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

Date of Notification (1) 4 / 15 / 19
Name of Building Owner/Operator (2) Rowan College at Gloucester County / Job #1904-5465 Check #11221

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

Street Address 1400 Tanyard Road
City, State, Zip Code Sewell, NJ 08080
Name of Contact Mike Rumpf Telephone Number 609-209-3909

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Rowan College Room 400

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

City (5) Sewell, NJ
County (6) Gloucester
Current Use (Prior if being demolished) College

Chair County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates
ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.
Project Manager for Monitoring Firm Alan Lloyd
Street Address 515 Grove Street, Suite 1B
City, State, Zip Code Haddon Heights, NJ 08035
Telephone No. 609-547-0505
License No. 00529

Start Date (10) 4 / 24 / 19 Scheduled Completion Date (11) 4 / 30 / 19

Name of OSHA Monitor EMSL Analytical

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

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 if □ Renovation □ Full Containment with Negative Pressure
□ ≥150 sf or ≥260 if □ Demolition □ Mini-Enclosure
□ Full Containment with Negative Pressure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler AbateTech, Inc.
Name of Registered Landfill Fairless Landfill
NJDEP Waste Hauler ID No. 18750
Disposal Date 4/30/19
City, State Lumberton, NJ Morrisville, PA
Cubic Yards of Waste 40

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

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial, Amended</td>
<td>Newark Liberty International Airport, Bldg. 125, Central Terminal Area</td>
<td>Newark, NJ 07114</td>
<td>John A. Volpe</td>
<td>(973) 622-0800 ext. 259</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3)**
  Newark Liberty International Airport

- **Street Address**
  3 Brewster Road

- **City (5)**
  Newark

- **County (6)**
  Essex

- **Name of Monitoring Firm Hired by Building Owner (8)**
  The Port Authority of NY & NJ

- **Name of Abatement Contractor (9)**
  Pinnacle Environmental Corp.

- **Telephone No.**
  973-622-0800

- **License No.**
  00766

- **Start Date (10)**
  04-15-19

- **Scheduled Completion Date (11)**
  07-31-19

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

- **Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**
  - Exterior
    - Tar Coated Corrugated Pipe
    - 400LF

- **Amount (Specify SF or LF)**
  400LF

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

- **Name of Registered Landfill**
  Minerva Enterprises

- **Completed by**
  Raymond Kinsella

- **Date**
  04-15-19

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

Date of Notification (1) 4 / 15 / 19

Name of Building Owner/Operator (2) IPT Avenel DC Urban REnewal LLC

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

Street Address
301 Route 17 North Suite 206
Rutherford, NJ 07070

City, State, Zip Code
Rutherford, NJ 07070
Name of Contact
Eric Helstrom
Telephone Number
(201)507-6776

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Proctor & Gamble

Street Address
100 Essex Avenue

City (5)
Avenel

County (6)
Middlesex
Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety

ASCM No.
00117

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

Street Address
277 Fairfield Road, Suite 102

City, State, Zip Code
Fairfield, NJ 07004

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
856-452-1311

License No.
01349

Name of OSHA Monitor
SAI Environmental Services, LLC

Start Date (10) 04 / 25 / 19
Scheduled Completion Date (11) 04 / 29 / 19

Current Use (Prior if being demolished)
Vacant

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

Scope of Work (Check all that apply)
- > 3 sf or > 3 ft
- > 200 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

Yes No N/A

Location Normally Used Solely by Maintenance/Custodial Staff?

Calling Sheetrock/Joint Compound

Mezzanine Mixing Room Area

Roof 2 & 4

Name of Registered Waste Hauler
Service Transport Group, Inc

NJDEP Waste Hauler ID No. SW2117

Cubic Yards of Waste 40

Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE

Disposal Date 4/29/19

Completed By (Print or Type)
Mary Petrovski
Title Manager

Signature

Date 4/15/19

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification**: 4/23/19

**Name of Building Owner/Operator**: Allan Lisse Private Home

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

**Type Notification**: Initial

**Amendment #**: N/A

**Amendment (including justification)**: N/A

**Street Address**: N/A

**City, State, Zip Code**: N/A

**Ventnor NJ 08406**

**Name of Contact**: Josh

**Telephone Number**: N/A

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: Allan Lisse Private Home

**City (5)**: Ventnor

**NJ 08406**

**County (6)**: Atlantic

**County Code (7)**: N/A

**STATE USE ONLY**

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

**Square Feet**: 1000

**# of Floors**: 2

**Bldg. Age**: 35+

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

**ASCM No.**: N/A

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

**Street Address**: PO Box 329

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

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

**Telephone No.**: N/A

**Telephone No.**: 856-753-9800

**License No.**: 00727

**Start Date (10)**: 4/24/19

**Scheduled Completion Date (11)**: 4/28/19

**Name of OSHA Monitor**: Same

**Occupancy Status During Abatement (Check Only One)**: N/A

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

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

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

- **TO BE ABATED In Facility (13)**: Kitchen & laundry Area

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen &amp; laundry Area</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Floor Tile</td>
<td></td>
<td></td>
<td>200 SF</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**: 200 SF

**Cubic Yards of Waste**: 3

**Name of Registered Waste Hauler**: Pernaco Inc.

**NJ/DEP Waste Hauler ID No.**: 21787

**Disposal Date**: 4/28/19

**City, State**: Egg Harbor Twp NJ 08234

**Name of Registered Landfill**: ACUA

**Completed by**: Anthony T Perna

**Title**: President

**Signature**: N/A

**Date**: 4/23/19

*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)**  
4 / 30 / 19

**Name of Building Owner/Operator (2)**  
Kessler Institute for Rehabilitation / Job #1901-5431 Check #11249

**Street Address**  
1199 Pleasant Valley Way

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

**Name of Contact**  
Gary Formisano  
973-414-4799

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Kessler Institute for Rehabilitation- Unit B

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

**Street Address**  
199 Pleasant Valley Way

**City (5)**  
West Orange

**County (6)**  
Essex

**Square Feet**  
1,200

**# of Floors**  
3

**Bldg. Age**  
30

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

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

**Street Address**  
611 Industrial Way West

**City, State, Zip Code**  
Eatontown, NJ 07724

**Project Manager for Monitoring Firm**  
Brian Nemetz  
732-904-9665

**Telephone No.**  
732-904-9665

**License No.**  
00529

**Start Date (10)**  
4 / 29 / 19

**Scheduled Completion Date (11)**  
5 / 17 / 19

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
<th>Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Mechanical Room L072</td>
<td>☒</td>
<td>Fittings</td>
<td>75 each</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Basement Mechanical Room I070</td>
<td>☒</td>
<td>Fittings</td>
<td>75 each</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Basement</td>
<td>☒ ☐</td>
<td>Plaster</td>
<td>20 SF</td>
<td>☒ ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

**Cubic Yards of Waste**  
25

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

**City, State**  
Lumberton, NJ

**Disposal Date**  
5/17/19

**City, State**  
Tullytown, PA

**Completed By (Print or Type)**  
Gwendolyn Trumbetti  
Title: Operations Coordinator  
Signature: [Signature]  
Date: 4-30-19

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>ACBM</th>
<th>LOCATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>White matrix block, grey corrugated aircell, and tan layered wafer pipe insulation and associated cementitious pipe joint compound</td>
<td>L083 (Mechanical Room)</td>
<td>Debris in pipe (right of door)</td>
</tr>
<tr>
<td></td>
<td>Hallway between Room L081 and L083</td>
<td>2 locations damage</td>
</tr>
<tr>
<td></td>
<td>Hallway adjacent Room L076</td>
<td>1 exposed elbow</td>
</tr>
<tr>
<td></td>
<td>L072</td>
<td>3 locations damaged</td>
</tr>
<tr>
<td></td>
<td>L055</td>
<td>3 locations damaged</td>
</tr>
<tr>
<td>Grey cementitious pipe fitting insulation associated with the fiber glass pipe insulation (ACM)</td>
<td>Hallway adjacent Boiler Room</td>
<td>1 location damaged</td>
</tr>
<tr>
<td></td>
<td>L086 (Boiler Room)</td>
<td>16 locations damaged</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 1 / 19
Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1904-5473 Check #11247

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

Street Address
10 Legion Place- Building A
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
John Greco
Telephone Number
201-602-1499

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L

Street Address
Route 80 Exit Ramp & Landing Road
City (5)
Landing, NJ

County (6)
Atlantic
County Code (7) (STATE USE ONLY)

Substation
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
NA
ASCM No.
Name of Abatement Contractor (9)
AbateTech, Inc.

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

Project Manager for Monitoring Firm

Telephone No.
609-255-2107
License No.
00529

Start Date (10)
4 / 28 / 19
Scheduled Completion Date (11)
4 / 28 / 19
Name of OSHA Monitor
EMSL Analytical

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

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 ft
- ≥ 160 sf or ≥ 280 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

Exterior Utility Pole

Asbestos risers

Abatement Type

Amount (Specify SF or LF)
16 LF

Abatement Type

Amount (Specify SF or LF)

Abatement Type

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

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

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

Amount (Specify SF or LF)

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

City, State
Lumberton, NJ

Cubic Yards of Waste
2

Disposal Date
4/28/19

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

City, State
Lumberton, NJ

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

Date 5/1/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 5:16)

Date of Notification (1) 5 / 1 / 19
Name of Building Owner/Operator (2) Vineland /
City of Vineland / Job #1904-5465 Check #11250

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
- (NJAC 5:23-8)
Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation
Street Address
640 East Wood Street
City, State, Zip Code
Vineland, NJ 08362

Name of Contact
Mohan Puri
Telephone Number
856-794-4230 ext. 4249

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
V.M.E.U

Street Address
211 N. West Avenue

City (5)
Vineland

County (6)
Cumberland

County Code (7) (STATE USE ONLY)
Utility

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services
ASCM No. Name of Abatement Contractor (9)

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Street Address
30 Maple Ave, PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
James Proctor

Telephone No. 609-704-8850

License No. 00529

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
5 / 10 / 19

Scheduled Completion Date (11)
5 / 13 / 19

Name of OSHA Monitor
EMSL Analytical

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____ PM/ _____PM-_____AM

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Gloves 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
Encapsulation
Enclosure

Basement Level Areas 7, 8 & 9

- Clean Up
- Pipe Insulation wet wrap

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 5

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

City, State
Lumberton, NJ

Disposal Date 5/13/19

City, State
Tullytown, PA

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

Signature

Date 5-1-19

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

Date of Notification (1) 5 / 1 / 19
Name of Building Owner/Operator (2) PSE&G / Job # 1903-5447

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- EPA
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
80 Park Avenue
City, State, Zip Code
Newark, NJ
Name of Contact
Chris Castronova
Telephone Number
908-412-2206

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Bay Way Refinery

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

Square Feet
# of Floors
Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Refrery

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

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

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

Name of Project Manager for Monitoring Firm
James Proctor

Telephone No.
609-704-8850

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Start Date (10) 5 / 13 / 19
Scheduled Completion Date (11) 5 / 14 / 19

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

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

Exterior

Yes No N/A

Location Normally Used Solely by Maintenance/ Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Location of Registered Waste Hauler

N.J. DEP Waste Hauler ID No.
000592061

Cubic Yards of Waste
8

Name of Registered Landfill
Grows- Fairless Landfill

City, State
Flanders, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 5-1-19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 5/2/2019

Name of Building Owner/Operator (2) Williams

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

Name of Contact Trefoil Williams

FACILITY INFORMATION

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

Street Address

City (5) Princeton, NJ 08540

County (6) Mercer

County Code (7) (STATE USE ONLY) 

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

ASCM No. 

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

Street Address PO Box 341

City, State, Zip Code Chesterfield, NJ 08515

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. 609 288-4070

Start Date (10) 5/13/2019

Scheduled Completion Date (11) 5/16/2019

Name of OSHA Monitor MECS

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

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

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

In Facility (13)

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 Endoscope

Basement Thermal Pipe Insulation 115 if

Name of Registered Waste Hauler Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 2

Name of Registered Landfill Fairless Landfill

City, State Allentown, NJ Morrisville, PA

Disposal Date 5/16/2019

Completed by Mahlon E. Stevens Title Project Manager

Signature 

Date 5/2/2019

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

Date of Notification (1)  
5 / 1 / 19

Name of Building Owner/Operator (2)  
NJ DPMC

Agency Notified (3)  
☑ EPA  ☑ DOLWD  ☑ DOH  ☑ DCA (NJAC 5:23-8)

Type Notification  
☐ Initial  ☑ Amended  ☑ Amendment #1  ☑ Emergency (Including justification)  ☑ Cancellation

Street Address  
33 W State St

City, State, Zip Code  
Trenton, NJ 08608

Name of Contact  
Christina Burris

Telephone Number

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

Street Address  
5 Morris Road - Ringwood State Park

City (5)  
Ringwood, NJ

County (8)  
Passaic

County Code (7)/STATE USE ONLY

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

Name of Abatement Contractor (9)  
Controlled Environmental Systems

Street Address  
1211 N. Bethlehem Pike - Suite 60

City, State, Zip Code  
Spring House, PA 19477

Telephone No.  
215 542 7000

License No.  
00847

Name of OSHA Monitor  
CES

Project Manager for Monitoring Firm  
William Weisgarber

Telephone No.  
609.556.8101

Start Date (10)  
4 / 8 / 19

Scheduled Completion Date (11)  
5 / 31 / 19

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 7:00AM - 5:00PM PM - AM

Scope of Work (Check all that apply)

☐ #3 sf or #3 ft

☐ #160 sf or #260 ft

☐ Renovation  ☑ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure  ☐ Glovebag Procedure  ☐ Non-Exempted (*) and Non-Friable Procedure

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

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  ☡  Endstage  ☡  Ensurable  ☡

Exterior ☑  ☐  ☐

ACM Caulking  3300 LF

☐ ☐ ☐

Name of Registered Waste Hauler  
Geppert Recycling

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill  
Western Berks Community Landfill

City, State  
Hatfield, PA

Disposal Date  
5/31/19

City, State  
Birdesboro, PA 19508

Completed By (Print or Type)  
Patricia Visco

Title  
Office Manager

Signature  

Date  
5/1/2019

* Do not use this form for asbestos licensure exempted activities.
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of NJ

Date of Notification (1):
[05/11/19]

Name of Building Owner/Operator (2):
Judith Anderson

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

Type Notification:
- [x] Initial
- [ ] Amendment
- [ ] Cancellation

Street Address:

City, State, Zip Code:
Allendale, NJ 07401

Name of Contact:
Judith Anderson

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
Judith Anderson

Street Address:

City, State, Zip Code:
Allendale, NJ 07401

County:
Bergen

County Code (7) (State use only):

Name of Monitoring Firm Hired by Bldg. Owner (8):
n/a

ASCM No.:

Project Manager for Monitoring Firm:

Bldg. Owner (8):

Scheduled Start Date (10):
05/13/2019

Sched. Completion Date (11):
05/14/2019

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

Scope of Work (check all that apply):
- [x] Demolition
- [x] Renovation
- [ ] >3 sf or >3 if
- [ ] ≥180 sf or ≥260 sf

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

<table>
<thead>
<tr>
<th>Basement Storage Room</th>
<th>X</th>
<th>Pipe (wrap &amp; cut)</th>
<th>9 sf</th>
</tr>
</thead>
</table>

Registered Waste Hauler:
B & G Restoration, Inc.

Diaposal Date:
05/14/2019

City, State:
Lincoln Park, NJ

Name of Registered Landfill:
Grand Central Landfill

Cubic Yards of Waste:
1

Name of OSHA Monitor:
B & G Restoration, Inc.

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

Telephone Number:
(973) 696-8869

License Number:
00378

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

Street Address:
105 Ryerson Road

City, State, Zip Code:
Lincoln Park, NJ 07035

TelephoneNumber:
(973) 696-8869

License Number:
00378

Completed by (Print or Type):
Gordana Luna

Title:
Secretary/Treasurer

Date:
05/14/2019
**State of NJ**

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

**B & G proj. #: 2019-90 PAID**

**Check # 9271**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/15/2019</td>
<td>Teresa Bulger</td>
</tr>
</tbody>
</table>

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

**Street Address**
- [Redacted]

**City, State, Zip Code**
- Cranford, NJ 07616

**Name of Contact**
- Teresa Bulger

**Telephone Number**
- [Redacted]

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
- Teresa Bulger

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

**Square Feet**
- [Redacted]

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

**Name of Abatement Contractor (6)**
- 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)**
- [X] Facility closed/vacated during entire period of abatement
- [ ] Abatement performed outside of normal facility hours:
- [ ] Other

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[ ] Yes</td>
<td>pipe insulation</td>
<td>70 LF</td>
</tr>
<tr>
<td>1st &amp; 2nd floor</td>
<td>[ ] Yes</td>
<td>5 radiator heat covers</td>
<td>40 sf</td>
</tr>
<tr>
<td>attic</td>
<td>[X] No</td>
<td>vermiculite</td>
<td>630 sf</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
- B & G Restoration, Inc.

**NJDEP Hauler ID#**
- 19563

**Cubic Yards of Waste**
- 10

**Name of Registered Landfill**
- Grand Central Landfill

**City, State**
- Lincoln Park, NJ

**Disposal Date**
- 05/20/2019

**Completed by (Print or Type)**
- Gordana Luna

**Title**
- Secretary/Treasurer

**Signature**
- [Redacted]

**Date**
- 05/01/2019
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)
Jacqueline Carey

Agencies Notified

EPA  □
DEP  □
DOL  X
DOH  □
DCA  □

Type Notification

□ Initial
□ Amendment
□ Cancellation

Street Address
[Redacted]

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Jacqueline Carey

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Jacqueline Carey

Street Address
[Redacted]

City (5)  County (6)  County Code (7)
Montclair, NJ 07042  Essex  [State use only]

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

ASCM No.

Type of Facility (4)

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

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)
residential

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)996-8669

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)  Sched. Completion Date (11)
05/14/2019  05/15/2019

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

Scope of Work (Check all that apply)

□ Demolition
□ Renovation
X  >½ sf or >½ if
□ ≥160 sf or ≥280 sf

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

Is location normally used solely by maintenance/custodial staff (12)

Yes  No  N/A

Description of asbestos-containing material (ACM)

Maint./Cust. Staff.

Amount (Specify SF or LF)

Removal  Repair  Encaps

Recycle  Reuse  Encap

ENGL

[Table starts here]

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal  Repair  Encaps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>pipe insulation</td>
<td>36 if</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>pipe fittings</td>
<td>10 fittings</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal  Repair  Encaps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>pipe insulation</td>
<td>36 if</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>pipe fittings</td>
<td>10 fittings</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Central Landfill</td>
</tr>
</tbody>
</table>

Registed Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste 2

Disposal Date 05/16/2019

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna

Title  Secretary/Treasurer

Signature

Date 05/01/2019
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 4/26/2019

**Name of Building Owner/Operator (2):** 2017 Cleveland Springfield LLC

**Street Address:** 194 Mount Airy Road

**City, State, Zip Code:** Basking Ridge, NJ 07920

**Name of Contact:** Mr. Michael J. Murphy Jr.

**Telephone Number:** 610-656-6530

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beauty Salon (Former Residence)</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 676 Morris Ave

**City (5):** Springfield

**County (6):**

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

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

**Name of Monitoring Firm Hired by Building Owner (8):** Whitestone Associates, Inc

**Street Address:** 35 Technology Drive

**City, State, Zip Code:** Warren, NJ 07059

**Project Manager for Monitoring Firm:** Mr. Jeremy Hassett

**Telephone No.:** 267-496-7956

**License No.:** 01181

**Name of OSHA Monitor:** Hazmat Diagnostic LLC

**Street Address:** 16 Glenwild Ave

**City, State, Zip Code:** Bloomingdale, NJ 07403

### Project Status:

<table>
<thead>
<tr>
<th>Start Date (10):</th>
<th>Scheduled Completion Date (11):</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/29/2019</td>
<td>5/5/2019</td>
</tr>
</tbody>
</table>

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

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

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

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

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

- **In Facility:**
  - **(13):**
  - **1st / 2nd Floors:**
    - **(12):**
      - **Plaster:** 1500 SF

### Name of Registered Waste Hauler

**Red Technologies LLC**

**NJDEP Waste Hauler ID No.:** 0036163

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Minerva

**City, State:** Bloomfield, CT

**Disposal Date:** TBD

**City, State:** Waynesburg, OH

**Completed by:** Deni Naumovski

**Title:** President

**Signature:**

**Date:** 4/26/2017

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION TO AJUST ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
4/29/2019

Name of Building Owner/Operator (2)
200 Hollister Associates LLC C/O SEAGIS

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

Street Address
100 Front Street, Suite 350
City, State, Zip Code
Conshohocken, PA 19428
Name of Contact
Amy Kirk
Telephone Number
484-530-9149

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Quivican Trucking
Street Address
200 Hollister Road
City (5)
Teterboro
County (6)
Bergen

County Code (7)

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

Name of Abatement Contractor (9)
Hazmat Diagnostic LLC
Street Address
16 Glenwild Ave
City, State, Zip Code
Bloomingdale, NJ 07403

Project Manager for Monitoring Firm

Telephone No.

License No.
973-928-3995
01181

Start Date (10)
5/10/2019

Scheduled Completion Date (11)
5/18/2019

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

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

(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)

Boiler Room

Thermal Systems Insulation

585 LF

Boiler Room

Duct Insulation

356 SF

Name of Registered Waste Hauler
Hazmat Diagnos.LLC / Newark Carting Inc

NJDEP Waste Hauler ID No.
0035440/4509

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Bloomingdale, NJ / Newark, NJ

Disposal Data
TBD

City, State
Morrisville, PA

Completed by
Deni Naumovski
Title
President

Signature

Date
4/29/2019
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
4/11/2019

**Name of Building Owner/Operator (2)**
2017 Cleveland Springfield LLC

**Agency Notified**
- [X] EPA
- [X] DEP
- [X] DOH
- [X] DOA

**Type Notification**
- [X] Initial

**Street Address**
194 Mount Airy Road
Basking Ridge, NJ 07920

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

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

**Street Address**
376 Morris Ave

**County (5)**

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

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

**Street Address**
35 Technology Drive
Warren, NJ 07059

**City, State, Zip Code**
Warren, NJ 07059

**Project Manager for Monitoring Firm**
Mr. Jeremy M. Hassett

**Telephone No.**
267-496-7955

**square Feet**
1,350

**Building Age**
50+

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

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

**# of Floors**
3

**Name of Abatement Contractor (9)**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**Telephone No.**
973-928-3995

**License No.**
01181

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

**Scheduled Completion Date (11)**
05/08/2019

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

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

**Description of Abatement (12)**
- [X] Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

**Amount (Specify SF or LF)**
1500

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

<table>
<thead>
<tr>
<th>Floor(s)</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st/2nd Floors</td>
<td>Plaster</td>
<td>1500</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Hazmat Diagnostics LLC/Rad Technologies LLC

**NJDEP Waste Hauler ID No.**
35440/35163

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Minerva

**City, State**
Bloomfield, NJ

**Disposal Date**
TBD

**City, State**
Waynesburg, OH

**Completed by**
Deni Naumovski

**Title**
President

**Signature**

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 4/18/2018
Name of Building Owner/Operator (2) URBAN EDGE PROPERTIES

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

Street Address
210 RT 4 EAST, 3rd Floor
City, State, Zip Code
Paramus, NJ 07652

Name of Contact
Mr. Anthony Delgado
Telephone Number
201-571-3500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former TOYS "R" US

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

Street Address 1701 RT 22
City (5)
Union
County (6)
County Code (7) (STATE USE ONLY) 60+

# of Floors 20,000
Bldg. Age

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

Name of Abatement Contractor (9)
Hazmat Diagnostic LLC

Street Address 1600 Manor Drive, Suite 220
City, State, Zip Code
Chalfont, PA, 18914

Telephone No. 267-496-7955
License No. 973-928-3995

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: W/2 X 10/10

Start Date (10) 4/19/2019
Scheduled Completion Date (11) 4/20/2019

Scope of Work (Check All That Apply)
2 or 3 fl

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) 148

Main Floor Area (East Side) Thermal System Insulation

"Wrap & Cut"

Name of Registered Waste Hauler
Hazmat Diagnostic LLC

Cubic Yards of Waste TBD

Name of Registered Landfill
Fairless Landfill

City, State
Bloomungdale, NJ

Completed by
Deni Naumovski
Title
President
Signature
Date 4/18/2019

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

**Date of Notification:** 4/11/2019  
**Name of Building Owner/Operator:** 2017 Cleveland Owner/Operator LLC  
**Street Address:** 134 W. Main Street, Basking Ridge, NJ 07920  
**Telephone Number:** 810-656-6530

**Agency Notified:**  
- EPA  
- DEP  
- DOL  
- DOH  
- SCA

**Facility Information:**  
- **Type of Facility:** Commercial  
- **Square Feet:** 3,300  
- **# of Floors:** 1  
- **Bldg. Age:** 50+

**Type and Notification:**  
- Initial  
- Amended

**Monitoring/Inspection of Building Owner:**  
- Whitestone Associates, Inc.

**Name of Asbestos Contractor:** Hazmat Diagnostic LLC  
**Street Address:** 16 Cranwell Ave, Bloomington, NJ 07403

**Project Manager/Contracting Firm:**  
- Ms. Karen, M. Assael  
**Telephone No.:** 973-623-8595  
**License No.:** 01181

**Start Date:** 05/01/2019  
**Scheduled Completion Date:** 05/08/2019

**Occupancy of Building During Entire Period of Abatement:**  
- Yes  
- No

**Asbestos-containing Materials (ACMs):**  
- **Asbestos Ceiling Panels:** Yes  
- **Asbestos Gaskets/Seals:** No  
- **Asbestos Floor Tile:** No  
- **Asbestos Surfaces:** No  
- **Asbestos HVAC Components:** No

**Abatement Type:**  
- **Removal:** X  
- **Repair:** X  
- **Encapsulate:** X  
- **Endorese:** X

**Facility Description:**  
- **Asbestos Containing Materials (ACMs):**  
  - **Brick Pattern Lincement:** 30 SF  
  - **Brown VHF:** 600 SF

**Name of Registered Landfill:**  
- Hazmat Diagnostics LLC  
**City, State:** Bloomington, NJ

**Comparison:**  
- **Asbestos Abatement:** Yes  
- **Asbestos License Exempt:** No

**Date:** 4/11/2019
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
4/11/2019

Name of Building Owner/Operator (2)
2017 Cleveland Springfield LLC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
194 Mount Airy Road

City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Mr. Michael J. Murphy Jr.

Telephone Number
610-656-6530

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence With Garage
Street Address
690 Morris Ave

City (5)
Springfield

County (6)
Union

Current Use (Prior or Being Demolished)
Commercial

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

Street Address
35 Technology Drive

City, State, Zip Code
Warren, NJ 07059

Project Manager for Monitoring Firm
Mr. Jeremy M. Hassett

Telephone No.
267-496-7955

Start Date (10)
04/26/2019

Scheduled Completion Date (11)
05/08/2019

Name of Abatement Contractor (9)
Hazmat Diagnostic LLC

Street Address
16 Glenwild Ave

City, State, Zip Code
Bloomingdale, NJ 07403

Name of OSHA Monitor
Hazmat Diagnostic LLC

Occupancy Status During Abatement (Check Only One)
facility closed/vacated during entire period of abatement

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
35440/35163

Name of Registered Landfill
Minerva

City, State
Bloomingdale, NJ / Bloomfield, CT

Completed by
Deni Naumovski

Title
President

Signature

Date
4/11/2019

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

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

**Date of Notification (1):** 03/29/2019

**Name of Building Owner/Operator (2):** D&R Hoboken

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

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

**Street Address:** 215 RT 17S

**City, State, Zip Code:** Wood-Ridge, NJ 07075

**Name of Contact:** Chris Dinello

**Telephone Number:** 201-790-3763

## FACILITY INFORMATION

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

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

**Square Feet:** 4,000

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

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

**Name of Abatement Contractor (9):** Hazmat Diagnostic LLC

**Street Address:** 16 Glenwild Ave

**City, State, Zip Code:** Bloomingdale, NJ 07403

**Project Manager for Monitoring Firm:** Riccardo Eustaquio

**Telephone No.:** 973-494-3762

**License No.:** 01181

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

**Scope of Work (Check All That Apply):**
- [X] ≥160 ft² or ≥12 if
- [X] ≥160 sf or ≥260 #
- [ ] Renovation
- [X] Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</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, surfing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Building Walls Located on north, south &amp; west sides</td>
<td>Yes</td>
<td>ACM Transite Siding 3,000 SF</td>
</tr>
</tbody>
</table>

**Name of Disposal Site (20):**

**Name of Registered Waste Hauler:** Hazmat Diagnost. LLC / Newark Carting INC

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Fairless Lanfill

**City, State:** Bloomingdale, NJ / Newark, NJ

**Disposal Date:** TBD

**City, State:** Morrisville, PA

**Compliance:**
- [ ] Yes
- [ ] No
- [ ] N/A

**Completed by:** Deril Naumovski

**Title:** President

**Signature:**

**Date:** 03/29/2019

*Do not use this form for asbestos licensure exempted activities.*
**Date of Notification (1)**
4/22/2019

**Name of Building Owner/Operator (2)**
40 COTTAGE STREET LLC

**Street Address**
10 Kenneth Court
City, State, Zip Code
Summit, NJ 07901

**Name of Contact**
Michael Rielo
**Telephone Number**
908-377-2650

<table>
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<td>Initial</td>
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<td>Amended</td>
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<td>DOL</td>
<td>Emergency</td>
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<tr>
<td>DOH</td>
<td>Justification</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

**Square Feet**
2,500

**# of Floors**
2

**Bldg. Age**
70+

**Name of Monitoring Firm HIred by Building Owner (8)**
TBD

**Name of Abatement Contractor (9)**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave
City, State, Zip Code
Bloomingdale, NJ 07403

**Project Manager for Monitoring Firm**

**Telephone No.**
973-928-3995

**License No.**
01181

**Start Date (10)**
5/3/2019

**Scheduled Completion Date (11)**
5/9/2019

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

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

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

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

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

**Amount (Specify SF or LF)**
1,500 SF

**Name of Registered Waste Hauler**
Hazmat Diagnostic LLC

**NJ DEP Waste Hauler ID No.**
0035440

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Bloomingdale, NJ 07403

**Disposal Date**
TBD

**City, State**
Morrisville, PA

**Completed by**
Deni Naumovski
**Title**
President

**Signature**

**Date**
4/22/2019

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

Date of Notification (1) 5/1/2019

Name of Building Owner/Operator (2) Ledgewood Investors LLC

Street Address 1420 RT 208 Suite 200

City, State, Zip Code Bedminster, NJ 07921

Name of Contact Bruce Katona Telephone Number 845-546-9693

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) Former Circuit City

Street Address 461 RT 10 East Suite 28

City (5) Ledgewood

County (6) Morris

County Code (7) Commercial

ASCM No.

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

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

Square Feet 54,000

# of Floors 1

Bldg. Age 60+

Current Use (Prior or being demolished)

Commercial

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

Name of Abatement Contractor (9) Hazmat Diagnostic LLC

Street Address 35 Technology Drive

City, State, Zip Code Warren, NJ 07059

Project Manager for Monitoring Firm Jeremy Hassett Telephone No. 267-496-7955

License No. 01181

Street Address 16 Glenwild Ave

City, State, Zip Code Bloomingdale, NJ 07403

Start Date (10) 5/11/2019

Scheduled Completion Date (11) 5/15/2019

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other = Describe:

Scope of Work (Check All That Apply)

≥ 3 SF or ≥ 3 if

≥ 100 SF or ≥ 280 if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

Roof X Roof Flashing 590 SF

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler Hazmat Diagnostic LLC

NJDEP Waste Hauler ID No. 0035440

Cubic Yards of Waste TBD

Name of Registered Landfill Fairless Landfill

City, State Bloomingdale, NJ

Disposal Date TBD

City, State Morrisville, PA

Completed by Deni Naumovski Title President

Signature Date 5/1/2019

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:89 and 12:120)

**Date of Notification (1)**
4/26/2019

**Name of Building Owner/Operator (2)**
2017 Cleveland Springfield LLC

**Street Address**
194 Mount Airy Road

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
Beauty Salon / Machine Shop

**Address**
673 Morris Turnpike

**City (5)**
Springfield

**County (6)**
Union

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Whitestone Associates, Inc

**ASCM No.**

**Name of Abatement Contractor (9)**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomingdale, NJ 07403

**Telephone No.**
973-828-3995

**License No.**
01181

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

**Street Address**
16 Glenwild Ave

**City, State, Zip Code**
Bloomingdale, NJ 07403

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Removable</td>
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<td>Repair</td>
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<td>Encapsulation</td>
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<td>Endorsement</td>
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<table>
<thead>
<tr>
<th>Machine Shop Restroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Brick Pattern Linoleum</td>
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<tr>
<td>30 SF</td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Beauty Salon</th>
</tr>
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<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Brown VAT</td>
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<tr>
<td>600 SF</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)**

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

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**Name of Registered Waste Hauler**
Red Technologies LLC

**N.J. DEP Waste Hauler ID No.**
0036163

**Name of Registered Landfill**
Minerva

**City, State**
Bloomfield, CT

**Bloomfield, CT**

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

**Name of Building Owner/Operator (2)**
2017 Cleveland Springfield LLC

**Street Address**
194 Mount Airy Road

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

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

<table>
<thead>
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<th>≥3 sf or ≥3 if</th>
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<td>≥160 sf or ≥260 if</td>
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**License No.**
01181

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

**Telephone No.**
973-828-3995

**City, State, Zip Code**
Bloomingdale, NJ 07403

**City, State**
Bloomfield, CT

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

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Red Technologies LLC

**N.J. DEP Waste Hauler ID No.**
0036163

**Name of Registered Landfill**
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**City, State**
Bloomfield, CT

**Bloomfield, CT**

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

**Name of Building Owner/Operator (2)**
2017 Cleveland Springfield LLC

**Street Address**
194 Mount Airy Road

**City, State, Zip Code**
Basking Ridge, NJ 07920

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

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01181

**Name of OSHA Monitor**
Hazmat Diagnostic LLC

**Telephone No.**
973-828-3995

**City, State, Zip Code**
Bloomingdale, NJ 07403

**City, State**
Bloomfield, CT

**Name of Contact**
Mr. Michael J. Murphy Jr.

**Telephone Number**
610-656-6530

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

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</table>
**State of New Jersey**

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

<table>
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<th>Date of Notification (1)</th>
<th>3 / 20 / 19</th>
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<td>- DHSS</td>
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<tr>
<td>- DCA (NJAC 5:23-8)</td>
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<td>Type Notification</td>
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<tr>
<td>- Initial</td>
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<tr>
<td>- Amended</td>
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<td>- Amendment #___________</td>
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<td>- Emergency (including justification)</td>
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<tr>
<td>- Cancellation</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>(\text{Vineland Preparatory Academy} / \text{Job #1808-5386-Check #11161})</td>
</tr>
<tr>
<td>Street Address</td>
<td>2000 Maple Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Vineland, NJ 08361</td>
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<tr>
<td>Name of Contact</td>
<td>Aldo Falasca</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-794-2010</td>
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**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | \(\text{Vineland Preparatory Academy}\) |
| Street Address                                      | 2000 Maple Avenue |
| City (5)                                             | Vineland, NJ 08361 |
| County (5)                                          | Cumberland |

| Current Use (Prior if being demolished) |

| Name of Monitoring Firm Hired by Building Owner (8) | TTI Environmental |
| Street Address                                      | 1253 North Church Street |
| City, State, Zip Code                               | Moorestown, NJ 08057 |
| Telephone No.                                       | 609-304-3698 |

| 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 |

**Project Manager for Monitoring Firm**

| Name of OSHA Monitor            | EMSL Analytical |
| Street Address                   | 200 Route 130 North |
| City, State, Zip Code            | Cinnaminson, NJ 08077 |

| Scope of Work (Check all that apply) |

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | |
| Mechanical Room | Ceiling Expansion Caulk |
| Mechanical Room | Fiberglass Duct Insulation |

| 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) | |
| Ceiling Expansion Caulk | Fiberglass Duct Insulation |
| Amount (Specify SF or LF) | 25 LF |
| 200 SF |

| Name of Registered Waste Hauler | AbateTech, Inc. |
| NUJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 10 |
| Name of Registered Landfill | G.R.O.W.S. Landfill |

**Completed By (Print or Type)**

| Name | Gwendolyn Trumbetti |
| Title | Operations Coordinator |
| Signature | |
| Date | 3-20-19 |

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