# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>200 Route 1 South</th>
</tr>
</thead>
</table>

| Name of Building Owner / Operator (2) | Anheuser Busch, Inc. |

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>EPA</th>
<th>Initial Notification</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DEP</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>DOL</td>
<td>Amended Notification</td>
<td>X</td>
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<tr>
<td></td>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DCA</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street Address 200 Route 1 South</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Newark, NJ 07114</th>
</tr>
</thead>
</table>

| Name of Contact | Rodrigo Pontello |

| Telephone Number | 973-845-8968 |

### Type of Facility (4)

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

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>50000</td>
<td>4</td>
<td>60 +/-</td>
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Current Use (Prior to being demolished): Brewery

<table>
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<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Global Abatement Services, LLC</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>443 Schoolhouse Road</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Monroe Township, NJ 08831</th>
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<table>
<thead>
<tr>
<th>License Number</th>
<th>00714</th>
</tr>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Global Abatement Services, LLC</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>443 Schoolhouse Road</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Monroe Township, NJ 08831</th>
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</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>732-605-9062</th>
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### Scope of Work (Check all that apply)

- Demolition
- Renovation
- Large Project
- X Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 100 SF or ≥ 260 LF ACM

<table>
<thead>
<tr>
<th>Packaging Area - Maintenance Shop</th>
<th>N/A</th>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC or other miscellaneous)</th>
<th>X Glove-bag Procedure</th>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Freehold Cartage</th>
<th>NJDEP Waste Hauler ID # 16893</th>
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<table>
<thead>
<tr>
<th>City, State, Freehold, NJ</th>
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<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Dominick Tringali</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Dominick Tringali</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Date</th>
<th>03/27/2018</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill TRRF</th>
</tr>
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<table>
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<tr>
<th>Disposal Date</th>
<th>03/29/2018</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City, State, Tullytown, Pa.</th>
<th></th>
</tr>
</thead>
</table>

| ASB-41 JUN 95 G4667 | |
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
05-14-18

Name of Building Owner/Operator (2)
Medco Health Solutions, Inc. (dba Express Scripts)

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

Type Notification
☐ Initial
☐ Amended
☒ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
100 Persons Pond Dr.

City, State, Zip Code
Franklin Lakes, NJ 07417

Name of Contact
Mace Bell

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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

Square Feet
87,000

# of Floors
3

Bldg. Age
46 years

Current Use (Prior if being demolished)
Commercial

County Code (7) (STATE USE ONLY) __________

Name of Monitoring Firm Hired by Building Owner (6)
BEM Systems, Inc.

ASCM No.

Name of Asbestos Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
200 Broad Street

License No.
00756

Project Manager for Monitoring Firm
Venkat Balasubramanian

Telephone No.
(908) 598-2600

Name of OSHA Monitor
Even-Air Inc.

Telephone No.
201-939-8565

Start Date (10)
04-24-18 (2) 05-17-18

Scheduled Completion Date (11)
06-30-18

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)
☒ ≥30 sf or ≥30 ft
☒ ≥150 sf or ≥280 sq ft
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

Endorse

3A: Gym
☒ Fireproofing
6,500SF

3A: Corridor Wall
☒ Sheetrock Compound
30SF

2A: Kitchen Prep Area
☒ Fireproofing
1,000SF

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

City, State
Waynesburg, OH 44688

Disposal Date
TBD

Completed by
Kevin Moriarty

Title
Project Manager

Signature

Date
05-14-18

* Do not use this form for asbestos licensure exempted activities.
**Date of Notification (1):** 05/04/2018

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

**City, State, Zip Code:** VERONA, NJ.

**Telephone:**

---

### FACILITY INFORMATION

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

**County Code:** ESSEX

**Type of Facility (4):**

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

**Square Feet:** 2200

**# of Floors:** 1

**Bldg. Age:** 89

**Name of Abatement Contractor (9):** NORTH EAST ENVIRONMENTAL LLC.

**Street Address:** 1126, 51st, STREET

**City, State, Zip Code:** BERGEN NJ. 07047

**Telephone No.:** 201-776-0642

**License No.:** 1300

**Name of OSHA Monitor:** IRIS ENVIRONMENTAL.

**Street Address:** 2300 RT. 22 WEST.

**City, State, Zip Code:** UNION NJ.

---

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

- [x] ≥300 sf or ≥2500 sf
- [ ] 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:**

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASEMENT</strong></td>
<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 $F or LF):** 50 LF

**Abatement Type:**

- [x] Repair
- [ ] Remove
- [ ] Encapsulate
- [ ] Dispose

---

**Name of Registered Waste Hauler:** TRI. STATE ASSOC.

**City, State:** BRONX, NY.

**Name of Registered Landfill:** MINERVA ENTERPRISE, INC.

**City, State:** WAYNESBURG, OHIO.

**Disposal Date:** 05/04/2018

---

**Name of Registered Landfill:**

**City, State:**

---

**Name of Registered Waste Hauler:**

**City, State:**

---

**Completed by:** CARLOS ESQUIVEL

**Title:** SAFETY MANAGER

**Signature:**

---

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

(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>05/14/2018</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Deborah Masson</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chatham, NJ 07928</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Deborah Masson</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>House</td>
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<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City</td>
<td>Chatham</td>
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<tr>
<td>County</td>
<td>Morris</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>House</td>
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<tr>
<td>Monitoring Firm</td>
<td>[Redacted]</td>
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<tr>
<td>ASCM No.</td>
<td>[Redacted]</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>973-345-8885</td>
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<tr>
<td>License No.</td>
<td>01311</td>
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<td>Start Date (10)</td>
<td>05/24/2018</td>
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<td>Scheduled Completion Date (11)</td>
<td>05/25/2018</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Occupied</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Renovation, X Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes, X No</td>
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<td>Description of Asbestos-Containing Material (ACM)</td>
<td>Pipe Insulation 90 LF</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>90 LF</td>
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<td>Abatement Type</td>
<td>Removal X</td>
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<td>Name of Registered Waste Hauler</td>
<td>D&amp;S Abatement, Inc.</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20996</td>
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<tr>
<td>Cubic Yards of Waste</td>
<td>TBD</td>
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<td>Disposal Date</td>
<td>TBD</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
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<tr>
<td>City, State</td>
<td>Totowa, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Oliver Hegedis</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
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<tr>
<td>Date</td>
<td>05/14/2018</td>
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</tbody>
</table>

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

(State of New Jersey)

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1):** 5/15/18

**Agency Noticed:**
- [ ] EPA
- [ ] DBP
- [X] DLPL
- [ ] IDOL
- [ ] IDOH
- [ ] DCA

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

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

**Street Address:**
- [Redacted]

**City, State, Zip Code:** Whippany, NJ 07981

**Name of Contact:** Helen

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

**Square Feet:**

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

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

**City (5):** Whippany

**County (6):** Morris

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

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

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

**Street Address:** 86 Christopher St.

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

**Licensed Contractor (10):**
- [ ] License No. 00371

**Name of OSHA Monitor:** [Redacted]

**Telephone Number:** (973) 744-8800

**Scheduled Start Date (10):** 05-25-18

**Scheduled Completion Date (11):** 05-28-18

**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):**
- [X] ≥ 250 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 if
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini Enclosure
- [ ] Glove Bag Procedure
- [ ] Non-Frisable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (Check all that apply):**

| Garage | X | Duct Insulation | 10 SF | X |

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

**Hauler ID No.:** 17040

**Disposal Date:** 5/29/18

**City, State:** Waynesburg, Ohio 44688

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

**Completed By (Print or Type):** Constantine Vivian

**Title:** President

**Signature:** [Redacted]

**Date:** 5/15/18

**Check #:** 16254

**Check #:** [Redacted]
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5/15/18

Name of Building Owner/Operator (2) Helen Donaldson

Agencies Notified
[X] EPA
[X] NJDOL
[X] DOH
[J] DCA

Type Notification
[X] Initial Notification

Street Address

City, State, Zip Code
Maplewood, NJ, 07040

Name of Contact
Helen

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Helen Donaldson

City (5) Maplewood
County (6) Essex

Project Manager for Monitoring Firm
N/A

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

Telephone Number
(973) 744-8800

License Number
00371

Current Use (Prior if being demolished)

Square Feet

# of Floors

Bldg. Age

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Occupancy During Abatement (Check all that apply)

[X] 24/7
[X] 5 AM-9 PM

Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glove-bag Procedure

[X] Non-Friable Procedure

Abatement Type

REMoval

ENCapsulation

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes

No

N/A

Location Normally Used

By Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

REMoval

ENCapsulation

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes

No

N/A

Location Normally Used

By Maintenance/Custodial Staff

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

REMoval

ENCapsulation

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

City, State
Montclair, NJ 07042

Cubic Yards of Waste
1.0

Disposal Date
5/28/18

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian
Title President

Signature

Date 5/15/18
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(*Pursuant to N.J.A.C. 8:60 and 5:16*)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05 / 15 / 18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>D &amp; A Demo, LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
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<td>EPA</td>
<td>Initial</td>
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<td>DOLWD</td>
<td>Amended</td>
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<tr>
<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
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<tr>
<td></td>
<td>Cancellation</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Shopping Center</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>3020 Route 35</td>
</tr>
<tr>
<td>City (5)</td>
<td>Hazlet</td>
</tr>
<tr>
<td>County (6)</td>
<td>Monmouth</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Guardian Contracting, Inc.</td>
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<tr>
<td>ASM No.</td>
<td></td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Nicholas Fernicola</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-9932</td>
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<tr>
<td>Start Date (10)</td>
<td>05 / 17 / 18</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>07 / 08 / 18</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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</tr>
<tr>
<td>☑ Facility Closed/Quarantined During Entire Period of Abatement</td>
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</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>☑ &gt;=3 sf or &gt;=3 ft</td>
<td></td>
</tr>
<tr>
<td>☑ &gt;=160 sf or &gt;=260 ft</td>
<td></td>
</tr>
<tr>
<td>☑ Renovation</td>
<td></td>
</tr>
<tr>
<td>☑ Demolition</td>
<td></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Location</td>
<td>interior exterior</td>
</tr>
<tr>
<td>Is ACM asbestos floor tile &amp; mastic asbestos</td>
<td>☑ ☑</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>asbestos floor tile &amp; mastic</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>40,680 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>☑ ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>100</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>07/08/18</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Nicholas Fernicola</th>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td>5/15/18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1):
Name of Building Owner/Operator (2):

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

Street Address [redacted]
City, State, Zip Code [redacted]
Name of Contact [redacted]
Telephone Number [redacted]

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

Type of Facility (4):
School (K-12)
Subchapter 9 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No. [redacted]
Name of Abatement Contractor (9):
Name of Abatement Contractor (10):

Street Address [redacted]
City, State, Zip Code [redacted]
Telephone No. [redacted]
License No. [redacted]

Start Date (11)
Scheduled Completion Date (12)

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):
<300 sf or <33 sf
300 sf or 289 sf
Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):
Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)
Yes No N/A

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

Abatement Type

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

Disposal Date
City, State

Completed by
Title
Signature
Date

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

Date of Notification (1)
5/14/18

Name of Building Owner/Operator (2)
ATLANTIC SITE CONSTRUCTION

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

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

Street Address
114 EAST COUNTY LINE RD, SUITE 103

City, State, Zip Code
LAKEWOOD NJ 08701

Name of Contact
TZIPPY

Telephone Number
732-383-5252

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
[redacted]

Square Feet
2000

# of Floors
2

Bidg. Age

Current Use (Prior if being demolished)
HOME

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

County Code (7)
[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
[redacted]

ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

License No.
1200

Telephone No.
732-668-9078

Start Date (10)
05/16/18

Scheduled Completion Date (11)
05/23/18

Facility Closed/Vacated During Entire Period of Abatement
☐ Yes
☐ No
☐ N/A

Occupancy Status During Abatement (Check Only One)
☐ Building Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 f
☒ ≥160 sf or ≥260 sf
☒ Renovation
☐ Demolition

FULL CONTAINMENT WITH NEGATIVE PRESSURE
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulation
☐ Endosulf

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

IN INTERIOR

Yes
No
N/A

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

INTERIOR

Flooring
150SF

EXTERIOR

Siding
2500sf

Cubic Yards of Waste
15

Disposal Date
05/23/18

Name of Registered Waste Hauler
NEWARK CARTING

Hauler ID No.
04509

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Completion Date
05/23/18

City, State
BETHLEHEM PA

Signature

Title
OWNER

Completed by
JOSEPH PERLSTEIN

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>May 18, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified (2)</td>
<td>EPA, DEP, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (3)</td>
<td>MACHINES</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 Fremont Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Stone Harbor, NJ 08040</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>L.I.2A</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (4)</td>
<td>Residence</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1500</td>
</tr>
<tr>
<td># of Floors</td>
<td>7</td>
</tr>
<tr>
<td>Blk. Age</td>
<td>50+</td>
</tr>
<tr>
<td>County Code (5)</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Ablation Contractor (6)</td>
<td>KLEMCOS INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S. Spruce Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>00444</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>6-18-18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>6-25-18</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Siding X TRANSITE 2000 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCOS INC</td>
</tr>
<tr>
<td>City, State</td>
<td>Maple Shade, NJ 08052</td>
</tr>
<tr>
<td>Completion Date</td>
<td>5-13-18</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
5-13-18

Name of Building Owner/Operator (2)  
ELON BUILDERS

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

Street Address  
1001 SHUNPIKE RD

City, State, Zip Code  
CAPE MAY NJ 08204

Name of Contact  
N/A

FACILITY INFORMATION

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

Square Feet  
1500

# of Floors  
2

Bldg. Age  
50 yrs

Current Use (Prior if being demolished)  
VACANT

Level of Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

Name of Abatement Contractor (9)  
KLEMCO INC

Start Date (10)  
5-23-18

Scheduled Completion Date (11)  
5-31-18

Scopes of Work (Check all that apply)  
☐ 23 sf or 23 sf
☐ 160 sf or ≥260 sf
☐ Renovation
☒ Demolition

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

IN Facility (13)

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

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

Amount (Specify SF or LF)  
2750 SF

Name of OSHA Monitor  
N/A

Name of Registered Waste Hauler  
KLEMCO INC

Waste Hauler ID No.  
37904

City, State  
MAPLE SHADE N.J

Disposal Date  
5-13-18

Name of Registered Landfill  
C. M. W. N. J.

Completed By  
Michael Vitale

Title  
Pres

Signature  
[Signature]

Date  
5-13-18

Name of Contact  
N/A

* 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)** 05 / 14 / 18

**Name of Building Owner/Operator (2)**
Main Ave Equities LLC/M. Rokowsky

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

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

**Street Address**
301 Rt. 17 North
Rutherford, NJ 07070

**City, State, Zip Code**
Rutherford, NJ 07070

**Name of Contact**
R. Rokowsky

---

#### FACILITY INFORMATION

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

**Square Feet**
2800

**# of Floors**
2

**Bldg. Age**
80 yrs.

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

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

**Residence**

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

**ASCM No.**
N/A

**Name of Abatement Contractor (9)**
MAK-B Pro, Inc.

**Street Address**
104 Market Street
Garfield, NJ 07026

**Telephone No.**
973-931-3293

**License No.**
01365

**Start Date (10)**
05 / 15 / 18

**Scheduled Completion Date (11)**
05 / 20 / 18

**Name of OSHA Monitor**
Same as above

**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, AM

**Scope of Work**
- [ ] >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 Normaly 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**

**Entire Structure**

150 Yds.

**Name of Registered Waste Hauler**
Newark Carting, Inc.

**NJDEP Waste Hauler ID No.**
11222

**Cubic Yards of Waste**
150

**Name of Registered Landfill**
G.R.O.W.S., North W/M of PA

**City, State**
Newark, NJ
Morrisville, PA

**Disposal Date**
5-18-18

**Completed By (Print or Type)**
Biljana Nesterova
Title: President

**Signature**

**Date**
5/14/18

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5 / 14 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
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<tr>
<td>□ DOLWD</td>
<td></td>
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<tr>
<td>□ DHSS</td>
<td></td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
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<tr>
<td>□ Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>□ Cancellation</td>
<td></td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>St Francis Medical Center</td>
</tr>
<tr>
<td>Street Address</td>
<td>601 Hamilton Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton NJ 08629</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Rita Gelli</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
St Francis Medical Center

Street Address  
601 Hamilton Ave

City (5)  
Trenton

County (6)  
Mercer

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

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

Square Feet  
70,000

# of Floors  
3

Bldg. Age  
60+

Current Use (Prior if being demolished)  
Hospital

Name of Abatement Contractor (9)  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

License No.  
00509

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

Start Date (10)  
5 / 14 / 18

Scheduled Completion Date (11)  
5 / 15 / 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 4:00PM - 12:00AM

Scope of Work (Check all that apply)  
□ Renovation  
□ 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) (12)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement Bldg A Corridor</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>15 LF</td>
<td>□ Removal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706

Cubic Yards of Waste  
FAIRLESS LANDFILL

Disposal Date  
5/15/18

City, State  
FAIRLESS HILLS, PA 19047

Completed By (Print or Type)  
Gino Pizzigoni

Title  
Estimator

Signature  
Gino Pizzigoni  
Date  5-14-18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80-7 and 12:120-7.7)

Date of Notification (1)
5 / 14 /18

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

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 75D

City (5) RAHWAY

County (6) UNION

County Code (7) (STATE USE ONLY)

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

Square Feet
1,950

# of Floors
1

Bldg Age
50

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILITIES

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Expected State Date (10)
5 / 11 /18

Sched. Completion Date (11)
5 / 14 /18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY -FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
- Demolition
- Renovation
- >3SF OR LF
- >160 SF OR 260 LF
- Full Containment with Negative Pressure
- Mini Encl.
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM)

TO BE ABATED

in Facility (13)

Yes No N/A

Description of Asbestos-containing Material (ACM)
(X: Coating in Facility)

Is Location normally used solely by Maint/Custodial Staff (12)

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Disposal Date
Hauler ID No. 15393
05/11-17/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY

MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  5/14/2018

Name of Building Owner/Operator (2)  VERIZON
Street Address  1 VERIZON WAY
City, State, Zip Code  BASKING RIDGE, NEW JERSEY 07920

Name of Contact  CONNOR BURD
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON
Street Address  1196 EAST GRAND STREET
City, State, Zip Code

Name of Monitoring Firm Hired by Building Owner (8) ESIS
ASCM No. 17

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address  313 SPOOK ROCK ROAD
City, State, Zip Code

Expected State Date (10)  5/24/18
Occuancy Status During Abatement (Check only one)  Facilities Closed/Vacated
Scope of Work (Check all that apply)  Demolition
Location of Asbestos-containing Material (ACM)
NORTH ELEVATION  X  CAULK  30 SF  X
EAST ELEVATION  X  CAULK  9 SF  X
SOUTH ELEVATION  X  CAULK  25 SF  X
WEST ELEVATION  X  CAULK  10 SF  X
POWER BLDG. RISING WALL  X  ACM PAINT  150 SF  X

Name of Registered Waste Hauler  NEWARK CARTING
City, State  NEWARK, NEW JERSEY
Disposal Date  5/24/18-12/30/18

Completed by (Print or Type)  BENJAMIN SANCHEZ
Title  DIRECTOR OF OPERATIONS
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:58-9 and 12:12B)

State of New Jersey

Date of Notification (1)
MAY 16, 2018

Name of Building Owner/Operator (2)
307 CENTRAL AVE. AQUISITION, LLC

Name of Contact
STEVE MCDONOUGH, BULLDOG

Telephone Number
732.602.1666

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
307 CENTRAL AVE. AQUISITION, LLC

Street Address
1 HIGHLAND AVENUE

City, State, Zip Code
METUCHEN, NJ 08840

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Type of Facility (4)

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

Square Feet
1,311 SF

# of Floors
1

Bidg. Age
1948

Residence Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address
17 THOMPSON STREET

City, State, Zip Code
WEST LONG BRANCH, NJ 07764

License No.
00040

Project Manager for Monitoring Firm

Telephone No.
732.222.8372

Name of OSHA Monitor
N/A

Start Date (10)
MAY 30, 2018

Scheduled Completion Date (11)
MAY 31, 2018

Occupy 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 ≥ 3,000 sf
X ≥ 1,000 sf
X ≥ 250 sf

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)

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.
12058

Cubic Yards of Waste
5 CY

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
WEST LONG BRANCH, NJ

Disposal Date
6/1/18

City, State
MORRISVILLE, PA

Name of Registered Waste Hauler

Disposal Date
6/1/18

Date
5/16/18

Completed by
JOSEPH P. MILLER

Title
PRESIDENT

Signature

* Do not use this form for asbestos licensure exempted activities.
### Date of Notification
5/14/18

### Name of Building Owner/Operator
Axiom DR Construction

### Street Address
1219 Wunschle Loop
Spring, TX 77373

### Name of Contact
Eric Plackis
Telephone Number: 732-899-7499

### Name of Facility Where Abatement is Taking Place

#### Former K-Mart
1930 R+ 88
City: Brick, County: Ocean

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

### Square Feet
60,000

### Current Use
Commercial

### Name of Monitoring Firm Hired by Building Owner
Brick Industries, Inc.

### ASCM No.

### Name of Abatement Contractor
Brick Industries, Inc.

### Street Address
PO Box 915
City: Brick, NJ 08723

### Telephone No.
732-899-7499

### License No.
01196

### Start Date
5/14/18

### Scheduled Completion Date
7/16/18

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

### Scope of Work
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Material Type</th>
<th>Description</th>
<th>Amount</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asbestos caulking</td>
<td>1035 LF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asbestos floor tile</td>
<td>1300 SF</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mastic</td>
<td>52.50 SF</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Brick Industries, Inc.

### Hauler ID No.
21602

### Cubic Yards of Waste
60

### Name of Registered Landfill
Grows North Landfill
City: Morrisville, PA

### Disposal Date
7/16/18

### Completed by
Eric Plackis
Title: President

### Signature Date
5/14/18

---

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/04/2018

Name of Building Owner/Operator (2) Matthew Kuznia

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

Street Address

City, State, Zip Code Rutherford, NJ (basement)

Name of Contact Matthew Kuznia

FACILITY INFORMATION

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

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

Sq. Feet: 1,500 # of Floors 2 Bldg Age 80

Current Use (if being demolished): abandoned

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

Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.

Project Manager for Monitoring Firm David Camacho

Street Address 3300 Hudson Avenue

City, State, Zip Code Union City, NJ 07087

TelephoneNumber (201) 325-0055

License Number 01124

Scheduled Start Date (10) 05/14/2018

Scheduled Completion Date 05/16/2018

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
(X) Abatement Performed Outside of Normal Facility Hours
( ) Other - Describe: Work area is not in use

Name of OSHA Monitor ISES, Inc.

Street Address 3300 Hudson Avenue

City, State, Zip Code Union City, NJ 07087

Source of Work (Check all that apply)
(X) Demolition
( ) Renovation
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glove-bag Procedure
( ) Non-Exempt (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>TSI - pipe</td>
<td>~ 60 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler Newark Carting

Waste Hauler ID # 04509

Cubic Yards of Waste 5

Name of Reg. Landfill IESI BETHLEHEM LANDFILL

City, State 369 Raymond Blvd., Newark, NJ 07105

Disp. Date 05/16/2018

City, State BETHLEHEM, PA 18015

Completed by (Print or Type) David Camacho

Title Project Supervisor

Signature Date 05/04/2018
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>5/14/18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Notified</strong></td>
<td>EPA</td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td>Initial Assessment</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>195 Veepwal Dr.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>SPRING LAKE, N.J. 07087</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>MULBERRY</td>
</tr>
<tr>
<td><strong>Contact Person</strong></td>
<td>AUNE MCMANUS</td>
</tr>
<tr>
<td><strong>Facility Information</strong></td>
<td>SPRING LAKE</td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (5)</strong></td>
<td>SPRING LAKE</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>195 Veepwal Dr.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>SPRING LAKE, N.J. 07087</td>
</tr>
<tr>
<td><strong>Name of Owner/Operator</strong></td>
<td>AUNE MCMANUS</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>201-262-5584</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>00156</td>
</tr>
<tr>
<td><strong>Type of Facility (4)</strong></td>
<td>I (K-12)</td>
</tr>
<tr>
<td><strong>Square Ft.</strong></td>
<td>205</td>
</tr>
<tr>
<td><strong>Current Use</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Number of Floors</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Abatement Type</strong></td>
<td>Asbestos Abatement</td>
</tr>
<tr>
<td><strong>Renovation</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Demolition</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td>1st FL Room</td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LFT)</strong></td>
<td>205</td>
</tr>
<tr>
<td><strong>Name of Registered Hazardous Substance Handler</strong></td>
<td>AUNE MCMANUS</td>
</tr>
<tr>
<td><strong>Location Normally Lived Solely by Maintenance Custodians</strong></td>
<td>1st FL Room</td>
</tr>
<tr>
<td><strong>Name of Registered Landlord</strong></td>
<td>AUNE MCMANUS</td>
</tr>
<tr>
<td><strong>Date of Completion</strong></td>
<td>5/14/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/14/18</td>
<td>ALAN MONTE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Function Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA DEP DOL MDOH</td>
<td>Initial Amendment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dumont NJ 07625</td>
<td>MICHAEL KERN</td>
</tr>
</tbody>
</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
</table>
|                                                 | Private 

<table>
<thead>
<tr>
<th>County Code</th>
<th>Name of Owner or Tenant</th>
</tr>
</thead>
<tbody>
<tr>
<td>A456892Y72Z</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Mailing Firm Hired by Building Owner</th>
<th>ASCN No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (DD/MM/YY)</th>
<th>Scheduled Completion Date (DD/MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/14/18</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Facility Closed/ Vacant During Entire Period of Abatement</td>
</tr>
<tr>
<td>A. Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Renovation</td>
</tr>
<tr>
<td>F. Demolition</td>
</tr>
<tr>
<td>G. Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>H. Wet Removal of Asbestos Fibers by Micro-Encapsulation Method</td>
</tr>
<tr>
<td>I. Non-Encapsulation and Non-Printable Procedure</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Normally Used by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ACM Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Asbestos Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark, NJ</td>
<td>07106</td>
</tr>
</tbody>
</table>

**Disposal Site**

<table>
<thead>
<tr>
<th>Disposal Site</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Compiled by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos literature exempted activities.
Date of Notification (1) 05/14/18
Name of Building Owner/Operator (2) Adam Corvisiero
Street Address
City, State, Zip Code Dover, NJ 07801
Name of Contact Adam Corvisiero
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) Private House
Street Address
City (5) Dover
County (6) Morris
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.
Competent Supervisor
Name of Abatement Contractor (9) Academy Construction Inc
Street Address 205 Route 46 Suite 14
City, State, Zip Code Totowa NJ 07512
Telephone No. 973 832 4244
License No. 01155
Name of OSHA Monitor Same as above
Street Address
City, State, Zip Code

Scope of Work (Check All That Apply)

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

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

Yes No N/A
Basement x Pipe insulation 30 LF x x

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

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

Amount (Specify SF or LF)

Abatement Type Removal Repair Encapsulate

Name of Registered Waste Hauler Academy Construction Inc
NJDEP Waste Hauler ID No. 0034422
Cubic Yards of Waste 3
Name of Registered Landfill Fairless Landfill
Disposal Date TBD
City, State Totowa NJ Morrisville, PA
Completed by Filip Geleski Title Supervisor Signature
Date 05/14/18

* 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) 5/15/19
Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
Type Notification:
☐ Initial
☐ Amended
☐ Amendment # ______
☐ Emergency (including Justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Mr. Meier
Street Address

Name of Contact
Mr. Meier
Telephone Number: CONTROL

Name of Facility Where Abatement is Taking Place (3)
Mr. Meier
Street Address

City (5) Teaneck
County (6) Bergen

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
Bldg. Age 1945

Current Use (Prior to being demolished) RESPONSE

Name of Monitoring Firm: ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc.
Street Address 450 South River Street
City, State, Zip Code Hackensack, NJ 07601

Project Manager for Monitoring Firm Telephone No. 201-329-7444
License No. 00388
Name of OSHA Monitor Omega Environmental
Street Address 280 Huyler Street
City, State, Zip Code Hackensack, NJ 07606

Start Date (10) 5/30/19
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
☐ Other - Describe:

Scope of Work (Check All That Apply)
☐ 0-23 sf or 0-23 ft
☐ 23+ sf or 24+ ft
☐ 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)
Thermal System Insulation 90LF

Amount (Specify SF or LF) 90LF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Best Removal Inc
Waste Hauler ID No. 17109

Disposal Date 5/31/19
Minerva Enterprises, LLC
Waynesburg, OH 44688

Completed by J. Maiorano
Title Estimator
Signature Maiorano
Date 5/15/18

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

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-114
RHAYAW, NEW JERSEY 07855

Name of Contact
PATRICIA JOHNSON

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 75D
RHAYAW, UNION

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Name of Monitoring Firm Hired by Building Owner (6)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Type of Facility (4)

Square Feet
1,950

Current Use (Prior to being demolished)
RESEARCH LABORATORY AND OFFICE FACIL.

Duration
5 / 11 /18

Bidg Age
60

# of Floors
1

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

City, State, Zip Code
SUFFERN, NEW YORK 10901

License Number
1101

Telephone Number
845-309-7500

Name of OSHA Monitor
AMERISCI LABORATORIES INC

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
RHAYAW, NEW JERSEY 07855

Telephone Number
845-309-7500

Name of OSHA Monitor
AMERISCI LABORATORIES INC

License Number
1101

Expected State Date (10)
5 / 1 /18

City, State, Zip Code
NEW YORK, NEW YORK 10016

Sched. Completion Date (11)
5 / 17 /18

City, State, Zip Code
NEW YORK, NEW YORK 10016

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

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

Demolition

Renovation

X Full Containment with Negative Pressure

>250 SF OR LF

X Glovebag Procedure

>190 SF OR 260 LF

None-Frail Procedure

Location of Asbestos-containing Material (ACM)

TO BE ABATED in Facility (13)

Yes

No

N/A

Description of Asbestos-Containing Material (ACM)

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

Amount

Specify LF or SF)

Abatement Type

REMOVAL

REPAIR

ENCLOSURE

ENCLOSURE

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
829 HIGHWAY 33
FREEHOLD, NEW JERSEY

Cubic Yards of Waste
3

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE
447 ALEXANDER DRIVE/ROUTE 15
MONTGOMERY, PA 17752

Disposal Date
05/11-17/18

City, State
MONTGOMERY, PA 17752

Signature

Date
5/1/18