State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-12:126)

Name of Building Owner/Operator (2)
William Patterson

Street Address
300 Pompton Road
Wayne, NJ 07470

Name of Contact
Karl Pettit

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
William Patterson University

Street Address
300 Pompton Road
Wayne, NJ 07470

Project Manager for Monitoring Firm
Jeff Seaman

Telephone No.
856-889-5182

Start Date (10)
POSTPONED

Scheduled Completion Date (11)
10/20/2017

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

Scope of Work (Check All That Apply)
1200 sf or 1200 sf

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

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

Description of Asbestos-Containing Material (ACM)
Other Miscellaneous

Amount (Specify SF or LF)
3,575 LF

Abatement Type
x Full Containment with Negative Pressure

Name of Registered Waste Hauler
ATC

City, State
Shirley, NY 11967

Completed by
Ann A. Ali

Title
Compliance Admin

Print Form

ASB-41 (R-06-08)

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

Date of Notification: 05/18/17

Name of Building Owner/Operator: Tenisha Victor

Name of Facility Where Abatement is Taking Place:

Private house

Street Address: [Redacted]

City, State, Zip Code: Eatontown, NJ 07724

County: Monmouth

Name of Monitoring Firm Hired by Building Owner: Gr Tech LLC

Type of Facility:
- School (K-12)
- Subchapter 8 (Other than K-1.2)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet: [Redacted]

Type of Asbestos Abatement:
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Fireable Procedure

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

Attic

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
- Vermiculite insulation: 550 SF
- Transite panel: 25 SF

Name of Registered Waste Hauler: Gr Tech LLC

Cubic Yards of Waste: TBD

Name of Registered Landfill: T.R.R.F. Inc.

Disposal Date: TBD

City, State: Wayne, NJ 07470

Tullytown, PA

Completed By: N. Jevtic

Title: Owner

Signature: [Redacted]

Date: 05/18/17

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

(Pursuant to NJAC 8:90 and 12:120)

State of New Jersey

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>5-19-2017</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Regional Construction Corp</td>
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<td>Agencies Notified</td>
<td>Type Notification</td>
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<tr>
<td>EPA</td>
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<tr>
<td>Street Address</td>
<td>3 Manhattanville Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>PURchase, NY 10577</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Gerald Eglentowicz</td>
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<tr>
<td>Telephone Number</td>
<td></td>
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<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Commercial</td>
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<tr>
<td>Street Address</td>
<td>1151 Shewsbury Avenue</td>
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<td>City (5)</td>
<td>Shewsbury, NJ 07702</td>
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<tr>
<td>County (6)</td>
<td>Monmouth</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
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<td>Current Use (Prior if being demolished)</td>
<td>70+</td>
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<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<td>ASCM No.</td>
<td>Green Environmental Services, LLC</td>
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<td>Name of Abatement Contractor (9)</td>
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<tr>
<td>Street Address</td>
<td>235 Virginia Avenue</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Jersey City, NJ 07304</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201-333-8855</td>
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<td>License No.</td>
<td>01174</td>
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<td>5-30-2017</td>
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<td>6-6-2017</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>√ 23 sf or 23 If</td>
<td>√ Demolition</td>
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<tr>
<td>≥160 sf or ≥260 If</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, V.A.T, or other miscellaneous)</td>
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</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
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</tr>
<tr>
<td>Abatement Type</td>
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<tr>
<td>Enhanceable</td>
<td>Endorse</td>
</tr>
<tr>
<td>Removal</td>
<td>Repair</td>
</tr>
<tr>
<td>1200 LF</td>
<td>x</td>
</tr>
<tr>
<td>1430 LF</td>
<td>x</td>
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<td>Name of Registered Waste Hauler</td>
<td>Green Environmental Services, LLC</td>
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<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>0034889</td>
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<td>Cubic Yards of Waste</td>
<td>2</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>G.r.o.w.s. North Landfill</td>
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<tr>
<td>City, State</td>
<td>Jersey City, NJ</td>
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<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
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<tr>
<td>Disposal Date</td>
<td>6-12-2017</td>
</tr>
<tr>
<td>Completed by</td>
<td>Lilianna Serrano</td>
</tr>
<tr>
<td>Title</td>
<td>Office Manager</td>
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<tr>
<td>Signature</td>
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* 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) 5/18/2017
Name of Building Owner/Operator (2) DUMEINT BOARD OF EDUCATION

Agencies Notified Type Notification Street Address
EPA Initial 25 DEPEW STREET
DEP Amended
DOL Amendment #
DOH Emergency (including justification)
DCA Cancellation

City, State, Zip Code DUMEINT, NJ 07628
Name of Contact KEVIN DUNNE
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
DUMEINT HIGH SCHOOL

City (5) DUMEINT
County (6) BERGEN

County Code (7) [STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8) KARL & ASSOCIATES, INC.
ASCM No. 

Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.

Street Address 20 LAUCK ROAD
City, State, Zip Code MOHNTON, PA 07628

Project Manager for Monitoring Firm MIKE KRISHER
Telephone No. 610-856-7700

Telephone No. 973-956-8700
License No. 00494

Start Date (10) 5/30/2017
Scheduled Completion Date (11) 6/5/2017

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: EXTERIOR, START: 3:00PM

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

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

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

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

Amount (Specify SF or LF) 9 WINDOWS

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

Abatement Type Removal

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING
NJDEP Waste Hauler ID No. 18743

Cubic Yards of Waste 6
Disposal Date 6/5/2017

Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ

Completed by VIVECA RAMOS Title PROJECT COORDINATOR
Signature Date 5/18/2017

* Do not use this form for asbestos licensure exempted activities.
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<tr>
<th>Agencies Notified</th>
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<td>Amended Notification</td>
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<td>Emergency (including justification)</td>
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<td>DEP - No Longer REQUIRED</td>
<td>Cancelled</td>
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**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):
Borough of Oakland - "Library" BUILDING

Street Address:
2 MUNICIPAL PLAZA

City (5): OAKLAND
County (6): BERGEN
County Code (7): [State Use Only]

Name of Monitoring Firm Hired by Bldg. Owner (8):
McCABE ENVIRONMENTAL SERVICES, LLC

Street Address:
464 VALLEY BROOK AVENUE #3A

City, State, Zip Code:
LYNCHURST, NJ 07071

Project Manager for Monitoring Firm:
JOHN CHIAVELLO

Telephone Number:
732-438-4839

Scheduled Start Date (10):
05/30/17

Scheduled Completion Date (11):
06/06/17

Occupancy Status During Abatement (Check only one):
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))

Scope of Work (Check all that apply):
☐ >= 3 sf or >= 3 if
☐ >= 160 sf or >= 250 ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13):

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maint. / Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Basement &amp; Boiler Room</td>
<td>YES</td>
<td>TSI - Muddied Joint Fitting</td>
<td>50 SF</td>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Basement &amp; Boiler Room</td>
<td>YES</td>
<td>TSI - Flue Packing</td>
<td>10 SF</td>
<td>Mini-Enclosure (Tent)</td>
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<tr>
<td>Basement &amp; Boiler Room</td>
<td>YES</td>
<td>TSI - Aircell Pipe Insulation</td>
<td>25 LF</td>
<td>Glovebag Procedure</td>
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<td>Various Locations</td>
<td>YES</td>
<td>Remnant Old Generation Joint Compound</td>
<td>1000 SF</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Various Locations</td>
<td>YES</td>
<td>TSI - Preformed Flue Pipe Insulation</td>
<td>150 LF</td>
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Name of Reg. Waste Hauler:
Newark Carting, Inc.
Newark, NJ 07109

NJDEP Waste Hauler ID #:
NJ DEP # 4509

Cubic Yards of Waste: 40 CY

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

Disposal Date:
06/06/17

City, State:
100 New Ford Mill Rd.
Morrisville, Pa 19067
215-736-1700

Notes: None

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title:
SENIOR PROJECT MANAGER
Signature:
Raymond C. Pedalino
Date:
May 19, 2017

Copies To: Borough of Oakland Attn: Mr. Richard Kunze and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello
**State of New Jersey - Notification of Asbestos Abatement**

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 060-17**

**Date of Notification (1)**
May 19, 2017

**Name of Building Owner/Operator (2)**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Name of Facility Where Abatement Is Taking Place (3)**
TILLETT HALL, BLDG# 4146

**Street Address**
LIVINGSTON CAMPUS

**City (5)**
PISCATAWAY

**County Code (7)**
0098

**Name of Contractor (9)**
GREENWOOD ABAITEMENT CONSULTANTS, INC.

**Street Address**
3 TERRI LANE

**City, State, Zip Code**
BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-366-8800

**Scheduled Start Date (10)**
06/02/17

**Scheduled Completion Date (11)**
06/05/17

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work (Check all that apply)**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- Is Location Normally Used Solely by Maint./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)**
470 SF

**Abatement Type**
- Remove, Repair, Encap, Enclose

**Room Numbers**
- Rooms 217, 215A, 215B
- VAT

**Name of Reg. Waste Hauler**
See Hauler Below #1 & 2

**Cubic Yards of Waste**
15 CY

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

**Disposal Date**
06/05/2017

**City, State, Zip Code**
100 New Ford Rd, Morrisville, PA 19067

**Hauler #1**
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJ DEP # 13561

**Hauler #2**
Greenwood Abatement Consultants, Inc. - Newark, NJ 07107
NJ DEP # 4509

**Completed by (Print or Type)**
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
May 19, 2017

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
05/19/2017

Name of Building Owner/Operator (2)
Mona Sphinneker

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

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

Street Address

City, State, Zip Code
Ridgewood, NJ, 07450

Name of Contact
John Mulligan

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Mona Sphinneker

City (5)
Ridgewood

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
MKD Property Maintenance, LLC

Street Address
105 Van Riper Avenue

City, State, Zip Code
Clifton, NJ, 07011

Project Manager for Monitoring Firm

Telephone No.
201-899-9008

License No.
01336

Start Date (10)
05/29/2017

Scheduled Completion Date (11)
05/31/2017

Name of OSHA Monitor

Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)
- [x] ≥ 250 sf or ≥ 3 If
- [ ] ≥ 160 sf or ≥ 250 If
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility
(13)

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)
Basement

Amount (Specify SF or LF)
122 LF

Abatement Type
Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
TBD

Disposal Date
City, State
Melville, NY 11747

Completed by
Darko Raloski
Title
Project Manager
Signature

Date
05/19/2017

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

Check # 25507  

Date of Notification (1)  
5/24/17  

Name of Building Owner/Operator (2)  
Mcmahon  

Agencies Notified  
[ ] EPA  
[ ] DEP  
[ ] DOL  
[ ] DOH  
[ ] DCA  

Type Notification:  
[ ] Initial  
[ ] Amended  
[ ] Emergency (including justification)  
[ ] Cancellation  

Street Address  

City, State, Zip Code  
Haddonfield, NJ 08033  

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

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

Current Use (Prior if being demolished)  
90+/-  

Square Feet  
2500  

# of Floors  
2  

Bldg. Age  


County Code (7) (STATE USE ONLY)  
Camden  

Name of Monitoring Firm Hired by Building Owner (9)  
MECS  

Name of Abatement Contractor (10)  
Stevens Environmental Services, Inc.  

PO Box 341  
Crosswicks, NJ 08515  

City, State, Zip Code  
PO Box 322  
Allentown, NJ 08501  

Telephone No.  
(609) 298-4070  

License No.  
00493  

Start Date (10)  
6/5/17  

Scheduled Completion Date (11)  
6/9/17  

Name of OSHA Monitor  
MECS  

City, State, Zip Code  
PO Box 341  
Crosswicks, NJ 08515  

Scope of Work (Check all that apply)  
[ ] ≥3 sf or ≥3 if  
[ ] ≥160 sf or ≥200 if  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure  

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

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

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

Amount (Specify SF or LF)  
60 sf  

Abatement Type  

Name of Registered Waste Hauler  
S & S Environmental Services, Inc.  
NJDEP Waste Hauler ID No. 182992  

Cubic Yards of Waste  
2 cu  

Name of Registered Landfill  
Fairless Landfill  

City, State  
Allentown, NJ  

Disposal Date  
6/9/17  

City, State  
Morrisville, PA  

Completed By  
Mahlon E. Stevens  
Project Manager  

Signature  

Date  
5/24/17  

* 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)

**Check # 25506**

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<td>Emergency (including justification)</td>
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<td>☑ DCA</td>
<td>Cancellation</td>
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<th>Ramirez</th>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Name of Contact</td>
<td>Rosalba Ramirez</td>
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<tr>
<td>Telephone Number</td>
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<td>Fax</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
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<tr>
<td>Street Address</td>
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<td>County (6)</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<td>Street Address</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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<tr>
<td>Telephone No.</td>
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<th>Type of Facility (4)</th>
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<td>☑ Subchapter 8 (Other than K-12)</td>
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<tr>
<td>☑ School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800</td>
<td>2</td>
<td>85 +/-</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>☑ ≥1,600 sf or ≥2,600 If</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space ☒</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>☑ Yes</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAV, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation ☒</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Thermal Pipe Insulation</td>
</tr>
<tr>
<td>Thermal Pipe Insulation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</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)  
Check # 26299

**Date of Notification (1)**  
5/24/2017

**Name of Building Owner/Operator (2)**  
THE HIBBERT GROUP

**STREET ADDRESS**  
400 PENNINGTON AVENUE

**City, State, Zip Code**  
TRENTON, NJ 08618

**Name of Contact**  
DAVID D'ANDREA

**Telephone Number**  

**FACILITY INFORMATION**

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

**Street Address**  
400 PENNINGTON AVENUE, THIRD FLOOR

**City (5)**  
TRENTON, NJ

**County**  
MERcer

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

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

**Name of Abatement Contractor (9)**  
CREAM RIDGE ENVIRONMENTAL INC.

**Street Address**  
15 BLACK FOREST ROAD

**City, State, Zip Code**  
Hamilton, NJ 08691

**Type of Facility (4)**

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

**License No.**  
00676

**Type of Abatement**

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

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

- Renovation
- Demolition
- WRAP & CUT

**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 system insulation, surfacing, VAT, or other miscellaneous)**

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclosure

**THIRD FLOOR CORRIDOR**

- PIPE INSULATION
- WRAP & CUT

**Cubic Yards of Waste**  
5 YDS

**Name of Registered Landfill**  
GROWS

**City, State**  
HAINESPORT, NJ

**Disposal Date**  
5/25/2017

**Name of Registered Waste Hauler**  
NJ/DEP Waste Hauler ID No.

**City, State**  
32707

**Disposal Date**  

**Completed By**  
DAVID D’ANDREA  
PRESIDENT

**Signature**  
[Signature]

**Date**  
5/24/2017

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

**State of New Jersey**

**Name of Building Owner/Operator:** Frank Ench

**Date of Notification:** 5/22/17

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

**Type Notification:** Initial

**Street Address:** [Redacted]

**City, State, Zip Code:** Keansburg, NJ

**Name of Contact:** Frank Ench

**Telephone Number:**

**FACILITY INFORMATION**

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

**Duplex Residence**

**Square Feet:** 3000

**# of Floors:** 1

**Bldg. Age:** 75+

**Current Use (Prior if being demolished):** Residential Flood Damaged

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

**ASCN No.:**

**Name of Abatement Contractor:** Yannuzzi Environmental Services

**Street Address:**

135 Kinnelon Rd suite 102

**City, State, Zip Code:** Kinnelon, NJ 07405

**Telephone No.:** 908-219-0880

**License No.:** 01228

**Name of OSHA Monitor:** Yannuzzi Environmental Services

**Street Address:**

135 Kinnelon Rd suite 102

**City, State, Zip Code:** Kinnelon, NJ 07405

**Start Date:** 5/30/17

**Scheduled Completion Date:** 5/31/17

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

**Abatement Performed Outside of Normal Facility Hours:** Yes

**Other – Describe:** abandoned flood house

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

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

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

- Transite Siding
- Floor tile

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

- Transite Siding: 300sf
- Floor tile: 200sf

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

- Exterior Wall
- Kitchen and hallway floors

**Location Normally Used Solely by Maintenance Custodial Staff:** N/A

**Location of Registered Waste Hauler:**

**Yannuzzi Group**

**NJDEP Waste Hauler ID No.:** 17467

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:**

Grows Fairless

**City, State:** Fairless Hills, PA

**Disposal Date:** 5/31/17

**Completed by:**

**John Mucha**

**Title:** Project Mang

**Signature:** [Signature]

**Date:** 5/22/17

---

*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 / 23 / 17

Name of Building Owner/Operator (2) Verizon

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

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

Street Address
1 Verizon Way
City, State, Zip Code
Basking Ridge, NJ 07920

Name of Contact
Alex Baylor

FACILITY INFORMATION

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

Street Address
53 East Mount Pleasant Avenue

City (5)
Livingston, NJ

County (6)
Essex

Square Feet
10,000

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9) JVN Restoration Inc

Street Address
8436 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5870

License No.
718-605-6256
00774

Start Date (10) 02 / 16 / 17

Scheduled Completion Date (11) 12 / 31 / 17

Name of OSHA Monitor
Tester Tech

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

(12)

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

Location

Amount
(Specify
SF or LF)

Full Containment
Exempt
Removal
Repair
Encapsulate
Enclose

Location

Amount
(Specify
SF or LF)

Renovation

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

Location

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Loca...
<table>
<thead>
<tr>
<th>Removal Type</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Location of ACM</th>
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<tbody>
<tr>
<td>30 LF</td>
<td>Pipe Insulation</td>
<td>Basement House Service Board Area</td>
</tr>
<tr>
<td>40 LF</td>
<td>Pipe Insulation</td>
<td>Basement Water Meter Room</td>
</tr>
<tr>
<td>180 SF</td>
<td>Floor Tile and Mastic</td>
<td>Basement HSB Room</td>
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<tr>
<td>90 SF</td>
<td>Floor Mastic</td>
<td>Basement Meter Room</td>
</tr>
<tr>
<td>120 SF</td>
<td>Floor Tile and Mastic</td>
<td>Basement Storage Room</td>
</tr>
<tr>
<td>40 LF</td>
<td>Floor Mastic</td>
<td>Basement Outside Storage Room</td>
</tr>
<tr>
<td>15 LF</td>
<td>Pipe Insulation</td>
<td>Basement A/C Room One</td>
</tr>
<tr>
<td>100 LF</td>
<td>Pipe Insulation</td>
<td>Basement A/C Room One</td>
</tr>
<tr>
<td>1480 SF</td>
<td>Duct Insulation</td>
<td>Basement Boiler Room</td>
</tr>
<tr>
<td>35 LF</td>
<td>Pipe Insulation</td>
<td>Basement Boiler Room</td>
</tr>
<tr>
<td>300 LF</td>
<td>Pipe Insulation</td>
<td>Basement Boiler Room</td>
</tr>
<tr>
<td>200 SF</td>
<td>Duct Insulation</td>
<td>Basement Boiler Room</td>
</tr>
<tr>
<td>260 SF</td>
<td>Duct Insulation</td>
<td>Basement Boiler Room</td>
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</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

State of New Jersey

Date of Notification (1):
03/27/2017

Agency Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Initial
- Amended
- Amendment #
- Emergency
- Include Justification
- Cancellation

Name of Building Owner/Operator (2):
William Patterson

Street Address:
300 Pompton Road
Wayne, NJ 07470

Name of Contact:
Karl Pettit

Telephone Number:

Facility Information:

Name of Facility Where Abatement is Taking Place (3):
William Patterson University

Street Address:
300 Pompton Road
Wayne, NJ 07470

City:
Wayne, NJ

County:
Passaic

County Code:

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

Square Feet:
91,500

# of Floors:
3

Bidg. Age:
56

Current Use (Prior if being demolished):
University

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

ASCM No.:
N/A

Name of Abatement Contractor (9):
PAL Environmental Services

Street Address:
1102 Queens Plaza South

City, State, Zip Code:
Long Island City, NY 11101

Project Manager for Monitoring Firm:
Jeff Seaman

Telephone No.:
856-889-5182

Start Date (10):
05/20/2017

Scheduled Completion Date (11):
10/20/2017

Name of OSHA Monitor:
Martin McRea

Telephone No.:
718-349-0900

License No.:
28675

Occupancy Status During Abatement (Check Only One):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: Normal Hours 7:00am-3:30pm

Scope of Work (Check All That Apply):

- ≥3 sf or ≥37 ft²
- ≥160 sf or ≥1660 ft²

- 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):

<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>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>3,575 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
ATC

City, State:
Shirley, NY 11967

Waste Hauler ID No.
24310

Cubic Yards of Waste:
30 Yards

Name of Registered Landfill:
Minerva Enterprises

City, State:
Wadesburg, OH 44688

Disposal Date:
05/23/2017

Completed by:
Ann A. Ali
Title:
Compliance Admin
Signature:
Date:
03/27/2017

* 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)**
05/18/2017

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

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

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

**Street Address**

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

**Name of Contact**
Laura Kimowitz

**Telephone Number**

---

**FACILITY INFORMATION**

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

**Street Address**

**City (6)**
Maplewood

**County (5)**
Essex

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
D&S Abatement, Inc.

**Street Address**
11 Rosengren Avenue

**City, State, Zip Code**
Totowa, NJ 07512

**Project Manager for Monitoring Firm**

**Telephone No.**
973-345-8885

**License No.**
01311

**Start Date (10)**
05/31/2017

**Scheduled Completion Date (11)**
06/01/2017

**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: occupied

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

---

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

<table>
<thead>
<tr>
<th>Location</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, VAC, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
D&S Abatement, Inc.

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Waste Management of PA

**City, State**
Morrisville, PA

**Completed by**
Ned Joksimovic

**Title**
Project Manager

**Signature**

**Date**
05/18/17

---

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/18/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Geoffrey North</td>
</tr>
<tr>
<td><strong>AGENCIES NOTIFIED</strong></td>
<td><strong>TYPE NOTIFICATION</strong></td>
</tr>
<tr>
<td>EPA</td>
<td>X Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td><strong>LOCATION OF ASPEROS CONTAINING MATERIAL (ACM) TO BE ABATED</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff?</strong></td>
</tr>
<tr>
<td>Street Address</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills, NJ 07078</td>
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<tr>
<td>County</td>
<td>Essex</td>
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<tr>
<td><strong>Name of Monitoring Firm-Hired by Building Owner (8)</strong></td>
<td><strong>ASCM No.</strong></td>
</tr>
<tr>
<td>N/A</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>Telephone No.</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Telephone No.</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td><strong>License No.</strong></td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td><strong>Scheduled Completion Date (11)</strong></td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement (Check Only One):</strong></td>
<td><strong>Name of OSHA Monitor</strong></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe: 900 sqft</td>
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<td></td>
<td><strong>Scope of Work (Check All That Apply):</strong></td>
</tr>
<tr>
<td>≥30 sf or ≥3 if</td>
<td>X Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥2260 if</td>
<td>X</td>
</tr>
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<td></td>
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<tr>
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<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td><strong>Cubic Yards of Waste</strong></td>
</tr>
<tr>
<td>TO BE ABATED In Facility (13)</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>DISPOSAL SITE</strong></td>
<td><strong>Disposal Date</strong></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>D&amp;S Abatement, Inc.</td>
<td><strong>City, State</strong></td>
</tr>
<tr>
<td>Completed by</td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>Ned Joksimovic</td>
<td><strong>Signature</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>05/18/17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**GAC Project # 060-17**

**Date of Notification (1): May 19, 2017**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial Notification</td>
<td>RUTGERS, THE STATE UNIVERSITY OF NJ</td>
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<tr>
<td>□ DCA</td>
<td>□ Amended Notification #1 -</td>
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<tr>
<td>□ DOH</td>
<td>Additional Locations and Quantity</td>
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<tr>
<td>□ DEP- No Longer REQUIRED</td>
<td>□ Emergency (including justification)</td>
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</tr>
<tr>
<td></td>
<td>□ Cancelled</td>
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</table>

**FACILITY INFORMATION**

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

SCHOOL OF DENTAL MEDICINE, BLDG# 7253

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RBHS NEWARK CAMPUS</td>
<td>NEWARK</td>
<td>ESSEX</td>
<td></td>
</tr>
</tbody>
</table>

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

ATC

**Name of Contractor (9):**

GREENWOOD ABATEMENT CONSULTANTS, INC.

**Type of Facility (4):**

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

**Sq. Feet:** N/A  
**# of Floors:** 4  
**Building Age:** 60+ years

**Current Use (prior if being demolished):** ACADEMIC

**Street Address (10):**

3 TERRI LANE

**City, State, Zip Code:** BURLINGTON, NJ 08016

**Telephone Number:** 609-386-8800

**License Number:** 00840

**Street Address (11):**

20-21 WARGARAW ROAD

**City, State, Zip Code:** FAIRLAWN, NJ

**Classification:**

- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glove bag Procedure / Wrap & Cut
- □ Non-Exempted (X) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) in Facility (13):**

- □ Renovation
- □ Demolition

**Location Normally Used Solely by Maint./Custodial Staff? (12):**

- YES
- NO
- NA

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

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

**Amount (Specify SF or LF):** $100 SF

**Abatement Type:**

- □ Remove
- □ Repair
- □ Encap
- □ Endose

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

**Cubic Yards of Waste:** 10 CY

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
<th>NJDEP Waste Hauler ID.#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</td>
<td>NJDEP # 12561</td>
<td>10 CY</td>
<td>G.R.O.W.S. North Landfill</td>
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<td>Hauler #2 Newark Carting, Inc., Newark, NJ 04509</td>
<td>NJ DEP # 4509</td>
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**Disposal Date:** 05/22/2017

<table>
<thead>
<tr>
<th>City, State</th>
<th>Rd. Morrisville, Pa</th>
<th>100 New Ford Mill Rd. Morrisville, Pa</th>
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</thead>
<tbody>
<tr>
<td>215-736-1700</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Copies To:** Rutgers, REHS, Attn: Mike Smith  
**and**  
ATC, Attn: Brian Kearney

**Completed by (Print or Type):**

RAYMOND C. PEDALINO  
SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino

**Date:** May 19, 2017
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project, # 060-17**

**Date of Notification (1)**
May 9, 2017

**Notification Type**
- ☑ Initial Notification
- ☐ Amended Notification #
- ☐ Emergency (including justification)
- ☐ Cancelled

**Name of Building Owner/Operator (2)**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

**City, State, Zip Code**
PISCATAWAY, NJ 08854

**Name of Contact**
MICHAEL SMITH, ENV.

**HEALTH & SAFETY**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
SCHOOL OF DENTAL MEDICINE, BLDG# 7253

**Street Address**
RBHS NEWARK CAMPUS

**City (5)**
NEWARK

**County (6)**
ESSEX

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

**Name of Monitoring Firm Hired by Bldg. Owner (6)**
ATC

**ASCN No.**
0098

**Street Address**
3 TERRI LANE

**City, State, Zip Code**
BURNTON, NJ 08016

**Project Manager for Monitoring Firm**
BRIAN KEARNY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
05/19/17

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

**Occupancy Status During Abatement (Check only one)**
- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours - Describe:
  - ☐ Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work (Check all that apply)**
- ☑ 3 sf or ≥ 3 If
- ☑ ≥ 160 sf or ≥ 260 ft
- ☑ Renovation
- ☑ Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- ☐ Location Normally Used Solely by Maint./Custodial Staff (12)
  - YES
  - NA

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

**Amount (Specify SF or LF)**

**Abatement Type**
- ☑ Full Containment with Negative Pressure
- ☐ Mini-Enclosure
- ☐ Glove bag Procedure / Wrap & Cut
- ☐ Non-Exempted (*) and Non-Friable Procedure

**B826**

**Name of Reqd. Waste Hauler**
See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**
See Below

**Cubic Yards of Waste:**
5 CY

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

**Disposal Date**
05/22/2017

**City, State**
100 New Ford Mill Rd, Morrisville, Pa 19067
215-738-1700

**Copies To:**
Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
05/11/2017

Name of Building Owner/Operator (2)
Residence

Agencies Notified Type Notification Street Address
☑ EPA Initial PO Box 354
☑ DEP Amended
☑ DOL Amendment #
☑ DOH Emergency (Including Justification)
☐ DCA Cancellation

City, State, Zip Code
New Milford, N.J. 07646

Name of Contact
Gary Latero

FACILITY INFORMATION

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

City (5)
New Milford

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
A. Seine Lighthouse Solutions

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

Square Feet
1662

# of Floors
2

Bldg. Age
70

Current Use (Prior to being demolished)

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07205

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, NJ 07079

Start Date (10)
05/26/2017

Scheduled Completion Date (11)
06/02/2017

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

Scope of Work (Check All That Apply)
☑ ≥ 3,000 sq ft or ≥ 3,000 sf
☑ ≥ 1,000 sq ft or ≥ 1,000 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</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 LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>☑</td>
<td>Window Caulk</td>
<td>20 windows</td>
</tr>
<tr>
<td>Ground level</td>
<td>☑</td>
<td>Vinyl Tiles</td>
<td>900 sf</td>
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</table>

Name of Registered Waste Hauler
Newark Carting

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
Waste Management Landfill

City, State
East Orange, NJ

Disposal Date

Completed by
Alison Lamers

Title
Office Manager

Signature

Date
05/11/2017

* 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)
4/20/17

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

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

Name of Building Owner/Operator (2)
Eliezer Schnall

Street Address

City, State, Zip Code
Fair Lawn, NJ

Name of Contact

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Fair Lawn

County (6)
Passaic

County Code (7)

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
Harmony Contracting Inc

Street Address
360 Palisade Ave

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

License No.
973460.6026
01255

Name of OSHA Monitor
Harmony Contracting Inc

Street Address
360 Palisade Ave

City, State, Zip Code
Garfield, NJ 07026

Start Date (10)
5/8/17

Scheduled Completion Date (11)
5/12/17

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Min-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

Basement

Pipe Insulation
75 LF

Basement

VAT
400 SF

Name of Registered Waste Hauler
Harmony Contracting

NJ DEP Waste Hauler ID No.
033137

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS

City, State
Garfield, NJ

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Tina Caporino
Title
Secretary

Signature

Date
4/20/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17

Date of Notification (1)
May 19, 2017

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

Facility Information
Administer Service, BLDG# 3751

Name of Facility Where Abatement is Taking Place (3)

Street Address
BUSCH CAMPUS

City (5)
PISCATAWAY
County (6)
MIDDLESEX
County Code (7)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ATC
ASCM No.
0098

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN KEARNY

Telephone Number
609-386-8800

License Number
973-492-0477

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARROW ROAD

City, State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe
Other - Describe:
Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<td>Full Containment with Negative Pressure</td>
<td>15 CY</td>
<td>G.R.O.W.S. North Landfill</td>
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<td>Min Enclosure</td>
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<tr>
<td>Glove bag Procedure / Wrap &amp; Cut</td>
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</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
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<td></td>
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</table>

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

106 Suite

VAT

450 SF

Name of Reg. Waste Hauler
See Hauler Below #1 & 2
See Hauler Below

Cubic Yards of Waste
15 CY

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

Disposal Date
06/5/2017

City, State
105 New Ford Mill Rd, Morrisville, Pa 19067

215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Raymond C. Pedalino
Date
May 19, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>5/17/17</th>
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<tbody>
<tr>
<td>Name of Building Owner / Operator</td>
<td>Caroline Jones</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type of Notification</td>
<td>Initial Notification, Amended Notification</td>
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<tr>
<td>Street Address</td>
<td>[redacted]</td>
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<tr>
<td>City, State &amp; Zip Code</td>
<td>Manasquan, NJ 08736</td>
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<tr>
<td>Name of Contact</td>
<td>Caroline Jones</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>Vacant Residence</td>
</tr>
<tr>
<td>Street Address</td>
<td>906 Jordan Avenue</td>
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<tr>
<td>City</td>
<td>Brielle</td>
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<tr>
<td>County</td>
<td>Monmouth</td>
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<td>County Code</td>
<td></td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>Envirotech Services</td>
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<tr>
<td>ASCM No.</td>
<td>N/A</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Christopher Pescheck</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>732-449-0077</td>
</tr>
<tr>
<td>Scheduled Start Date</td>
<td>5/29/17</td>
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<tr>
<td>Scheduled Completion Date</td>
<td>6/4/17</td>
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<tr>
<td>Occupancy Status During Abatement</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>Describe:</td>
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<tr>
<td>Other - Describe</td>
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</tr>
<tr>
<td>Scope of Work</td>
<td>Demolition, Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance or Custodial Staff</td>
<td>(12)</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
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<tr>
<td>Amount (Specify Square Feet or Linear Feet)</td>
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<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID # 18993</td>
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<tr>
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<td>Freehold</td>
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<td>State</td>
<td>NJ</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>GROWS</td>
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<td>Disposal Date</td>
<td>6/4/17</td>
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<tr>
<td>City</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>State</td>
<td>PA</td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Dominick Tringali</td>
</tr>
<tr>
<td>Title</td>
<td>Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[signature]</td>
</tr>
<tr>
<td>Date</td>
<td>5/17/17</td>
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</table>

ASB-41 JUN 95 G4687
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification: 5/17/17
Name of Building Owner / Operator: Karen Martin

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type of Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Emergency Notification</td>
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</tr>
<tr>
<td>DEP</td>
<td>Initial Notification</td>
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<tr>
<td>DOL</td>
<td>Amended Notification</td>
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<tr>
<td>DOH</td>
<td>Cancellation</td>
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<td>DCA</td>
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**Address Information**

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>County Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irvington</td>
<td>Essex</td>
<td>07111</td>
</tr>
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</table>

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>X Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bidg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000</td>
<td>2</td>
<td>70+</td>
</tr>
</tbody>
</table>

Current Use (Prior if being demolished): Residence

**Environmental Tactics**

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

**Occupancy Status During Abatement**

<table>
<thead>
<tr>
<th>Occ/Status</th>
<th>During Abatement Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>X</td>
<td>Abatement Performed Outside of Normal Facility Hours - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Demolition</th>
<th>Renovation</th>
<th>Large Project</th>
<th>X Glovebag Procedure</th>
<th>Other: Non-friable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED in Facility</td>
<td>(13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
<td>(Specify Square Feet or Linear Feet)</td>
<td>Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basement</th>
<th>TSI Pipe</th>
<th>60 LF</th>
<th>Removal</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler:

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Cartage</td>
<td>18693</td>
<td>8</td>
<td>Cumberland County</td>
</tr>
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</table>

**Disposal Information**

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold, NJ</td>
<td>6/4/17</td>
<td>Newburg, PA</td>
</tr>
</tbody>
</table>

Completed By (Print or Type):

<table>
<thead>
<tr>
<th>Dominick Tringali</th>
<th>Manager</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>5/17/17</td>
</tr>
</tbody>
</table>

Signature: Dominick Tringali

Date: 5/17/17
# Notification of Asbestos Abatement

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

**Date of Notification (1)**

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

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

Housing Authority of the City of Elizabeth

**Street Address**

688 Maple Ave.

**City, State, Zip Code**

Elizabeth, NJ 07202

**Name of Contact**

Michael Mediciros

**Telephone Number**


**FACILITY INFORMATION**

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

Farley Towers

**Street Address**

33 Cherry St.

**City (5)**

Elizabeth

**County (6)**

Union

**County Code (7) (State use only)**


**Name of Abatement Contractor (9)**

Paragon Contracting, Inc.

**Street Address**

590 River Rd.

**City, State, Zip Code**

Clifton, NJ 07014

**Telephone Number**

(973) 614-1600

**License Number**

00748

**Name of OSHA Monitor**

Paragon Contracting, Inc.

**Street Address**

590 River Rd.

**City, State, Zip Code**

Clifton, NJ 07014

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

Apartment Building

**Square Feet**

10,000 SF

**# of Floors**

12

**Bldg. Age**

65

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

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Boiler Room Under Containment

**Scheduled Start Date (10)**

05/17/2017

**Scheduled Completion Date (11)**

05/30/2017

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

- Demolition
- Renovation
- Boiler Room Maintenance Shop
- Boiler Room

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td>610 LF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td></td>
<td>460 LF</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

Paragon Contracting, Inc.

**NJDEP Hauler ID#**

22161

**Cubic Yards of Waste**

15 cyds

**Name of Registered Landfill**

GROWS/Tullytown

**City, State**

Clifton, NJ 07014

**Disposal Date**

TBD

**Completed by (Print or Type)**

Goran Lazevski

**Title**

President

**Date**

05/16/2017
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/15/15</td>
<td>Housing Authority of the City of Elizabeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td>533 Maple Ave.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elizabeth, NJ 07202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Modrinas</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Location**
  - Ferley Towers
  - Street Address: 33 Cherry St.
  - City, State, Zip Code: Elizabeth, NJ 07202

- **Abatement Contractor**
  - Name: Paragon Contracting, Inc.
  - Address: 590 River Rd., Clifton, NJ 07014

- **Monitoring Firm**
  - Name: Paragon Contracting, Inc.
  - Address: 590 River Rd., Clifton, NJ 07014

- **Abatement**
  - Start Date: 05/17/2017
  - Completion Date: 05/30/2017

- **Occupancy Status**
  - Asbestos-containing materials are being abated in the facility.
  - Description: Boiler Room, Membrane Shop, Boiler Room, Building Hanger Hallway

- **Location of Asbestos-Containing Material**
  - Location normally used solely by maintenance/custodial staff:
    - Boiler Room Membrane Shop: No
    - Boiler Room: No

- **Description of Asbestos-Containing Material (ACM)**
  - Amount: 610 LF, 460 LF

- **Disposal**
  - City, State: Clifton, NJ 07014
  - Disposal Date: TBD

- **Name of Registered Lender**
  - GROWB/Tullytown

- **Completed by (Print or Type)**
  - Ivan Lazarevski
  - Title: President
  - Date: 05/16/2017
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Paragon Job## CK1024**

**Date of Notification (1)**

- 05-11-2017

**Agencies Notified**

- EPA
- DOL
- DOH
- DCA

**Type Notification**

- Initial
- Amendment
- Emergency (include justification)
- Cancellation

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

- Gateway EH 4/5, LLC

**Street Address**

- 250 Memorial Dr.

**City, State, Zip Code**

- Camden, NJ 08103

**Name of Contact**

- Chris Condon

**Telephone Number**

-

**FACILITY INFORMATION**

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

- Warehouse

**Street Address**

- 1125-1151 Wright Ave.

**City (5)**

- Camden

**County (6)**

- Camden

**County Code (7)**

- (State use only)

**Type of Facility (4)**

- School (K-12)

- Subchapter 8 (Other than K-12)

- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

- 13,400 SF

**# of Floors**

- 01

**Bldg. Age**

- 110

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

- Vacant Building

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

- Langan Engineering

**Street Address**

- 300 Kimball Dr. 4th Floor

**City, State, Zip Code**

- Parsippany, NJ 07054

**Name of Abatement Contractor (9)**

- Paragon Contracting, Inc.

**Street Address**

- 590 River Rd.

**City, State, Zip Code**

- Clifton, NJ 07014

**Name of OSHA Monitor**

- Paragon Contracting, Inc.

**Street Address**

- 590 River Rd.

**City, State, Zip Code**

- Clifton, NJ 07014

**Name of OSHA Monitor**

- Paragon Contracting, Inc.

**Street Address**

- 590 River Rd.

**City, State, Zip Code**

- Clifton, NJ 07014

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

- Facility closed/evacuated during entire period of abatement.

- Abatement performed outside of normal facility hours—Describe:

- Other—Describe:

**Scheduled Start Date (10)**

- 05/31/2017

**Completion Date (11)**

- 06/09/2017

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

- Demolition
- Renovation

- >200 sf or >2 if

**Description of asbestos-containing material (ACM)**

- VAT&Mastic

- Drywall

**Amount (Specify SF or LF)**

- 1,150 SF

- 450 SF

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

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

**Registered Waste Hauler**

- Paragon Contracting, Inc.

**NJDEP Hauler ID#**

- 22161

**Cubic Yards of Waste**

- 16 cyds

**Name of Registered Landfill**

- GROWS/Tullytown

**City, State**

- Clifton, NJ 07014

**Disposal Date**

- TBD

**Date**

- 05/16/2017

**Completed by (Print or Type)**

- Goran Lazevski

**Title**

- President

**Signature**

- 

**Receipt Date**

- MAY 25 2017
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-16-17</td>
<td>HARBAUGH DEVELOPERS</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

**Street Address**

- 318 GLASSBORO RD
- WOODBURY HIGHTS N.J 08097

**Name of Contact**

- SAME

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: RESIDENCE
- **Type of Facility (4)**: VACANT
- **Square Feet**: 1500
- **Current Use (Prior if being demolished)**: VACANT
- **Occupancy Status During Abatement (Check only one)**:  
  - [x] Facility Closed/Vacated During Entire Period of Abatement
- **Building Age**: 50

**Name of Monitoring Firm Hired by Building Owner (5)**

- N/A

**Name of Abatement Contractor (9)**

- KLEMCO INC

**Project Manager for Monitoring Firm**

- N/A

**Start Date (10)**

- 5-16-17

**Scheduled Completion Date (11)**

- 6-2-17

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

- [x] SIDING

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

- [x] Yes

**Abatement Type**

- [ ] Renovation Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Non-Exempted (*) and Non-Nitable Procedure

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

- TRANSITE

**Amount (Specify SF or LF)**

- 1250 SF

**Location of Registered Waste Hauler**

- KLEMCO INC

**Waste Hauler ID No.**

- 13904

**Cubic Yards of Waste**

- 6 YRS

**Name of Registered Landfill**

- C.M.C.M.V.A

**City, State**

- WOODBURY N.J

**Completed By**

- MICHAEL KLEM

**Title**

- SUPER

**Signature**

- KLEM

**Date**

- 5-16-17

*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</th>
<th>2-16-17</th>
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</thead>
<tbody>
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<td>Agencies Notified</td>
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</tr>
<tr>
<td>EPA</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>MEN &amp; MACHINES</td>
</tr>
<tr>
<td>Street Address</td>
<td>225 FREMONT AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WOODBINE N.J. 08220</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>LIZA</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>STONE HARBOUR</td>
</tr>
<tr>
<td>County</td>
<td>CAPE MAY</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>KLEEMCO 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 N.J. 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>Occupancy Status During Abatement</td>
<td>Vacant</td>
</tr>
<tr>
<td>Start Date</td>
<td>2-16-17</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>6-12-17</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>Non-Exempted (X) and Non-Friable Procedure</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>SIDING</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>2750 SF</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEEMCO INC</td>
</tr>
<tr>
<td>City, State</td>
<td>WOODBINE W.J.</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEEM</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 05-18-2017
Name of Building Owner / Operator (2)
Mr. Richard Cantor

Agencies Notified
☐ EPA  ☐ Initial  □ Amended  ☐ Emergency  □ Cancellation
☐ DEP  ☐ Amended  □ Emergency  □ Cancellation
☐ DOL  ☐ Emergency
☐ DOH
☐ DCA

Street Address
City, State & Zip Code
Rednor, PA 19087
Name of Contact
Richard Cantor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling
Street Address
Margate, NJ 08402
City (5)
Margate
County (6)
Atlantic
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 117
Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
P.O. Box 365
City, State & Zip Code
Berlin, NJ 08009
Street Address
2115 Hamilton Ave, Suite 202
City, State & Zip Code
Trenton, NJ 08619

Project Manager for Monitoring Firm
Mr. Jim Proctor
Telephone Number
856-452-1311
Telephone Number
609-914-4279

License Number
01185

Scheduled Start Date (10) 05-31-2017
Scheduled Completion Date (11) 06-05-2017

Name of OSHA Monitor

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed during Normal Hours:
Describe: 8:30am - 6:00pm
☐ Facility Occupied During Abatement

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

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

Is Location Normally Used Solely by Maintenance or 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

Name of Registered Waste Hauler
Resource Management Group, LLC
NJDEP Waste Hauler ID No.
0035218
Cubic Yards of Waste
TBD
Name of Registered Landfill
Grows Landfill
Disposal Date
TBD
City, State
Trenton, NJ 08619
City, State
Morrsville, PA

Completed By (Print or Type)
Mr. Brian Haney
Title
President
Signature

Date 05-18-2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 05/17/17

Name of Building Owner/Operator (2) Mr. Richard Vinczk

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

Street Address
City, State, Zip Code
Ramsey, NJ 07446

Name of Contact
Mr. Richard Vinczk

FACILITY INFORMATION

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

Street Address
Clifton

City (5)
Clifton

County Code (7)
(PASSAIC)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

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

Square Feet
2,000 +

# of Floors
2

Bldg Age
50 +

Residence

Name of Abatement Contractor (9)
J.R. Contracting & Environmental Consulting, Inc.

Street Address
1141 Route 23

City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Enviro Vision Consultants, Inc.

Street Address
20-21 Wagraw Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Start Date (10)
05/30/17

Scheduled Completion Date (11)
05/31/17

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

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 ft
☒ ≥ 150 sf or ≥ 260 ft
☐ Renovation
☒ Demolition

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

In Facility (12)

Yes ☐ No ☑ NA ☑

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

Amount (Specify SF or LF)

Abatement Type

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

In Facility

Basement

Pipe Insulation

Floor Tile

Name of Registered Waste Hauler
J.R. Contracting & Environmental Consul., Inc.

NJDEP Waste Hauler ID No.
17819

Cubic Yards
30

Name of Registered Landfill
Grand Central Landfill

City, State
Wayne, New Jersey

Disposal Date

City, State
Pan Argyl, Pennsylvania

Completed by
Jerry Bjelonic
Title
Project Manager
Signature
Date 05/17/17

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

CHECK# 1696

Date of Notification (1)
05/18/2017

Name of Building Owner/Operator (2)
APRIL REITER

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

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

Street Address

City, State, Zip Code
MULLICA HILL NJ 08062

Name of Contact
APRIL REITER

FACILITY INFORMATION

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

Street Address

City (5)
MULLICA HILL

County (6)
GLOUCESTER

County Code (7)

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

Square Feet
1824

# of Floors
3

Bldg. Age
80+

Current Use (Prior if being demolished)
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

ASCM No.

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
570 CLEMS RUN

City, State, Zip Code
MULLICA HILL NJ 08062

Project Manager for Monitoring Firm
MATT DEPALMA

Telephone No. 856-809-1202

Telephone No.
610-304-4676

License No.
01145

Name of OSHA Monitor
EMSL

Start Date (10)
05/30/2017

Scheduled Completion Date (11)
05/31/2017

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 ft
☒ ≥160 sf or ≥260 ft

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13) ☑ Yes ☐ No ☐ N/A

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

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

Amount (Specify SF or LF)

BASEMENT

DUCT PAPER INSULATION

6 SF

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

NJDEP Waste Hauler ID No.
003-6895

Cubic Yards of Waste
6

Name of Registered Landfill
MINERVA LANDFILL

City, State
MULLICA HILL NJ

Disposal Date
05/31/2017

City, State
WAYNESBURG, OH

Completed by
RON SWANSON
Title
GENERAL MANAGER
Signature
Date 05/18/2017

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-15-12</td>
<td>MAE FEO EXCAVATING</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 S MT AIRY RD</td>
<td>MERIDIAN TWP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3): RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATLantic</td>
<td>VACANT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
<td>KLEEMCO INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>369 S. SPRUCE AVE</td>
<td>MAPLE SHADE N.J 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>856-779-0472</td>
<td>00444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-25-12</td>
<td>6-2-12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 sf or 33 ft</td>
</tr>
<tr>
<td>160 sf or 160 ft</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLIDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC.</td>
<td>129D9</td>
<td>3</td>
<td>WOODBINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE</td>
<td>5-25-17</td>
<td>WOODBINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEEM</td>
<td>SUP.</td>
<td>Michael</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 12:12D)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 5/12</td>
<td>HUNT IN SONS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Emergency (including justification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>651 SASHAKE RD</td>
<td>CAPE MAY N.J. 08204</td>
</tr>
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</table>

**FACILITY INFORMATION**

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

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPE MAY</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ACM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>KLEMCO INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>369 S. SPRING AVE</td>
<td>MAPLE SHADE N.J. 08252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>856-729-0472</td>
<td>00444</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<tr>
<td>5-25-12</td>
<td>6-1-17</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/ Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] 20 ft or 20 ft</td>
</tr>
<tr>
<td>[O] 1800 ft or 2080 ft</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN FACILITY (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750.36</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC.</td>
<td>17991</td>
<td>3</td>
<td>C.W.M.C.W.M.A.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAPLE SHADE N.J.</td>
<td>WOODBINE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEEM</td>
<td>Michael</td>
<td>5-15-17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:59 and 12:120)

**State of New Jersey**

**Date of Notification (1)**: 3/21/17

**Name of Building Owner/Operator (2)**: Kieh Development

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [ ] DOB
- [ ] DOH
- [ ] DCA

**Street Address**
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including notification)
- [ ] Cancellation

**City, State, Zip Code**: 78 Wigwam Rd, Middlesex, New Jersey 07740

**Name of Contact**
- [ ] Name
- [ ] Title
- [ ] Signature

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**: Kieh Development Property

**Street Address**: 78 Wigwam Rd, Middlesex

**City (5)**: Middlesex

**County (6)**: Monmouth

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

**Name of Monitoring Firm Hired by Building Owner (8)**: ACE Insulation Co., Inc

**ASCM No.**

**Name of Abatement Contractor (9)**: ACE Insulation Co., Inc

**Street Address**: 95 Montrose Rd, Monmouth

**City, State, Zip Code**: Colts Neck, New Jersey 07714

**Telephone No.**: 732-294-1757

**License No.**: 000029

**Start Date (10)**: 3/21/17

**Scheduled Completion Date (11)**: 6/7/17

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

**Square Feet**: 2000

**No. of Floors**: 1

**Edg. Age**: 0

**Occupancy Status During Abatement (Check Only)**
- [ ] Yes
- [ ] No
- [ ] N/A

**Facility Closed/Vacated During Entire Period of Abatement**

**Abatement Performed Outside of Normal Facility Hours**

**Other - Describe**: Demolition

**Scope of Work (Check All That Apply)**
- [ ] ≥ 25 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 200 ft
- [ ] Restoration
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Flexible Procedure

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

**In Facility (12)**

**Location Normally Listed Solely by Maintenance/Custodial Staff?**: Yes

**Description of Asbestos Containing Material (ACM)**
- [ ] I.e. thermal systems insulation, surfacing, V.A.T., or other miscellaneous

**Amount (Specify SF or LF)**: 900 sf

**Abatement Type**

**Name of Registered Waste Hauler**

ACE Insulation Co., Inc.

**NJDEP Waste Hauler ID No.**

12086

**Cubic Yards of Waste**: 4

**Name of Registered Landfill**

Chirns Landfill

City, State: Easton, PA

**Disposal Date**: 6/7/17

**Completed by**

Bree McGuire

**Title**: Secretary Treasurer

**Signature**: 3/21/17

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

Date of Notification:
05-17-2017

Name of Building Owner/Operator:
480 Route 9 Realty LLC

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

Type Notification:
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address:
480 Rt 9

City, State, Zip Code:
Marlboro, NJ 07746

Name of Contact:
Frank Seibert

Telephone Number:

Name of Facility Where Abatement is Taking Place:
Private Dwelling

City:
Marlboro

County:
Monmouth

Name of Monitoring Firm Hired by Building Owner:
Biotta Solutions

ASCM No.:

Name of Abatement Contractor:
United Safety LLC

Street Address:
1130 W Chestnut St

City, State, Zip Code:
Union, NJ 07083

Telephone No.:
973-494-3762

License No.:
01317

Project Manager for Monitoring Firm:
Rick Eustaquio

Start Date:
05-27-2017

Scheduled Completion Date:
05-29-2017

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

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</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 LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>60 LF</td>
<td>Non-Encapsulate</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>8 Joints</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1st Floor Kitchen</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>100 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
United Safety LLC

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
Grows Landfill

City, State:
Pine Brook, NJ

Completed by:
Vanco Petkov
Title:
Project Manager

Signature:

Date:
05-17-2017

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1): 5/15/17

Name of Building Owner/Operator (2):
St Francis Medical Center

Agency Notified:
- [x] EPA
- [x] DOLWD
- [x] DHSS
- [x] DCA (NJAC 5:23-8)

Type Notification:
- [x] Initial
- [x] Amended
- [x] Amendment #1-5/16/17
- [x] Emergency (including justification)
- [x] Cancellation

Street Address:
601 Hamilton Ave

City, State, Zip Code:
Trenton NJ 08629

Name of Contact:
Rita Gelli

Telephone Number:

FACILITY INFORMATION

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

Street Address:
601 Hamilton Ave

City:
Trenton

County:
MERCER

County Code:

Square Feet:
70,000

# of Floors:
3

Bldg. Age:
60+

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

Current Use (Prior if being demolished):
Hospital

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

ASCM No.:

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

License No.:
00509

Start Date (10):
5/15/17

Scheduled Completion Date (11):
5/17/17

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Scope of Work (Check all that apply):
- [x] ≥ 2 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Frangible 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? (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>Boiler Room</td>
<td>[x]</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td>[x]</td>
</tr>
<tr>
<td>Rm 144</td>
<td>[x]</td>
<td>Pipe Insulation</td>
<td>9 LF</td>
<td>[x]</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.:
18706

Cubic Yards of Waste:
1 Cu Yd

Name of Registered Landfill:
G.R.O.W.S. NORTH LANDFILL

City, State:
BRISTOL, PA 19007

Disposal Date:
5/16/17

City, State:
MORRISVILLE, PA 19067

Completed By (Print or Type):
Gino Pizzigoni

Title:
Estimator

Signature:
Gino Pizzigoni

Date:
5/16/17

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

Date of Notification (1)
5 / 15 / 17

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

Name of Building Owner/Operator (2)
St Francis Medical Center

Street Address
601 Hamilton Ave
City, State, Zip Code
Trenton NJ 08629

Name of Contact
Rita Gelli

FACILITY INFORMATION

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

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

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
120 North Warren Street
City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Rollie Jones
Telephone No.
609-392-4200

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 / 16 / 17

Scheduled Completion Date (11)
5 / 16 / 17

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: 8:00AM - 4:30PM

Scope of Work (Check all that apply)

☐ ≥25 sf or ≥25 ft
☐ ≥160 sf or ≥260 ft

☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

Boiler Room
Rm 144

Description of Asbestos Containing Material (ACM)

☒ Yes
☐ No
☐ N/A

(pipe insulation)

Amount (Specify SF or LF)
20 LF

Abatement Type
Removal

Yes
No
N/A

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

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
1 Cu Yd

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

City, State
BRISTOL, PA 19007

Disposal Date
5/16/17

City, State
MORRISVILLE, PA 19067

Completed By (Print or Type)
Gino Pizzigoni
Title
Estimator

Signature
Date 5/15/17
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

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

**Name of Building Owner/Operator (2)**
Megan MacMullin, Esq.

**Street Address**
99 High Street

**City, State, Zip Code**
Ogdensburg, NJ 07439

**Name of Contact**
Megan

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2</td>
<td>75</td>
</tr>
</tbody>
</table>

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

**Name of Abatement Contractor (9)**
ABS Environmental Services, LLC

**Street Address**
4 E Gate Drive, PO Box 483

**City, State, Zip Code**
Glenwood, NJ 07418

**Start Date (10)**
5/29/17

**Scheduled Completion Date (11)**
6/15/17

**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 s² or ≥30 ft²
- ≥160 s² or ≥260 ft²
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</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, VAC or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>Yes</td>
<td>pipe insulation</td>
<td>80 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 15939

**Freehold Cartage**

**City, State**
Freehold, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
Western Berks Landfill

**City, State**
Birdsboro, PA

**Completed by**
A. Scott Higgins
Title: President
Signature
Date: 5/17/17

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

Date of Notification (1)
5 / 18 / 17

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414
RAHWAY, NEW JERSEY 07085

Name of Contact
Sandra M. Schenk

Agencies Notified

<table>
<thead>
<tr>
<th>EPA</th>
<th>Initial Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>X</td>
<td>Cancellation</td>
</tr>
<tr>
<td>X</td>
<td>On Hold</td>
</tr>
<tr>
<td>DCA</td>
<td>EMERGENCY NOTIFICATION</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 53

City (5) RAHWAY
County (6) UNION
County Code (7) 104

Current Use (Prior if being demolished)
VACANT

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Square Feet 126,912
# of Floors 2
Bldg. Age 63

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

ASCM No. 104

Expected State Date (10)
5 / 22 / 17

Sched. Completion Date (11)
6 / 25 / 17

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

Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 7AM-3:30 PM

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

License Number 1101

Full Containment with Negative Pressure
Glovebag Procedure
Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location normally used</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>Yes</td>
<td>事项 1</td>
<td>事项 2</td>
<td>事项 3</td>
</tr>
</tbody>
</table>

Abatement Type

REMOVAL
REPAIR
ENCAPSULATION

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Cubic Yards of Waste 5

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE

City, State
FREEHOLD, NEW JERSEY

Compliance Date 5/18/17 - 5/30/17

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature
Date 5/18/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY26-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

FACILITY INFORMATION

Type of Facility (4)

□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (ie. private & commcl. bldgs., homes, etc.)

□ Other

Square Feet
125,912

# of Floors
2

Bldg. Age
63

Current Use (Prior if being demolished)
VACANT

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
Sparta, New Jersey 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

License Number
1101

Expected State Date (10)
5 / 22 /17

Sched. Completion Date (11)
6 / 5 /17

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

□ Facility Closed/Vacated During Entire Period of Abatement

□ Abatement Performed Outside of Normal Facility Hours - Describe:

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

Street Address
117 EAST 30TH STREET

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

Scope of Work (Check all that apply)

□ Demolition

□ Renovation

□ >3SF OR LF

□ Glovebag Procedure

□ >160 SF OR 260 LF

□ Non-Friable Procedure

□ Full Containment with Negative Pressure

□ Mini Enclo.

□ Is Location normally used solely by Maint/Custodial Staff (12)
Yes□ No □ N/A

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

TO BE ABATED

Location
ROOF EXHAUST FAN CURB

Mastic

X

DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM)

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

Amount
30 SQ. FT.

Abatement Type
X

ENCLOSURE

REMOVAL

REPAIR

ENCAPSULATE

Abatement Type

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

206 HIGHWAY 33

447 ALEXANDER DRIVE/ROUTE 15

Name of Registered Waste Hauler ID No.
825 HIGHWAY 33
15939

NJDEP Waste Hauler ID No.
Cubic Yards of Waste
5

Disposal Date
5/18/17-5/30/17

City, State
FREEHOLD, NEW JERSEY
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
5-9-17
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 5-19-17  
Name of Building Owner/Operator (2): [Redacted]

Agencies Notified:  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification:  
- Initial  
- Amended  
- Emergency (including justification)

Name of Facility Where Abatement is Taking Place (3):  
Single Family Dwelling  
Street Address: [Redacted]  
City, State, Zip Code: Westfield NJ 07090

Name of Facility Where Asbestos is Located:  
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):  
- Basement  
- Garage  
- 1st Floor

Name of Monitoring Firm Hired by Building Owner (8): EPC Technologies  
ASCM No.: N/A  
Name of Abatement Contractor (9): EPC Technologies Inc.

Street Address: P.O. Box 337  
City, State, Zip Code: New Egypt, NJ 08533  
Telephone No.: 609 758-3365

Project Manager for Monitoring Firm: Steve Schenke

Start Date (10): May 30, 2017  
Scheduled Completion Date (11): June 1, 2017

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

Scope of Work (Check All That Apply):  
- ≥3 sf or ≥35 ft²  
- ≥160 sf or ≥260 ft²  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Glovebox Procedure  
- Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler: EPC Technologies  
NJDEP Waste Hauler ID No.: 17000  
Cubic Yards of Waste: 3  
Name of Registered Landfill: Waste Management of PA

Disposal Date: 6-1-17  
City, State: Middletown, PA

Completed by:  
Name: Steve Schenke  
Title: President  
Signature: [Redacted]

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05 / 17 / 17</th>
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</thead>
</table>

Name of Building Owner/Operator (2)
Jersey Shore Medical Center

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey Shore Medical Center</td>
</tr>
</tbody>
</table>

Street Address
1945 Route 33

City, State, Zip Code
Neptune, NJ 07753

Name of Contact
Lisa Fritz

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility (4)</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Square Feet
750,000 sf

# of Floors
7

Bldg. Age
65

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

ASCM No.

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Name of OSHA Monitor
E.M.S.L., Analytical

Street Address
1065 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

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

Scope of Work (Check all that apply)
- 3 sf or 3 if
- 160 sf or 280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Old Endo Unit Ackerman 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>duct insulation</td>
</tr>
<tr>
<td>250 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Old Endo Unit Ackerman 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe insulation</td>
</tr>
<tr>
<td>40 lf</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Guaridan Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
5

Name of Registered Landfill
T.R.R.F.

City, State
Toms River, New Jersey

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

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

Date of Notification (1)
05/19/2017

Name of Building Owner/Operator (2)
Dunellen Board of Education

Agencies Notified
□ EPA
□ DEP
□ DOL
x DOH
□ DCA

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

Street Address
High and Leigh Street

City, State, Zip Code
Dunellen, NJ 08812

Name of Contact
Frank Patullo

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
High school

Street Address
400 1st Street

City (5)
Dunellen

County (6)
Middlesex

County Code (7)
(State Use Only)

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

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
TBD

Telephone No
609-392-4200

License No.
973-225-6400

Start Date (10)
05/30/2017

Scheduled Completion Date (11)
05/31-2017

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)
□ 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

Is Location Normally Used Solely 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
Repair
Encapsulate

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No. 18724

Cubic Yards of Waste

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

Disposal Date
City, State
Morrisville, PA

Completed by
Adriana Olejarova

Title
President

Signature
Date
05/19/2017

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

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

Check # 8388

Date of Notification (1) 10/15/11 19/11 17

Name of Building Owner/Operator (2) Atlantic Health System

Name of Contact Michelle DiGangi

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)
Chilton Medical Center

Street Address 97 West Parkway

City (5) Pompton Plains, NJ 07444

County (6) Morris

County Code (7) (State use only)

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

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished) Hospital (non sub 8)

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

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

Telephone Number (973)686-6869 License Number 00378

Name of OSHA Monitor B & G Restoration, Inc.

Street Address 105 Ryerson Road

City, State, Zip Code Lincoln Park, NJ 07035

Scheduled Start Date (10) 05/24/2017 Sched. Completion Date (11) 06/27/2017

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other - Describe: work shift 3:30pm - 12:00am

Scope of Work (check all that apply)
- Demolition
- Renovation

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

<table>
<thead>
<tr>
<th>Location of asbestos-containing material to be abated in facility</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Enclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Bldg 1st floor cons area</td>
<td>fittings associated with fiberglass</td>
<td>16 fittings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Storage</td>
<td>VAT &amp; mastic &amp; ceiling tiles</td>
<td>110 sf &amp; 110 sf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Storage</td>
<td>fittings &amp; joint compound</td>
<td>5 fittings &amp; 50 sf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bathroom</td>
<td>white caulk &amp; fittings</td>
<td>48 sf &amp; 8 lf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jet bathroom</td>
<td>VAT &amp; mastic, white caulk</td>
<td>48 sf &amp; 8 lf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Handler B & G Restoration, Inc. NJDEP Hauler ID# 19563 Cubic Yards of Waste 5 Name of Registered Landfill Tullytown Resource & Recovery Center

City, State Lincoln Park, NJ Disposal Date 05/30/2017

Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Signature Jordana Luna Date 05/19/2017
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

***EMERGENCY***

**B & G proj. #: 2017-53**

**Name of Building Owner/Operator (2):**
Atlantic Health System

**Street Address:**
100 Madison Avenue
City, State, Zip Code: Morristown, NJ 07960

**Name of Contact:**
Michelle DiGangi

**FACILITY INFORMATION**

**Name of Facility where abatement is taking place (3):**
Chilton Medical Center

**Street Address:**
97 West Parkway

**City:** Pompton Plains, NJ 07444
**County:** Morris

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

**Type of Facility (4):**
- School (K-12)
- Back-up (Other than K-12)
- Other (Private/Commercial Bldgs. Apartments, etc.)

**Square Feet:**

**No. of Floors:**

**Building Age:**

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

**Hospital (non sub 6):**

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

**Street Address:**
105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

**Telephone Number:**
(973) 696-6896
**License Number:**
00378

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

**Street Address:**
105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

**Scheduled Start Date (10):**
05/24/2017
**Scheduled Completion Date (11):**
06/27/2017

**Occupancy Status During Abatement (Check only one):**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours: Describe
- Other: Describe WORK 5AM - 12AM

**Scope of Work (check all that apply):**
- Demolition
- Renovation: $1,000 or $2,000
- $1,000 or $2,000
- Work outside of normal facility hours
- Full Containment Winch System pressure
- Gloveship procedure
- Mini-enclosure
- Non-Full-enclosure procedure

**Location of asbestos-containing material to be abated in facility (12):**

<table>
<thead>
<tr>
<th>Main Bldg 1st floor cons area</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Storage</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Storage</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior Lot Area</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of asbestos-containing material (ACM):**

<table>
<thead>
<tr>
<th>ACM</th>
<th>Amount (Specify SP or LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fittings associated with fiberglass</td>
<td>100 ft²</td>
</tr>
<tr>
<td>VAT &amp; menthol ceiling tiles</td>
<td>110 ft²</td>
</tr>
<tr>
<td>Fittings &amp; joint compound</td>
<td>5 ft²</td>
</tr>
<tr>
<td>White caulk &amp; fittings</td>
<td>48 ft²</td>
</tr>
<tr>
<td>VAT &amp; menthol, white caulk</td>
<td>48 ft²</td>
</tr>
</tbody>
</table>

**Disposal Date:**
06/30/2017

**Name of Registered Lazy Tullytown Resource & Recovery Center:**
Tullytown Resource & Recovery Center

**Name of Registered Lazy Tullytown Resource & Recovery Center:**
Tullytown Resource & Recovery Center

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

**Date:** 05/19/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>05/17/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lawrence Township Board of Education</td>
</tr>
<tr>
<td>Street Address</td>
<td>2565 Princeton Pike</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Lawrence Middle School |
| Street Address | 2455 Princeton Pike |
| City (5) | Lawrenceville |
| County Code (6) | Mercer |
| Name of Monitoring Firm Hired by Building Owner (8) | Environmental Connection, Inc. |
| Telephone No. | 609-392-4200 |

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

| Square Feet | 10,000 + |
| # of Floors | 2 |
| Bldg. Age | 50 + |
| Current Use (Prior to being demolished) | School |

**Project Manager for Monitoring Firm**
Mr. Roland Jones

**Start Date (10)**
05/26/17

**Scheduled Completion Date (11)**
06/30/17

**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 ≥3 if
- ≥150 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

| Roof-Mechanical Rooms | X |
| 1st Floor - Room C10 | X |

**Description of Asbestos-Containing Material (ACM)**
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Transite Panels: 600 SF
- Plaster: 8 SF

**Disposal Date**

**City, State**
Wayne, New Jersey

**Name of Registered Landfill**
Grand Central Landfill

**Name of Registered Waste Hauler**
J.R. Contracting & Environmental Consul., Inc.

**Cubic Yards of Waste**
40

**Disposal Date**

**Name of Registered Landfill**
Grand Central Landfill

**Cubic Yards of Waste**
40

**Date**
05/17/17

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:89 and 12:126)

Date of Notification (1)
5/17/17

Type Notification
Initial

Name of Building Owner/Operator (2)
Kiely Development Co

Street Address
700 McCallum Street

City, State, Zip Code
Lincroft, New Jersey 07747

Name of Contact
Cara

FACILITY INFORMATION

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

Street Address
1 Lippincott Rd

City (5)
Little Silver

County (6)
Monmouth

County Code (7)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (8)
Ace Insulation Co., Inc

Street Address
95 Montrose Rd

City, State, Zip Code
Colts Neck, New Jersey

Project Manager for Monitoring Firm

Telephone No.
732-294-1757

License No.
00029

Start Date (10)
5/24/17

Scheduled Completion Date (11)
6/17/17

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7am - 3pm

Scope of Work (Check All That Apply)

Renovation

Demolition

Asbestos-Containing Material (ACM) TO BE ABATED

Description of

Location of

Asbestos-Containing Material (ACM)

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

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

Amount

(Specify SF or LF)

Removal

Repair

Encapsulate

Endanger

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Disposal Date

City, State

Achieved Landfill

Completed by

Bree McGuire

Title
Secretary Treasurer

MAY 25 2017

ASB-41 (R-98-08)

* Do not use this item for asbestos licensed exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 5/19/17

Name of Building Owner / Operator (2)
Burlington Coat Factory

Agencies Notified Type Notification

- EPA 
- DEP 
- DOL 
- DOH 
- DCA

Initial
Amended
Emergency
Cancellation

Street Address
1830 US Route 130 North
Burlington, NJ 08016

City, State & Zip Code

Name of Contact
Mike Woods

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #6

Street Address
651 Route 17 Suite 2

City (5) Bergen County (6) Bergen County Code (7)

Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC

ASCM No.

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

Square Feet
72500

# of Floors
1

Bldg. Age
50

Current Use (Prior if being demolished)
Retail

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Telephone Number
215-788-6040

License Number
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL INC

Street Address
1123 BEAVER STREET

City, State & Zip Code
BRISTOL, PA 19007

Occupy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
  Describe: (10:00 PM - 6:00 AM)
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥280 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance or 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

Phase 1 (see attached phasing plan)
- VAT
- Ceramic tile

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No.
20990

Cubic Yards of Waste
55

Name of Registered Landfill
MINERVA LANDFILL

City, State

NEW CASTLE, DE 19720

Disposal Date
TBD

City, State
WAYNESSBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCARO

Title
Estimator

Signature
Patrick T. DeCARO

Date
5/19/17

PD17058
<table>
<thead>
<tr>
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<th>5/19/17</th>
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<td>DCA</td>
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<tr>
<td>Name of Building Owner / Operator</td>
<td>Burlington Coat Factory</td>
</tr>
<tr>
<td>Street Address</td>
<td>1830 us Route 130 North</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Burlington NJ 08016</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mike Woods</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)
Burlington Coat Factory Store #6
Street Address
651 Route 17 Suite 2
City (5) Paramus
County (6) Bergen
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
WCD Group LLC
Street Address
1350 Broadway, Suite 1904
City, State & Zip Code
New York, NY

Project Manager for Monitoring Firm
Eric Telemaque
Telephone Number
212-631-9000

Scheduled Start Date (10) May 22, 2017
Scheduled Completion Date (11) June 5, 2017
Occupancy Status During Abatement
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
  Describe: (10:00 PM – 6:00 AM)
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥100 sf ≥280 lf
- Renovation
- Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance or 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) 17000
Abatement Type

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.
City, State NEW CASTLE, DE 19720

Cubic Yards of Waste 55
Disposal Date TBD
Name of Registered Landfill
MINERVA LANDFILL
City, State WAYNESBURG, OH 44688

Completed By (Print or Type)
PATRICK T. DeCARO
Title Estimator
Signature

Date 5/19/17
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
3 / 24 / 17

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

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

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

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

Telephone Number

FACILITY INFORMATION

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

Street Address
128 EAST LINCOLN AVENUE - BUILDING 80 Y LINK

City, County, Code
RAHWAY, UNION, NJ

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

ASCM No.
104

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

Square Feet
7,500

# of Floors
1

Bldg. Age
36

Current Use (Prior to being demolished)
VACANT

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFEFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
AMERICAN LABORATORIES INC

Street Address
117 EAST 30TH STREET

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

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 7 AM- 3:30 PM

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini Enclo
- Glovebag Procedure
- Non-Ferble Procedure

Location of Asbestos-containing Material (ACM)

TO BE ABATED
in Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM)</th>
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<tbody>
<tr>
<td>MASTIC ON EXTERIOR BRICK BELOW</td>
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<tr>
<td>ROOF COPING CAP</td>
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</table>

Amount (Specify SF or LF)
400 LN. FT.

Abatement Type
X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

City, State
FREEHOLD, NEW JERSEY

Disposal Date
04/06/17-06/30/17

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE

City, State
MONTGOMERY, PA 17752

Cubic Yards of Waste
20

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Date
3/24/17

Signature

REMOVAL
ENCLOSURE