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

**Date of Notification (1):** 05/03/19  
**Name of Building Owner/Operator (2):** Pete Sudano

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

**City, State, Zip Code:** Rosemont, NJ 08559

**Name of Contact:** Pete Sudano

**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>Private Residence</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000</td>
<td>2</td>
<td>50+</td>
</tr>
</tbody>
</table>

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

**Name of Monitoring Firm Hired by Building Owner (5):** N/A

**Name of Abatement Contractor (9):** Bakco Construction & Restoration, Inc.

**Telephone No.:** 973 256 7010

**License No.:** 00666

**Start Date (10):** 05/16/19  
**Scheduled Completion Date (11):** 05/17/19

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Bakco Construction & Restoration, Inc.

**NJ/DEP Waste Hauler ID No.:** 20889

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Totowa, NJ

**Disposal Date:** TBD

**City, State:** Morrisville, PA

**Date:** 05/03/19

**Completed by:** Goran Kojic  
**Title:** Project Manager

*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** 4/18/19

**Name of Building Owner/Operator** A&H Partnership, LLC

**Job #: 1612-2144**

**Name of Contact** Kirk Harpell

**Telephone Number** 973-989-5000

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place** Commercial Property

**Street Address**
- 69 King Street Bldg A Ground Floor
- Dover, NJ 07801

**City, State, Zip Code** Dover, NJ 07801

**County Code** Morris

**Name of Monitoring Firm Hired by Building Owner** Criterion Laboratories

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

**Project Manager for Monitoring Firm** Mike Panepresso

**TelephoneNumber** 215-244-1300

**Start Date** 4/5/19

**Scheduled Completion Date** 5/2/19

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

**Scope of Work**
- Renovation/Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Use by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Floor</td>
<td>No</td>
<td>Floor Tile</td>
<td>2,864 SF</td>
<td>Demolition</td>
</tr>
<tr>
<td>Ground Floor</td>
<td>No</td>
<td>Double Layer Floor Tile</td>
<td>430 SF</td>
<td></td>
</tr>
<tr>
<td>Ground Floor</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>10 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**Name of Registered Landfill**

**Disposal Date** 5/2/19

**City, State** Penn Argyle, PA

**Signature** Kaysi Gruner

**Title** Office Assistant

**MAY 11**

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

Date of Notification (1)

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

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

Name of Building Owner/Operator (2)
Larc School

Job #1903-2411 Chk. #NA

Name of Contact
Marc Cheeseman

Telephone Number
856-933-0882

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Larc School

Street Address
1089 Creek Road

City (5)
Bellmawr

County (6)
Camden

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

Asbestos and Mold Services, Corp.

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Name of Abatement Contractor (9)

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Name of OSHA Monitor
EMSL Analytical, Inc.

Project Manager for Monitoring Firm
Steve / Dave Flanigan

Telephone No.
856-448-0800

License No.
609-702-0400

00862

Start Date (10)
4 / 22 / 19

Scheduled Completion Date (11)
4 / 25 / 19

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
4/25/19

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kimberly Trumbetti

Title
Office Coordinator

Signature

Date
4-22-19

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

**State of New Jersey**

**Date of Notification (1)**
5 / 3 / 19

**Name of Building Owner/Operator (2)**
State of New Jersey

**Street Address**
1035 Parkway Avenue

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

**Name of Contact**
Shery M. Quatermas

**Telephone Number**
609-530-4156

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
NJ DOT Pomona Maintenance Yard

**Street Address**
69 West White Horse Pike

**City (5)**
Absecon

**County (6)**
Atlantic

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

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

**Street Address**
3859 Sylon Boulevard

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

**Telephone No.**
609-702-0400

**License No.**
00862

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

**Street Address**
200 U.S. Route 130 North

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

---

**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**
TBD 1

**Bldg. Age**
50 years

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

---

**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_

**Start Date (10)**
5 / 13 / 19

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

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

- ☑ >3 sf or >3 if
- ☑ >160 sf or >260 sf
- ☑ Renovation
- ☑ Demolition

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

<table>
<thead>
<tr>
<th>Modular Trailer</th>
<th>☐</th>
<th>☐</th>
<th>☑</th>
<th>Floor Tile &amp; Plywood</th>
<th>1,200 SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Office Building</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Floor Tile</td>
<td>710 SF</td>
</tr>
<tr>
<td>Office Adjacent to Bathroom</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>Mastic</td>
<td>60 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**NJDEP Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**City, State**
Lafayette, NJ

**Disposal Date**
5/17/19

**City, State**
Penn Argyle, PA

---

**Completed By (Print or Type)**
Kaysi Gruner

**Title**
Office Assistant

**Signature**

**Date**
5/3/19

---

*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 / 5 / 19

**Name of Building Owner/Operator (2)**
Larc School / Job #1903-2411 Chk. #NA

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

**Type Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**
1089 Creek Road

**City, State, Zip Code**
Bellmawr, NJ 08031

**Name of Contact**
Marc Cheeseeman

**Telephone Number**
856-933-0882

**FACILITY INFORMATION**

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

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

**Square Feet**
65,000

**# of Floors**
1

**Bldg. Age**
54

**County Code (7) [STATE USE ONLY]**
Camden

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

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

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

**Street Address**
PO Box 316

**City, State, Zip Code**
Thorofare, NJ 08086

**Telephone No.**
856-848-0800

**License No.**
00862

**Project Manager for Monitoring Firm**
Steve / Dave Flanagan

**Telephone No.**
609-702-0400

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

**Street Address**
200 U.S. Route 130 North

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

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

**Start Date (10)**
4 / 22 / 19

**Scheduled Completion Date (11)**
4 / 25 / 19

**Scope of Work (Check all that apply)**
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms 13, 8 &amp; 11</td>
<td>Floor Tile &amp; Mastic</td>
<td>1080 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**Disposal Date**
NA

**City, State**
Lafayette, NJ

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Grand Central

**Disposal Date**
NA

**City, State**
Penn Argyle, PA

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

**Title**
Office Coordinator

**Signature**

**Date**
5-1-19

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

**State of New Jersey**

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

**Date of Notification (1)**: 5/3/19

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

**Agency(s) Notified**
- EPA

**Type of Notification**
- Initial

**Street Address**
2083 Lawrenceville Road

**City, State & Zip Code**
Lawrenceville, NJ 08648

**Name of Contact**
Walter Eddy

**Telephone Number**
609-896-7780

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Rider University - House 10

**Street Address**
2083 Lawrenceville Road

**City**
Lawrenceville

**County**
Mercer

**County Code**

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

**Square Feet**
9000

**# of Floors**
3

**Bldg. Age**
40+

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

**Name of Abatement Contractor (9)**
Bristol Environmental, Inc.

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

**Telephone Number**
(215) 788-6040

**License Number**
00509

**Name of OSHA Monitor**
Bristol Environmental Inc.

**Street Address**
1123 Beaver Street

**City, State & Zip Code**
Bristol, PA 19007

---

**Project Manager for Monitoring Firm**
Brian Clark

**Telephone Number**
856-656-2944

**Scheduled Start Date (10)**
5/20/19

**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**: 7:00 AM to 3:30 PM

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Boiler Insulation</td>
<td>200 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation and Fittings</td>
<td>70 LF</td>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Breeching Mud</td>
<td>10 SF</td>
<td></td>
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<tr>
<td>Boiler Room</td>
<td>X</td>
<td></td>
<td></td>
<td>Hot Water Tank Insulation</td>
<td>300 SF</td>
<td></td>
</tr>
<tr>
<td>Service Transport Inc.</td>
<td>X</td>
<td></td>
<td></td>
<td>Cubic Yards of Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5 cu yd</td>
<td></td>
<td></td>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No. 20990</td>
<td></td>
<td></td>
<td>Disposal Date</td>
<td>5/29/19</td>
<td></td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Yardley, PA</td>
<td></td>
<td></td>
<td>Date</td>
<td>5/3/19</td>
<td></td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
Project Manager

**Signature**
Gino Pizzigoni / G

---

**Date**
5/3/19
State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:60-7 and 12:120-7

Date of Notification (1)  
10/15/19

Name of Building Owner/Operator (2)  
Mark Glowacki

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

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address  
[Redacted]

City, State, Zip Code  
East Rutherford, NJ 07073

Name of Contact  
Mark Glowacki

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Mark Glowacki

Street Address  
[Redacted]

City (6)  
East Rutherford, NJ

County (9)  
Bergen

County Code (7)  
(State use only)

Type of Facility (4)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Bldg. Owner (6)  
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)696-6869

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- 
Describe:

Other-Describe:

Scheduled Start Date (10)  
05/17/2019

Sched. Completion Date (11)  
05/18/2019

Scope of Work (check all that apply)  
☒ Demolition  
☒ Renovation  
☒ >3 sf or >3 lf  
☒ ≥160 sf or ≥260 lf

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)  
pipe insulation

Amount (Specify SF or LF)  
85 lf

Re Move  
Repair  
Encap  
Encl

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
05/19/2019

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

Signature  
Gordana Luna  
Date  
05/03/2019
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

**Check # 9274**  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/11/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ken Saunders</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ramsey, NJ 07446</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ken Saunders</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Ken Saunders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Ramsey, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Bergen</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(State use only)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Scheduled Start Date (10)</td>
<td>05/14/2019</td>
</tr>
<tr>
<td>Sched. Completion Date (11)</td>
<td>05/15/2019</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>Other-Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (check all that apply)</td>
<td></td>
</tr>
</tbody>
</table>
- Demolition  
- Renovation  
- >3 sf or >3 sf  
- ≥160 sf or ≥260 sf  
- Isolation or enclosure  
- Location of asbestos-containing material to be abated in facility (13) | Yes  
- Transite panels  |
| Description of asbestos-containing material (ACM) | 65 sf |
| Amount (Specify SF or LF) |  |
| Rm Removal  
- Replacment  
- Encap  |
| Name of OSHA Monitor | B & G Restoration, Inc.  
| Street Address | 105 Ryerson Road  
| City, State, Zip Code | Lincoln Park, NJ 07035  
| Telephone Number | (973)906-5869 |
| License Number | 00378 |

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

| Disposal Date | 05/15/2019 |
| City, State | Lincoln Park, NJ  
| Name of Registered Landfill | Grand Central Landfill  

Completed by (Print or Type)  
Gordana Luna  
Title: Secretary/Treasurer  
Signature: Gordana Luna  
Date: 05/03/2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) Name of Building Owner/Operator (2)
05/02/2019 Nicholas Prochilo

Agencies Notified Type Notification Street Address
EPA □ Initial [BLANK]
DEP □ Amended [BLANK]
DOL □ Amendment # [BLANK]
DOH □ Emergency (including justification) [BLANK]
DCA □ Cancellation [BLANK]

City, State, Zip Code
Colonia, NJ 07067

Name of Contact Nick Telephone Number

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

Street Address

City (5)
Colonia

County (6)
Middlesex

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

Name of Abatement Contractor (9)

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm Telephone No.

Telephone No.
973-400-8711

License No.
01332

Start Date (10) Scheduled Completion Date (11)
05/11/2019 05/14/2019

Occupy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other - Describe: 08:00 - 16:30

Scope of Work (Check All That Apply)
23 sf or <= 3 sf
160 sf or >= 260 sf
Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes No N/A

Garage x Ceiling transite 240 SF x x
Garage x Wall transite 200 SF x x

Name of Registered Waste Hauler
Removal Safety LLC

Disposal Date TBD

Name of Registered Landfill
Fairless

City, State
Paterson, NJ Morrisville, PA

Completed by Lasko Veskov Title President

Signature Date 05/02/2019

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

**State of New Jersey**

**Date of Notification**: 5 / 1 / 19

**Name of Building Owner/Operator**:
St. Luke's Hospital

**Agency Notified**:
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA
  (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**:
185 Roseberry St.

**City, State, Zip Code**:
Phillipsburg, NJ 08865

**Name of Contact**:
Ted Ruhf

**Telephone Number**:
908-239-5607

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place**:
St. Luke's Hospital

**Street Address**:
185 Roseberry St.

**City**: Phillipsburg, NJ 08865

**County**: Warren

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

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

**Type of Facility**:
- [x] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**:
100,000+

**# of Floors**:
2

**Bidg. Age**:
41+

**Name of Monitoring Firm Hired by Building Owner**:
Pennoni Assoc.

**ASCM No.**:
NA

**Name of Abatement Contractor**:
Alliance Environmental Systems

**Street Address**:
515 Grove St.

**City, State, Zip Code**:
Haddon Heights, NJ 08035

**Project Manager for Monitoring Firm**:
Tom Adams

**Telephone No.**:
856-547-0505

**License No.**:
00508

**Name of OSHA Monitor**:
AET

**Street Address**:
28 N. Pennel Road

**City, State, Zip Code**:
Media, PA 19063

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

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of AsbestosContaining Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>VAT &amp; Mastic</td>
<td>4500 SF</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Drywall Joint Compound</td>
<td>11,800 SF</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Richard Burns & Co.

**NJDEP Waste Hauler ID No.**:
19955

**Cubic Yards of Waste**: 100

**Name of Registered Landfill**:
Western Berks Community Landfill

**City, State**:
Birdsboro, PA

**Disposal Date**:
TBD

**Signature**:

**Mark H. Griffin**

**Title**:
Estimator

**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 12:120)

**Date of Notification (1)**
06/02/2019

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

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

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

**Street Address**

**City, State, Zip Code**
Linden, NJ 07036

**Name of Contact**
Vida

**Telephone Number**

**FACILITY INFORMATION**

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**County Code (7)**

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

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

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

**Street Address**
8 Crosby Ave

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

**Project Manager for Monitoring Firm**

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

**License No.**
01332

**Start Date (10)**
05/13/2019

**Scheduled Completion Date (11)**
05/17/2019

**Occupancy Status During Abatement (Check Only One)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 8:00 - 16:30

**Scope of Work (Check All That Apply)**
- [x] At least 30 to 33 sf
- [x] At least 160 sf or 260 sf
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable Procedure

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

**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)**
500 SF

**Abatement Type**
- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclose

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

**Waste Hauler ID No.**
0037007

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Fairless

**City, State**
Morrisville, PA

**Disposal Date**
TBD

**Completed by**
Lasko Veskov

**Title**
President

**Signature**

**Date**
05/02/2019

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

(Pursuant to NJAC 8:80 and 12:120)

**State of New Jersey**

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

Lerman

**Street Address**

[Redacted]

**City, State, Zip Code**

Red Bank, NJ 07701

**Name of Contact**

Wayne Lerman

**Telephone Number**

[Redacted]

---

**FACILITY INFORMATION**

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

Residential

**Type of Facility (4)**

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

**Square Feet**

2500

**# of Floors**

2

**Bldg. Age**

100 +/-

---

**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

**Project Manager for Monitoring Firm**

Bill Weisgarber

**Telephone No.**

609 258-4070

**City, State, Zip Code**

Allentown, NJ 08501

**License No.**

00493

**Start Date (10)**

5/11/2019

**Scheduled Completion Date (11)**

5/13/2019

**Name of OSHA Monitor**

MECS

**Street Address**

PO Box 341

**City, State, Zip Code**

Chesterfield, NJ 08515

---

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

In Facility (13)

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

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

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

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

<table>
<thead>
<tr>
<th>Base</th>
<th>Crawl Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td>[ ]</td>
</tr>
<tr>
<td>N/A</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

80 ft²

**Abatement Type**

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

**Name of Registered Waste Hauler**

Stevens Environmental Services

**NJDEP Waste Hauler ID No.**

16292

**Cubic Yards of Waste**

[2]

**Name of Registered Landfill**

Fairless Landfill

**City, State**

Allentown, NJ

**Disposal Date**

5/16/2019

**City, State**

Morrisville, PA

**City, State**

**Completed by**

Mahlon E. Stevens

**Title**

Project Manager

**Signature**

[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 8:50 and 5:16)

Date of Notification (1) 5 / 1 / 19

Name of Building Owner/Operator (2) PSE&G / Job #1905-5476

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

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

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Jason Donahue
Telephone Number
908-442-9747

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Ironbound Substation

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

Square Feet

# of Floors

Bidg. Age

Name of Abatement Contractor (9)
AbateTech, Inc.

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)
Substation

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

ASCM No.

Name of OSHA Monitor
EMSL Analytical

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

Telephone No.
609-265-2107

License No.
00529

Start Date (10) 5 / 13 / 19

Scheduled Completion Date (11) 5 / 17 / 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

City, State, Zip Code
200 Route 130 North

Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If

☐ Full Containment with Negative Pressure
☐ Renovation
☐ Demolition
☐ 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)

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

Repair
Removal
Encapsulate
Endoscope

See Attached

See Attached

See Attached

☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Name of Registered Waste Hauler
Environmental Transport Group, INC.

NJDEP Waste Hauler ID No.
000692061

Cubic Yards of Waste
40

Name of Registered Landfill
Grows- Fairless Landfill

City, State
Flanders, NJ

Disposal Date
5/17/19

City, State
Morrisville, PA 19067

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.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 8:16)

Date of Notification (1):
5 / 1 / 19

Agencies Notified:
☑ EPA
☑ DOLWD
☑ DOH
☐ DCA
   (NJAC 5:23-8)
Type Notification:
☐ Initial
☑ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2):
NJ DPMC

Street Address:
33 W State St
City, State, Zip Code:
Trenton, NJ 08608

Name of Contact:
Christina Burris

FACILITY INFORMATION

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

Street Address:
5 Morris Road- Ringwood State Park

City (5):
Ringwood, NJ

County (6):
Passaic

County Code (7) (STATE USE ONLY):

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

ASCM No.:

Name of Abatement Contractor (9):
Controlled Environmental Systems

Street Address:
1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code:
Spring House, PA 19477

Square Feet:
14,500

# of Floors:
3

Bldg. Age:
50+

Current Use (Prior if being demolished):

Start Date (10):
4 / 8 / 19

Scheduled Completion Date (11):
5 / 31 / 19

Name of OSHA Monitor:
CES

Occupancy Status During Abatement (Check only one):
☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM

Scope of Work (Check all that apply):
☐ >3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☑ Renovation
☐ Demolition

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

Yes No N/A

Exterior

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):
3300 LF

Abatement Type:
☐ Removal
☐ Repair
☐ Encapsulation
☐ Enclosure

Name of Registered Waste Hauler:
Geppert Recycling

NJDEP 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:
Birdsboro, PA 19508

Completed By (Print or Type):
Patricia Visco
Title:
Office Manager

Signature:

Date:
5/1/2019

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4 / 15 / 19</th>
</tr>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>NJ Transit</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Penn Plaza East</td>
<td>Newark, NJ 07105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell Samaroo</td>
<td>973-491-7000</td>
</tr>
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</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyd Tower Raritan Station</td>
<td>School (K-12)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (?)(STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>77 Thompson Street</td>
<td>Passaic</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>TTI Environmental</td>
<td>0003</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Guiardi</td>
<td>856-840-8800</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduling Completion Date (11)</th>
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</thead>
<tbody>
<tr>
<td>4 / 30 / 19</td>
<td>5 / 8 / 19</td>
</tr>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td>00529</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSL Analytical</td>
<td>108 Haddon Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>23 sf or 23 ft</td>
</tr>
<tr>
<td>≥160 sf or ≥260 ft</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? (12)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>First Floor</td>
</tr>
<tr>
<td>Second Floor</td>
</tr>
<tr>
<td>Throughout</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>18750</td>
<td>4</td>
<td>FAIRLESS Landfill</td>
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<table>
<thead>
<tr>
<th>City, State</th>
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<tbody>
<tr>
<td>Lumberton, NJ</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
<td>Operations Coordinator</td>
<td>John Smith</td>
<td>4-15-19</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
3 / 28 / 19

Name of Building Owner/Operator (2)
NJ DPMC - NJDOT

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

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

Street Address
20 West State Street - 3rd Floor
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
John DeAngelo
Telephone Number
609-292-2116

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJ DOT Headquarters

Street Address
1035 Parkway Ave
City (5)
Ewing

County (6)
Mercer
County Code (?) (STATE USE ONLY)

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

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
111 Wood Ave South
City, State, Zip Code
Iselin, NJ 08830 - 4112

Name of Project Manager for Monitoring Firm
Peter Bastardo
Telephone No.
973 379 3400

License No.
215 542 7000
00847

Start Date (10)
4 / 10 / 19
Scheduled Completion Date (11)
4 / 12 / 19
Name of OSHA Monitor
CES

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-

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 (*) 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

Location Description
ACM Pipes & Insulation
Amount (Specify SF or LF)
25 LF

Abatement Type
☐ Removal
☒ Repair
☐ Encapsulation
☐ Closure

Name of Registered Waste Hauler
Geppert Recycling
NJDEP Waste Hauler ID No.

Cubic Yards of Waste
1

Name of Registered Landfill
Western Berks Community Landfill
City, State
Hatfield, PA
Birdsboro, PA 19508
Completing By (Print or Type)
Patricia Visco
Title
Office Manager
Signature
Completed Date
4/15/19
3-28-19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:86 and 12:120)

Date of Notification (1)
04/05/2019

Name of Building Owner/Operator (2)
Warren Township Schools

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

Street Address
213 Mount Horeb Road
City, State, Zip Code
Warren, New Jersey 07059

Name of Contact
Michael Pete

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warren Middle School

Street Address
100 Old Stirling Road
City (5)
Warren, New Jersey 07059

County (6)
Somerset

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

Square Feet
99999
# of Floors
1
Bldg. Age
49

Current Use (Prior to being demolished)
Educational

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

ASCM No.
00003

Name of Abatement Contractor (9)
GL Group Inc.

Street Address
1253 North Church Street
City, State, Zip Code
Woodrow, New Jersey 08057

Project Manager for Monitoring Firm
Michael R. Stocke
Telephone No.
856-840-8800

Start Date (10)
04/15/2019

Scheduled Completion Date (11)
04/20/2019

License No.
01084

Name of OSHA Monitor
GL Group Inc.

Street Address
140 Hamburg Turnpike
City, State, Zip Code
Bloomingdale, NJ 07403

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 < 33 if
☒ ≥160 sf or ≥260 if
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

Yes
No
N/A

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)

Boiler Room
X
Boiler Breaching Insulation
375 SF
x

Boiler Room
X
Pipe Fitting Insulation
35 each
x

Location of Registered Waste Hauler
GL Group, Inc

Name of Registered Landfill
Minerva

Disposal Date
TBD

City, State
Bloomingdale, NJ

Waynesburg, OH

Completed by
Elena Solakove
Title
President

Signature
Date
04/05/2019

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