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

Date of Notification (1):
5/7/18

Name of Building Owner/Operator (2):
Tabernacle Township School District

Name of Facility Where Abatement is Taking Place (3):
Kenneth R. Olson Middle School

Street Address:
132 New Road

City (5):
Tabernacle

County (6):
Burlington

Name of Abatement Contractor (9):
Unicorn Contracting Corp.

List of ACM

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Boiler Breaching</td>
<td>250 SF</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>No</td>
<td>Boiler Asbestos Packing and Gaskets</td>
<td>30 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Unicorn Contracting Corp.

Cubic Yards of Waste:
3

Name of Registered Landfill:
Fairless Hills Landfill

Cubic Yards of Waste:
3

Disposal Date:
TBD

City, State:
Woodland Park, New Jersey

Completed by:
Dima Golcev
Title:
General Manager
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(consistent with NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
05/07/18

Name of Building Owner/Operator (2):
Robert Berman

Address Information:
Street Address:

City, State, Zip Code:
Verona, NJ, 07044

Name of Contact:
Robert

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

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

City (5):
Verona

County (6):
Essex

Count Code (7):

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

ASCM No.:

Name of Abatement Contractor (9):
AZTECH MANAGEMENT, INC.

Street Address:
86 Christopher St.

City, State, Zip Code:
Montclair, NJ 07042

License Number:
00371

Telephone Number:
(973) 744-8800

Name of OSHA Monitor:
N/A

Scheduled Start Date (10):
05-14-18

Scheduled Completion Date (11):
05-15-18

Occupancy Status During Abatement (Check only one):
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off-Hours
[X] Other - Describe: Other Occupancy

Scope of Work (Check all that apply):
[X] >3 sf or >3 LF
[X] Renovation
[X] Non-Friable Procedure

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

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

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

Amount (Specify SF or LF):
90 LF

Abatement Type:
X

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.:
17040

Cubic Yards of Waste:
1.0

Name of Registered Landfill:
Minerva Enterprise INC

City, State:
Waynesburg, Ohio 44688

Disposal Date:
05/16/18

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:
Date:
5/7/18
### NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification:** 5/7/18

**Name of Building Owner/Operator:** Ben Garrison

**Type of Notification:** [X] Initial Notification

**City, State, Zip Code:** Maplewood, NJ, 07040

**Name of Contact:** Ben

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

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

**Square Feet # of Floors Bldg. Age**

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

**Facility Information**

**City:** Maplewood  **County:** Essex  **County Code:**

**Name of Monitoring Firm hired by Building Owner:** ASCM No.

**Address:**

**Telephone Number:** N/A

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

**Telephone Number:** N/A

**Scheduled Start Date (10):** 05-18-18  **Sched. Completion Date (11):** 05-21-18

**Month Day Year** **Month Day Year**

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

**Scope of Work:**
- [X] ≥3 sf or ≥3 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glove-bag Procedure
- [ ] Non-Priable Procedure

### Abatement Type

- [X] REMOVAL
- [ ] REPAIR
- [ ] ENCLOSURE

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility</th>
<th>Is Location Normally Used Solely By Maintenance/Custodial Staff</th>
<th>Description of Asbestos-Containing Material (ACH) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement- utility room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>35 LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** AZTECH MANAGEMENT, INC.

**Hauler ID No.:** 17040

**Cubic Yards of Waste:** 1.0

**Disposal Date:** 5/22/18

**Name of Registered Landfill:** Minerva Enterprise INC

**City, State:** Montclair, NJ 07042

**Completed By:** Constantine Vivian

**Title:** President

**Signature:** Transcription

**Date:** 8/31/2017
Date of Notification: 7/5/18

Name of Building Owner/Operator: Kelly Raabe

Name of Facility Where Abatement is Taking Place: Kelly Raabe

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

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

Type of Abatement Contractor: AZTECH MANAGEMENT, Inc.

Street Address: 86 Christopher St.

Name of Registered Waste Hauler: Minerva Enterprise INC

City, State: Montclair, NJ 07042

Abatement Type: [x] Full Containment with Negative Pressure

Name of Registered Landfill: Minerva Enterprise INC

Cubic Yards of Waste: 1.0

Disposal Date: 5/21/18

City, State: Waynesburg, Ohio 44688

Completed By: Constantine Vivian

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

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

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

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

**Name of Building Owner/Operator (2)**  
DANNY PANA ROTTO

**Name of Facility Where Abatement is Taking Place (3)**  
PK - DANNY PANA ROTTO

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

**Square Feet**  
2000

**# of Floors**  
2

**Bidg. Age**  
1940

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

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

**Best Removal Contractor (9)**  
450 South River Street

**Project Manager for Monitoring Firm**  
201-329-7444

**Telephone No.**  
00388

**Name of OSHA Monitor**  
Omega Environmental

**Street Address**  
280 Huyler Street

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

**Start Date (10)**  
5/17/18

**Scheduled Completion Date (11)**  
5/18/18

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

**Other - Describe**  
8:30 AM - 5:00 PM

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

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

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

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

**Amount (Specify SF or LF)**  
580 SF X

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

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

**NJDEP Waste Hauler ID No.**  
17109

**Cubic Yards of Waste**  
292

**Disposal Date**  
5/19/18

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

**City, State**  
Waynesburg, OH 44688

**Completed by**  
J. Maiorano

**Title**  
Estimator

**Signature**  
3/18/18

*Do not use this form for asbestos licensure exempted activities.*
Name of Building Owner/Operator (2)
Subramanian Rama

Street Address
City, State, Zip Code
Short Hills, NJ 07078

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

City (5)
Short Hills

County (6)
Essex

Name of Abatement Contractor (9)
Harmony Contracting

Street Address
360 Palisade Ave.

City, State, Zip Code
Garfield, NJ 07026

Name of OSHA Monitor
Harmony Contracting

Street Address
360 Palisade Ave.

City, State, Zip Code
Garfield, NJ 07026

Scope of Work (Check All That Apply)

Renovation
Demolition

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

In Facility (13)

Kitchen

Asbestos Pipe Insulation
25 LF

Name of Registered Waste Hauler
Harmony Contracting

City, State
Garfield, NJ

Disposal Date
TBD

City, State
Morrisville PA 19067

Completed by
E. Cirovic

Title
Secretary

Signatures

Date
5/8/2018

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

Abatement Type
Enclosure

Full Containment with Negative Pressure

Ment-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

**Date of Notification (1)**
05/07/18

**Name of Building Owner/Operator (2)**
US Fish and Wildlife Service

**Street Address**
24 Kimbles Beach Road

**City, State, Zip Code**
Cape May Court House, NJ 08210

**Name of Contact**
Brian Braudis

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Q17

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

**Square Feet**
1620

**# of Floors**
2

**Bldg. Age**
69

**Current Use (Prior if being demolished)**
None

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

**ASCM No.**
n/a

**Name of Abatement Contractor (9)**
SA2 LLC

**Street Address**
1800 Federal Street

**City, State, Zip Code**
Camden, NJ 08105

**Project Manager for Monitoring Firm**

**Telephone No.**
856 630 3288

**License No.**
01303

**Start Date (10)**
05/07/17

**Scheduled Completion Date (11)**
05/08/18

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

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

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

**IN FACILITY**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairwell-Top wall</td>
<td>34 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd floor</td>
<td>526 SF</td>
<td>Encapsulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Champion Disposal

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
GROWS Landfill

**Completed by**
Jeff Yekenchik

**Title**
Owner

**Signature**

**Date**
05/07/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/07/18
Name of Building Owner/Operator (2) 1828 Realty Associates LLC

Agencies Notified

☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA
Type Notification

☐ Initial  ☑ Amended  ☑ Amendment #3  ☑ Emergency (including justification)  ☐ Cancellation

Street Address 160 Cooper Road
City, State, Zip Code West Berlin, NJ 08091
Name of Contact Larry Gottlieb
Telephone Number 856 626 1517

Name of Facility Where Abatement is Taking Place (3)
Camden Commodities International

County Code (7) (STATE USE ONLY)

Square Feet 104,000  # of Floors 2  Bldg. Age 88

Current Use (Prior if being demolished)
Warehouse

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

ASCN No. n/a  Name of Abatement Contractor (9)
SA2 LLC

Street Address 318 12th Street
City, State, Zip Code Hammonton, NJ 08037

Project Manager for Monitoring Firm
Jim Proctor  Telephone No. 856 452 1311

Start Date (10) 09/11/17  Scheduled Completion Date (11) 06/30/18

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

Scope of Work (Check All That Apply)

☑ ≥3 ft or ≥3 if
☑ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

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

In Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/Warehouse X</td>
<td>TSI</td>
<td>279 LF</td>
<td>x</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd FL/1st FL Offices X</td>
<td>VAT</td>
<td>5500 SF</td>
<td>x</td>
<td>Repair</td>
</tr>
<tr>
<td>Heater Room X</td>
<td>Transite</td>
<td>70 SF</td>
<td>x</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Alcove Area/Warehouse X</td>
<td>VAT</td>
<td>1245 SF</td>
<td>x</td>
<td>End Stage</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Champion Disposal  NJDEP Waste Hauler ID No. 32707

Cubic Yards of Waste 133  Name of Registered Landfill GROWS Landfill

City, State Hainsport, NJ  Disposal Date Ongoing

Completed by Jeff Yekenchik
Title Owner  Signature
Date 05/07/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/07/18

Name of Building Owner/Operator (2) 1828 Realty Associates LLC

Street Address 150 Cooper Road
City, State, Zip Code West Berlin, NJ 08091

Name of Contact Larry Gottlieb
Telephone Number 856 626 1517

Name of Facility Where Abatement Is Taking Place (3)
Camden Commodities International

Street Address 1895 Federal Street
City (5) Camden, NJ 08105

County (6) Camden

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (6) ASCM No.
Health & Safety Services Inc n/a

Name of Abatement Contractor (9) SA2 LLC
Street Address 1800 Federal Street
City, State, Zip Code Camden, NJ 08105

Project Manager for Monitoring Firm Jim Proctor
Telephone No. 856 452 1311

Start Date (10) 09/11/17
Scheduled Completion Date (11) 06/30/18

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Describe: 

Scope of Work (Check All That Apply)

relevant
Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Warehouse/Boiler Wall</td>
<td>x</td>
<td>Transite</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Main Warehouse</td>
<td>x</td>
<td>Floor Fill</td>
<td>8475 SF</td>
<td></td>
</tr>
<tr>
<td>Front Office Area</td>
<td>x</td>
<td>Mastic</td>
<td>1975 SF</td>
<td></td>
</tr>
</tbody>
</table>

-End of Material-

Name of Registered Waste Hauler
Champion Disposal
City, State Hainesport, NJ

Cubic Yards of Waste 133
Disposal Date Ongoing

Name of Registered Landfill GROWS Landfill
City, State Morrisville, PA

Completed by Jeff Yencnik
Title Owner

Signature __________________________ Date 05/07/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
05/07/18

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

Type Notification
- [X] Initial
- [X] Amendment #3
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2)
Studio Park LLC

Address
1800 E State Street, Suite 220
Hamilton, NJ 08609

Name of Contact
Michael Competelle
Telephone Number
609-658-4210

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Metal shack roof

Street Address
1800 E State Street

City (5)
Hamilton

County (6)
Mercer

Property Description
Current Use (Prior if being demolished)
Construction material storage

Name of Monitoring Firm Hired by Building Owner (8)
ASCMA No.
n/a

Name of Abatement Contractor (9)
SA2 LLC

Street Address
1800 Federal Street

City, State, Zip Code
Camden, NJ 08105

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: Occupied

Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 if
- [X] ≥150 sf or ≥260 if
- [X] Demolition
- [ ] Renovation
- [ ] 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?

Yes No N/A
Roof X Roofing material 5200 x

Location of Registered Waste Hauler

Champion Disposal
NJDEP Waste Hauler ID No. 32707
Cubic Yards of Waste 43

Completed by
Jeff Yekenchik
Title Owner
Signature
Date 05/07/18

Name of Registered Landfill
Grows Landfill
City, State
Morrisville, PA
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator: Lukoil North America

Name of Contact: Rebecca Herbert

Telephone Number: 856-722-6455

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Former Lukoil Station #57259

Street Address: 505 5th Avenue

City, State, Zip Code: New York, NY 10017

Name of Monitoring Firm Hired by Building Owner: The Vertex Companies

Name of Abatement Contractor: ecoservices, LLC

ASCM No.

Street Address: 700 Turner Way, Suite 105

City, State, Zip Code: Aston, PA 19014

Project Manager for Monitoring Firm: Joseph Anello

Telephone No.: 610-558-8902

City, State, Zip Code: Exton, PA 19341

License No.: 01161

Name of OSHA Monitor: ESMML

Start Date: 5/7/18

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement

Scheduled Completion Date: 5/11/18

Abatement Performed Outside of Normal Facility Hours: Other - Describe:

Scope of Work: Check All That Apply

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

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

Yes | No | N/A
---|---|---
Cashier Kiosk ext. | X | |

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

Amount (Specify SF or LF): 600 SF

Abatement Type: X

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.

Cubic Yards of Waste: 3

Name of Registered Landfill: GROWS Landfill

City, State: Morrisville, PA

Disposal Date: TBD

Completed by: Jack Bally

Title: Sr. Project Manager

Signature: Jack Bally

Date: 5/7/18

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

Date of Notification (1): 05-04-18
Name of Building Owner/Operator (2): Verizon Communication

Agencies Notified: DOH, DCA

Type Notification: Initial

Street Address: 700 Hidden Ridge
City, State, Zip Code: Irving, TX

Name of Contact: Brian Kingsbury
Telephone Number: (201) 356-5166

MIDDLESEX COUNTY

Facility Information

Street Address: 1883 Highway 27
City: Edison, NJ

County Code: 80,000
# of Floors: 6
Bldg. Age: 65
Type of Facility: Commercial

Name of Abatement Contractor (3): Pinnacle Environmental Corp.

Street Address: P.O. Box 430
City, State, Zip Code: North Versailles, PA 15137

Telephone No.: (201) 356-5166
License No.: 00756

Name of OSHA Monitor: Even-Air Inc.

Start Date (10): 05-14-18
Scheduled Completion Date (11): 08-31-18

Project Manager for Monitoring Firm: Brian Kingsbury

Occupy Status During Abatement (Check Only One)

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

Other - Describe:

Scope of Work (Check All That Apply)

≥ 3,300 sf or ≥ 3 If
≥ 160 sf or ≥ 230 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

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

Roof: Main
Perimeter Roof Flashing
750SF

Roof: Main
Curb Flashing
500SF

Roof: Main
Pitch Pocket
25SF

Roof: Main
Duct Tar
600SF

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

NJDEP Waste Hauler ID No: 24310

Cubic Yards of Waste: TBD

Name of Registered Landfill: Minerva Enterprises

Disposal Date: TBD
City, State: Waynesburg, OH 44688

Completed by: Joseph Patrick
Title: Project Manager
Signature: Date: 05-04-18

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

**Date of Notification:** 5/4/18

**Name of Building Owner / Operator:** Jerrell Smith

**Agency Notified:**
- EPA
- DEP
- DOL (X)
- DOH (X)
- DCA

**Type of Notification:**
- Emergency Notification
- Initial Notification
- Amended Notification
- Cancellation

**Street Address:** [redacted]

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

**Name of Contact:** Jerrell Smith

**Telephone Number:** [redacted]

---

**FACILITY INFORMATION**

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

**Street Address:** 64 Broad Street

**City, State & Zip Code:** Matawan, NJ 07748

**Name of Monitoring Firm Hired by Building Owner:**
- ASCM No.: N/A
- Environmental Tactics

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

**Telephone Number:** 732-290-2217

**Scheduled Start Date:** 5/14/18

**Scheduled Completion Date:** 5/15/18

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

**Description:**

**Scope of Work (Check all that apply):**
- Demolition
- Renovation
- X Large Project

**Quantity (Specify):**
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility:**
- Basement
- TSI Pipe

**Location of Normally Used by Maintenance or Custodial Staff:**

**Is Location Normally Used Solely by Maintenance or Custodial Staff:**

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

**Amount (Specify Square Feet or Linear Feet):** 105 LF

**Abatement Type:**
- Removal

**Name of Registered Waste Hauler:**
- Freehold Cartage
- NJDEP Waste Hauler ID #: 18693

**City, State:** Freehold, NJ

**Completed By:**
- Dominick Tringali (Manager)

**Signature:** Dominick Tringali

**Disposal Date:** 5/15/18

**City, State:** Newburg, PA

**Name of Registered Landfill:** Cumberland County

---

**ASB-41 JUN 96 G4667**
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:12-23)**

**Project #**

**Date of Notification (1)**
05/07/2018

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

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

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

**Street Address**
City, State, Zip Code
Summit, NJ 07901

**Name of Contact**
Christopher Marino

**Telephone Number**

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

**City (5)**
Summit, NJ 07901

**County (6)**
Union County

**County Code (7)**

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

**Square Feet**

**# of Floors**

**Bidg Age**

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

**Name of Abatement Contractor (9)**
Nick Restoration LLC

**Address**
Street Address
72 Brookside Rd
City, State, Zip Code
Randolph, NJ 07869

**Project Manager for Monitoring Firm**

**Telephone No.**
Telephone No.
973 933-2550
License No.
01358

**Start Date (10)**

**Scheduled Completion Date (11)**
05/18/2018
05/23/2018

**Name of OSHA Monitor**
IRIS

**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)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Renovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
<td>X</td>
<td></td>
<td></td>
<td>1300 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Nick Restoration LLC

**NJDEP Waste Hauler ID#**
0033782

**Cubic Yards of Waste**
TBD

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

**City, State**
Randolph, NJ

**Completed by**
Nikica Mrda
Title
President
Signature

**Date**
05/07/2018
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-12.120)

Date of Notification (1) 05/04/2018

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address

75 Bayard Street, 5th Floor, PO BOX 871

City, State, Zip Code

New Brunswick NJ 08901

Name of Building Owner/Operator (2)

County of Middlesex/ Office of Engineering

Name of Contact

Joseph Valdez

Telephone Number

732-745-

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Maintenance Building B-Boiler Room

Street Address

130 Apple Orchard Lane

City (5)

North Brunswick NJ 08902

County (6)

Middlesex

County Code (7)

(State USE ONLY)

Current Use (Prior if being demolished)

Boiler Room

Type of Facility (4)

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

Square Feet

n/a

# of Floors

n/a

Bldg. Age

n/a

Name of Monitoring Firm Hired by Building Owner (8)

Matrix New World Engineering Inc

AsCM No.

Name of Abatement Contractor (9)

Amax Contracting LLC

Street Address

26 Columbia Tpk, Second Floor

City, State, Zip Code

Florham Park NJ 07932

Telephone No.

973-240-1800

License No.

01266

Project Manager for Monitoring Firm

Matthew Sheldon

Project Completion Date (11)

05/25/2018

Name of OSHA Monitor

Amax Contracting LLC

Start Date (10)

05/15/2018

Street Address

PO BOX 734

City, State, Zip Code

Woodland Park NJ 07424

Occupy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

- Occupied

Abatement Performed Outside of Normal Facility Hours

- Described: 0 OCCUPIED

Scope of Work (Check All That Apply)

- >3,000 sq ft or >33 ft
- >1600 sq ft or >260 ft
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

in Facility

(13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

(12)

Yes

No

N/A

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

Boiler Insulation

Amount (Specify SF or LF)

120 SF

Abatement Type

Endorse

Endorse

Name of Registered Waste Hauler

Amax Contracting LLC

Waste Hauler ID No.

0038184

Cubic Yards of Waste

30 cy

Disposal Date

06/02/2018

Name of Registered Landfill

Fairless Hills

City, State

Woodland Park NJ 07424

Completed by

Tome Maslarkov

Title

Project Manager

Signature

Date

05/04/2018

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

Date of Notification (1)
5/10/2018

Name of Building Owner/Operator (2)
MCS Erie Street LLC

Street Address
5700 Wayne Ave

City, State, Zip Code
Philadelphia, PA 19144

Name of Contact
Joseph Fergusson 2672280111

Telephone Number
267-414-4988

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mastery Charter School - Pyne Point Campus

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

Square Feet
16 LF

# of Floors

Bldg. Age
1937

Current Use (Prior to being demolished)
School

Name of Abatement Contractor (5)
Associated Specialty Contracting

Street Address
98 Lacrue Ave

City, State, Zip Code
Glen Mills, PA 19342

License No.
1103

Name of OSHA Monitor
Criterion Labs

Street Address
3370 Progress Dr

City, State, Zip Code
Bensalem, PA 19020

Start Date (10)
5/21/2018

Scheduled Completion Date (11)
6/21/2018

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

Other - Describe:

Scope of Work (Check All That Apply)
X Renovation

X Demolition

Full Containment with Negative Pressure
Mini-Enclosure

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

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Endorse

Name of Registered Waste Hauler
Mercer Group International

N J DEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Tulleytown Resource Recovery Facility

City, State
Tulleytown, PA

Disposal Date
As req.

Completed by
John Lynch

Title
Project Manager

Signature

Date
5/10/2018

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

Date of Notification (1) 5/09/18

Name of Building Owner/Operator (2)
Clem Mapp
Job #1805-2306, Chk. #5032

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

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

Street Address

City, State, Zip Code
Ewing, NJ 08638

Name of Contact
Clem Mapp

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Ewing, NJ

County (6)
Mercer

County Code (?)/STATE USE ONLY

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

Square Feet 1476
# of Floors 3
Bldg. Age 1960

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

Current Use (Prior if being demolished)
Residential

ASCM No.

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

Start Date (10) 5/18/18
Scheduled Completion Date (11) 5/22/18

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥30 ft
☐ ≥160 sf or ≥260 ft
☒ Renovation
☐ Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation

Location

Asbestos-Containing Material (ACM) TO BE ABATED

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

Disposal Date 5/23/18

Name of Registered Landfill
Atlantic County ACUA

City, State
Lafayette, NJ

Cubic Yards of Waste 5

City, State
Egg Harbor Twp., NJ

Name of Registered Waste Hauler
Name of Registered Landfill

Completed By (Print or Type)
Joann Mullarkey
Title Office Coordinator

Signature
Date 5-9-18

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

Check # 25589

PAID

Date of Notification (1)  
5/10/2018

Name of Building Owner/Operator (2)  
Kopcsik

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DOA  
DOE  
ampm  
Emergency (including
justification)  
Cancellation

Type Notification  
Initial  
Amended  
Amendment #

Street Address  
[REDACTED]

City, State, Zip Code  
Trenton, NJ 08638

Name of Contact  
Mrs. Kopcsik

FACILITY INFORMATION

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

Square Feet  
2200

# of Floors  
3

Bldg. Age  
50+/-

Current Use (Prior if being demolished)

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

Street Address  
[REDACTED]

City (5)  
Trenton, NJ 08638

County (6)  
Mercer

County Code (7)  
(STATE USE ONLY)

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

ASCM No.  
[REDACTED]

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

Street Address  
PO Box 322

City, State, Zip Code  
Allentown, NJ 08501

Telephone No.  
609 259-9688

License No.  
00493

Project Manager for Monitoring Firm  
Bill Weisgarber

Telephone No.  
609 298-4070

Start Date (10)  
5/21/2018

Scheduled Completion Date (11)  
5/28/2018

Name of OSHA Monitor  
MECS

Street Address  
PO Box 341

City, State, Zip Code  
Chesterfield, NJ 08515

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check all that apply)

23 sf or 23 if

x 160 sf or >=260 sf

Renovation

Demolition

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

IN FACILITY

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

Yes

No

N/A

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

Amount

Specify

SF or LF

Removal

Repair

Encapsulate

Enclose

Baseline

Basement

x

Thermal Pipe Insulation

120 if

x

Attic Eves

x

Thermal Pipe Insulation

6 if

x

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

Disposal Date  
5/29/2018

City, State  
Morrisville, PA

Completed by  
Mahlon E. Stevens

Title  
Project Manager

Signature

Date  
5/10/18

ASB-41 (R-05-06)

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

**State of New Jersey**

**NOTIFICATION OF ASPETOS ABATEMENT**

(Pursuant to NJAC 5:95 and 12:120)

**Date of Notification (1)**
05/09/2018

**Name of Building Owner/Operator (2)**
PSE&G

**Street Address**
80 Park Place

**City, State, Zip Code**
Newark, NJ 07102

**Name of Contact**
Glenn Milarczyk

**Telephone Number**
484-239-1902

## FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
PSE&G Bayway Substation

**Street Address**
400 Clifton Street

**City (5)**
Elizabeth

**County (6)**
Union

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

**Name of Abatement Contractor (9)**
Brandenburg Industrial Service Company

**Street Address**
110 Fieldcrest Avenue - Raritan Plaza 1

**City, State, Zip Code**
Edison, NJ 08837

**Project Manager for Monitoring Firm**
JB Chadwick

**Telephone No.**
732-225-6040

**Start Date (10)**
05/07/2018

**Scheduled Completion Date (11)**
05/18/2018

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

**Scope of Work (Check All That Apply)**
- [x] ≥ 3,000 sf or ≥ 3,000 ft²
- [ ] ≥ 1,500 sf or ≥ 1,500 ft²
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof of Oil Pump House</td>
<td>No</td>
<td>Roof Flashing</td>
<td>120 LF</td>
<td>D</td>
</tr>
<tr>
<td>Roof of Oil Pump House</td>
<td>No</td>
<td>Expansion Joint Caulk</td>
<td>50 LF</td>
<td>E</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
WM of New Jersey

**Waste Hauler ID No.**
NUDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
50

**Name of Registered Landfill**
WM Fairless Hills Landfill

**City, State**
Bethlehem, PA

**Disposal Date**
05/07/18-05/18/18

**Completed by**
Stephen Carne

**Title**
Environmental Engineer

**Signature**

**Date**
05/09/2018

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