**State of New Jersey**

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

**Date of Notification (1)**: 5/5/2017

**Name of Building Owner/Operator (2)**: Englewood Hospital and Medical Center

**Street Address**: 350 Engle Street

**City, State, Zip Code**: Englewood, NJ 07631

**Name of Contact**: Harry Hahn

**Telephone Number**: [Redacted]

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**: Englewood Hospital and Medical Center

**Street Address**: 350 Engle Street

**City (3)**: Englewood, NJ 07631

**County Code (7)**: [Redacted]

**County**: Bergen

**Name of Monitoring Firm Hired by Building Owner (8)**: Hillman Environmental Group, LLC

**Street Address**: 1600 Route 22E

**City, State, Zip Code**: Union, NJ 07083

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

**Telephone No.**: [Redacted]

**Start Date (10)**: 05/16/2017

**Scheduled Completion Date (11)**: 05/22/17

**05/25/17**

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**Type of Facility (4)**

- [ ] School (K-12)
- [x] Subchapter B (Other than K-2)
- [x] Other (i.e. private & commercial buildings, homes, etc.)

**Square Foot**

**# of Floors**

**Bldg. Age**

- 10,000
- 2
- [Redacted]

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

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: 3:00 PM to 11:00 PM

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

- [ ] ≥ 3 sf or ≥ 3 lb
- [ ] ≥ 160 sf or ≥ 2860 lb
- [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)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Amount (Specify SF or LF)**

- 15 SF

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

**Name of Registered Waste Hauler**

Newark Carting, Inc.

**City, State**

NJ-913

**Cubic Yards of Waste**

- [Redacted]

**Disposal Date**

- [Redacted]

**Name of Registered Landfill**

Grand Central Landfill

**City, State**

**Completed by**

J. Robert Dombrowski

**Title**

VP of Business Sales

**Signature**

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**

05 / 15 / 17

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

Verizon

**Agency Notified**

- EPA
- DOLWD
- DHSS
- DCA

**Type Notification**

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

**Street Address**

18 Patterson Street

**City, State, Zip Code**

New Brunswick, NJ

**Name of Contact**

Alex Baylor

**Telephone Number**


**FACILITY INFORMATION**

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

Verizon

**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-2)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

15000

**# of Floors**

6

**Bldg. Age**

75

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

- Middletown

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

- Office

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

TTI Environmental, Inc.

**ASCM No.**

57445

**Name of Abatement Contractor (9)**

JVN Restoration Inc.

**Street Address**

47 Foster Road

**City, State, Zip Code**

Staten Island, NY 10309

**Telephone No.**

718-605-6256

**License No.**

00774

**Name of OSHA Monitor**

Testor Tech

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

- Vacant

**Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:**

- 5:00 AM - 1:30 PM

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

- 

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

- Basement, Power Room

**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)**

- Floor Tile and Mastic

**Amount (Specify SF or LF)**

800 SF

**Abatement Type**

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

**Name of Registered Waste Hauler**

Newark Carting

**NJDEP Waste Hauler ID No.**

NJ-566

**Cubic Yards of Waste**

15

**Name of Registered Landfill**

IESI

**Disposal Date**

06/26/17

**City, State**

Bethlehem, PA

**Completed By (Print or Type)**

Ralph Barnhardt

**Title**

Project Manager

**Signature**

05-15-2017

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**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJEA 6:30 and 12:122)

**Date of Notification (1):** 5/8/17

**Type Notification:** 
- Initial
- Amended
- Amendment (Including completion qualification)
- Cancellation

**Name of Building Owner/Operator (2):** Vision General Construction, Inc.

**Street Address:** 10 Post Lane

**City, State, Zip Code:** Riverdale, NJ 07457

**Name of Responsible Official:** John Struble

**Telephone Number:**

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**Name of Facility Where Abatement is Taking Place (3):**
- Private
- Commercial
- Institutional
- Residential
- Other

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

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

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

**Name of Abatement Contractor (9):** GSC Services Corp.

**Street Address:** 1465 RI 23 S, #111

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

**Project Manager for Monitoring Firm:** Telephone No.

**Telephone No.:** 973-750-0752

**License No.:** 011-53

**Name of OSHA Monitor:** Consulting Services of America

**Street Address:** P O Box 367

**City, State, Zip Code:** Belmar, NJ 07719

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**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):**
- $\leq 25$ sf or $\leq 25$ ft
- $>100$ sf or $>250$ ft
- New Construction
- Renovation Demolition

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodian Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Second Floor</td>
<td>Yes</td>
<td>VAT &amp; Mastic</td>
<td>12,000 sf</td>
</tr>
<tr>
<td>Boiler/Mechanical Room</td>
<td>No</td>
<td>pipe insulation</td>
<td>100 sf</td>
</tr>
<tr>
<td>First &amp; Second Floor</td>
<td>No</td>
<td>pipe elbows</td>
<td>50 ft</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>ACM debris</td>
<td>2,000 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

**GSC Services Corp.**

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

**TRRF**

**City, State:** Wayne, NJ

**Completed by:**

**Daniela Antic**

**Title:** Owner

**Signature:**

**Date:** 5/18/17

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