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

Date of Notification (1) March 23, 2018  
March 6, 2018  

Name of Building Owner / Operator (2)  
Bank of America  

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☒ Amendment #1  
☐ Cancellation  

Street Address  
1090 Route 202 South  

City, State & Zip Code  
Branchburg, NJ 08876  

Name of Contact  
Dino Nappi  
Telephone Number  
516-972-8809  

FACILITY INFORMATION  

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

Street Address  
1090 Route 202 South  

City (5)  
Branchburg  

County (6)  
Somerset  

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

Name of Abatement Contractor (9)  
Synatech, Inc.  

Square Feet  
3,500  

# of Floors  
1  

Bldg. Age  
60  

Current Use (Prior if being demolished)  
Bank  

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

Occupancy Status During Abatement (Check only one)  
☐ 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 ≥50 lf  
☐ ≥150 sf or ≥260 lf  
☐ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted(*) and Non-Friable Procedure  

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

Teller Area  
X  
Well and Ceiling Plaster  
30 SF  

Teller Area  
X  

Name of Registered Waste Hauler  
Synatech, Inc.  
NJDEP Waste Hauler ID No.  
27429  

Cubic Yards of Waste  
5  

Name of Registered Landfill  
Fairless Hills  
City, State  
Morrisonville, PA  

Disposal Date  
April 24, 2018  

Completed By  
Diane Aloi  
Title  
Executive Administrator  
Signature  

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

Date of Notification (1) March 9, 2018
Name of Building Owner / Operator (2) Bank of America

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #__
☐ Cancellation

Street Address
1090 Route 202 South

City, State & Zip Code
Branchburg, NJ 08876

Name of Contact
Dino Nappi

Telephone Number
516-972-8809

FACILITY INFORMATION

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

Street Address
1090 Route 202 South

City (5)
branchburg

County (6)
Somerset

Name of Monitoring Firm Hired by Building Owner (9)
New York Environmental

ASCM No.

Name of Abatement Contractor (9)
Synatech, Inc.

Street Address
829 Radio Road

City, State & Zip Code
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm
Michael Baudo

Telephone Number
516-805-2703

Telephone Number
609-298-8916

License Number
00817

Scheduled Start Date (10)
March 23, 2018

Scheduled Completion Date (11)
April 23, 2018

Occupancy Status During Abatement (Check only one)
☒ 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 ≥ 50 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 or Custodial Staff? (12)
Yes ☒ No N/A

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

Amount (Specify SF or LF)

Abatement Type

☐ Removal
☐ Repair
☐ Encapsulation
☐ Envelope

Location
Teller Area

Wall and Ceiling Plaster
30 SF

X

Neighbor

X

Name of Registered Waste Hauler
Synatech, Inc.

NJDEP Waste Hauler ID No.
27429

Cubic Yards of Waste
5

Name of Registered Landfill
Fairless Hills

City, State
Little Egg Harbor, NJ 08087

Disposal Date
April 24, 2018

City, State
Morrisville, PA

Completed By
Diane Aloia

Title
Executive Administrator

Signature

Date
March 9, 2018

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

Date of Notification (1)  
March 23, 2018

Name of Building Owner / Operator (2)  
MJD Property Management LLC

Street Address  
1900 Union Valley Road, Suite 303

City, State & Zip Code  
Hewitt, NJ 07470

Name of Contact  
George A. Guariglia

Telephone Number  
973-706-6535

Check # 1075  
PAID

RECEIVED  
MAR 27 2018

FACILITY INFORMATION

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

Street Address  
330 Ratzer Road

City (5)  
Wayne

County (6)  
Passaic

Name of Monitoring Firm Hired by Building Owner (8)  
Partner Engineering and Science, Inc.

ASCNM No.  
(9)

Name of Abatement Contractor (9)  
Synatech, Inc.

Street Address  
829 Radio Road

City, State & Zip Code  
Little Egg Harbor, NJ 08087

Project Manager for Monitoring Firm  
Brian Nemetz

Telephone Number  
732-542-3569

Scheduled Start Date (10)  
April 2, 2018

Scheduled Completion Date (11)  
May 2, 2018

Occupancy Status During Abatement (Check only one)  
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  
≥160 sf or ≥280 if  
Renovation  
Demolition  
Full Containment with Negative Pressure  
Mini-Enclosure  
Glovebag Procedure  
Non-Exempted(*) and Non-Friable Procedure

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

Yes  
No  
N/A

Vacant Office Space  
20

Cubic Yards of Waste  
Name of Registered Landfill

Name of Registered Waste Hauler  
Synatech, Inc.

Hauler ID No.  
27429

Disposal Date  
May 3, 2018

City, State  
Little Egg Harbor, NJ 08087

Completed By  
Diane Aloia

Title  
Exec. Administrator

Signature  
Date  
March 23, 2018

*Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
3-16-2018

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

Street Address
105 Jacksonville Road
City, State, Zip Code
Lincoln Park, NJ 07035
Name of Contact
Carlos Aponte
Telephone Number
201-638-2673

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

City (5)
Englewood, NJ 07631
County (6)
Bergen
County Code (7)  (STATE USE ONLY)  

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

Name of Abatement Contractor (9)
Green Environmental Services, LLC
Street Address
235 Virginia Avenue
City, State, Zip Code
Jersey City, NJ 07304
Telephone No.
201-333-8855
License No.
01174

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 ≥160 if
☒ Renovation
☒ Demolition

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

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 / wrap & cut
Amount (Specify SF or LF)
15 LF

Abatement Type
Remove ☐ Repair ☒ Encapsulate ☐ Enclose ☒

Name of Registered Waste Hauler
Green Environmental Services
City, State
Jersey City, NJ
Waste Hauler ID No.
0034869
Cubic Yards of Waste
1
Name of Registered Landfill
Fairless Landfill
Disposal Date
3-16-2018
City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office Manager
Signature

3-16-2018

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1)**
3/23/18

**Name of Building Owner/Operator (2)**
MS FRAN ASHBY

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

**Street Address**

**City, State, Zip Code**
EAST ORANGE, NJ 07017

**Name of Contact**
MS. ASHBY

**Facility Information**

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

**Street Address**

**City (5)**
EAST ORANGE

**County (6)**
ESSEX

**County Code (7)**

**Square Feet**
2000

**# of Floors**
2

**Bldg. Age**
1835

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Best Removal Inc.

**Street Address**
450 South River Street

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

**Project Manager for Monitoring Firm**

**Telephone No.**
201-329-7444

**License No.**
00388

**Name of OSHA Monitor**
Omega Environmental

**Street Address**
280 Huylers Street

**City, State, Zip Code**
SOUTH HACKENSACK, NJ 07606

**Start Date (10)**
4/3/18

**Scheduled Completion Date (11)**
4/4/18

**Occupancy Status During Abatement (Check Only One)**
- Facility Closed/Vacated during Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other — Describe: 7AM to 5PM

**Scope of Work (Check All That Apply)**
- ≥3 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (I) and Non-Friable Procedure

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

**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
- Exclude

**Name of Registered Waste Hauler**
Best Removal Inc

**NDEP Waste Hauler ID No.**
17109

**Cubic Yards of Waste**
2407

**Name of Registered Landfill**
Minerva Enterprises, LLC

**City, State**
HACKENSACK, NJ 07601

**Disposal Date**
4/4/18

**Waynesburg, OH 44688**

**Completed by**
J. MAIORANO

**Title**
Estimator

**Signature**

**Date**
3/23/18

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>03 / 23 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Dan McCoy</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Dan McCoy</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Private house</td>
</tr>
<tr>
<td>Street Address</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>County</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (STATE USE ONLY)</td>
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</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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</tr>
<tr>
<td><strong>Type of Facility</strong></td>
<td></td>
</tr>
<tr>
<td>School (K-12)</td>
<td>No</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-1 2)</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
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<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td></td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-638-1777</td>
</tr>
<tr>
<td>License No.</td>
<td>01127</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor</strong></td>
<td>Envirosion Consultants, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagaw Road, Bldg. # 35E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner</strong></td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Name</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Envirosion Consultants, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>20-21 Wagaw Road, Bldg. # 35E</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
<tr>
<td><strong>Scope of Work (Check all that apply)</strong></td>
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</tr>
<tr>
<td>Renovation</td>
<td>Yes</td>
</tr>
<tr>
<td>Demolition</td>
<td>No</td>
</tr>
<tr>
<td><strong>Clean up and decontamination with negative pressure</strong></td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>Yes</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>Yes</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>No</td>
</tr>
<tr>
<td>Tent with Negative Pressure</td>
<td>No</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Description of Asbestos-Containing Material (ACM)</strong></td>
<td></td>
</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SIF or LF)</td>
<td></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td>Basement &amp; Crawlspace</td>
</tr>
<tr>
<td>IN Facility</td>
<td>Family Room - First Floor</td>
</tr>
<tr>
<td>(13)</td>
<td>Attic</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Pipe insulation</td>
<td>60 LF</td>
</tr>
<tr>
<td>VAT floor tiles</td>
<td>300 SF</td>
</tr>
<tr>
<td>VAT floor tiles</td>
<td>200 SF</td>
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<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>NDEP Waste Hauler ID No.</td>
<td>0033785</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F. Inc</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, NJ 07470</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>N. Jevtic</td>
</tr>
<tr>
<td>Title</td>
<td>Owner</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>03/23/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 5:15)

Check#3016

Date of Notification (1) 03 / 23 / 18

Name of Building Owner/Operator (2) Ann Weins

FACILITY INFORMATION

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

City (5)
Chatham, NJ 07928

County (6)
Morris

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) Gr Tech LLC

Street Address

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 04 / 02 / 18 Scheduled Completion Date (11) 04 / 03 / 18

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

Scope of Work (Check all that apply)
Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SFR or LF)

Abatement Type

Abatement

Garage

Basement-closet

Yes No N/A

Duct insulation 150 SF

VAT floor tiles 50 SF

Name of Registered Waste Hauler

Gr Tech LLC

NJDEP Waste Hauler ID No. 0033785

Cubic Yards of Waste TBD

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

City, State Wayne, NJ 07470

Completed By (Print or Type) N.Jevtic Owner

Signature Date 03/23/18

ASB-41
MAY 11

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

Mr. Kenneth Gilman

**Street Address:**

[Redacted]

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

**Name of Contact:** Mr. Kenneth Gilman

**FACILITY INFORMATION**

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

Mr. Kenneth Gilman

**Type of Facility (4):**

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

**Square Feet:** 2200

**# of Floors:** 2

**Bldg. Age:** 1940

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

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

[Redacted]

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

Best Removal Inc.

**Street Address:**

450 South River Street

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

**Project Manager for Monitoring Firm:**

[Redacted]

**Telephone No.:**

201-329-7444

**Name of OSHA Monitor:**

Omega Environmental

**Street Address:**

280 Huyley Street

**City, State, Zip Code:** South Hackensack, NJ 07606

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

- 2 3 sf or ≥3 lfs
- 2 160 sf or ≥260 lfs
- 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:**

Basement

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

Thermal System Insulation

**Amount (Specify SF or LF):** 110 LF

**Abatement Type:**

Removal

**Name of Registered Waste Hauler:**

Best Removal Inc.

**Waste Hauler ID No.:** 17119

**Name of Registered Landfill:** Minerva Enterprises, LLC

**Disposal Date:** 4/6/18

**City, State:** Waynesburg, OH 44688

**Completed by:**

J. Maiorano

**Title:** Estimator

**Signature:**

[Redacted]

**Date:** 3/23/18

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

**State of New Jersey**

**Pursuant to N.J.A.C. 8:9D and 12:120**

**Date of Notification (1)**
03/22/2018

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

---

**FACILITY INFORMATION**

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

**Street Address**
[Redacted]

**City (5)**
Teaneck

**County (6)**
Bergen

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

**Project Manager for Monitoring Firm**

**Telephoe No.**

**Start Date (10)**
04/02/2018

**Scheduled Completion Date (11)**
04/03/2018

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

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

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

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

---

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

- In Facility (13)

- Basement

**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)**
150 LF

**Abatement Type**

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

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

**Cubic Yards of Waste**
TBD

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

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Oliver Hegedus

**Title**
Project Manager

**Signature**

**Date**
03/22/2018

---

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification**: 03/22/2018

**Name of Building Owner/Operator**: Eva Curtis

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

**City**: Short Hills, NJ 07078

**County**: Essex

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

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

**Starting Date**: 04/03/2018

**Scheduled Completion Date**: 04/04/2018

**Occupancy Status During Abatement**: Occupied

**Type of Abatement**

- Renovation
- Demolition
- None

<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>Furnace Room</td>
<td>X</td>
<td>Floor tiles</td>
<td>120 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Disposal Date**: TBD

**City, State**: Totowa, NJ

**Completed by**: Oliver Hegedus

**Title**: Project Manager

**Signature**: [Signature]

**Date**: 03/22/2018

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

- **Date of Notification:** 3/15/18
- **EPA:**
- **DEP:**
- **DOH:**
- **DOE:**
- **DOM:**
- **DCA:**

**Name of Building Owner/Operator:**

- **MICHAEL VIOLA**
- **City:** WESTWOOD
- **State:** NJ
- **Zip Code:** 07693

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

- **JULIE LEES**
- **Street Address:**
- **City:** WESTWOOD
- **State:** NJ
- **Zip Code:** 07693

**Type of Facility:**

- **K-12:**
- **Higher Education:**
- **Other:**

**Square Feet:**

- **25:**

**Number of Floors:**

- **3**

**Age of Building:**

- **50**

**Occupancy Status During Abatement:**

- **3/15/18**
- **3/15/18**

**Name of Abatement Contractor:**

- **A.M.I.C. Contracting Inc.**
- **License No.:** 00156

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

- **BASEMENT**

**Asbestos Abatement Type:**

- **Paint retaliation**

**Name of Registered Waste Hauler:**

- **Newark Cartage Inc.**
- **ID No.:** 040069
- **City:** Newark
- **State:** NJ
- **Zip Code:** 07105

**Name of Releashed Landfill:**

- **Central Sanitary Landfill**
- **Lin.:** PA 08702

**Completed by:**

- **Joseph Vocaturo**
- **Title:** Vice President

**Date:** 3/15/18

---

*Please review this form to ensure compliance with applicable regulations.*
NOTIFICATION OF ASBESTOS ABATEMENT
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Whitney E. Houston Academy

Street Address:
215 Dodd St.

City, State, Zip Code:
East Orange, NJ 07017

Name of Monitoring Firm Hired by Building Owner (6):
AHERA Consultants Inc.

Street Address:
P.O. Box 385

City, State, Zip Code:
Oceanville, NJ 08231-0385

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

Street Address:
205 Rt. 46 West Suite 14

City, State, Zip Code:
Totowa, NJ 07512

Name of OSHA Monitor:

Same as above

Scope of Work (Check all that apply):
- Renovation
- Demolition

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

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

Name of Registered Waste Hauler:
Academy Construction Inc.

City, State:
Totowa, NJ

Completed By (Print or Type):
John Geleski

Title:
PM

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:58 and 12:120

Date of Notification (1): 3-23-18

Name of Building Owner/Operator (2): 188 Route 10 West, LLC
Street Address: 100 Dunbar Street
City, State, Zip Code: Spartanburg, SC 29306
Name of Contact: Telephone Number
ASBESTOS CONTROL & LICENSING

<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>188 NJ - Route 10</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

City (5): 188 NJ - Route 10
County (6): Hanover
County Code (7) (STATE USE ONLY): Morris

Name of Monitoring Firm Hired by Building Owner (8): Whitestone Associates
Street Address: 1600 Manor Drive
City, State, Zip Code: Chalfont, PA 18914

Project Manager for Monitoring Firm: Jeremy Hassett
Telephone No.: 215-712-2700
Start Date (10): 4/13/18
Scheduled Completion Date (11): 4/17/18

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

Types 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? (14)
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

Roof

Name of Registered Waste Hauler: Newark Carting
NJDEP Waste Hauler ID No.: 4509
Cubic Yards of Waste: 30 cy
Name of Registered Landfill: Minerva Landfill
City, State: Newark, NJ, Waynesburg, OH
Complied by: James Kelly
Title: President
Signature: Date: 3-23-18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:68-11 and 8:68-20)

Date of Notification (1)
3/23/18

Name of Building Owner/Operator (2)
James Douglas Private Home

FACILITY INFORMATION

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

City (5)
Surf City NJ 08008

County (6)

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

Name of Abatement Contractor (9)
Pernaco Inc.

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
4/8/18

Scheduled Completion Date (11)
4/13/18

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

Scope of Work (Check All That Apply)

Renovation
Demolition

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

In Facility

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

Endorse

Name of Registered Waste Hauler

United Containers

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S.

Disposal Date

City, State

Completed by

Anthony T Perna

Title
President

Signature

Date
3/23/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:6E and 12:120)

Date of Notification (1)  
03-22-2018

Name of Building Owner/Operator (2)  
The Church of Jesus Christ of Latter-day Saints

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

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

Street Address  
P.O. Box 1968

City, State, Zip Code  
Fairmont, West Virginia 26555-1968

Name of Contact  

Telephone Number  

FACILITY INFORMATION

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

Street Address  
47 Bassett Highway

City (5)  
Dover

County (6)  
Morris

County Code (7)  

State Use Only

Current Use (Prior if being demolished)  
Warehouse

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

Name of Abatement Contractor (9)  
United Safety LLC

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  

Telephone No.  
973-276-0099

License No.  
01317

Start Date (10)  
04-02-2018

Scheduled Completion Date (11)  
04-07-2019

Name of OSHA Monitor  
United Safety LLC

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)  
[ ] ≤ 2 sf or ≤ 2 if  
[ ] ≥ 160 sf or ≥ 260 if  

Renovation  
Demolition

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

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

In Facility

13

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

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

Amount (Specify SF or LF)  

Abatement Type

Removal  Repair  Encapsulate  Endure

Name of Registered Waste Hauler  
Newark Carting Inc/United Safety LLC

NJDEP Waste Hauler ID No.  
04509/0036820

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
IESI Landfill/ GROWS Landfill

Disposal Date  
TBD

City, State  
Bethlehem, PA/Tullytown, PA

Completed by  
Vanco Petkov  
Title  Project Manager  

Signature  
Date  03-22-2018

Continued Page 2

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 03-22-2018

Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints

Street Address P.O. Box 1968

City, State, Zip Code Fairmont, West Virginia 26555-1968

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Proposed Church

Street Address 47 Bassett Highway

City (5) Dover

County (6) Morris

County Code (7) (STATE USE ONLY) ________

Current Use (Prior if being demolished) Warehouse

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

Name of Abatement Contractor (9) United Safety LLC

Street Address 22 Troy Lane

City, State, Zip Code Lincoln Park, NJ 07035

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 04-02-2018

Scheduled Completion Date (11) 04-07-2018

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: ________

Scope of Work (Check All That Apply)

≤ 25 sf or ≤ 60 sf

≥ 160 sf or ≥ 250 sf

Renovation

Demolition

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

(13)

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate
eisure

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

Ground 1st Roof Base X Flashing 342 SF

Ground 1st Roof Parapet Wall X Flashing Tar 17 SF

Main Roof Parapet & Vent Duct X Flashing Tar 15 SF

Roof Membrane X Canopy 900 SF

Name of Registered Waste Hauler

Newark Carting Inc/United Safety LLC NJ/DEP Waste Hauler ID No. 04509/0036820

Cubic Yards of Waste TBD

Name of Registered Landfill

IESI Landfill/GROWS Landfill

Disposal Date TBD

City, State Bethlehem, PA/Tullytown, PA

Completed by Vanco Petkov Title Project Manager

Signature Date 03-22-2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
03-22-2018

Name of Building Owner/Operator (2)  
The Church of Jesus Christ of Latter-day Saints

Street Address  
P.O. Box 1988

City, State, Zip Code  
Fairmont, West Virginia 26555-1988

Name of Contact  

Telephone Number  

FACILITY INFORMATION

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

Street Address  
47 Bassett Highway

City (5)  
Dover

County (6)  
Morris

County Code (7)  

Current Use (Prior if being demolished)  
Warehouse

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

Name of Abatement Contractor (9)  
United Safety LLC

Street Address  
22 Troy Lane

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  

Telephone No.  
973-275-0099

License No.  
01317

Start Date (10)  
04-02-2018

Scheduled Completion Date (11)  
04-07-2018

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:  

Scope of Work (Check All That Apply)  

Renovation

Demolition

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

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

Yes  
No  
N/A

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

Amount (Specify SF or LF)  

Abatement Type  

Removal

Repair

Encapsulate

Endorse

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

1st Floor Interior West Side (Front)  
X  
Waterproofing Mastic (Black)  
152 SF  
X

1st Floor Interior West Side (Middle)  
X  
Waterproofing Mastic (Black)  
70 SF  
X

Name of Registered Waste Hauler  
Newark Carting Inc/United Safety LLC

NJ/DEP Waste Hauler ID No.  
04509/0036820

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
IESI Landfill/GROWS Landfill

Disposal Date  
TBD

City, State  
Bethlehem, PA/Tullytown, PA

Completed by  
Vanco Petkov

Title  
Project Manager

Signature  

Date  
03-22-2018

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:50 and 12:120)

Date of Notification (1): 3/22/18

Name of Building Owner/Operator (2):
County of Monmouth

Street Address:
Special Services Complex, 2nd Flr, 300 Halls Mill Road
Freehold, NJ 07728

Name of Contact:
Casey Hornstra
Telephone Number: 732-431-7760

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Monmouth County Courthouse

Street Address:
71 Monument Road

City (5):
Freehold
County (6):
Monmouth
County Code (7):

Name of Monitoring Firm Hired by Building Owner (8):
N5
ASCM No. 00030

Street Address:
850 Bear Tavern Road

City, State & Zip Code:
Trenton, NJ 08628

Project Manager for Monitoring Firm:
Ryan Broadwater
Telephone Number: 609-323-2555

Scheduled Start Date (10):
3/23/18

Scheduled Completion Date (11):
3/24/18

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: 5:00 PM – 1:30 AM
- Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF):

Abatement Type:

Mechanical/Storage Room:

Vibration Collar:
16 SF

Name of Registered Waste Hauler:
Service Transport Inc.

City, State:
New Castle, Delaware

Completed By (Print or Type):
Gino Pizzigoni
Title:
Project Manager

Name of Registered Landfill:
Minerva Landfill
City, State:
Waynesburg, OH

Cubic Yards of Waste:
1/2 Cu Yd

Disposal Date:
3/26/18

Name of Registered Landfill:
Minerva Landfill
City, State:
Waynesburg, OH

Date:
3/22/18

GI 18012C
Date of Notification (1) 3/26/2018  

Name of Building Owner/Operator (2) Clary

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

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

Street Address [Redacted]

City, State, Zip Code Princeton, NJ 08540

Name of Contact Cathryn Clary

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) Princeton, NJ 08540

County (6) Mercer

County Code (7) (STATE USE ONLY) _____________________________

Square Feet 2200

# of Floors 2

Bldg. Age 100 +/-

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

Current Use (Prior if being demolished) Residential

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

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

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Telephone No. 609-298-4070

License No. 00493

License

Start Date (10) 4/5/2018

Scheduled Completion Date (11) 4/6/2018

Occupy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

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

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

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

Amount (Specify SF or LF) 50 if

Abatement Type X

Name of Registered Waste Hauler Stevens Environmental Services

NJDEP Waste Hauler ID No. 18282

Cubic Yards of Waste 1

Name of Registered Landfill Fairless Landfill

City, State Allentown, NJ

Disposal Date 4/9/2018

City, State Morrisville, PA

Completed by Mahlon E. Stevens Title Project Manager

Signature _____________________________ Date 3/26/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
March 26, 2018

Name of Building Owner/Operator (2)
Virtua

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

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

Street Address
20 West Stow Road, Suite 3

City, State, Zip Code
Martlon, NJ 08053

Name of Contact
Patrick Giordano

Telephone Number
856-355-0923

FACILITY INFORMATION

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

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

City (5)
Voorhees

County Code (7)
Camden (STATE USE ONLY)

Square Feet
1,100

# of Floors
2

Bldg. Age
~60

Current Use (Prior to being demolished)
Residence

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

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
700 Turner Industrial Way, Suite 105

City, State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Dave Brown

Telephone No.
610-745-6311

Telephone No.
484-872-8884

License No.
01161

Name of OSHA Monitor
EMSL

Street Address
303 B National Road

City, State, Zip Code
Exton, PA 19341

Start Date (10)
4/9/18

Scheduled Completion Date (11)
4/20/18

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

Scope of Work (Check All That Apply)

☑ ≥3 sf or ≥3 lf
☐ 300 sf or ≤2000 sf
☐ Demolition

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

In Facility

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)

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>VAT</th>
<th>Ceiling (textured)</th>
<th>VAT</th>
<th>Window Caulk (15 each)</th>
<th>700 SF</th>
<th>850 SF</th>
<th>300 SF</th>
<th>225 LF</th>
<th>65 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td></td>
<td>VAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement / Stairway</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Ceiling (textured)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd floor</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>VAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
<td>VAT</td>
<td>Window Caulk (15 each)</td>
<td></td>
<td></td>
<td>700 SF</td>
<td>850 SF</td>
<td>300 SF</td>
<td>225 LF</td>
<td>65 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler

Waste Management

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

City, State

Trenton, NJ

Completed by
Jack Bally

Title
Sr. Project Manager

Signature
Date
March 26, 2018

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

Date of Notification (1)  March 26, 2018
Name of Building Owner/Operator (2)  Linde, LLC

Agencies Notified  Street Address  
☐ EPA □ Initial  200 Somerset Corporate Blvd, Suite 7000
☐ DEP □ Amended  City, State, Zip Code  Bridgeport, NJ 08807
☐ DOL □ Amendment # 
☐ DOH □ Emergency (including justification) 
☐ DCA □ Cancellation

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

Street Address  38 Porcupine Road

City (5)  Pedricktown  County Code (7)  NA
County (6)  Salem  Current Use (Prior if being demolished)  Former industrial site

Name of Monitoring Firm Hired by Building Owner (8)  EHS
ASCM No.  
Name of Abatement Contractor (9)  ecoservices, LLC
Street Address  411 Southgate Court, Suite E
City, State, Zip Code  Mickleton, NJ

Project Manager for Monitoring Firm  Jack Carney
Telephone No.  856-224-0080

Start Date (10)  4/16/18
Scheduled Completion Date (11)  5/4/18

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

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

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)  Transite pipe

Amount (Specify SF or LF)  300 LF

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

Name of Registered Waste Hauler Waste Management  
NJDEP Waste Hauler ID No.  Cubic Yards of Waste  35

City, State  Trenton, NJ  Disposal Date  TBD

Name of Registered Landfill  Salem County Landfill
City, State  Alloway, NJ

Completed by  Jack Bally
Title  Sr. Project Manager
Signature  

Date  March 26, 2018

Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)

3/23/18

Name of Building Owner/Operator (2)

Donna Bruun, Executor for the Estate of Dorothy Granahan

Agencies Notified

☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA

Type Notification

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

Street Address

City, State, Zip Code

Newtown, PA 18940

Name of Contact

Donna Bruun

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Residence

City (4)

Manville

County (5)

Somerset

County Code (7)

(STATE USE ONLY)

Square Feet

1,200

# of Floors

2

Bldg. Age

50+

Current Use (Prior if being demolished)

Residence

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.S.A. 8:50-1 and 12:120)

Name of Monitoring Firm Hired by Building Owner (8)

1 Source Safety & Health

ASCM No.

Name of Abatement Contractor (9)

ceservices, LLC

Street Address

140 S. Village Avenue

City, State, Zip Code

Exton, PA 19341

Project Manager for Monitoring Firm

Dan Bruun

Telephone No.

609-226-8557

Start Date (10)

4/9/18

Scheduled Completion Date (11)

4/10/18

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 ft or 3 ft

☐ 3 ft or 3 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)

Yes

No

N/A

Basement

Floor Tile

450 SF

☐ X

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

Amount (Specify SF or LF)

Abatement Type

Repair

Encapsulation

Endorse

Name of Registered Waste Hauler

ecservices, LLC

NJDEP Waste Hauler ID No.

2

Cubic Yards of Waste

Name of Registered Landfill

GROWS Landfill

City, State

Exton, PA

Disposal Date

TBD

City, State

Morristown, PA

Completed by

Jack Bally

Title

Sr. Project Manager

Signature

Date

3/23/18

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

Date of Notification (1) 3/23/2018

Name of Building Owner/Operator (2) Lawson

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address [redacted]

City, State, Zip Code Metuchen, NJ 08840

Name of Contact Steven Lawson

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

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

City (5) Metuchen, NJ 08840

County (6) Mercer

County Code (7) [STATE USE ONLY]

Square Feet 1800

# of Floors 2

Bldg. Age 75 +/-

Current Use (Prior if being demolished) Residential

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

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

ASCM No.

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Telephone No. 609 298-4070

Start Date (10) 4/2/2018

Scheduled Completion Date (11) 4/5/2018

Occupancy Status During Abatement (Check Only One)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am 4 pm

Scope of Work (Check All That Apply)

- <3 sf or <25 sq ft
- 250 sf or >250 sq 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) 25 lf

Abatement Type

- Removal
- Repair
- Encapsulate
- Endure

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 4/5/2018

City, State Morrisville, PA

Completed by Mahlon E. Stevens

Title Project Manager

Signature

Date 3/23/18

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

Date of Notification (1) 3/23/18

Name of Building Owner/Operator (2) Neil Piekny

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

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

Street Address [Redacted]

City, State, Zip Code Demarest, NJ 07627

Name of Contact Telephone Number
Neil Piekny

FACILITY INFORMATION

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

Square Feet 3300

# of Floors 2

Bldg. Age 60+/-

Current Use (Prior if being demolished) Residential Home

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

Name of Abatement Contractor (9) All Stages Abatement

ASCM No. Street Address 280 N. Midland Ave.

License No. 01305

County Code (7) [STATE USE ONLY] Bergen

City, State, Zip Code Saddle Brook, NJ 07663

License No. 201-600-3184

Telephone No. 201-600-3184

Name of OSHA Monitor [Redacted]

Start Date (10) 4/2/18

Scheduled Completion Date (11) 4/5/18

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe: 8 A.M. to 4 P.M.

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 ft
- ≥160 sf or ≥160 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)

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

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

Amount (Specify SF or LF)

Abatement Type

Yes No N/A

Basement X

VAT

22 SF

X

Basement X

Mastic

184 SF

X

Location of Registered Waste Hauler

All Stages Abatement

NJ DEP Waste Hauler ID No. 0036592

Cubic Yards of Waste 1

Name of Registered Landfill

Grand Central Sanitary Landfill

Disposal Date TBD

City, State

Saddle Brook, NJ

City, State

Pen Argyl, PA

Completed by

Richard Cristofoli

Title

President

Signature

Date 3/23/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
3.22.18

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

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

**Street Address**

**City, State & Zip Code**
Freehold, NJ 07728

**Name of Contact**
Thomas Toolan

**Telechone Number**

**FACILITY INFORMATION**

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

**Street Address**

**City (5)**
Freehold, NJ

**County (6)**
Monmouth

**County Code (?)**

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

**Square Feet**
1,924

**# of Floors**
1

**Bldg. Age**
1972

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

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

**Street Address**
617 Stokes Rd., Suite 4-318

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

**Name of Abatement Contractor (9)**
Asbestos and Mold Services, Corp.

**Street Address**
3859 Sylon Blvd.

**City, State & Zip Code**
Hainesport, NJ 08036

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
107 Haddon Ave.

**City, State & Zip Code**
Westmont, NJ 08108

**Project Manager for Monitoring Firm**
Finog Environmental

**Telephone Number**
888-715-2211

**Assigned ASCM No.**

**Scheduled Start Date (10)**
4-6-18

**Scheduled Completion Date (11)**

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Hours
- [x] Isolated Area

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 ft
- [ ] ≥160 sf ≥260 sf
- [x] Renovation
- [x] Demolition

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

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

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

**Amount (Specify SF or LF)**
- [ ] 100 SF

**Abatement Type**
- [ ] Full-Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedures
- [x] Non-Exempted and Non-Friable Procedure

**Right Rear Bedroom**

**Floor Tile & Mastic**
- [ ] 100 SF

**Name of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**
02265

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS

**City, State**
Morrisville, PA

**Disposal Date**

**Completed By (Print or Type)**
Joann Mullarkey

**Title**
Admin.

**Signature**

**Date**
3.22.18
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1)**  
3.22.18

**Name of Building Owner / Operator (2)**  
Jennifer & Joseph Krenckicki

**Address**

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

- **Type Notification**
  - [X] Initial
  - [ ] Amended
  - [ ] Emergency
  - [ ] Cancellation

- **Street Address**
  - [ ] City, State & Zip Code  
  - [ ] Bordentown, NJ 08505

- **Name of Contact**
  - [ ] Jennifer Krenckicki

- **Telephone Number**
  - [ ]

**FACILITY INFORMATION**

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

- **City**
  - [ ] City, State & Zip Code  
  - [ ] Bordentown, NJ

- **County**
  - [ ] Burlington

- **County Code**
  - [ ]

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

- **Square Feet**
  - [ ] # of Floors
  - [ ] Bldg. Age
  - [ ] 1,200
  - [ ] 3
  - [ ] 1860

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

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

- **Street Address**
  - [ ] 617 Stokes Rd., Suite 4-318

- **City, State & Zip Code**
  - [ ] Medford, NJ 08055

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

- **Telephone Number**
  - [ ] 888-715-2211

- **Scheduled Start Date (10)**
  - [ ] 4.5.18

- **Scheduled Completion Date (11)**
  - [ ] 4.5.18

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

- **Scope of Work (Check all that apply)**
  - [X] ≥3 sf or ≥3 ft
  - [X] ≥160 sf ≥260 ft
  - [X] Renovation
  - [X] Demolition

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

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

- **Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)**
  - [ ] Full Containment with Negative Pressure
  - [ ] Mini-Enclosure
  - [ ] Glove Bag Procedures
  - [ ] Non-Exempted and Non-Friable Procedure

- **Amount (Specify SF or LF)**
  - [ ] Pipe Insulation
    - [ ] 7 LF
  - [ ] Mesh w/ Troweled on Asb.
    - [ ] 10 SF

- **Name of Registered Waste Hauler**
  - NJDEP Waste Hauler ID No. 02265

- **Name of Registered Landfill**
  - GROWS

- **Disposal Date**
  - [ ] City, State
  - [ ] Morrisville, PA

- **Completed By (Print or Type)**
  - [ ] Joann Mullarkey
  - [ ] Title
    - [ ] Admin.
  - [ ] Signature
  - [ ] Date
    - [ ] 3.22.18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)
Job #:1803-2285

Date of Notification (1)
3.19.18

Name of Building Owner / Operator (2)
Marian Jackson

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Emergency
DOL Cancellation
DOH
DCA

Street Address

City, State & Zip Code
Willingboro, NJ 08046

Name of Contact
Marian Jackson

Telephone Number

FACILITY INFORMATION

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

City (5)
Willingboro, NJ

County (6)
Burlington

County Code (7)

Type of Facility (4)

Square Feet # of Floors Bldg. Age
2,067 2 1961

Current Use (Prior if being demolished)

Residence

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

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
P.O. Box 316

City, State & Zip Code
Thorofare, NJ 08096

Project Manager for Monitoring Firm
Dave Flanigan

Telephone Number
856-848-0800

Scheduled Start Date (10)
4.4.18

Emergency Schedule Completion Date (11)
4.6.18

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Hours
Describes:
Isolated Area

Scope of Work (Check all that apply)

≥3 sf or ≥3 ft
≥160 sf ≥260 ft
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

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

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

Amount (Specify SF or LF)

Abatement Type

Living Room

Dining Room

Floor tile 308SF

Floor tile 132SF

Name of Registered Waste Hauler

Freehold Cartage

NJDPS Waste Hauler ID No. 02265

Cubic Yards of Waste

Name of Registered Landfill

GROWS

Disposal Date
4.9.18

City, State
Morrisville, PA

Completed By (Print or Type)
Joann Mullarkey

Title
Admin.

Signature

Date
3.19.18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Date of Notification (1)
March 20, 2018

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

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

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

Street Address
Building 80, 2nd Floor
Newark, NJ 07114

Name of Contact
Ralph Campione
Telephone Number
973-624-6688

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Terminal B, Satellite B3, Ramp Level

Street Address
Terminal B, Newark Liberty International Airport

City (5)
Newark

County (6)
Essex

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
320,000

# of Floors
2

Bidg. Age
50 +/-

Current Use (Prior if being demolished)
Terminal

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

ASCN No.
N/A

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

Street Address
223 Randolph Avenue
Clifton, NJ 07011

Telephone No.
973-476-4681

License No.
00120

Name of OSHA Monitor
McCabe Environmental Services, L.L.C.

Street Address
464 Valley Brook Avenue
Lyndhurst, NJ 07071-1998

Start Date (10)
April 02, 2018

Scheduled Completion Date (11)
May 31, 2018

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 sl or ≥ 3 If
☐ ≥ 150 sl or ≥ 260 If

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

Future PA Storage Room Near Gate 68

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)
216 sq ft

List of Exceptions

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

Abatement Type

Name of Registered Waste Hauler

NJ DEP Waste Hauler
ID No.
19555

Cubic Yards of Waste
15

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Waynesburg, OH

Completed by
G. Roger Woodman
Title
Project Manager

Date
3/20/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>February 12, 2018</th>
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<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DOH</td>
<td>Amendment # 02</td>
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<tr>
<td>□ DCA</td>
<td>□ Emergency (including justification)</td>
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<td></td>
<td>□ Cancellation</td>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>PA of NY &amp; NJ</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Goethals Bridge, 2777 Goethal Road North</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Staten Island, NY 10303-8413</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Uday Mehta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>201-595-4881</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Goethals Bridge - New Jersey Side of Bridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2777 Goethals Road North</td>
</tr>
<tr>
<td>City (5)</td>
<td>Staten Island, NY 10303-8413</td>
</tr>
<tr>
<td>County (6)</td>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>Union</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSI Services and Solutions (NYC) Inc.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>121 West 36th Street, 3rd. Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Dmitry Khudisman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>212 290 6323</td>
</tr>
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| Start Date (10) | February 14, 2018 |
| Scheduled Completion Date (11) | February 12, 2019 |

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

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Other - Describe: Non-removable exterior work</th>
</tr>
</thead>
</table>

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

| □ ≥ 3 ft or ≥ 3 H |
| □ ≥ 160 ft or ≥ 260 H |
| □ Renovation |
| □ Demolition |

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Concrete Encased Transite Pipe (Parasol) - South Side</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2000 ft²</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Jimmy Byrne Trucking</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID No.</td>
<td>19551</td>
</tr>
</tbody>
</table>

| Cubic Yards of Waste | 125 |

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Minerva Enterprises, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>02/15/2018 - 02/15/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>G. Roger Woodman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>3/16/2018</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
3 / 22 / 18

Name of Building Owner/Operator (2)
Millville Public Schools / Job #1707-5179 Check #9968

Street Address
101 North 3rd Street
City, State, Zip Code
Millville, NJ 08332
Name of Contact
Bob Ryan
Telephone Number
609-858-5395

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Millville Senior High School

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

Square Feet
200,000

# of Floors
2

Bldg. Age
50+

Education
Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
AbateTech, Inc.

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

License No.
00529

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
1805 Atlantic Avenue
City, State, Zip Code
Manasquan, NJ 08736

Telephone No.
732-223-2225

License No.
00529

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff Environmental Services, Inc.

ASCM No.
00100

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Name of Monitoring Firm Hired by Building Owner (8)
Brinkerhoff Environmental Services, Inc.

Telephone No.
732-223-2225

Name of OSHA Monitor
EMSL Analytical

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
12

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

Disposal Date
4/30/18

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

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date
3/23/18

* Do not use this form for asbestos licensure exempted activities.
# Scope of Work

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used for Maint.</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room D105</td>
<td>NO</td>
<td>Transite Panels</td>
<td>9 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D104</td>
<td>NO</td>
<td>Transite Panels</td>
<td>9 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D103</td>
<td>NO</td>
<td>Transite Panels</td>
<td>10 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D103</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>8 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D101</td>
<td>NO</td>
<td>Transite Panels</td>
<td>10 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D101</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>8 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D102</td>
<td>NO</td>
<td>Transite Panels</td>
<td>19 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D102</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>7 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D113/114</td>
<td>NO</td>
<td>Transite Panels</td>
<td>60 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D113/114</td>
<td>NO</td>
<td>Chalkboards &amp; Mastic</td>
<td>50 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D113/114</td>
<td>NO</td>
<td>Transite Door Panels</td>
<td>30 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>(2) Storage Rms &amp; Hall</td>
<td>NO</td>
<td>Floor tile &amp; Mastic</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Throughout</td>
<td>NO</td>
<td>Door Caulk</td>
<td>10 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/16/2018
Name of Building Owner/Operator (2) Franklin Township Public Schools

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

Street Address 1755 Amwell Road
City, State, Zip Code Somerset NJ 08873
Name of Contact Jonathan Toth
Telephone Number (732) 302-4200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sampson G. Smith Intermediate School
Street Address 1649 Amwell Rd
City (5) Somerset NJ 08873
County (6) Somerset
County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants
ASCM No. 0057

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

Square Feet 90,000
# of Floors 1
Bldg. Age 30 years

Current Use (Prior to being demolished) Public School

Name of Abatement Contractor (9) Savic Construction Corp
Street Address 205 Route 46 Suite 15
City, State, Zip Code Totowa, NJ 07512

Project Manager for Monitoring Firm John Smoyer
Telephone No. 609-652-1833

Start Date (10) 04/02/2018
Scheduled Completion Date (11) 04/07/2018

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

Scope of Work (Check All That Apply)
X ≥ 23 sf or ≥ 23 If
X ≥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)
Yes No N/A

Boys & Girls Student Restrooms X Pipe Fitting Insulation 21 LF x x
Student Boys Restroom gym X Pipe Fitting Insulation 22 LF x x
Student Girls Restroom gym X Pipe Fitting Insulation 16 LF x x

Name of Registered Waste Hauler Savic Construction Corp
NJ/DEP Waste Hauler ID No. 32253
Disposal Date 04/07/2018

Cubic Yards of Waste Name of Registered Landfill GROWS
City, State Totowa NJ Morrisville, PA

Completed by Title Project Manager Milos Savic Signature

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
New Jersey Department of Health and Senior Services
PO Box 369, 3635 Quakerbridge Road
Trenton, NJ 08626-0369
Telephone: 609-631-6749  Fax: 609-588-7618
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

Initial [ ] Amended [ ] Cancellation [ ] Emergency (must include justification) Date of Notification: 03/16/2017

Building Information

Name of Building Owner/Operator: Franklin Township Public Schools
Street Address: 1755 Amwell Road  City: Somerset  State: NJ  Zip: 08873
Name of Contact: Jonathan Toth  Telephone No.: 609-652-1833

Facility Information

Name of Facility Where Work Activity is to Take Place: Sampson G Smith School
Describe Facility Use: Public School
Street Address: 1649 Amwell Road  City: Somerset  State: NJ  Zip: 08873
County Name: Somerset  County Code (state use only): 
Scheduled Start Date: 03/31/18  Scheduled Completion Date: 04/04/18

Occupancy Status During Activity (check only one):

X Facility Closed/Vacated During Entire Activity
[ ] Activity Performed Outside Normal Facility Hours—Describe:
[ ] Other—Describe:

Scope of Work (check all that apply):

X Floor Tile  Square Footage: 484 SF  Percentage Asbestos: N/A
X Mastic  Square Footage: 484 SF  Percentage Asbestos: N/A
[ ] Other:  Square Footage: 

Contractor Information

Company Name: Savic Construction Corp  Telephone No.: 973-339-9735
Street Address: 205 Route 46 Suite 15  City: Totowa  State: NJ  Zip: 07512
New Jersey Asbestos License Number (if applicable): 10304
Monitoring Firm (if applicable): AHERA Consultants  Telephone No.: 609-652-1833

Signature

Completed By (type or print legibly): Sava Savic  Title: President
Signature: 
Date: 03/16/2018
New Jersey Department of Health and Senior Services  
PO Box 369, 3635 Quakerbridge Road  
Trenton, NJ 08625-0369  
Telephone: 609-631-6749 Fax: 609-688-7618

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES  
Must be submitted 10 days prior to the beginning of work. Please type or print clearly.

Type of Notification (check one) and Date Submitted

☒ Initial  ☐ Amended  ☐ Cancellation  ☐ Emergency (must include justification) Date of Notification: 03/16/2017

Building Information

Name of Building Owner/Operator: Franklin Township Public Schools
Street Address: 1755 Amwell Road City: Somerset State: NJ Zip: 08873
Name of Contact: Jonathan Toth Telephone No.: 609-652-1833

Facility Information

Name of Facility Where Work Activity is to Take Place: Franklin Middle School
Public School
Street Address: 415 Francis St City: Somerset State: NJ Zip: 08873
County Name: Somerset County Code (state use only): 
Scheduled Start Date: 03/31/18 Scheduled Completion Date: 04/04/18

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe:

☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 74 SF Percentage Asbestos: N/A

☒ Mastic Square Footage: 74 SF Percentage Asbestos: N/A

☐ Other: Square Footage: 

Contractor Information

Company Name: Savic Construction Corp Telephone No.: 973-339-9735
Street Address: 205 Route 46 Suite 15 City: Totowa State: NJ Zip: 07512
New Jersey Asbestos License Number (if applicable): 01034
Monitoring Firm (if applicable): AHERA Consultants Telephone No.: 609-652-1833

Signature

Completed By (type or print clearly): Sava Savic Title: President
Signature: Date: 03/16/2018
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification (1):** 3/23/18  
**Name of Building Owner / Operator (2):** Macy's Inc.

**Street Address:** 7 West Seventh Street  
**City, State & Zip Code:** Cincinnati, OH 45202  
**Name of Contact:** Tia Wenrich  
**Telephone Number:** (513) 579-7241

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Macy's Store  
**Street Address:** 237 Woodbridge Center  
**City:** Woodbridge  
**County:** Middlesex  
**County Code:** ASCM No.

**Name of Monitoring Firm Hired by Building Owner (8):** Pennoni Associates, Inc.  
**Street Address:** 515 Grove St.  
**City, State & Zip Code:** Haddon Heights, NJ 08035  
**Project Manager for Monitoring Firm:** Ralph Coppola  
**Telephone Number:** 856-656-2875

**Scheduled Start Date (10):** 4/2/18  
**Scheduled Completion Date (11):** 4/4/18

**Occupancy Status During Abatement (Check only one):**  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours – Describe: 10PM to 7AM  
- Facility Occupied During Abatement

**Scope of Work (Check all that apply):**  
- ≥3 sf or ≥3 li  
- ≥100 sf ≥260 li  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):**  
**Is Location Normally Used Solely by Maintenance or Custodial Staff? (12):** Yes

**Mechanical Room**

**Fittings**  
**Amount (Specify SF or LF):** 56 Ea

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

**Name of Registered Waste Hauler:** Service Transport Inc.  
**NJDEP Waste Hauler ID No.:** 20990

**Cubic Yards of Waste:** 1/2/Cu Yd  
**Name of Registered Landfill:** Minerva Landfill  
**Disposal Date:** 4/4/18  
**City, State:** Waynesburg, OH

**Completed By (Print or Type):** Gino Pizzigoni  
**Title / Project Manager:**  
**Signature:** [Signature]

**Date:** 3-23-18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>03 / 23 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Metro Real Estate Companies</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>■ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>■ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>■ DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-6)</td>
<td>□ Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>□ Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Broad Street, Suite 400</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bloomfield, NJ 07003</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Warren Sprake</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>973-429-7900</td>
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FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>653 Totowa Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Totowa</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Current Use (Prior or if being demolished)</td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td></td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 1224</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union, NJ</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Rick Eustaquio</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-494-3762</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04 / 02 / 18</td>
<td></td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>06 / 04 / 18</td>
<td></td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM AM-PM AM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

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

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

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation - Wrap and Cut</th>
<th>475 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Pipe Fitting Insulation</td>
<td>30 LF</td>
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</table>

Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATG/Century Waste LLC</td>
<td>SW-2431007797896</td>
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</table>

Cubic Yards of Waste As Needed

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises/G.R.O.W.S. North Landfill</td>
<td>TBD</td>
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</tbody>
</table>

Name of Registered Landfill

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste As Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minerva Enterprises/G.R.O.W.S. North Landfill</td>
<td>475 LF</td>
</tr>
</tbody>
</table>

Completed (Print or Type) | Title | Signature | Date |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Monchik</td>
<td>Project Manager</td>
<td>Allen Monchik</td>
<td>3/23/18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
03-23-18

Name of Building Owner/Operator (2)  
PSEG

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

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

Street Address  
4000 Hadley Road  
City, State, Zip Code  
South Plainfield NJ

Name of Contact  
Arthur Stengel Jr.

Telephone Number  
732-215-3572

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PSEG Hopewell Substation

Street Address  
2451 Pennington Road  
City (5)  
Hopewell  
County (6)  
Mercer  
County Code (7)  
(N/A)

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

Square Feet  
N/A  
# of Floors  
N/A  
Bldg. Age  
N/A

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

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

Street Address  
17 Old Dock Road  
City, State, Zip Code  
Yaphank, NY 11980

Current Use (Prior if being demolished)  
Switching yard

Telephone No.  
631-924-8111  
License No.  
01136

Project Manager for Monitoring Firm  
N/A  
Telephone No.  
N/A

Name of OSHA Monitor  
WRS Environmental Services, Inc.

Street Address  
17 Old Dock Road  
City, State, Zip Code  
Yaphank, NY 11980

Start Date (10)  
04-02-18  
Scheduled Completion Date (11)  
06-04-18

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

Other – Describe:  
Electrical circuit cabinet

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  
In Facility

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

Office Building  
Wall Caulk  
9 SF  
☒

Amount (Specify SF or LF)  

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

Name of Registered Waste Hauler  
Waste Management

NJ DEP Waste Hauler ID No.  
17273

Cubic Yards of Waste (TBD)

Name of Registered Landfill  
Fairless Landfill

City, State  
Elizabeth, NJ 07201  
Disposal Date  
TBD

City, State  
Morrisville, PA 19067

Completed by  
Raymond Tutiven  
Title  
Supervisor

Signature  
Date  
03-23-18

* Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Emergency Sub chapter 8
Check # 8881

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

Name of Building Owner/Operator (2)
Boonton Public Schools

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

Type Notification
☐ Initial
☒ Amendment
☐ Cancellation

Street Address
434 Lathrop Avenue

City, State, Zip Code
Boonton, NJ 07005

Name of Contact
Steven Gardberg, Business Admin/Board Secretary

Telephone Number
973-335-9700 x 8003

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Boonton High School

Street Address
306 Lathrop Avenue

City (5)
Boonton

County (6)
Morris

County Code (7)
(State use only)

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

ASCM No.
0012

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

Square Feet
50,000

# of Floors
2

Bldg. Age
90

Current Use (Prior to if being demolished)
School

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
Described: Start: 2:00 p.m. (second Shift)
☐ Other - Describe: Occupied

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☒ Glovebag procedure
☒ Mini-enclosure
☐ Non-friable procedure

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Location
Electrical Room
Trainer's Room
Locker Room
Drying Room
Athletic Directors Office

Is location normally used solely by maintenance/custodial staff (12)
Yes
No
N/A
elements / pipe insulation / VAT
8 LF / 50 LF / 132sf
5 LF / 40 LF
4 LF / 10 LF
4 LF / 7 LF
4 LF / 40 LF

Registered Waste Handler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste
5

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/22/18 - 03/26/18

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date
03/23/2018
Re: Amended One page attachment to Emergency notification dated 03/19/2018 for asbestos removal at:
Boonton High School
306 Lathrop Avenue, Boonton, NJ 07005

Start date: 03/22/2018

The following materials shall be abated:

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Is location normally used solely by maintenance / custodial staff</th>
<th>Description of ACM</th>
<th>Amount (LF or SF)</th>
<th>Remove</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locker Changing Room, Front Hallway Entrance</td>
<td>NO</td>
<td>Fitting Pipe insulation</td>
<td>10 lf</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20 lf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys Locker Room</td>
<td>NO</td>
<td>Asbestos ductwork</td>
<td>24 sqft</td>
<td>Wrap &amp; cut</td>
<td></td>
</tr>
<tr>
<td>Storage Room</td>
<td>NO</td>
<td>VAT &amp; Mastic</td>
<td>120 sqft</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Emergency Sub chapter 8
Check # 8874

Date of Notification (1)
10/13/18

Name of Building Owner/Operator (2)
Boonton Public Schools

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DOA

Type Notification
- Initial
- Amendment
- Cancellation

Street Address
434 Lathrop Avenue

City, State, Zip Code
Boonton, NJ 07005

Name of Contact
Steven Gerdberg, Business Admin/Board Secretary

Telephone Number
973-335-9700 x 8003

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Boonton High School

Street Address
305 Lathrop Avenue

City (5)
Boonton

County (6)
Morris

County Code (7)
0012

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

Square Feet
50,000

# of Floors
2

Bldg. Age
90

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Bldg. Owner (6)
ASCM No.
0012

Street Address
105 Ryerson Road

City, State, Zip Code
Englewood, NJ 07631-4355

Project Manager for Monitoring Firm
Nadine Bello

Phone Number
973-616-4601

Scheduled Start Date (10)
03/22/2018

Sched. Completion Date (11)
03/25/2018

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scope of Work (check all that apply)
- Demolition
- Renovation
- >3/4 sf or >3 if
- >=160 sf or >260 if
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-frangible procedure

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

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>elbows / pipe insulation / VAT</td>
<td>8 if / 50 if / 132sf</td>
</tr>
<tr>
<td>elbows / pipe insulation</td>
<td>5 if / 40 if</td>
</tr>
<tr>
<td>elbows / pipe insulation</td>
<td>4 if / 10 if</td>
</tr>
<tr>
<td>elbows / pipe insulation</td>
<td>4 if / 7 if</td>
</tr>
<tr>
<td>elbows / pipe insulation</td>
<td>4 if / 40 if</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

Cubic Yards of Waste
5

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
03/22/18-03/26/18

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer

Signature
Gordana Luna
Date
03/19/2018
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  
10/13/2018

Name of Building Owner/Operator (2)  
Somerset Hills Board of Education

Street Address  
25 Olcott Avenue

City, State, Zip Code  
Bernardsville, NJ 07924

Name of Contact  
Dan McDougall

Telephone Number  
908-204-1930

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Administration Building

Street Address  
25 Olcott Avenue

City (9)  
Bernardsville, NJ 07924

County (6)  
Somerset

County Code (7)  
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ER & M Inc.

ASCM No.  

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-6669

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
04/04/2018

Sched. Completion Date (11)  
04/05/2018

Occupancy Status During Abatement (Check only one)  
☑ Abatement performed outside of normal facility hours  
Other-Describe: UNOCCUPIED

Scope of Work (check all that apply)  

Demolition  
Renovation  

Full Containment Winegative pressure  
Glovebag procedure  

Mini-enclosure  
Non-friable procedure

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

Former maintenance shop  
☑ TSI debris  
18 sf  
☑  

Former stairwell next to mens room  
☑ pipe insulation  
3sf

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
2

Name of Registered Landfill  
Fairless Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
04/09/2018

City, State  
Morrisville, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna  
Date  
03/20/2018
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
Hawthorne Board of Education

Name of Contact
Scott Chamberlin

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Washington School (non sub 8)

Street Address
176 Mohawk Avenue

City, State, Zip Code
Hawthorne, NJ 07507

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

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

ASCM No.
0079

Street Address
20-21 Wagaraw Avenue - Building 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Current Use (Prior if being demolished)
school (non sub 8)

Project Manager for Monitoring Firm
Guillermo Morales

Phone Number
973-636-9145

Bldg. Age

Scheduled Start Date (10)
04/03/2018

Sched. Completion Date (11)
04/04/2018

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Fair Lawn, NJ 07410

License Number
Company
19563
Tullytown Resource & Recovery Center

Cubic Yards of Waste

NJDEP Hauler ID
1/2

Disposal Date
04/05/2018

Name of Registered Landfill

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature

Date
03/23/2018

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Yes
No
N/A

Basement girl's bathroom

pipe insulation
4 If

Basement boy's bathroom

pipe insulation
4 If

Location normally used solely by maintenance/custodial staff (12)

Location normally used solely by maintenance/custodial staff (12)

Location normally used solely by maintenance/custodial staff (12)
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification
03 / 23 / 18

### Name of Building Owner/Operator
Rick Ferrera

### Division of Property Management & Construction

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

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

### Street Address
20 W. State Street, 3rd Flr.

### City, State, Zip Code
Trenton, NJ 08608

### Name of Contact
Rick Ferrera

### Telephone Number
609-292-1717

### FACILITY INFORMATION

#### Name of Facility Where Abatement Is Taking Place
Residential

#### Street Address
South River

#### City
Union, NJ

#### County
Middlesex

#### Name of Monitoring Firm Hired by Building Owner
Bio Terra Solutions

#### ASCM No.

#### Name of Abatement Contractor
ALL PRO MANAGEMENT LLC

#### Street Address
27 Outwater Lane

#### City, State, Zip Code
Garfield, NJ 07026

#### Phone No.
973-928-4888

#### License No.
1188

### Start Date
03 / 03 / 18

### Scheduled Completion Date
05 / 14 / 18

### Project Manager for Monitoring Firm
Rick Eustaquio

#### Telephone No.
973-494-3762

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

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

### Scope of Work (Check all that apply)
- [ ] 23 sf or 23 ft
- [X] 26 sf or 260 ft
- [ ] 180 sf or 260 ft

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
</table>
| IN Facility (13)                                          | Yes                                                           | (12) Description                                                                  | 3,000 SF
| Plaster                                                  |                                                               | Cubic Yards of Waste As Needed                                                   | 3,000 SF
| Roofing Material                                         |                                                               | Name of Registered Landfill                                                       | G.R.O.W.S. North Landfill/Fairless Landfill
| Paneling Glue                                            |                                                               | Disposal Date                                                                     | TBD
|                                                           |                                                               | City, State                                                                       | Morrisville, PA

### Name of Registered Waste Hauler
Century Waste LLC

### NJDEP Waste Hauler ID No.
32797

### Cubic Yards of Waste As Needed
TBD

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

### City, State
Elizabeth, NJ

### Disposal Date
TBD

### City, State
Morrisville, PA

### Date
3/23/18

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

Date of Notification (1)
03 / 23 / 18

Name of Building Owner/Operator (2)

Division of Property Management & Construction

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

Telephone Number
609-292-1717

FACILITY INFORMATION

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

City (5)
South River

County (6)
Middlesex

County Code (7)/(STATE USE ONLY)

Name of Monitoring Firm HIred by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Project Manager for Monitoring Firm
Rick Eustaqui

Telephone No.
973-494-3762

Telephone No.
973-928-4888

License No.
1188

Start Date (10)
03 / 26 / 18

Scheduled Completion Date (11)
05 / 14 / 18

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Scope of Work (Check all that apply)
☐ ≥ 25 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

IN Facility

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Encapsulate
☐ Endorse

Exterior

Name of Registered Waste Hauler
Century Waste LLC

Waste Hauler ID No. 32797

Cubic Yards of Waste
As Needed

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

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature
Allen Monchik

Date
3/23/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1) 03 / 23 / 18

Name of Building Owner/Operator (2)

Division of Property Management & Construction

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

Type Notification
☐ Initial
☐ Amended
☒ Emergency (Including Justification)
☐ Cancellation

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera

Telephone Number
609-282-1717

FACILITY INFORMATION

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

City (5)
South River

County (6)
Middlesex

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)

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

Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Telephone No.
973-494-3762

License No.
1188

Start Date (10) 03 / 26 / 18

Scheduled Completion Date (11) 05 / 14 / 18

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

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

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Scope of Work (Check all that apply)
☐ 23 sf or ≥3 sf
☐ ≥180 sf or ≥260 sf

☐ Renovation
☒ Demolition

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

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

Yes ☒ No ☐ N/A ☐

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

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

Amount (Specify SF or LF)

Abatement Type

Removal
Endorsement
Endorsement

2nd Floor

☒ ☐ ☐ VAT/Mastic 150 SF

Exterior

☒ ☐ ☐ Transite Siding 1,800 SF

Name of Registered Waste Hauler
Century Waste LLC

NJDEP Waste Hauler ID No.
32797

Cubic Yards of Waste As Needed

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

City, State
Morrisville, PA

Disposal Date TBD

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date 3/23/18

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 5:16)

Date of Notification (1): 03 / 23 / 18

Name of Building Owner/Operator (2):

Division of Property Management & Construction

Agencies Notified

- [x] EPA
- [x] DOLWD
- [x] DOH
- [x] DCA (NJAC 5:23-8)
- [□] Initial
- [□] Amended
- [□] Amendment # ___
- [x] Emergency (including justification)
- [□] Cancellation

Street Address:
20 W. State Street, 3rd Flr.

City, State, Zip Code:
Trenton, NJ 08608

Name of Contact:
Rick Ferrera

Telephone Number:
609-292-1717

FACILITY INFORMATION

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

Street Address:
South River

City (5):
South River

County (6):
Middlesex

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

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

ASCM No.:

Name of Abatement Contractor (9):
ALL PRO MANAGEMENT LLC

Street Address:
P.O. Box 1224

City, State, Zip Code:
Union, NJ

Project Manager for Monitoring Firm:
Rick Eustaquiio

Telephone No.:
973-494-3762

Start Date (10):
03 / 26 / 18

Scheduled Completion Date (11):
05 / 14 / 18

Name of OSHA Monitor:
ALL PRO MANAGEMENT LLC

Street Address:
27 Outwater Lane

City, State, Zip Code:
Garfield, NJ 07026

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

Location of Asbestos-Containing Material (ACM) To Be Abated IN Facility (13):

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) To Be Abated IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor- Kitchen</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[x] VAT/Mastic</td>
<td>250 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Century Waste LLC

NJ/DEP Waste Hauler ID No. 32797

Cubic Yards of Waste As Needed:

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

City, State:
Morrisville, PA

Disposal Date:
TBD

Completed By (Print or Type):
Allen Monchik

Title:
Project Manager

Signature:
Allen Monchik

Date:
3/23/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1): 03 / 23 / 18

Name of Building Owner/Operator (2):
Division of Property Management & Construction

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

Street Address: 20 W. State Street, 3rd Flr.
City, State, Zip Code: Trenton, NJ 08608
Name of Contact: Rick Ferrera
Telephone Number: 609-292-4717

FACILITY INFORMATION

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

Street Address:

City (5):
South River

County (6):
Middlesex

County Code (7)/STATE USE ONLY:

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

ASCM No.:

Name of Abatement Contractor (9):
ALL PRO MANAGEMENT LLC

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

Project Manager for Monitoring Firm:
Rick Eustaquio

Telephone No.:
973-494-3762

License No.:
1188

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 - Describe Time of Abatement: AM/PM/AM/PM/AM

Start Date (10):
03 / 26 / 18

Scheduled Completion Date (11):
05 / 14 / 18

Scope of Work (Check all that apply):
- >2 sf or >3 if
- >160 sf or >260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor- Kitchen</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>210 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>1st Floor- Rear Half-Bathroom</td>
<td>No</td>
<td>VAT</td>
<td>30 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>1st Floor- Main Bathroom</td>
<td>No</td>
<td>VAT/Mastic</td>
<td>35 SF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Transite Siding</td>
<td>2,700 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Century Waste LLC
NJDEP Waste Hauler ID No. 52797

Disposal Date:
TBD

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

City, State:
Elizabeth, NJ
Morrisville, PA

Completed By (Print or Type):
Allen Monchik

Title:
Project Manager

Signature:
Allen Monchik

Date:
3/23/18

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

Date of Notification (1)
03 / 23 / 18

Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified

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

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

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrera
Telephone Number
609-292-1717

FACILITY INFORMATION

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

Street Address

City (5)
South River

Square Feet

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)

County (9)
Middlesex

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

# of Floors

Bldg. Age

Project Manager for Monitoring Firm
Rick Eustaquilo
Telephone No.
973-494-3762

Start Date (10)
03 / 26 / 18

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

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

Telephone No.
973-494-3762

License No.
1188

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

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

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

Scope of Work (Check all that apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)
Exterior
Transite Siding
1,600 SF

Exterior
Window Glazing
7 Units

Name of Registered Waste Hauler
Century Waste LLC

NJDEP Waste Hauler ID No.
32787

Cubic Yards of Waste As Needed

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

City, State
Elizabeth, NJ
Morrisville, PA

Completed By (Print or Type)
Allen Monchik
Title
Project Manager
Signature
Allen Monchik
Date
3/23/18

ASB-41
JAN 13

* 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 / 23 / 18

Name of Building Owner/Operator (2)

Division of Property Management & Construction

Agencies Notified

• EPA
• DOLWD
• DOH
• DCA
• NJAC 5:23-8

Type Notification

• Initial
• Amended
• Cancellation

Amendment #

Emergency (Including justification)

Street Address

20 W. State Street, 3rd Flr.

City, State, Zip Code

Trenton, NJ 08608

Name of Contact

Rick Ferrera

Telephone Number

609-292-1717

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Residential

Street Address

City (6)

South River

County (8)

Middlesex

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)

ALL PRO MANAGEMENT LLC

Street Address

P.O. Box 1224

City, State, Zip Code

Union, NJ

License No.

973-494-3762

973-528-4888

Project Manager for Monitoring Firm

Rick Eustaquito

Telephone No.

Start Date (10)

03 / 26 / 18

Scheduled Completion Date (11)

05 / 14 / 18

Name of OSHA Monitor

ALL PRO MANAGEMENT LLC

Street Address

27 Outwater Lane

City, State, Zip Code

Garfield, NJ 07026

Occupancy Status During Abatement (Check only one)

• Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check all that apply)

• Full Containment with Negative Pressure

• Demolition

• 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

VAT

1st Floor- Kitchen, Dining Room, Rear Hallway

Name of Registered Waste Hauler

Century Waste LLC

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste As Needed

Name of Registered Landfill

G.R.O.W.S. North Landfill/Fairless Landfill

City, State

Elizabeth, NJ

Disposal Date

TBD

City, State

Morrisville, PA

Completed By (Print or Type)

Allan Monchik

Title

Project Manager

Signature

Allen Monchik

Date

3/23/18

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