
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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>TOTOWA, NJ 07512</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>973-956-8700</td>
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<tbody>
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<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>4/22/2019</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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</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 lf</td>
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<tr>
<td>☑ ≥160 sf or ≥260 lf</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Renovation</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED</td>
</tr>
<tr>
<td>In Facility</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>☑ Yes</td>
</tr>
<tr>
<td>☐ No</td>
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<tr>
<td>☐ N/A</td>
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</table>

<p>| Description of Asbestos Containing Material (ACM) |</p>
<table>
<thead>
<tr>
<th>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
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<tbody>
<tr>
<td>BUILDING TO BE DEMOED</td>
</tr>
<tr>
<td>AS ASBESTOS, DEEMED</td>
</tr>
<tr>
<td>AS UNSAFE STRUCTURE</td>
</tr>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWO BROTHERS CONTRACTING</td>
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<table>
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<tr>
<th>NUDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>18743</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>200</td>
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</table>

<table>
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<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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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>TOTOWA, NJ</td>
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<table>
<thead>
<tr>
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<td>4/22/2019</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>MORRISVILLE, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
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<tbody>
<tr>
<td>VIVECA RAMOS</td>
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<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>PROJECT COORDINATOR</td>
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<table>
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<th>Date</th>
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<tbody>
<tr>
<td>3/22/2019</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification (1)**
03/22/19

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

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

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

**Street Address**
2320 Hamburg Tpke

**City, State, Zip Code**
Wayne, NJ 07470

**Name of Contact**
Jean Louis Todeschini

**Telephone Number**
908-343-1983

**FACILITY INFORMATION**

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

**Street Address**
2320 Hamburg Turnpike

**City (5)**
Wayne Nj 07470

**County (6)**
Passaic

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm Hired by Building Owner (6)**
NJ Abatement Services, LLC

**Telephone No.**

**ASCM No.**

**Name of Abatement Contractor (9)**
NJ Abatement Services LLC

**Street Address**
199 Chestnut Ridge Road

**City, State, Zip Code**
Montvale New Jersey 07645

**Project Manager for Monitoring Firm**

**Telephone No.**
201-982-6500

**License No.**
01290

**Name of OSHA Monitor**
Iris Environmental Laboratories

**Street Address**
2333 route 22 west

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

**Start Date (10)**
04/06/19

**Scheduled Completion Date (11)**
04/30/19

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

**Scope of Work (Check All That Apply)**
- 3 or more floors
- 238 or more floors
- 2160 or more floors
- 2860 or more floors
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>POOF</strong></td>
</tr>
<tr>
<td><strong>FLASHING</strong></td>
</tr>
<tr>
<td><strong>TILES</strong></td>
</tr>
<tr>
<td><strong>PLASTER WALLS</strong></td>
</tr>
<tr>
<td><strong>ACM</strong></td>
</tr>
<tr>
<td><strong>VAT</strong></td>
</tr>
<tr>
<td><strong>IESI BETHLEHEM LANDFILL</strong></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Newark Carting**

**City, State**
369 RAYMOND BLVD, NEWARK NJ 07105

**Cubic Yards of Waste**

**Disposal Date**
04/27

**City, State**
BETHLEHEM, PA 18015

**Zero Disposal Date**

**Completed by Lucas Madera**

**Title**
SUPERVISOR

**Signature**

**Date**
03/22/19

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

Date of Notification (1)
03/22/19

Name of Building Owner/Operator (2)
MARC 26 2019

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

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

Street Address
2320 Hamburg Tpke

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Jean Louis Todeschini

Telephone Number
908-343-1983

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
2320 Hamburg Turnpike

City (5)
Wayne, Nj 07470

County (6)
Passaic

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
NJ Abatement Services, LLC

NJ Abatement Contractor (9)
NJ Abatement Services LLC

Street Address
199 Chestnut Ridge Road

City, State, Zip Code
Montvale New Jersey 07645

Telephone No.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
04/06/19

Scheduled Completion Date (11)
04/30/19

License No.
01290

State Address
2333 route 22 west

City, State, Zip Code
Union Nj 07083

Name of OSHA Monitor
Iris Environmental Laboratories

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

Other – Describe:

Scope of Work (Check All That Apply)
☒ ≥30 sf or ≥33 if
☒ ≥160 sf or ≥260 if
☐ Renovation
☒ Demolition

Amount (Specify
SF or LF)

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

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

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

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

ACM

Amount (Specify SF or LF)
400 SF

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

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
.5

Name of Registered Landfill
IESI BETHLEHEM LANDFILL

City, State
BETHLEHEM, PA 18015

Disposal Date
04/27

Completed by
Lucas Madera

Title
SUPERVISOR

Signature

Date
03/22/19

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:19 and 12:120)

**Date of Notification (1)** 03/21/2019

**Name of Building Owner/Operator (2)** Jean-Marie Mank

**Street Address** [Redacted]

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

**Name of Contact** Jean-Marie Mank

**Telephone Number** [Redacted]

**FACILITY INFORMATION**

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

**House**

**Street Address** [Redacted]

**City (5)** Montclair

**County (6)** Essex

**Square Feet** N/A

**# of Floors** N/A

**Bldg. Age** N/A

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

**N/A**

**ASCM No.**

**Name of Abatement Contractor (9)**

**D&S Abatement, Inc.**

**Street Address** 11 Rosengren Avenue

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

**Telephone No.** 973-345-6685

**License No.** 01311

**Name of OSHA Monitor**

**D&S Abatement, Inc.**

**Street Address** 11 Rosengren Avenue

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

**Start Date (10)** 04/02/2019

**Scheduled Completion Date (11)** 04/03/2019

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

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

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

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

**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 system insulation, surfacing, VAT, or other miscellaneous)**

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

<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 system insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ]</td>
<td>Pipe Insulation</td>
<td>150 LF</td>
<td>x</td>
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**Name of Registered Waste Hauler**

**D&S Abatement, Inc.**

**NJDEP Waste Hauler ID No.** 20996

**Cubic Yards of Waste** TBD

**Name of Registered Landfill**

**Fairless Landfill**

**City, State** Morrisville, PA

**Disposal Date** TBD

**Completed by**

**Ned Joksimovic**

**Title** Project Manager

**Signature** [Signature]

**Date** 03/21/2019

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

Date of Notification (1)
03/21/2019

Name of Building Owner/Operator (2)
Sisters of Saint Joseph of Peace

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

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

Street Address
424 West Anderson Street

City, State, Zip Code
Hackensack, NJ 07601

Name of Contact
Bill Cianci

Telephone Number
973-632-8444

FACILITY INFORMATION

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

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

County Code (7) (STATE USE ONLY)

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
04/01/2019

Scheduled Completion Date (11)
04/02/2019

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

Scope of Work (Check All That Apply)
- [ ] 23 sf or 23 ft
- [ ] 160 sf or 260 ft
- [ ] Renovation
- [ ] Demolition

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

<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>
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<tbody>
<tr>
<td>Basement</td>
<td>[ ]</td>
<td>Pipe Insulation</td>
<td>70 LF</td>
<td>[x] Removal</td>
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Name of Registered Waste Hauler
D&S Abatement, Inc.

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

Disposal Date
TBD

City, State
Totowa, NJ

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
03/21/2019

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>3-20-19</td>
<td>BARRY CALLEBAUT INC.</td>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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<th>Name of Contact</th>
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<td>Initial</td>
<td>1600 SUCKLE HWY</td>
<td>ANTHONY PACCHI</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>BARRY CALLEBAUT INC.</td>
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<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>1600 SUCKLE HWY</td>
<td>PARSUAK, NJ. 08110</td>
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<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
</tr>
<tr>
<td>ATLAS ENV. INSPECT</td>
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<thead>
<tr>
<th>City (5)</th>
<th>County Code (6)</th>
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<tbody>
<tr>
<td>WAREHOUSE</td>
<td>CAMDEN</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>FRIMAR CONSTRUCTION INC.</td>
<td>PO BOX 11577</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>PHILA PA 19116</td>
<td>267-784-4694</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Telephone No.</th>
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<tr>
<td></td>
<td>267-784-4694</td>
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<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
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<tbody>
<tr>
<td>WAREHOUSE FLOOR</td>
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<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>TILE</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>90 SF</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>FRIMAR CONSTRUCTION INC.</td>
<td>003-6759</td>
<td>1</td>
<td>WESTERN BORK INC.</td>
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<thead>
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<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
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<tr>
<td>PHILA PA</td>
<td>4-4-19</td>
<td>BIRMINGHAM PA</td>
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<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFRAN DUA</td>
<td>MGRS</td>
<td>GLASSMAN</td>
<td>3-20-19</td>
</tr>
</tbody>
</table>

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

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

### Project Information

- **Project #:** 45384
- **Received:** MAR 26 2019
- **Check #:** 4584

### Facility Information

- **Name of Building Owner/Operator:** Ramon Anderson
- **Telephone Number:**

### Residence

- **City:** Irvington, NJ 07011
- **County:** Essex
- **County Code:** (STATE USE ONLY)

### Name of Monitoring Firm Hired by Building Owner

- **Name:** Nick Restoration LLC
- **ASCM No.:**
- **Street Address:**
- **City, State, Zip Code:**

### Project Manager for Monitoring Firm

- **Name of OSHA Monitor:**

### Start Date

- **Start Date:** 03/30/2019
- **Scheduled Completion Date:** 04/01/2019

### Occupancy Status During Abatement

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

### Scope of Work

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

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

- **Location Normally Used Solely by Maintenance/Custodial Staff:**

<table>
<thead>
<tr>
<th>Basement area</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>X</td>
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</tbody>
</table>

- **Amount (Specify SF or LF):** 18 LF
- **Abatement Type:**

### Name of Registered Waste Hauler

- **Name:** Nick Restoration LLC
- **NJDEP Waste Hauler ID No.:** 0033782
- **Cubic Yards of Waste:** TBD
- **Name of Registered Landfill:** G.R.O.W.S
- **City, State:** Randolph, NJ

### Completed by

- **Title:** President
- **Signature:**

- **Date:** 03/20/2019
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
03.22.2019

Name of Building Owner/Operator (2)
Caixto Santana

Agencies Notified
x EPA  x DEP  x DOH

Type Notification
x Initial  x Amended  x Amendment #

Street Address

City, State, Zip Code
Jersey City, NJ 07304

Name of Contact
Caixto Santana

FACILITY INFORMATION

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

Street Address

City (5)
Jersey City, NJ 07304

County (6)
Hudson County

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

Square Feet
1700

# of Floors
2

Bldg. Age
1880

Current Use (Prior if being demolished)
Residential

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

Name of Abatement Contractor (9)
Spes Contracting LLC

Street Address

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm

Telephone No.
973-807-8330

License No.
01383

Start Date (10)
04.01.2019

Scheduled Completion Date (11)
04.02.2019

Name of OSHA Monitor
Spes Contracting LLC

Street Address

City, State, Zip Code
Woodland Park, NJ 07424

Occupancy Status During Abatement (Check Only One)

x Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

x ≥ 3 sf or ≥ 3 if

x ≥ 160 sf or ≥ 280 sf if

x Renovation  x Demolition

x Full Containment with Negative Pressure

x 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  No  N/A

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

TSI - pipes insulation

Amount (Specify SF or LF)
120 LF

Abatement Type
x

x

Endorse

Endorse

Name of Registered Waste Hauler
Spes Contracting LLC

NJ DEP Waste Hauler ID No.
0038075

Cubic Yards of Waste
1

Name of Registered Landfill
Fairlies Landfill

City, State
Woodland Park, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Brani Slav Pavlov

Title
project manager

Signature

Date
03.22.2019

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

**Date of Notification (1)**
March 21, 2019

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

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

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

**Street Address**
[Redacted]

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

**Name of Contact**
Steven Brunnert

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
[Redacted]

**City (5)**
Chatham

**County (6)**
Morris

**County Code (7)**
USE CODE

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

**ASCM No.**
[Redacted]

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

**Square Feet**
2,118

**# of Floors**
2

**Bidg Age**
68 years

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

**Scheduled Start Date (10)**
April 2, 2019

**Scheduled Completion Date (11)**
May 9, 2019

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

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥150 sf or ≥260 if
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] 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>Is Location Normally Used Solely by Maintenance or 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>IN Facility (13)</td>
<td>Yes</td>
<td>[ ] Insulation, surfacing, VAT</td>
<td>215 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Synatech, Inc.

**NJDEP Waste Hauler ID No.**
27429

**Cubic Yards of Waste**
6

**Name of Registered Landfill**
Fairless Hills

**City, State**
Morrisville, PA

**Little Egg Harbor, NJ**

**Completed By**
Diane Aloia

**Title**
Executive Administrator

**Signature**

**Date**
March 21, 2019

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

Date of Notification (1)  
03/13/2019  

Name of Building Owner/Operator (2)  
Sophia Lloh  

AGENCIES NOTIFIED  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  

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

Street Address  

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

City (5)  
Newark  

County (6)  
Essex  

County Code (7) (STATE USE ONLY)  

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

Square Feet  
2352  

# of Floors  
2  

Bldg. Age  
1929  

Current Use (Prior if being demolished)  

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

Name of Abatement Contractor (9)  
Danvic Contracting LLC  

Street Address  
240 South 5th Street  

City, State, Zip Code  
Elizabeth, NJ 07206  

Telephone No.  
908-908-4123  

License No.  
01355  

Name of OSHA Monitor  
Iris Environmental Laboratories Inc.  

Street Address  
2333 Route 22 West  

City, State, Zip Code  
Union, NJ 07083  

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

Start Date (10)  
03/15/2019  

Scheduled Completion Date (11)  
03/22/2018  

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

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

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

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Enclosure  

Basement  
X  
Pipe Insulation  
200 LF  
X  

Basement  
X  
Boiler Insulation  
80 SF  
X  

Name of Registered Waste Hauler  
Danvic Contracting LLC  

NJDEP Waste Hauler ID No.  
37574  

Cubic Yards of Waste  
4  

Name of Registered Landfill  
Fairless Landfill  

City, State  
Morrisville, PA  

Disposal Date  
TBD  

Completed by  
Jeymy Donnay  
Title  
Owner  
Signature  
Date  
03/13/2019  

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

03/13/2019

Denis Larkin

Middleton, NJ 07748

Denis Larkin

2581 2 1915

Kearny

ASCM No.

Danvic Contracting LLC

Danvic Contracting LLC

240 South 5th Street

City, State, Zip Code

City, State, Zip Code

Telephone No.

Name of OSHA Monitor

Iris Environmental Universities Inc.

333 Route 22 West

County Code (STATE USE ONLY)

01355

Union, NJ 07083

Scope of Work (Check All That Apply)

03/22/2019 03/29/2018

Facility Closed/ Vacated During Entire Period of Abatement

Other - Describe:

Abatement Performed Outside of Normal Facility Hours

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

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes No N/A

Basement

Pipe Insulation 200 LF

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Fairless Landfill

City, State

Disposal Date

City, State

03/13/2019

TBD

Morrisville, PA

Name of Registered Landfill

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

DOL - 10 DAY

State of New Jersey

Notwithstanding the provisions of N.J.A.C. 8:9B and 12:1.10

NOVEMBER 1, 1999

Name of Building Owner/Operator (9)
Mr. P. Nagborge

Name of Contact
Mr. Nagborge

Address of Building
623 Market Street

City, State
Ridgewood, NJ 07450

Type of Facility
School (K-12)

Square Feet
1,850

Current Use
Office

County Code
16

City Code
642

Type of Abatement
Partial

Occupancy Status During Abatement (Check Only One)

Other - Describe

Scope of Work (Check All That Apply)

Asbestos-Containing Material (ACM)

Location of

Location Normally

<table>
<thead>
<tr>
<th>Description of</th>
<th>Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type</td>
</tr>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Amount</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting Inc.

Name of Registered Landfill
Grand Central Sanitary Landfill

Completed by
R. McDonald

President

Signature

Date

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

**State of New Jersey**

**Department of Environmental Protection**

**Notification of Abatement of Asbestos**

**Plan as per AHERA and OSHA**

**Name of Contractor:** A. Mac Contracting Inc.

**Address:**

**City:** Newark, N.J.

**Date:** 3/11/19

---

### Abatement Information

**Type of Plan:**

- **Plan:** H-06
- **Area:** Other (i.e., private & commercial buildings, homes, etc.)

**Site Address:**

- **Street:**
- **City:** Newark, N.J.
- **State/Zip Code:** NJ 07105

**Project Manager for Monitoring Plan:**

- **Name:**
- **Phone Number:**

---

### Location Information

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

- **Type:** CRAWL SPACE
- **Subtype:** PIPE
- **Description:** GOFER

**Date of Abatement:**

- **Date of Start:** 3/11/19
- **Date of Completion:** 3/25/19

---

**Name of Responsible Official:**

- **Title:** President
- **Address:**
- **Date:** 3/11/19

---

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

Date of Notification (1)
03/23/2019

Name of Building Owner/Operator (2)
Adria Kesselman

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

Type Notification
- Initial
- Amendment # 1
- Amendment # 2
- Emergency (Including justifying facts)

Street Address

City, State, Zip Code
Boonton, NJ 07005

Name of Contact
Adria Kesselman

Telephone Number

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

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

ASCM No.

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.

Start Date (10)
04/03/2019

Scheduled Completion Date (11)
04/04/2019

Occupancy Status During Abatement (Check One Only)
- 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)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥220 ft²
- Renovation
- Demolition

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

In Facility

Yes  No  N/A

Basement

Pipe Insulation
80 LF

Location of Asbestos-Containing Material (ACM) NOT USED Solely by Maintenance/Custodial Staff?

Yes  No  N/A

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

Amount (Specify SF or LF)

Abatement Type

Endorse

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

NJ/DEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
03/23/2019

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 21 / 19</td>
<td>Jacobs Demolition</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 9</td>
<td>Manasquan, NJ 08736</td>
</tr>
</tbody>
</table>

**Name of Contact**  
- Linda  
**Telephone Number**  
- 732-528-3800

**FACILITY INFORMATION**

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

**Square Feet**  
- 1800 sf

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

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>00624</td>
<td>E.M.S.L. Analytical</td>
</tr>
</tbody>
</table>

**Street Address**  
- 1899 Route 9, Unit 61

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toms River, NJ 08755</td>
<td>732-349-9532</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**  
- Guardian Contracting, Inc.

**Name of Monitoring Firm Hired by Building Owner**  
- ASCM No.

**Start Date**  
- 04 / 03 / 19

**Scheduled Completion Date**  
- 04 / 04 / 19

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

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

**Location Normally Used Solely by Maintenance/Custodial Staff**  
- [ ] Yes  
- [ ] No  
- [ ] N/A

<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>Exterior House &amp; 2 sheds</td>
<td>Asbestos siding</td>
<td>1700 sf</td>
<td></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>Guardian Contracting, Inc.</td>
<td>3</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

City, State  
- Toms River, New Jersey

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04/19</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

**Completed By** (Print or Type)  
- Nicholas Fernicola  
- Title  
- Project Manager

**Signature**  
- [Signature]

**Date**  
- 3/19

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:29 and 12:22B)

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/23/19</td>
<td>Tom Bukrich</td>
</tr>
</tbody>
</table>

**Agency(ies) Notified**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [ ] DON
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Emergency (Including Justification)
- [ ] Cancellation

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jackie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Orange, New Jersey</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>County Name (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Eqp. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700</td>
<td>1</td>
<td>55</td>
</tr>
</tbody>
</table>

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

**Current Use (Prior it being demolished)**
- Residence

**Facility Information**

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

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 Montrose Rd</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey City, New Jersey</td>
<td>000096</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**
- Street Address

**Start Date (10)**
- 4/3/19

**Completion Date (11)**
- 4/9/19

**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)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Gloves/Glove Procedure
- Non-Exempted (*) and Non-Flexible Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Location) (13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAF, or other asbestos-containing)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>Ceramic Tile</td>
<td>1000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetion-Insulation Co., Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1208</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
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</thead>
<tbody>
<tr>
<td>Newark, New Jersey</td>
<td>4/9/19</td>
</tr>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, New Jersey</td>
<td>Bruce McGuire</td>
</tr>
</tbody>
</table>

**ASB-41 (R-08-08)**

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

**State of New Jersey**

**Date of Notification (1)**: 3/23/19

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

**Street Address**: [Redacted]

**City, State, Zip Code**: [Redacted]

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

**Street Address**: [Redacted]

**City**: [Redacted]

**County**: [Redacted]

**Name of Monitoring Firm Hired by Building Owner (8)**: Ace Insulation Inc.

**Name of Abatement Contractor (8)**: [Redacted]

**Start Date (10)**: 4/1/19

**Scheduled Completion Date (11)**: 4/1/19

**Occupancy Status During Abatement**: Not applicable

**Scope of Work**: 230 ft² or 231 ft²

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
<th>Is Location Normally Used Safely 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>Exterior</td>
<td>No</td>
<td>Siding, vinyl</td>
<td>400 ft²</td>
<td></td>
</tr>
</tbody>
</table>
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:59 and 12:1ZB1)

**Date of Notification (1)**  
3/23/19

**Name of Building Owner/Operator (2)**  
Mary Harr MK

**FACTOR INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Mary Harr MK Property

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

**County Code (7)**  
(MAYBE)

**Current Use (Prior to it being demolished)**  
Residence

**Name of Monitoring Firm Hired by Building Owner (8)**  
Ace Insulation Co, Inc

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Misc</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td></td>
<td>X</td>
<td></td>
<td>1500.75</td>
</tr>
<tr>
<td>Interior (kitchen)</td>
<td></td>
<td></td>
<td></td>
<td>150.75</td>
</tr>
</tbody>
</table>

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

**Name of Registered Lendor**  
Mary Harr MK

**Paid**  
Mar 26, 2019

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

**State of New Jersey**

**Pursuant to NJAC 8:90 and 12:120**

---

**Date of Notification:** 3/20/19

**Name of Building Owner/Operator:** Scarborough Land Group

**Street Address:** 122 Hidden Lake Ct Ste. 101

**City, State, Zip Code:** Cherry Hill, NJ 08004

**Name of Contact:**

**Telephone Number:**

---

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

**City:**

**County:**

**County Code:**

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

**ASCM No.:**

**Name of Abatement Contractor:**

**School:**

**Subchapter B (Other than K-12):**

**Other (i.e. private & commercial buildings, homes, etc.):**

**Square Feet:**

**No. of Floors:**

**Building Age:**

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

---

**Start Date:** 3/30/19

**Scheduled Completion Date:** 4/30/19

**Occupancy Status During Abatement:**

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

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

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

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

**Abatement Type:**

---

**Location of Asbestos-Containing Material (ACM) EXTERIOR TO FACILITY:**

**Name of Registered Waste Hauler:**

**Amount of Waste:**

**Name of Registered Landfill:**

**Disposal Date:**

**Cherry Hill, NJ 08004**

---

**Do not use this form for asbestos licensure exempted activities.**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:130)

**State of New Jersey**

**Date of Notification:**
11/20/19

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

### Type Notification
- [ ] Initial
- [X] Amended
- [ ] Amendment #
- [ ] Emergency (Including Notification)
- [ ] Cancellation

### Name of Building Owner/Operator
Scarborough Land Group

### Street Address
112 Hidden Grove CT, Ste. 101

### City, State, Zip Code
Cherry Hill, NJ 08034

### Name of Contact
Jeff

### Telephone Number
609-472-1570

### Name of Facility Where Abatement is Taking Place
[ ] Residential

### Street Address
[Redacted]

### City
Mount Laurel

### County
[Redacted]

### County Code
[Redacted]

### Current Use (Prior to being demolished)

### Area Type
- [ ] School (K-12)
- [X] 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

### ASCM No.

### Name of Abatement Contractor
Am Jcn Abatement, Inc.

### Street Address
1212 Burlington Ave

### City, State, Zip Code
[Redacted]

### License No.
[Redacted]

### Name of OSHA Monitor

### Street Address

### City, State, Zip Code

### Start Date:
3/30/19

### Scheduled Completion Date
4/30/19

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

### Scope of Work (Check All That Apply)
- [X] 3160 sf or 2460 sf
- [ ] 2460 sf or 2160 sf
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Enclosed (*) and Non-Friable Procedure

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

### Is Location Normally Used Solely for Maintenance/Commissal Staff?
[ ] Yes
[ ] No
[ ] N/A

### Descriptions of Asbestos-Containing Material (ACM)
(I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

### Amount (Specify SF or LF)

### Abatement Type
- [ ] Removal
- [ ] In-place
- [ ] Implantable

### Name of Registered Waste Hauler
All Waste LLC

### NJDEP Waste Hauler ID No.
20547

### Cubic Yards of Waste

### Name of Registered Landfill

### Disposal Date
TBD

### City, State
[Redacted]

### Date of Signature
3/30/19

---

*Do not use this form for asbestos license-exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)  

Date of Notification (1)  
03/20/2019

Name of Building Owner/Operator (2)  
Tabitha Gansler

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

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

Street Address  

City, State, Zip Code  
Linden, NJ 07036

Name of Contact  
Tabitha Gansler

Telephone Number

FACILITY INFORMATION

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

Street Address  

City (5)  
Linden

County (5)  

County Code (7)  
(State Use Only)

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

Name of Abatement Contractor (9)  
Danvic Contracting LLC.

Street Address  
240 South 5th St.

City, State, Zip Code  
Elizabeth, NJ 07206

Project Manager for Monitoring Firm  

Telephone No.  
908-906-4123

License No.  
01355

Start Date (10)  
03/30/2019

Scheduled Completion Date (11)  
04/05/2019

Name of OSHA Monitor  
Iris Environmental Laboratories, Inc

Street Address  
2333 Rt 22 West

City, State, Zip Code  
Union, NJ 07083

Project Manager for Monitoring Firm  

Telephone No.  
908-906-4123

License No.  
01355

Start Date (10)  
03/30/2019

Scheduled Completion Date (11)  
04/05/2019

Name of OSHA Monitor  
Iris Environmental Laboratories, Inc

Street Address  
2333 Rt 22 West

City, State, Zip Code  
Union, NJ 07083

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)  
☒ ≥ 3 sf or ≥ 3 if  
☐ ≥ 100 sf or ≥ 260 if  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Remedial Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>VAT</td>
<td>100 SF</td>
<td>X</td>
</tr>
<tr>
<td>Garage</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>12 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Danvic Contracting LLC

NJDEP Waste Hauler ID No.  
37475

Cubic Yards of Waste  
3

Name of Registered Landfill  
Fairless Landfill

City, State  
Elizabeth, New Jersey

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
Jaymy Donneys

Title  
Owner

Signature  

Date  
03/20/2019

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

**State of New Jersey**

**Name of Building Owner/Operator:** Justina Specht

**Name of Contact:** Justina Specht

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

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

**Street Address:** [Redacted]

**City, State, Zip Code:** Elizabeth, NJ 07201

**Square Feet:** 2,778

**No. of Floors:** 2

**Bldg. Age:** 1925

**Name of Facility Where Abatement is Taking Place:** Residential Property

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

**Name of Monitoring Firm Hired by Building Owner:** [Redacted]

**Name of Abatement Contractor:** Danvic Contracting LLC

**Telephone No.:** 908-908-4123

**License No.:** 01355

**Start Date:** 03/29/2019

**Scheduled Completion Date:** 04/05/2019

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x] Yes</td>
<td>Pipe Insulation</td>
<td>320 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Danvic Contracting LLC

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Elizabeth, New Jersey

**Disposal Date:** TBD

**Completed by:** Jeemy Donneys

**Title:** Owner

**Signature:** [Redacted]

**Date:** 03/20/2019

*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)  
3/21/19

Name of Building Owner/Operator (2)  
EWG Construction

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

Type Notification  
☒ Initial  ☑ Amended  ☑ Amendment #

☐ Emergency (including justification)  ☑ Cancellation

Street Address  
10 Mohawk Trail

City, State, Zip Code  
Westfield, NJ 07090

Name of Contact  
Eric Gerekens

Telephone Number  
908-577-0600

Name of Facility Where Abatement Is Taking Place (3)

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

Facility Name  

Current Use (Prior if being demolished)

☑ home

Square Feet  
1900

# of Floors  
2

Bldg. Age  
71

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

City, State, Zip Code  
Glenwood, NJ 07418

Project Manager for Monitoring Firm  

Telephone No.  
973-764-2276

License No.  
703

Start Date (10)  
3/23/19

Scheduled Completion Date (11)  
4/5/19

Occupancy Status During Abatement (Check Only One)

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

Other - Describe:  

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 if
☒ ≥150 sf or ≥250 if
☒ Renovation
☒ Demolition

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

In Facility (13)  

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

☐ Yes  ☑ No  ☑ N/A

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

garage

duct insulation

Amount (Specify SF or LF)  
23 SF

Abatement Type

☒ Complete Removal
☒ Encapsulation
☒ Enclosure

Name of Registered Waste Hauler  

ABS Environmental Services, LLC

State Permit Id No.  
104248

Cubic Yards of Waste  
TBD

Name of Registered Landfill  

Chrin Brothers Sanitary Landfill

Disposal Date  
TBD

City, State  

Glenwood, NJ

Completed by  
A. Scott Higgins

Title  
President

Signature  

Date  
3/21/19

ASB-41 (R-08-08)

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

Date of Notification (1)
3/21/19

Name of Building Owner/Operator (2)
Charles Larkin

Agencies Notified

- EPA
- DOL
- DOH
- DCA

Type Notification

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

Street Address

City, State, Zip Code
Springfield, NJ 07081

Name of Contact
Charles Larkin

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Springfield

County (6)
Union

County Code (7) (STATE USE ONLY) 

Current Use (Prior if being demolished)
home

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10) 
3/30/19

Scheduled Completion Date (11)
4/12/19

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

- Indoor Area
- Outdoor Area
- ≥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-Enforceable Procedure

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

In Facility (13)

- exterior
- siding

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)
1,400 SF

Abatement Type


Name of Registered Waste Hauler
Tony's Cleanup & Hauling

NJDEP Waste Hauler ID No.
17787

Cubic Yards of Waste (TBD)

Name of Registered Landfill
Chrin Brothers Sanitary Landfill

City, State
Bridgewater Easton PA

Disposal Date
TBD

Completed by
A. Scott Higgins
Title
President

Signature

3/21/19

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

Date of Notification (1)  
3/17/2019 check #0162

Name of Building Owner/Operator (2)  

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

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

□ Emergency (including justification)

□ Cancellation

□ Amended

□ Initial

Agencies Notified

□ EPA

□ DEP

□ DOL

□ DOH

□ DCA

□ Office of�Emergency Management

□ NJDEP

□ Other

□ Cancellation

□ Amended

□ Initial

□ State

□ EPA

□ DEP

□ DOL

□ DOH

□ DCA

□ Office of�Emergency Management

□ NJDEP

□ Other

□ Office of�Emergency Management

□ NJDEP

City, State, Zip Code  
RIVER EDGE NJ, 07661

County (6)  
BERGEN

County Code (7)  
STATE USE ONLY

Square Feet  
50X100

# of Floors

1FL

Bldg. Age

50 YEARS

Current Use (Prior if being demolished)  
EMPTY

Name of Abatement Contractor (5)  
ALL SOLUTIONS CONTRACTING INC

Name of Contact  
ONKAR SINGH

Telephone Number  

Street Address  
24 CHURCH ST

City, State, Zip Code  
ELMWOOD NJ, 07407

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

Project Manager for Monitoring Firm  

Telephone No.

License No.

Telephone No.

License No.

City, State, Zip Code  
ELMWOOD NJ, 07407

Start Date (10)  
03/18/2019

Scheduled Completion Date (11)  
03/19/2019

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

□ Abatement Performed Outside of Normal Facility Hours

□ Other – Describe: 7:30 to 8:30 PM HOUSE EMPTY

Scope of Work (Check All That Apply)  
□ ≥3 sf or ≥3 ft

□ ≥160 sf or ≥260 ft

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovebag Procedure

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

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

(13)

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

Yes

No

N/A

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

Amount (Specify SF or LF)  
45LF

Abatement Type

□ Removal

□ Repair

□ Encapsulate

□ Endorse

Name of Registered Waste Hauler  
ATLANTIC CARTING

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste

TDB

Name of Registered Landfill  
GRAND CENTRAL

City, State  
PEN ARGYLL PA 18072

Disposal Date  
TDB

City, State  
PEN ARGYLL PA 18072

Completed by  
LUIIS ARCILA

Title  
PRESIDENT

Signature

Date  
3/17/2019

* 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)
03/20/2019 CHECK #0164

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

Agencies Notified

Type Notification

EPA

□ Initial

□ Amended

□ Amendment # __________

□ Emergency (including justification)

□ Cancellation

Street Address
25 BROOKVIEW TERRACE

City, State, Zip Code
HILLSDALE, NJ 07642

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Street Address
25 BROOKVIEW TERRACE

City (6) HILLSDALE, NJ 07642

County (6) BERGEN

County Code (7) ________

Current Use (Prior if being demolished)
EMPTY

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ALL SOLUTIONS CONTRACTING

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ, 07407

Telephone No. 201 873 9418

License No. 01301

Start Date (10)
04/02/2019

Scheduled Completion Date (11)
04/02/2019

Occupancy Status During Abatement (Check Only One)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours

□ Other – Describe: 7:00AM TO 3:30PM

Scope of Work (Check All That Apply)

□ ≥ 3,000 sf ≥ 3 If

□ ≥ 160 sf ≥ 260 If

□ Renovation

□ Demolition

□ Full Containment with Negative Pressure

□ Mini-Enclosure

□ Glovbag Procedure

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

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

In Facility (13)

ATTIC

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

Yes No N/A

VERMICULITE 300SF

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

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Endorse

Endorse

Name of Registered Waste Hauler

ATLANTIC CARTING

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

TDB

Name of Registered Landfill

GRAND CENTRAL

City, State
PEN ARGYL PA 18072

Disposal Date
TDB

City, State
PEN ARGYL PA 18072

Completed by

LUI S ARCILA

Title

President

Signature

Date 03/20/2019

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

### Date of Notification
3/18/19

### Name of Building Owner / Operator
Hackensack Meridian Health

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

### Type Notification
- Emergency Notification
- Initial Notification
- Amended Notification
- Cancellation

### Name of Facility Where Abatement is Taking Place
Jersey Shore University Medical Center

#### Street Address
1350 Campus Parkway

#### City (5)
Neptune

#### County (6)
Monmouth

#### County Code (7)

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

### Environmental Tactics
Global Abatement Services, LLC

#### Street Address
443 Schoolhouse Road

#### City, State & Zip Code
Monroe Township, NJ 08831

### Project Manager for Monitoring Firm
Tom Geiger

#### Telephone Number
732-290-2217

### Scheduled Start Date (10)
4/1/19

### Scheduled Completion Date (11)
5/30/19

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

### Other - Describe:
Areas isolated for abatement

### Scope of Work (Check all that apply)
- Demolition
- Renovation
- X Full Containment with Negative Pressure
- Mini-Enclosure
- Glove-bag Procedure
- Other: Non-friable

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

#### Is Location Normally Used Solely by Maintenance or Custodial Staff?
No (12)

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

#### Amount (Specify Square Feet or Linear Feet)
N/A

#### Abatement Type
Removal

### Name of Registered Waste Hauler
Freehold Carting

#### NJDEP Waste Hauler ID #
18693

#### Cu. Yds. of Waste
40

#### Name of Registered Landfill
GROWS

#### City, State
Morrisville, Pa

#### Date
5/15/19

### Name of Contact
Brian O’Neill

#### Telephone Number
732-751-3384

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

### Square Feet
200,000

### # of Floors
10

### Bldg. Age
60+

### Current Use (Prior if being demolished)
Medical Center

### Name of OSHA Monitor
Global Abatement Services, LLC

#### Street Address
443 Schoolhouse Road

#### City, State & Zip Code
Monroe Township, NJ 08831

#### Telephone Number
732-605-9062

#### License Number
00714

### Completed By (Print or Type)
Dominick Tringali

#### Title
Manager

#### Signature
Dominick Tringali

#### Date
3/18/19

---

**ASB-41 JUN 95 G4667**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
03/19/2019

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

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

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

**Street Address**

**City, State, Zip Code**
SOMERVILLE, NJ 08876

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

**Square Feet**
1480

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

**County Code (7)**
SOMERSET

**Current Use (Prior if being demolished)**
SELL/BUY CLOSING

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

**Name of Abatement Contractor (9)**
SPES CONTRACTING LLC

**Street Address**
164 MERILINE AVE APT C

**City, State, Zip Code**
WOODLAND PARK NJ 07424

**Licence No.**
973-807-6330

**Telephone No.**
01383

**Name of OSHA Monitor**
SPES CONTRACTING LLC

**Street Address**
164 MERILINE AVE APT C

**City, State, Zip Code**
WOODLAND PARK NJ 07424

**Start Date (10)**
03/31/2019

**Scheduled Completion Date (11)**
04/01/2019

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

**Scope of Work (Check All That Apply)**
- ≥ 3 sf or 33 ft²
- ≥100 sf or ≥260 ft²

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

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

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

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

**Abatement Type**
Removal

**Endorsements**

**Name of Registered Waste Hauler**
SPES CONTRACTING LLC

**Cubic Yards of Waste**
0.5

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
WOODLAND PARK NEW JERSEY

**Disposal Date**
TBD

**Completed by**
BRANISLAV PAVLOV

**Title**
OWNER

**Signature**

**Date**
03/19/2019

---

* 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) 03/21/2019

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

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

Name of Building Owner/Operator (2)
Rabbinical College of America

Street Address
226 Sussex Avenue

City, State, Zip Code
Morristown, New Jersey 07960

Name of Contact
Yitzchok Koval
Telephone Number
973-332-6197

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rabbinical College of America

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

Square Feet
10,000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Salt Barn

County Code (7)
Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
500 Sylwan Avenue, Suite 3085

City, State, Zip Code
Englewood, New Jersey 07632

Telephone No.
201-569-6708

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

License No.
01104

Start Date (10)
04/01/2019

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 if
☐ Renovation
☐ Demolition

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

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

Yes
No
N/A

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

Amount (Specify SF of LF)

Abatement Type

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and Non-Fireable Procedure

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Totowa, New Jersey

Disposal Date
04/03/2019

City, State
Morrisville, PA

Completed by
Adriana Olejarova
Title
President

Signature

Date
03/21/2019

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

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

**Date of Notification (1)**
03/08/2019

**Check #0157**

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

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

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

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
NUTLEY, NJ 07110

**County (6)**
BERGEN

**County Code (7)**

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

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

**Square Feet**
50X100

**# of Floors**
2FL

**Bldg. Age**
60 YEARS

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

**Name of Abatement Contractor (9)**
ALL SOLUTIONS CONTRACTING INC

**Street Address**
24 CHURCH ST

**City, State, Zip Code**
ELMWOOD PARK NJ, 07407

**Project Manager for Monitoring Firm**

**Telephone No.**
201 873 8418

**License No.**
01301

**Start Date (10)**
03/20/2019

**Scheduled Completion Date (11)**
03/27/2019

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: START 7:30AM TO 4:30 PM

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

- ≥ 2.5 ft or ≥ 3 ft
- ≥ 160 ft or ≥ 250 ft
- ≥ 600 sq ft or ≥ 800 sq ft
- ≥ 1,000 sq ft or ≥ 1,200 sq ft
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM)**
(13)

**TO BE ABATED**
In Facility

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>45 LF</td>
</tr>
<tr>
<td></td>
<td>FLOOR TILE</td>
<td>150 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
ATLANTIC CARTING

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste TDB**

**Name of Registered Landfill**
GRAND CENTRAL

**City, State**
PEN ARGYLL PA 18072

**Disposal Date**
TDB

**Completed by**
LUIS ARCILA

**Title**
PRESIDENT

**Signature**

**Date**
3/8/2019

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

**Date of Notification:** 03/03/2019

**Name of Building Owner/Operator:** MI KIM

**City, State, Zip Code:** RIVER EDGE, NJ 07681

**County:** BERGEN

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

**Square Feet:** 50X100

**# of Floors:** 2FL

**Bldg. Age:** 60 YEARS

**Current Use:** OCCUPIED

**Occupancy Status During Abatement:** Abatement Performed Outside of Normal Facility Hours

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

**Location of Asbestos-Containing Material (ACM) TO BE ABRATED:**
- **ATTIC**
- **VERMICULITE**

**Amount (Specify SF or LF):** 350 SF

**Abatement Type:**
- Full Containment with Negative Pressure
- Glovebox Procedure

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

**Name of Registered Landfill:** GRAND CENTRAL

**City, State:** PEN ARGYLL, PA 18072

**Completed by:** LUIS ARCILA

**Title:** PRESIDENT

**Signature:**

---

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date of Notification</td>
<td>3/8/19</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Hunter Research, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>120 West State Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08608</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Richard Hunter</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-392-4200</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>+4,000</td>
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<tr>
<td># of Floors</td>
<td>3</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>+50</td>
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<tr>
<td>Name of Abatement Contractor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-788-6040</td>
</tr>
<tr>
<td>License No.</td>
<td>00509</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 19007</td>
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<tr>
<td>Scope of Work</td>
<td>Demolition</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Non-Friable Procedure</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>350 LF</td>
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<td>Abatement Type</td>
<td>Encapsulate</td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>Bristol Environmental Inc.</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18706</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Bristol, PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Fairless Hills, PA</td>
</tr>
<tr>
<td>Completed By</td>
<td>Dillan DeCaro</td>
</tr>
<tr>
<td>Signature</td>
<td>Dillan DeCaro</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
3 / 8 / 19

Name of Building Owner/Operator (2)
Hunter Research, Inc

Agency Notified
☑ EPA 5097
☐ DOLWD 1EP5
☐ DOH 484G
☐ DCA (NJAC 5:23-E)

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

Street Address
120 West State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Richard Hunter

Telephone Number
609-392-4200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hunter Research, Inc

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

Square Feet
+4,000

# of Floors
3

Bldg. Age
+50

County Code (7)/(STATE USE ONLY)

Current Use (Prior if being demolished)
Office

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

ASCM No.

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

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Steve Mania

Telephone No.
609-392-4200

Start Date (10)
3 / 22 / 19

Scheduled Completion Date (11)
3 / 26 / 19

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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/4:00PM-1:00AM

Scope of Work (Check all that apply)
☐ ≥33 sf or ≥3 if
☐ ≥160 sf or ≥200 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

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

Name of Registered Waste Hauler
Bristol Environmental Inc.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Bristol, PA

Disposal Date
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Fairless Hills, PA

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date
3-8-19

* Do not use this form for asbestos removal connected activity
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 03/11/19

Name of Building Owner / Operator (2)
CITY OF NEWARK
920 BROAD STREET
Newark, NJ 07102

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
46-132 ST CHARLES

Street Address
46-132 ST CHARLES

Type of Facility (4)

City (5) NEWARK County (6) ESSEX County Code (7) N/A

Square Feet N/A # Of Floors N/A Building Age N/A

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

Current Use (Prior if being demolished) EXTERIOR VACANT

Name of Firm (9)
NORTHERN CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

Project Mgr. For Monitoring Firm DAVID TOMSEY Telephone Number 973-635-1110

City, State, Zip Code EAST HANOVER, NJ 07936

License Number 00860

Scheduled Start Date (10) 03/28/19 Scheduled Completion Date (11) 04/05/19

Name of OSHA Monitor NORTHERN CONTRACTING GROUP, INC.

Street Address
32 Williams Parkway

City, State, Zip Code EAST HANOVER, NJ 07936

Telephone Number 973-884-8682

Scope of Work (Check All That Apply)

Demolition
Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing

TO BE ABATED in Facility (13)

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) 100 LF

Abatement Type

REM OVAL RE PAIR ENC APS UI E N C LOS UR

Name of Registered Waste Hauler NORTHERN CONTRACTING GROUP, INC

Cubitc Hauler ID No. 30634 Name of Registered Landfill FAIRLESS LANDFILL

Yards of Waste

Disposal Date

City, State EAST HANOVER, NJ MORRISVILLE, PA

Completed by (Print or Type)
Steve Stiles
Title Project Manager
Signature

Date 03/25/19

ASB-41
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
3 / 25 / 19

Name of Building Owner/Operator (2)  
NJ DPMC

Street Address  
33 W State St

City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Christina Burris

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Skyland Manor

Street Address  
5 Morris Road- Ringwood State Park

City (5)  
Ringwood, NJ

County (6)  
Passaic

County Code (7)(STATE USE ONLY)  

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

Type of Abatement Contractor (9)  
Controlled Environmental Systems

Street Address  
344 West State Street

City, State, Zip Code  
Trenton, NJ 08618

Project Manager for Monitoring Firm  
William Weisgarber

Telephone No.  
609.656.8101

License No.  
00847

Name of OSHA Monitor  
CES

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: 7:00AM-5:00PM PM-5:00AM

Scope of Work (Check all that apply)  
□ ≥3 sf or ≥3 if  
□ ≥160 sf or ≥260 if

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

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

Location

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

Endocapsule

Repair

Removal

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
Goppert Recycling

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste

Name of Registered Landfill

Western Berks Community Landfill

Disposal Date  

City, State

Birdsboro, PA 19508

Completed By (Print or Type)  
Patricia Visco

Title  
Office Manager

Signature  

Date  
3/25/19

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
03/12/2019  

Name of Building Owner/Operator (2)  
michael schiff/thomas kazmark  

Street Address  

City, State, Zip Code  
little falls, nj 07424  

Telephone Number  

Name of Contact  
michael schiff/thomas kazmark  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
michael schiff/thomas kazmark  

Street Address  

City (5)  
little falls  

County (6)  
PASSAIC  

County Code (7) (State use only)  

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  

Occuancy Status During Abatement (Check only one)  

Sched. Completion Date (11)  
04/30/19  

Scope of Work (check all that apply)  

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

Description of asbestos-containing material (ACM)  
PIPE INSULATION  

Amount (Specify SF or LF)  
1101 ft  

Removal  
Repair  
Encapsulation  
Nos. Yes No N/A  
basement  

Registered Waste Hauler  
D & S RESTORATION, INC.  
NJDEP Hauler ID#  
13506  
Cubic Yards of Waste  
1 yd  

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY  

City, State  
PATerson, NJ 07503  

Disposal Date  
04/14/19  

Signature  
BOGDAN JOLDZIC  
PRESIDENT  

Date  
03/17/19
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/12/21 11/19
Name of Building Owner/Operator (2) michael schiff/thomas kazmark

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
<th>Amendment #:</th>
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<td>DCA</td>
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Street Address [redacted]
City, State, Zip Code little falls, nj 07424
Name of Contact michael schiff/thomas kazmark
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael schiff/thomas kazmark
Street Address
City (5) little falls
County (6) PASSAIC
County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg Owner (8) [redacted]
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

Type of Facility (4)
School (K - 12) [x]
Subchapter B (Other than K-12) [x]
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement. [x]
Abatement performed outside of normal facility hours.
Describe: NORMAL HOURS

Other-Describe: [x]

Start Date (10) 04/13/19
Scheduled Completion Date (11) 04/30/19

Scope of Work (check all that apply)
≥2 sf or ≥3 If [x]
Renovation
[ ]
≥160 sf or ≥260 If [x]
Demolition
[ ]

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

<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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encap</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>100 ft</td>
<td>[x]</td>
<td>[x]</td>
<td>[x]</td>
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</table>

Full Containment w/negative pressure [x]
Mini-enclosure [ ]
Glovebag procedure [ ]
Non-Exempted (*) and Non-trieable procedure

Registered Waste Hauler D & S RESTORATION, INC.
NJDEP Hauler ID # 13506
Cubic Yards of Waste 1 yd
Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATerson, NJ 07503
Disposal Date 04/14/19

Completed by (Print or Type) BOGDAN IOIDZIC Title PRESIDENT
Signature [redacted] Date 02/21/19
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/25/2019

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

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

Name of Building Owner/Operator (2)  
McCarthey Building

Street Address  
353 Nassau Street

City, State, Zip Code  
Princeton, NJ 08540

Name of Contact  
Paul - Elrack Construction

Telephone Number

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

Street Address  
353 Nassau Street

City  
Princeton, NJ 08540

County  
Mercer

County Code (7) (STATE USE ONLY)

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

ASCM No.

Name of Abatement Contractor (9)  
Stevens Environmental Services, Inc.

Street Address  
PO Box 341

City, State, Zip Code  
Chesterfield, NJ 08515

Project Manager for Monitoring Firm  
Bill Weisgarber

Telephone No.  
609 298-4070

Start Date (10)  
4/8/2019

Scheduled Completion Date (11)  
4/26/2019

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

Scope of Work (Check All That Apply)  
- [X] 23 sf or 23 if
- [X] 2615 sf or 2260 if
- [ ] Renovation
- [X] 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)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>[X]</td>
<td>VAT / Mastic</td>
<td>2000 sf</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>VAT / Mastic</td>
<td>150 sf</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Stevens Environmental Services

NJ/DEP Waste Hauler ID No.  
18292

Cubic Yards of Waste  
5

Name of Registered Landfill  
Fairless Landfill

Disposal Date  
4/26/2019

City, State  
Morrisonville, PA

Completed by  
Mahlon E. Stevens

Title  
Project Manager

Signature

Date  
3/26/2019

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

Date of Notification (1): 3/25/2019

Agencies Notified: X DOH

Name of Building Owner/Operator (2): Green

Type of Notification: X Initial

Street Address: [Redacted]

City, State, Zip Code: Pennington, NJ 08534

Name of Contact: Max Green

Telephone Number:

FACILITY INFORMATION

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

Street Address: [Redacted]

City (5): Pennington, NJ 08534

County (6): Mercer

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

Type of Facility (4): [Redacted]

Square Feet: 3000

# of Floors: 3

Bldg. Age: 150 +/-

Current Use (Prior to being demolished): [Redacted]

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

ASCM No.: Section

Name of Abatement Contractor (9): Stevens Environmental Services, Inc.

Street Address: PO Box 322

City, State, Zip Code: Allentown, NJ 08501

Telephone No.: 609 259-9688

License No.: 00493

Project Manager for Monitoring Firm: MECS

Bill Weisgarber

Street Address: PO Box 341

City, State, Zip Code: Chesterfield, NJ 08515

Start Date (10): 4/3/2019

Scheduled Completion Date (11): 4/7/2019

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

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

Demolition

3 x 3 sf or >3 sf

>150 sf or >2500 sf

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

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

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

Thermal Pipe Insulation (Wrap & Cut)

Amount (Specify SF or LF): 20 ft

Abatement Type: X Full Containment with Negative Pressure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler: Stevens Environmental Services

NJDEP Waste Hauler ID No.: 18292

Cubic Yards of Waste: 1

Name of Registered Landfill: Fairless-Landfill

City, State: Allentown, NJ

Disposal Date: 4/8/2019

City, State: Morrisville, PA

Completed by: Mahlon E. Stevens

Title: Project Manager

Signature:

Date: 3/25/2019

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

**Date of Notification (1)**  
03 / 19 / 19

**Name of Building Owner/Operator (2)**  
Cherry Hill Public Schools

**Street Address**  
45 Ranoldo Terrace

**City, State, Zip Code**  
Cherry Hill, NJ 08034

**Name of Contact**  
John Middleton

**Telephone Number**  
856-795-1180

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**  
Cherry Hill High School East

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

**Street Address**  
1750 Kresson Road

**City (5)**  
Cherry Hill

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

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

**Square Feet**  
100,000

**# of Floors**  
2

**Bldg. Age**  
80

**County (6)**  
Camden

**Name of Monitoring Firm Hired by Building Owner (6)**  
TTI Environmental, Inc.

**ASCM No.**  
00003

**Name of Abatement Contractor (9)**  
Shade Environmental, LLC

**Street Address**  
1253 N. Church Street

**City, State, Zip Code**  
Moorestown, NJ 08057

**Project Manager for Monitoring Firm**  
Jim Guilardi

**Telephone No.**  
856-840-8800

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

**Street Address**  
200 Route 130 North

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

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

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

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

**TO BE ABATED IN FACILITY**

### 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>

**Exterior Entrance Door #49**  
- Overhang Ceiling Plaster  
  - 300 SF

**Location of Overhang Ceiling Plaster**

**Amount (Specify SF or LF)**  
- 300 SF

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclosure

**Name of Registered Waste Hauler**  
Fairless Landfill

**City, State**  
Morrisville, PA

**Freehold Cartage**  
N.J. DEP Waste Hauler ID No. 15539

**Cubic Yards of Waste**  
5

**Disposal Date**  
04/01/2019

**City, State**  
Freehold, NJ

**Completed By (Print or Type)**  
Christina Lynch

**Title**  
Vice President of Operations

**Signature**

**Date**  
3/19/19

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

Date of Notification (1)
03/21/19

Name of Building Owner/Operator (2)
New Jersey Community Capital

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<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>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
108 Church Street, Third Floor

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
New Jersey Community Capital
Telephone Number
973.841.2674 ext 334

Name of Facility Where Abatement is Taking Place (3)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Facility (4)

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

Square Feet
1420

# of Floors
2

Bldg. Age

Current Use (Prior if being demolished)

County Code (7)
Essex

County Code (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

License No.
1200

Telephone No.
732-688-9078

Project Manager for Monitoring Firm

Name of OSHA Monitor

AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Start Date (10)
03/29/19

Scheduled Completion Date (11)
04/01/19

Occuupancy Status During Abatement (Check One Only)

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

Scope of Work (Check All That Apply)

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

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

<table>
<thead>
<tr>
<th>Location of 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, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>Yes</td>
<td>Pipe insulation</td>
<td>15 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
NEWARK CARTING

NUDEP Waste Hauler ID No.

City, State
NEWARK, NJ

Disposal Date
04/01/19

Name of Registered Landfill
IESI

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

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

Date of Notification (1)
03 / 21 / 19

Name of Building Owner/Operator (2)
Chris Sullivan

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

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

Street Address

City, State, Zip Code
Manalapan, NJ 07726

Telephone Number
732-995-3476

Name of Contact
Chris Sullivan

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

City (5)
Manalapan

County (6)
Monmouth

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

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

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

Square Feet
1000 sf

# of Floors
1

Bldg. Age
65

Current Use (Prior if being demolished)
Residence

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

Street Address
1056 Stetton

City, State, Zip Code
Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 100 sf or ≥ 280 ft

☐ Renovation
☒ Demolition

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

Abatement Type
☐ Removal
☐ Encapsulation
☐ Repair
☐ End Cap

Name of Registered Waste Hauler
Guardian Contracting, Inc.

City, State
Toms River, New Jersey

Disposal Date
04/02/19

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

Cubic Yards of Waste
3

Completed By (Print or Type)
Title
Nicholas Femicola
Project Manager

Signature

Date
3/14/19

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

**Date of Notification (1)**
03 / 21 / 19

**Name of Building Owner/Operator (2)**
Joseph S. Fiumara

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
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</thead>
<tbody>
<tr>
<td>☒ EPA</td>
<td>☒ Initial</td>
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<tr>
<td>☒ DOLWD</td>
<td>☐ Amended</td>
</tr>
<tr>
<td>☒ DOH</td>
<td>☐ Amendment #</td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☐ Emergency (including justification)</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td>☐ Cancellation</td>
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</tbody>
</table>

**Street Address**

**City, State, Zip Code**
Bayville, NJ 08721

**Name of Contact**
Joseph S. Fiumara

**Telephone Number**

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Residence</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>County Code (?/STATE USE ONLY)</td>
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<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (3) | ASCM No.**
Guardian Contracting, Inc. | 732-349-9932 |

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

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

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**
00624 |

**Start Date (10)**
04 / 02 / 19

**Scheduled Completion Date (11)**
04 / 03 / 19

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
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</thead>
<tbody>
<tr>
<td>exterior</td>
</tr>
<tr>
<td>☐ Yes</td>
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<tr>
<td>☐ Renovation</td>
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<tr>
<td>☐ Mini-Enclosure</td>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<tr>
<td>1600 sf</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
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<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
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</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>20223</td>
<td>3</td>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Toms River, New Jersey</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>04/03/19</td>
<td>T.R.R.F.</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

**Title**
Project Manager

**Signature**

**Date**

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12.20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 3/19/2019
Name of Building Owner/Operator (2):
Newark Public School

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

Type Notification:
- Initial
- Amended
- Emergency
- Cancellation

Street Address:
190 Muhammad Ali Avenue Room 209
City, State, Zip Code:
Newark, NJ 07108

Name of Contact:
Mr. Benjamin Ologunde
Telephone Number:
973-733-7200

FACILITY INFORMATION

Name of Facility: Newark Vocational High School
301 West Kenny Street
City/ (5):
Newark
County/ (6):
Essex
County Code/ (7):
07107

Name of Monitoring Firm Hired by Building Owner:
WHITMAN
ASCM No.:
00110

Street Address:
17 Pleasant Hill Road
City, State, Zip Code:
Cranbury, NJ 08512

Project Manager for Monitoring Firm:
Kevin Lovely
Telephone No.:
732-644-5418

Start Date/ (10):
4/1/19
Scheduled Completion Date/ (11):
5/31/19

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

Describe:
Occupied Sub 8

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 of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial/Staff?</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
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<tr>
<td>Enclosure</td>
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</table>

1st FLOOR CORRIDOR IN FRONT OF THE CONFERENCE ROOM ENDING TO IN FRONT OF CAFETERIA, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, CORRIDOR FROM BOILER ROOM TO CAFETERIA AND STAIRWELL # 7 THE CULINARY AREA INCLUDING AND STOREROOMS, WOOD SHOP, STORE ROOMS, & CONFERENCE ROOM

<table>
<thead>
<tr>
<th>1st FLOOR CORRIDOR IN FRONT OF THE CONFERENCE ROOM ENDING TO IN FRONT OF CAFETERIA, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, CORRIDOR FROM BOILER ROOM TO CAFETERIA AND STAIRWELL # 7 THE CULINARY AREA INCLUDING AND STOREROOMS, WOOD SHOP, STORE ROOMS, &amp; CONFERENCE ROOM</th>
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<tr>
<td>X</td>
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<tr>
<td>Description</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>FLOOR TILE AND ASSOCIATED MASTIC</td>
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<td>FLOOR TILES AND MASTIC</td>
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<tr>
<td>WOODEN FLOOR &amp; VAPOR BARRIER</td>
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<tr>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>PIPE INSULATION INCLUDING ELBOWS AND JOINTS</td>
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</table>

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING
NJDEP Waste Hauler ID No.: 19551
Cubic Yards of Waste: 30
Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.

City, State: Bronx, NY 10474
Disposal Date: City, State: Waynesburg, OH 44688
Completed By: Chinyelu Onaegbunam
Title: Vice President
Signature: [Signature]
Date: 3/19/2019
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

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

**Date of Notification (1)**
3/2/2019

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

**Street Address**
32 EAST FRONT ST., P.O. BOX 991

**City, State, Zip Code**
TRENTON, NJ 08625

**Name of Contact**
CLAIR TSAI-OCHS/ROBERT RYAN

**Telephone Number**
609-858-5186

**Name of Facility Where Abatement Is Taking Place (3)**
CLEVELAND STREET SCHOOL

**Street Address**
355 CLEVELAND STREET

**City (5)**
ORANGE

**County Code (7)**
ESSEX

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

**Street Address**
11 VREELAND AVENUE

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

**Telephone No.**
973-956-8700

**License No.**
00494

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

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

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

**Aberation Type**
- Removal
- Repair
- Encapsulation

**Amount (Specify SF or LF)**

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

**City, State**
MORRISVILLE, PA

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**Waste Hauler ID No.**
18743

**Cubic Yards of Waste**
500 +/-

**Disposal Date**
5/10/2019

**Complied by**
VIVECA RAMOS

**Title**
PROJECT COORDINATOR

**Signature**

**Date**
3/20/2019

* Do not use this form for asbestos licensure exempted activities.
# CLEVELAND STREET ELEMENTARY SCHOOL

## PHASE-1

<table>
<thead>
<tr>
<th>Location</th>
<th>Material description</th>
<th>Amount</th>
<th>% asbestos / type</th>
<th>Type of abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corridor B</td>
<td>Wall plaster top coat / base coat</td>
<td>800 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>A07- fan room</td>
<td>Wall plaster top coat / base coat</td>
<td>200 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>A07- fan room</td>
<td>Pipe insulation</td>
<td>100 LF</td>
<td>10-20% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 21</td>
<td>Pipe insulation</td>
<td>50 LF</td>
<td>10-20% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 21</td>
<td>Built-up flooring – Multi-layer</td>
<td>700 SQ FT</td>
<td>10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>West stair tower ‘A’</td>
<td>Wall &amp; ceiling plaster top coat and base coat</td>
<td>3,200 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>West stair tower ‘A’</td>
<td>Built-up flooring – Multi-layer</td>
<td>120 SQ FT</td>
<td>10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 18 and storage</td>
<td>Pipe insulation</td>
<td>30 LF</td>
<td>10-20% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 18 and storage</td>
<td>Built-up flooring – Multi-layer</td>
<td>1,080 SQ FT</td>
<td>10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 19 and storage</td>
<td>Pipe insulation</td>
<td>50 LF</td>
<td>10-20% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 19 and storage</td>
<td>Built-up flooring – Multi-layer</td>
<td>1,080 SQ FT</td>
<td>10% Chrysotile</td>
<td>Full containment</td>
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## G-2 work area - Ground Floor (Drawing ASB-GF1.0)

<table>
<thead>
<tr>
<th>Location</th>
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<th>Amount</th>
<th>% asbestos / type</th>
<th>Type of abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-stair tower ‘B’</td>
<td>Wall plaster top coat / base coat</td>
<td>1,620 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Sub-stair tower ‘B’</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>155 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Sub-stair tower ‘B’</td>
<td>Pipe insulation</td>
<td>10 LF</td>
<td>10-20% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>A08 – equipment room</td>
<td>Wall plaster top coat / base coat</td>
<td>70 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridor B &amp; A-09 pantry</td>
<td>Wall plaster top coat / base coat</td>
<td>580 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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## PHASE-2

<table>
<thead>
<tr>
<th>Location</th>
<th>Material description</th>
<th>Amount</th>
<th>% asbestos / type</th>
<th>Type of abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>178 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>ESL</td>
<td>Wall plaster top coat and base coat</td>
<td>52 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>ESL</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>4 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>ESL &amp; hall wall</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 6</td>
<td>Fin tube radiators, wall plaster top coat/base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 6</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 6 &amp; closet</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>735 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 6 &amp; closet</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>11 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 7</td>
<td>Fin tube radiators, wall plaster top coat/base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 7</td>
<td>Wall plaster top coat and base coat</td>
<td>260 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 7, closet &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>904 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 7, closet &amp; storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>5 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 8</td>
<td>Fin tube radiators, wall plaster top coat/base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 8</td>
<td>Wall plaster top coat and base coat</td>
<td>6 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 8, closets &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>930 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 8, closet &amp; storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>5 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Location</td>
<td>Material description</td>
<td>Amount</td>
<td>% asbestos / type</td>
<td>Type of abatement</td>
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<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td>-------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Room 5</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5</td>
<td>Wall plaster top coat and base coat</td>
<td>260 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5</td>
<td>Window well wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5 &amp; closet</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5, closets &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>944 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5 storage</td>
<td>Built up flooring to joist</td>
<td>140 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5 storage</td>
<td>Window well wall plaster top coat and base coat</td>
<td>18 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5 storage</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 5 storage</td>
<td>Wall plaster top coat and base coat</td>
<td>500 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4, closet &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>933 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4</td>
<td>Window well plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4</td>
<td>3-door frame &amp; wall plaster top coat and base coat</td>
<td>48 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 4 &amp; hall wall</td>
<td>Wall plaster top coat and base coat</td>
<td>280 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4 storage</td>
<td>Built up flooring to joist</td>
<td>140 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4 &amp; hall wall</td>
<td>Window well wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 4 storage</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 4 storage &amp; hall wall</td>
<td>Wall plaster top coat and base coat</td>
<td>564 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Principal's office storage</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Principal’s office storage</td>
<td>Spot removal built up flooring section to substrate</td>
<td>2 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Main office/Prin. of/ storage</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Main office/Prin. of/ storage</td>
<td>Wall plaster top coat and base coat</td>
<td>1,150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Main office/Prin. of/ storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>903 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Main office/Prin. of/ storage</td>
<td>Tiles and associated built up flooring to substrate</td>
<td>928 SQ FT</td>
<td>2.7-10% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Main office/Prin. of/ storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>5 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridors A &amp; B</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>1,965 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridors A &amp; B</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>60 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Vestibule</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>250 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Vestibule</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>4 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 3</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 3</td>
<td>1-door frame &amp; wall plaster top coat / base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 3, closet &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>953 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 3 &amp; storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>120 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 1</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Location</td>
<td>Material description</td>
<td>Amount</td>
<td>% asbestos / type</td>
<td>Type of abatement</td>
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<tr>
<td>--------------------------------------------</td>
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<tr>
<td>Room 1, closet &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>2-door frame &amp; wall plaster top coat / base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
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<tr>
<td>Room 1, closet &amp; storage</td>
<td>Wall plaster top coat / base coat</td>
<td>1-door frame &amp; wall plaster top coat / base coat</td>
<td>933 SQ FT</td>
<td>4% Chrysotile</td>
</tr>
<tr>
<td>Room 1 storage</td>
<td>Wall plaster top coat / base coat</td>
<td>1-door frame &amp; wall plaster top coat / base coat</td>
<td>380 SQ FT</td>
<td>4% Chrysotile</td>
</tr>
<tr>
<td>Room 1 storage</td>
<td>Spot removal built up flooring section to substrate</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 1 storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>2 SQ FT</td>
<td>2.7-10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 2</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>10 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 2</td>
<td>1-door frame &amp; wall plaster top coat / base coat</td>
<td>220 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 2, closet &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 2 &amp; storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>948 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Kinder bathroom</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>4 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Kinder bathroom &amp; Corner B adjacent</td>
<td>Window wall plaster top coat / base coat</td>
<td>63 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Kinder bathroom, Cor B &amp; stair entrance</td>
<td>Wall plaster top coat / base coat</td>
<td>18 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Kinder bathroom &amp; stair B entrance</td>
<td>2-door frame &amp; wall scratch coat</td>
<td>600 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Nurse restroom</td>
<td>Built up flooring to joist</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Nurse restroom &amp; office</td>
<td>Wall plaster top coat / base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Nurse restroom &amp; office</td>
<td>2-door frame &amp; wall plaster top coat / base coat</td>
<td>450 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Nurse office</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>245 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Nurse office</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>3 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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</tbody>
</table>

**PHASE 3**

**S-1 work area - 2nd Floor**

(Drawing ASB-SF1.0)

<table>
<thead>
<tr>
<th>Location</th>
<th>Material description</th>
<th>Amount</th>
<th>% asbestos / type</th>
<th>Type of abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage/CST office</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>178 SQ FT</td>
<td>4% Chrysotile</td>
</tr>
<tr>
<td>Storage/CST office</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Storage/CST office</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>3 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 13</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 13</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>12 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 13</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>736 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 13 &amp; closet</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>64 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>4-door frame &amp; wall plaster top coat and base coat</td>
<td>748 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>Wall plaster top coat and base coat</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>3-10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>Spot removal built up flooring section to substrate</td>
<td>800 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 17</td>
<td>Spot removal built up flooring section to substrate</td>
<td>2 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Rooms 16 &amp; 17 storage areas</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>232 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Rooms 16 &amp; 17 storage areas</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Rooms 16 &amp; 17 storage areas &amp; hall wall</td>
<td>Wall plaster top coat and base coat</td>
<td>1,200 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Room 16 storage</td>
<td>Spot removal built up flooring section to substrate</td>
<td>2 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 16</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>775 SQ FT</td>
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</tr>
<tr>
<td>Room 16</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 16</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 16</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>4 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>779 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15</td>
<td>Window well wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15</td>
<td>Wall plaster top coat and base coat</td>
<td>260 SQ FT</td>
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<tr>
<td>Room 15</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>3 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>165 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15 storage</td>
<td>Built up flooring to joist</td>
<td>140 SQ FT</td>
<td>2.7-10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15 storage</td>
<td>Window well wall plaster top coat and base coat</td>
<td>18 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 15 storage</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 15 storage &amp; hall wall</td>
<td>Wall plaster top coat and base coat</td>
<td>1,040 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 14</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>768 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 14</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 14</td>
<td>Window well wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
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<td>Full containment</td>
</tr>
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<td>Room 14 &amp; hall wall</td>
<td>3-door frame &amp; wall plaster top coat and base coat</td>
<td>48 SQ FT</td>
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<td>Room 14</td>
<td>Wall plaster top coat and base coat</td>
<td>580 SQ FT</td>
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<td>Room 14 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>165 SQ FT</td>
<td>4% Chrysotile</td>
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<tr>
<td>Room 14 storage</td>
<td>Built up flooring to joist</td>
<td>140 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 14 storage</td>
<td>Window well wall plaster top coat and base coat</td>
<td>18 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 14 storage &amp; hall wall</td>
<td>1-door frame &amp; wall plaster top coat and base coat</td>
<td>16 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<td>Room 14 storage &amp; hall wall</td>
<td>Wall plaster top coat and base coat</td>
<td>1,040 SQ FT</td>
<td>4% Chrysotile</td>
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</tr>
<tr>
<td>Room 12</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>780 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 12</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 12</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>6 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 12 storage &amp; hall wall</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
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<tr>
<td>Room 12 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>128 SQ FT</td>
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<td>Full containment</td>
</tr>
<tr>
<td>Room 12 storage</td>
<td>Wall plaster top coat and base coat</td>
<td>120 SQ FT</td>
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<td>Full containment</td>
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<tr>
<td>Room 12 storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>3 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 12 storage</td>
<td>Spot removal built up flooring section to substrate</td>
<td>3 SQ FT</td>
<td>2.7% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Speech</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>230 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Speech</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>8 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 11</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>800 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Location</td>
<td>Material description</td>
<td>Amount</td>
<td>% asbestos / type</td>
<td>Type of abatement</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
<td>--------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Room 11</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 11 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>153 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 11 &amp; storage</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>18 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 10</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>784 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 10</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 10 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>165 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 10 &amp; storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>9.5 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>East stair tower &quot;C&quot;</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>254 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 9</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>768 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 9</td>
<td>Fin tube radiators, wall plaster top coat / base coat</td>
<td>150 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
</tbody>
</table>

**S-2 work area - 2nd Floor**

<table>
<thead>
<tr>
<th>Location</th>
<th>Material description</th>
<th>Amount</th>
<th>% asbestos / type</th>
<th>Type of abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 9, storage &amp; closet</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>26 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Room 9 storage</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>165 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Janitors closet</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>63 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Janitors closet</td>
<td>Spot removal built up flooring section to substrate</td>
<td>8 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Janitors closet, hallway &amp; stair entrance</td>
<td>Wall plaster top coat / base coat</td>
<td>960 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Janitors closet &amp; Stair tower B</td>
<td>2-door frame &amp; wall plaster top coat and base coat</td>
<td>32 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge &amp; restroom</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>210 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge &amp; restroom</td>
<td>Wall plaster top coat / base coat</td>
<td>540 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge &amp; restroom</td>
<td>3-door frame &amp; wall plaster top coat and base coat</td>
<td>48 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge</td>
<td>Tiles and associated built up flooring to substrate</td>
<td>450 SQ FT</td>
<td>2-7-10% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge</td>
<td>Spot removal built up flooring section to substrate</td>
<td>8 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Teachers' lounge</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>4 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridor A</td>
<td>Metal spline &amp; tin ceiling systems</td>
<td>459 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridor B</td>
<td>Ceiling systems, plaster / top coat and base coat</td>
<td>1,274 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
<tr>
<td>Corridor's A &amp; B</td>
<td>Spot removal - wall plaster / top coat and base coat</td>
<td>50 SQ FT</td>
<td>4% Chrysotile</td>
<td>Full containment</td>
</tr>
</tbody>
</table>

**Additional - Rooms 2, 4, 8, 16 & ESL**

- **Floor Tile**: 3,370 SF  Full Containment
- **Wall Plaster**: 14,632 SF  Full Containment

1st Floor: 1,2,3,4,5,6,7,8,Main/Principal Office,Nurses Office
2nd Floor: 9,10,11,12,13,14,15,16,17,Teachers Lounge
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
3/11/2019

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

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

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

**Street Address**
32 EAST FRONT ST., P.O. BOX 991
TRENTON, NJ 08625

**Name of Contact**
CLAIR TSAI-OCHS/ROBERT RYAN
Telephone Number 609-858-5186

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

**Address**
355 CLEVELAND STREET

**City (5)**
ORANGE

**County (6)**
ESSEX

**Telephone Number**
609-858-5186

**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)**

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

**Name of Monitoring Firm Hired by Building Owner (8)**
AHERA CONSULTANTS, INC.

**ASCM No.**

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

**Street Address**
11 VREELAND AVENUE

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

**Street Address**

**Telephone No.**
973-956-8700

**License No.**
00494

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

**Start Date (10)**
1/21/2019

**Scheduled Completion Date (11)**
4/30/2019

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

**Scope of Work (Check All That Apply)**
- 23 sf or ≥ 23 if
- ≥ 160 sf or ≥ 230 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? (12)**
- Yes
- No
- N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler Id No.**
18743

**Disposal Date**
4/30/2019

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

**City, State**
MORRISVILLE, PA

**Completed by**
VIVECA RAMOS
Title PROJECT COORDINATOR

**Signature**

**Date**
3/11/2019

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/2019</td>
<td>NJSDA</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>32 EAST FRONT ST., P.O. BOX 991</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
<td>TreNTON, NJ 08626</td>
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<tr>
<td>DCA</td>
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<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>CLEVEland STReET SCHOOL</td>
<td>School (K-12)</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
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<tbody>
<tr>
<td>ORANGE</td>
<td>ESSEX</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>AHERA CONSULTANTS, INC.</td>
<td></td>
<td>TWO BROTHERS CONTRACTING, INC.</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
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<tbody>
<tr>
<td>P.O. BOX 385</td>
<td>609-652-1833</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone No.</th>
<th>License No.</th>
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<tbody>
<tr>
<td>OCEANVILLE, NJ 08231</td>
<td>973-956-8700</td>
<td>00494</td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<td>1/21/2019</td>
<td>4/30/2019</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>Renovation Demolition</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other – Describe:</td>
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<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>
</tr>
</thead>
<tbody>
<tr>
<td>TO SEE ATTACHED</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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<tbody>
<tr>
<td>TWO BROTHERS CONTRACTING</td>
<td>500 +/-</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>WASTE MANAGEMENT G.R.O.W.S.</td>
<td>MORRISVILLE, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>VIVECA RAMOS</td>
<td>PROJECT COORDINATOR</td>
<td>WKaren Ramos</td>
<td>1/9/2019</td>
</tr>
</tbody>
</table>

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