State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
5 / 23 / 18

Name of Building Owner/Operator (2)
NJ DOT / Job #1805-5311 Check #10111

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

Street Address
1 Executive Campus
City, State, Zip Code
Cherry Hill, NJ 08002
Name of Contact
Kyle Fote
Telephone Number
609-354-5357

Name of Facility Where Abatement is Taking Place (3)
D-3

Square Feet

County Code (7)/(STATE USE ONLY)
Current Use (Prior if being demolished)
Residential

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

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

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

Telephone No.
609-392-4200

City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

Project Manager for Monitoring Firm
Rollie Jones

Start Date (10)
5 / 24 / 18

Scheduled Completion Date (11)
6 / 22 / 18

Name of OSHA Monitor
EMSL Analytical

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED
IN Facility
☐ Exterior
☐ Bathroom
☐ Exterior
☐ Throughout

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

Description of Asbestos-Containing Material (ACM)
☐ Transite Shingles
☐ Sink Undercoating
☐ Chimney/roof Mastic
☐ Multi layers of flooring & subfloor

Amount (Specify SF or LF)
2,750 SF
3 LF
20 LF
825 SF

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

Name of Registered Waste Hauler
AbateTech, Inc.
NJDEP Waste Hauler ID No. 187560
Cubic Yards of Waste
40

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

City, State
Lumberton, NJ
Disposal Date
6/22/18

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date
5/23/18

* 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 (1):** 5 / 23 / 18

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

NJ DOT / Job #1805-5311 Check #10165

---

**Agencies Notified:**

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

**Type Notification:**

- [x] Amended
- [x] Emergency (including justification)
- [ ] Cancellation

**Street Address:** 1 Executive Campus

**City, State, Zip Code:** Cherry Hill, NJ 08002

**Name of Contact:** Kyle Fote

**Telephone Number:** 609-364-9337

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** D-4

**Street Address:**

City (5):

Bellmawr, NJ

County (6):

Camden

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

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

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

**ASCM No.:**

**Name of Abatement Contractor (9):** AbateTech, Inc.

**Street Address:** 30 Maple Ave. PO Box 25

**City, State, Zip Code:** Lumberton, NJ 08048

**Telephone No.:** 609-265-2107

**License No.:** 00529

**Name of OSHA Monitor:** EMSL Analytical

**Street Address:** 200 Route 130 North

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

**Project Manager for Monitoring Firm:** Rollie Jones

**Telephone No.:** 609-392-4200

---

**Start Date (10):** 5 / 24 / 18

**Scheduled Completion Date (11):** 6 / 22 / 18

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

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM_ _PM_ _AM_ _PM_

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

- [ ] 3 to 9 sq ft
- [ ] 10 to 19 sq ft
- [ ] 20 sq ft or more

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

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

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

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

---

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

**Exterior:**

- [ ] Transite Shingles
- [x] 1,700 SF

**Utility Room:**

- [ ] Flue Packing
- [x] 7 SF

**Utility Room:**

- [x] HVAC tape
- [x] 5 SF

**Name of Registered Waste Hauler:** AbateTech, Inc.

**NJDEP Waste Hauler ID No.:** 187650

**Cubic Yards of Waste:** 40

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

**Disposal Date:** 9/22/18

**City, State:** Tullytown, PA

---

**Completed By (Print or Type):** Gwendolyn Trumbetti

**Title:** Operations Coordinator

**Signature:**

**Date:** 5/23/18

---

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

Date of Notification (1)  5 / 23 / 18  
Name of Building Owner/Operator (2)  NJ DOT / Job #1805-5311  
Check #10166

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

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

Street Address  
1 Executive Campus  
City, State, Zip Code  
Cherry Hill, NJ 08002

Name of Contact  
Kyle Fote  
Telephone Number  609-364-9337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
D-4

Street Address  
[Redacted]

City (5)  
Bellmawr, NJ

County (6)  
Camden

County Code (?) (STATE USE ONLY)  
Current Use (Prior if being demolished)  
Residential

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

Name of Abatement Contractor (9)  
AbateTech, Inc.

ASCM No.  
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.  00529

Start Date (10)  
5 / 24 / 18  
Scheduled Completion Date (11)  
6 / 22 / 18

Name of OSHA Monitor  
EMSL Analytical

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

☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM-AM

Scope of Work (Check all that apply)  

☐ ≥3 sf or ≥3 ft

☐ ≥160 sf or ≥600 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)  

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)  

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

Amount (Specify SF or LF)  
1,700 SF

Abatement Type

☐ Removal

☒ Repair

☐ Encapsulate

Encapsulate

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18760

Cubic Yards of Waste 40

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

City, State  
Lumberton, NJ

Disposal Date  
6/22/18

City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti  
Title  Operations Coordinator

Signature  [Signature]  
Date  5/23/18

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

**Date of Notification (1)**
5 / 23 / 18

**Name of Building Owner/Operator (2)**
NJ DOT / Job #1805-5311 Check #10172

**Street Address**
1 Executive Campus
City, State, Zip Code
Cherry Hill, NJ 08002

**Name of Contact**
Kyle Fote
Telephone Number
609-364-8337

**AGENCIES NOTIFIED**
- [ ] EPA
- [ ] DOLWD
- [ ] DrISS
- [ ] DCA (NJAC 5:23-8)

**TYPE NOTIFICATION**
- [x] Initial
- [ ] Amended
- [ ] Amendment #1
- [x] Emergency (including justification)
- [ ] Cancellation

**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>D-1</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 and commercial buildings, homes, etc.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)(STATE USE ONLY)</th>
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<tbody>
<tr>
<td>Bellmawr, NJ</td>
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<thead>
<tr>
<th>County (6)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Camden</td>
<td>Residential</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Connection, Inc.</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 North Warren Street</td>
<td>609-392-4200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trenton, NJ 08608</td>
<td>00529</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rollye Jones</td>
<td>EMSL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 24 / 18</td>
<td>6 / 22 / 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exampld (*) 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>
<th>Is Location Normaly 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>Exterior</td>
<td>Yes</td>
<td>Transite Shingles</td>
<td>2,750 SF</td>
<td>x</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Abatement, Inc.</th>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
<td>18750</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>G.R.O.W.S. Landfill</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/22/18</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date 5/12/18

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

Date of Notification (1) 5 / 23 / 18

Name of Building Owner/Operator (2)
NJ DOT / Job #1709-5210 Check #10167

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

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

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
120 North Warren Street

Project Manager for Monitoring Firm
Rollie Jones

Telephone No.
609-392-4200

Start Date (10) 5 / 24 / 18
Scheduled Completion Date (11) 6 / 22 / 18

Name of OSHA Monitor
EMSL Analytical

Occupy-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)
- 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)

Exterior
- Transite Shingles
- 2,750 SF

Bathroom & Kitchen
- Drywall & Joint Compound
- 700 SF

Exterior
- Chimney/Roof Mastic
- 20 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
6/22/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

MAY 11

* 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 / 23 / 18

Name of Building Owner/Operator (2)  NJ DOT / Job #1805-5311 Check #10164

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including Justification)
- Cancellation

Street Address 1 Executive Campus
City, State, Zip Code Cherry Hill, NJ 08002
Name of Contact Kyle Fote
Telephone Number 609-364-9337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) D-2
City (5) Bellmawr, NJ
County (6) Camden
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.
ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 120 North Warren Street
City, State, Zip Code Trenton, NJ 08609
Project Manager for Monitoring Firm Rollie Jones
Telephone No. 609-392-4200

Start Date (10)  5 / 24 / 18
Scheduled Completion Date (11)  6 / 22 / 18

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

Scope of Work (Check all that apply)
- >3 sf or >3 if
- >160 sf or >260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Exterior

Name of Registered Waste Hauler AbateTech, Inc.
NJDEP Waste Hauler ID No. 18750
City, State Lumberton, NJ

Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 5/23/18

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

Date of Notification (1)  5 / 23 / 18

Name of Building Owner/Operator (2)  
NJ DOT / Job #1805-5311 Check #10173

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

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

Street Address  
1 Executive Campus

City, State, Zip Code  
Cherry Hill, NJ 08002

Name of Contact  
Kyle Fote

Telephone Number  
609-364-9337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
D-1

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

Street Address  
120 North Warren Street

Square Feet  
# of Floors  
Bldg. Age

City (5)  
Bellmawr, NJ

County Code (7)  
Camden

Current Use (Prior if being demolished)  
Residential

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

ASCM No.  

Name of Abatement Contractor (9)  
AbateTech, Inc.

Street Address  
30 Maple Ave. PO Box 25

City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  
Rollie Jones

Telephone No.  
609-392-4200

Telephone No.  
609-265-2107

License No.  
00529

Name of OSHA Monitor  
EMSL Analytical

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM PM

Start Date (10)  5 / 24 / 18

Scheduled Completion Date (11)  6 / 22 / 18

Name Address (12)  
200 Route 130 North

City, State, Zip Code  
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
- ≥ 3 sf or ≥ 3 if  
- ≥ 160 sf or ≥ 260 if  
- Renovation  
- Demolition

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)
- Yes  
- No  
- N/A

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

Exterior  
- Transite Shingles  
- Window Glazing  
- Floor tile & subflooring

Exterior  
- 2,750 SF

Kitchen & Bathroom  
- 150 SF

Name of Registered Waste Hauler  
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste  
40

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

City, State  
Lumberton, NJ

Disposal Date  
6/22/18

City, State  
Tullytown, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti

Title  
Operations Coordinator

Signature  
Jan

Date  
5/23/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification: 5/23/18
Name of Building Owner/Operator: NJ DOT / Job #1805-5311 Check #10117

Agencies Notified: 
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)

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

Street Address: 1 Executive Campus
City, State, Zip Code: Cherry Hill, NJ 08002
Name of Contact: Kyle Fote
Telephone Number: 609-364-9337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: D-2
Street Address: [Redacted]
City (5): Bellmawr, NJ
County (6): Camden
Name of Monitoring Firm Hired by Building Owner: Environmental Connection, Inc.
ASCM No.: [Redacted]
Name of Abatement Contractor: AbateTech, Inc.
Street Address: 120 North Warren Street
City, State, Zip Code: Trenton, NJ 08608
Telephone No.: 609-392-4200

Project Manager for Monitoring Firm: Rollie Jones
Telephone No.: 609-392-4200
License No.: 00529

Start Date: 5/24/18
Scheduled Completion Date: 6/22/18
Name of OSHA Monitor: EMSL Analytical

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

Scope of Work (Check all that apply): 
- 23 sf or 23 if
- 160 sf or 260 if
- 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: 
- Exterior
- Bathroom
- Transite Shingles
- Floor tile under ceramic flooring

Is Location Normally Used Solely by Maintenance/Custodial Staff?: Yes

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous): Transite Shingles
Amount (Specify SF or LF): 1,375 SF
Abatement Type: 
- Removal
- Repair
- Encapsulate
- Enclose

Name of Registered Waste Hauler: AbateTech, Inc.
NJDEP Waste Hauler ID No.: 18750
Cubic Yards of Waste: 40
Name of Registered Landfill: G.R.O.W.S. Landfill
Disposal Date: 6/22/18
City, State: Lumberton, NJ
Completed By (Print or Type): Gwendolyn Trumbetti
Title: Operations Coordinator
Signature: [Signature]
Date: 5/23/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 8:18)

State of New Jersey

Date of Notification (1)  5 / 24 / 18

Name of Building Owner/Operator (2)  PSE&G / Job # 1805-5318 Check #10195

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

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

Street Address  
4000 Hadley Road
City, State, Zip Code  
South Plainfield, NJ

Name of Contact  
Tom Polardis
Telephone Number  908-377-5147

FACILITY INFORMATION

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

Street Address  
60 South Newman Street
City (5)  Hackensack, NJ
County (5)  Bergen

County Code (7) (STATE USE ONLY)  

Current Use (Prior if being demolished)  
Gas Facility

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

ASCM No.  
Name of Abatement Contractor (9)  AbateTech, Inc.
Street Address  
30 Maple Ave. PO Box 25
City, State, Zip Code  
Lumberton, NJ 08048

Project Manager for Monitoring Firm  

Telephone No.  
609-265-2107
License No.  00529

Start Date (10)  
5 / 26 / 18
Scheduled Completion Date (11)  
5 / 27 / 18

Name of OSHA Monitor  
EMSL Analytical

Occupy 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

Telephone No.  

Scope of Work (Check all that apply)  
[ ] 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)  

Abatement Type

Abatement Type

[ ] Removal  
[ ] Repair  
[ ] Encapsulate  
[ ] Endure

Exterior  

Coping Stone Caulk  700 LF

[ ] [ ] [ ] [ ]

Name of Registered Waste Hauler  

Waste Management
NJ/DEP Waste Hauler ID No. 18759
Cubic Yards of Waste 40
Name of Registered Landfill  
Fairless Landfill

City, State  
Camden, NJ

Disposal Date  
5/27/18

City, State  
Morrisville, PA

Completed By (Print or Type)  
Gwendolyn Trumbetti
Title  Operations Coordinator
Signature  
Date 5/24/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
5/29/18

Name of Building Owner/Operator (2)
Eric Fenyes

Street Address

City, State, Zip Code
Teaneck, NJ 07666

Type of Facility (4)

School (K-12)

Other (i.e. private & commercial buildings, homes, etc.)

Residential Home

Name of Facility Where Abatement is Taking Place (3)

Residential Home

Square Feet
2000

# of Floors
2

Legal Age
65+/-

County Code (7)

Current Use (Prior to being demolished)

Residential Home

Name of Abatement Contractor (9)

All Stages Abatement

Name of Contact
Eric Fenyes

ASCM No.

License No.
01305

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Project Manager

Telephone No.
201-600-3184

Project Manager for Monitoring Firm

City, State, Zip Code

Saddle Brook, NJ 07663

Start Date (10)

5/30/18

Scheduled Completion Date (11)

6/2/18

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe: 7 A.M. to 4 P.M.

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lb

≥100 sf or ≥260 lb

Renovation

Demolition

X

X

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)

Basement

X

VAT

523 SF

X

Basement

X

Mastic

523 SF

X

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulate

End Stage

Name of Registered Waste Hauler

All Stages Abatement

NJDEP Waste Hauler ID No.
0036592

Cubic Yards of Waste
3

Name of Registered Landfill

Grand Central Sanitary Landfill

City, State
Saddle Brook, NJ

Disposal Date
TBD

Name of Registered Landfill

City, State
Pen Argyll, PA

Completed by
Richard Cristofoli

Title
President

Signature

Date
5/29/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:46)

Date of Notification (1) 5 / 25 / 2018

Name of Building Owner/Operator (2) County of Monmouth

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

Street Address
One East Main Street
City, State, Zip Code
Freehold, NJ
Name of Contact
Roland C. Jones
Telephone Number
609-392-4200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building 906

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

Square Feet
10,000

# of Floors
2

Bidg. Age
50+

Current Use (Prior to being demolished)
Homeless Shelter

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

ASCM No.
Name of Abatement Contractor (9)
A-Tech Group LLC

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

Street Address
80 Ridge Road
City, State, Zip Code
Oak Ridge, NJ 07438

Project Manager for Monitoring Firm
Roland C. Jones

Telephone No.
809-392-4200

Telephone No.
201-328-2255

License No.
01242

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

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

Amount (Specify SF or LF)

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

Name of Registered Waste Hauler
Atlantic Carting LLC

Cubic Yards of Waste
80

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

City, State
1141 Route 23, Wayne, NJ 07470

Disposal Date
TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Goran Lazarevic
Title
President
Signature

Date
5/25/2018

* 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 / 25 / 2018

Name of Building Owner/Operator (2)  
County of Monmouth

Agencies Notified  
[ ] EPA  
[ ] DOLWD  
[ ] DOH  
[ ] DCA (NJAC 5:23-B)

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

Street Address  
One East Main Street  
City, State, Zip Code  
Freehold, NJ

Name of Contact  
Roland C. Jones  
Telephone Number  
609-392-4200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Building 906

Square Feet  
10,000  
# of Floors  
2  
Bldg. Age  
50+

City (5)  
Fort Monmouth, NJ 07703  
County Code (?/STATE USE ONLY)  
Monmouth

Current Use (Prior to being demolished)  
Homeless Shelter

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

ASCM No.  
Name of Abatement Contractor (9)  
A-Tech Group LLC

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

Telephone No.  
609-392-4200  
License No.  
01242

Project Manager for Monitoring Firm  
Roland C. Jones  
Street Address  
80 Ridge Road

Telephone No.  
201-326-2255  
Name of OSHA Monitor  
A-Tech Group LLC

Start Date (10)  
6 / 11 / 2018  
Scheduled Completion Date (11)  
7 / 6 / 2018

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

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _______AM-____ PM-____ PM-____ AM

Scope of Work (Check all that apply)  
[ ] ≥3 sf or ≥3 if  
[ ] ≥160 sf or ≥260 if  
[ ] Renovation  
[ ] Demolition  
[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Is Location 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)  
Pipe Insulation "Wrap & Cut"  
800 LF  

Amount (Specify SF or LF)  

Abatement Type  
Removal  
Encapsulate  
Endorse

Name of Registered Waste Hauler  
Atlantic Carting LLC  
Name of Registered Landfill  
G.R.O.W.S.

City, State  
1141 Route 23, Wayne, NJ 07470  
Disposal Date  
TBD

Cubic Yards of Waste  
80  
City, State  
Monteville, PA

Completed By (Print or Type)  
Goran Lazarevic  
Title  
President  
Signature  

Date  
5/25/2018

* 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)**
05/29/2018

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

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

**City (5)**
Woodcliff Lake

**County (6)**
Bergen

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

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

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

**Square Feet**

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

**Type of Abatement**
- Renovation
- Demolition

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

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

**Description of Asbestos-Containing Material (ACM)**
- Cubic Yards of Waste
- Name of Registered Landfill

**Amount (Specify SF or LF)**

**Abatement Type**
- Removal
- Repair
- Encapsulation
- Endorsement

---

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

**City, State**
Paterson, NJ

**Completed by**
Lasko Veskov

**Title**
President

**Signature**

**Date**
05/29/2018

---

*Do not use this form for asbestos licensure exempted activities.*
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56-8 and 12:20) Date of Notification (1) 05/29/2018

**Name of Building Owner/Operator (2)**
Paulsboro Refining Company

**Street Address**
800 Billingsport Rd

City, State, Zip Code
Paulsboro NJ 08066

**Name of Contact**
Ravi Jarecha

**Telephone Number**
856-224-4444

---

### FACILITY INFORMATION

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

**Street Address**
800 Billingsport Rd

**City**
Paulsboro

**County**
Gloucester

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

**Square Feet**
NA

**# of Floors**
NA

**Built Age**
NA

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

---

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

**Total Environmental Solutions**
NA

**Name of Abatement Contractor (9)**
Brand Energy Services LLC

**Street Address**
740 Veterans Drive

**City, State, Zip Code**
Swedesboro, NJ 08085

**Telephone No.**
856-467-2850

**License No.**
01009

---

**Project Manager for Monitoring Firm**
Ed Igelesias

**Telephone No.**
302-344-4217

**Start Date (10)**
05/29/2018

**Scheduled Completion Date (11)**
12/31/2018

---

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe: Regulated Area will be Established - Active Oil Refinery

**Name of OSHA Monitor**
NA

**Total Environmental Solutions**
NA

---

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

- [ ] 25 or less sf or sq ft
- [x] 160 sq ft or greater

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

- [x] Endurance

---

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

<table>
<thead>
<tr>
<th>TO BE ABATED (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Location of Asbestos Containing Material (ACM) (i.e. thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1 Refinery</td>
<td>x</td>
<td>Thermal Insulation Systems</td>
<td>1000 LF</td>
<td>x</td>
</tr>
<tr>
<td>Unit Refinery</td>
<td>x</td>
<td>Thermal Insulation Systems</td>
<td>1000 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Waste Management Inc.

**Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
6

**Name of Registered Landfill**
Gloucester County Landfill

**City, State**
South Harrison NJ

**Disposal Date**
Various

**Name of Registered Landfill**
Gloucester County Landfill

**City, State**
South Harrison NJ

**Completed by**
Charles J Perri

**Title**
Project Manager

**Signature**

**Date**
04/25/2018

---

*To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project.*

*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 # 642-2018**
**Date of Notification (1)**
**May 23, 2018**

**Name of Building Owner/Operator (2)**
STEVEN'S INSTITUTE OF TECHNOLOGY

**Street Address**
1 CASTLE POINT ON HUDSON ASBESTOS CONTROL & LICENSING
HOBOKEN, NJ 07030

**Name of Contact**
MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY

**Telephone Number**
201-912-4651

---

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

**Street Address**
MAIN CAMPUS (507 RIVER STREET)

**City (5)**
HOBBOKEN

**County (6)**
HUDSON

**County Code (7)**

**Name of Monitoring Firm Hired by Bidder/Owner (8)**
TTI ENVIRONMENTAL, INC.

**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:** 5

**Bldg. Age:** ~50 years

Current Use (prior if being demolished): ACADEMIC

**Street Address**
1253 NORTH CHURCH STREET

**City, State, Zip Code**
MOORESTOWN, NJ 08057

---

**Project Manager for Monitoring Firm**
MR. JIM GUILARDI

**Telephone Number**
856-840-8800 ext.31

**Scheduled Start Date (10)**
05/23/2018

**Scheduled Completion Date (11)**
05/28/2018

**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: 8:00 AM - 8:00 PM (24 HRS. & WEEKENDS AS NEEDED)

**Source of Work (Check all that apply)**
☐ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if

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

**Is Location Normally Used Solely by Maint./Casual 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)**

**Abatement Type**

---

**CMS Dept. OFFICE SUITE & CONFERENCE ROOM 120**

**Floor Tile (including mastic)**
1265 SF

**Name of Roofer/Waste Hauler**
See Hauler Below #1 & 2

**NJDEP Waste Hauler ID #**
See Below

**Cubic Yards of Waste:**
20 CY

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

**Hauler #1**
Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561

**Hauler #2**
Nj DEP # 4599

**Hauler #2**
Nj DEP # 4599

**Committed by (Print or Type)**
RAYMOND C. PEDALINO

**Title**
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
May 23, 2018

---

Copies To:
STEVEN'S INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 642-2018

Date of Notification (1) May 10, 2018

Name of Building Owner/Operator (2) STEVENS INSTITUTE OF TECHNOLOGY 2018

Address 1 CASTLE POINT ON HUDSON
City, State, Zip Code HOBOKEN, NJ 07030

Name of Contractor MR. DAVID FERNANDEZ, MS DIRECTOR ENVIRONMENTAL HEALTH & SAFETY
Telephone Number 201-912-4651

Name of Facility Where Abatement is Taking Place (3)
MC CLEAN HALL

Street Address MAIN CAMPUS (507 RIVER STREET)
City Hoboken County Hudson County Code 07030 State Use Only

Name of Monitoring Firm Hired by Bldg. Owner (8) TTI ENVIRONMENTAL, INC.
ASCM No. 00003

Street Address 1253 NORTH CHURCH STREET
City, State, Zip Code MOORESTOWN, NJ 08057

Project Manager for Monitoring Firm MR. JIM GUILARDI
Telephone Number 856-840-8800 ext.31

Scheduled Start Date (10) 05/23/2018
Scheduled Completion Date (11) 05/28/2018

Occuancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
☐ Other - Describe: 8:00 AM - 8:00 PM (24 HRS. & WEEKENDS AS NEEDED)

Source of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Is 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 miscell.)

Amount (Specify SF or LF)

FLOOR TILE (including mastiс)

Cubic Yards of Waste: 20 CY

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

Disposal Date 05/28/2018
City, State 100 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 10, 2018

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi
Date of Notification (1)
05/22/2018

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

Type Notification
- Initial
- Amended
- Cancellation

Name of Building Owner/Operator (2)
Stevens Institute of Technology

Street Address
1 Castle Point on Hudson

City, State, Zip Code
Hoboken, NJ 07030

Name of Contact
David Fernandez

Telephone Number
551-655-9149

FACILITY INFORMATION

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

Street Address
501-511 River Street

City (6)
Hoboken

County Code (7)
N/A

Name of Monitoring Firm Hired by Building Owner (8)
Briggs Associates

ASCM No.
0004

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
Michael Hoodak

Telephone No.
609-298-5520

Scheduled Completion Date (11)
06/16/2018

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

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

Location of Asbestos-Containing Material (ACM)

<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, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room # 421</td>
<td>X</td>
<td>2x4 Ceiling Tile</td>
<td>2600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room # 421</td>
<td>X</td>
<td>Table Tops</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room # 421</td>
<td>X</td>
<td>Exhaust Hood Panels</td>
<td>40 SF</td>
<td>X</td>
</tr>
<tr>
<td>Room # 421</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>2600 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

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

City, State
Totowa, NJ

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
05/22/2018

ASB-41 (R-00-98)

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)

**Name of Building Owner/Operator:** Bloomfield College
**Street Address:** 467 Franklin Street
**City, State, Zip Code:** Bloomfield, NJ 07003
**Telephone Number:** 973-748-6656

**Name of Facility Where Abatement is Taking Place:** Bloomfield College - Westminster Hall
**Street Address:** 63 Fremont Street
**City:** Bloomfield
**County:** Essex
**County Code:** (State Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner:** Envirovision, Inc.
**ASCM No.:**

**Type of Facility:** Subchapter 8 (other than K-12)
**Sq. Ft.:** 10,000
**# of Floors:** 3
**Bldg. Age:** 90+ years

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

**Name of Contractor:** GREENWOOD ABATEMENT CONSULTANTS, INC.
**Street Address:** 20-21 Wagarow Road, Bldg # 3SE
**City, State, Zip Code:** Fair Lawn, NJ 07410
**Telephone Number:** 973-638-9145
**License Number:** 00840

**Project Manager for Monitoring Firm:** Fred Larson
**Telephone Number:** 973-492-0477
**Name of OSHA Monitor:** EMSL Inc.
**Street Address:** 1056 Stelton Road
**City, State, Zip Code:** Piscataway, NJ 08854

**Occupy Status During Abatement:** Non-Occupied

**Source of Work (Check all that apply):**
- ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 280
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Tent / Glovebag Procedure
- Non-Exempted (*) and Non-Fireable
- Wrap & Cut

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NA</td>
<td>NA</td>
<td>5,000 sf</td>
<td>☐ Remove, Repair, Encaps, Endase</td>
</tr>
</tbody>
</table>

**Exterior Roof:**

- Name of Registered Landfill:
  - Meadowfill Landfill

- Disposal Date: August 31, 2018

**Name of Reg. Waste Hauler:** Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
**NJ DEP #:** 12561

**Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405**
**NJ DEP #:** 12561
**Complied by (Print or Type):**
**Marin Graure**
**Title:** SENIOR PROJECT MANAGER
**Signature:** Marin Graure
**Date:** May 23, 2018

**GAC #:** 2018-643
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18
Date of Notification (1) May 25, 2018
Agencies Notified
☐ EPA
☐ DCA
☐ DOH
☐ DEP - No Longer REQUIRED
☐ DOH

Notification Type
☐ Initial Notification
☐ Amended Notification #
☐ Emergency (Including justification)
☐ Canceled

Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
City, State, Zip Code PISCATAWAY, NJ 08854
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY
Telephone Number 848-445-2550

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
BUSCH CENTRAL HEATING, BLDG# 3540
Street Address
582 TITSWORTH PLACE, BUSCH CAMPUS
City, County, County Code
PISCATAWAY, MIDDLESEX 00098

Name of Monitoring Firm Hired by Owner (6) ATC
ASCM No. 00098

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address
3 TERRI LANE
BURLINGTON, NJ 08016

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

Project Manager for Monitoring Firm
BRIAN R. KEARNEY
Telephone Number 609-386-8800

Scheduled Start Date 06/06/18
Scheduled Completion Date 06/25/18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours – 7am - 3pm
Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED)
☐ Facility Occupied During Abatement
☐ Other: Describe:

Scope of Work (Check all that apply)
☐ < 3 sf or > 3 if
☐ ≥ 160 sf or ≥ 200 ft
☐ 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 NA

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

MEZZANINE ☑ TSI – BOILER BREACHING 200 SF ☑

Name of Reg. Waste Hauler
See Hauler Below #1 & 2
NJDEP Waste Hauler ID # See Below
Cubic Yards of Waste: 20 CY
Name of Registered Landfill
G.R.O.W.S. North Landfill
Disposal Date 06/25/2018
City, State, Zip Code
100 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 25, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
**Rowan University**  
**Date of Notification (1):** 5/23/2018  
**Name of Building Owner/Operator (2):** ROWAN UNIVERSITY  
**Agencies Notified:**  
- [x] EPA  
- [x] DEP  
- [x] DOL  
- [x] DOH  
- [ ] DCA  
**Type Notification:**  
- [x] Emergency (Including justification)  
- [ ] Cancellation  
**Street Address:** 201 MULLICA HILL ROAD  
**City, State, Zip Code:** GLASSBORO, NJ 08028  
**Name of Contact:** ERIN BISCeglIA  
**Telephone Number:** 856-256-4824

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**  
**LINDEN HALL**  
**Street Address:** 200 OAK GROVE DRIVE  
**City:** GLASSBORO  
**County:** GLOUCESTER  
**Name of Monitoring Firm Hired by Building Owner (8):** LANGAN ENGINEERING  
**ASCM No.:**  
**Name of Abatement Contractor (9):** TWO BROTHERS CONTRACTING, INC.  
**Street Address:** 1818 MARKET STREET, SUITE 3300  
**City, State, Zip Code:** Philadelphia, PA 19103-3638  
**Name of OSHA Monitor:** SAME AS (9) ABOVE  
**Telephone No.:** 215-845-8900  
**License No.:** 00494

**Start Date (10):** 5/24/2018  
**Scheduled Completion Date (11):** 5/29/2018  
**Occupy Status During Abatement (Check Only One):**  
- [x] Facility Closed/Vacated During Entire Period of Abatement  
- [x] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other – Describe: VACANT

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

- [x] < 25 sf or < 25 ft
- [x] < 180 sf or < 280 ft
- [x] Renovation  
- [x] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERIOR CORRIDOR AT ROOM 100 &amp; ROOM 137</td>
<td>X (NIA)</td>
<td>PIPE INSULATION (WRAP &amp; CUT ONLY)</td>
<td>18 LF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**  
**TWO BROTHERS CONTRACTING**  
**NJDEP Waste Hauler ID No.:** 18743  
**Cubic Yards of Waste:** 2  
**Name of Registered Landfill:**  
**WASTE MANAGEMENT G.R.O.W.S.**  
**City, State:** TOTOWA, NJ

**Completed by:** VIVECA RAMOS  
**Title:** PROJECT COORDINATOR  
**Signature:**  
**Date:** 5/23/2018

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

**Date of Notification (1)**: 5/23/2016

**Agency Notified**: EPA

**Type Notification**: Intial

**Name of Building Owner/Operator (2)**: ROWAN UNIVERSITY

**Street Address**: 201 MULLICA HILL ROAD

**City, State, Zip Code**: GLASSBORO, NJ 08028

**Name of Contractor**: ERIN BISCHELL

**Name of Facility Where Activity Is Taking Place**: LINDEN HALL

**Address of Facility**: 200 OAK GROVE DRIVE

**City**: GLASSBORO

**County**: GLOUCESTER

**Name of Monitoring Firm Hired by Building Owner**: LAGAN ENGINEERING

**ASCA No.**:

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

**Street Address**: 1818 MARKET STREET, SUITE 3300

**City, State, Zip Code**: PHILADELPHIA, PA 19103-3638

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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

**Scope of Work (Check All That Apply)**:
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Enclosed (M) and Non-Mechanical Procedure

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

<table>
<thead>
<tr>
<th>Room</th>
<th>Description of ACM (15)</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERIOR CORRIDOR AT ROOM 100 &amp; 101</td>
<td>PIPE INSULATION (WRAP &amp; CUT ONLY)</td>
<td>18 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**: TWO BROTHERS CONTRACTING

**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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

**Scope of Work (Check All That Apply)**:
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
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- [ ] Non-Enclosed (M) and Non-Mechanical Procedure

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**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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

**Scope of Work (Check All That Apply)**:
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- [X] Demolition
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**License No.**: 000-876-5700

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- Abatement Performed Outside of Normal Facility Hours
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- [ ] Non-Enclosed (M) and Non-Mechanical Procedure

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**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
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**License No.**: 000-876-5700

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- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: VACANT

**Scope of Work (Check All That Apply)**:
- [X] Renovation
- [X] Demolition
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**City, State**: TOTOWA, NJ

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**License No.**: 000-876-5700

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

**Scope of Work (Check All That Apply)**:
- [X] Renovation
- [X] Demolition
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**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

**Occupancy Status During Abatement (Check Only One)**:
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- Other - Describe: VACANT

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- [X] Renovation
- [X] Demolition
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**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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

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**License No.**: 000-876-5700

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- Other - Describe: VACANT

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**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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- Other - Describe: VACANT

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- [X] Renovation
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**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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

**Scope of Work (Check All That Apply)**:
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**Name of Registered Waste Hauler**: TWO BROTHERS CONTRACTING

**City, State**: TOTOWA, NJ

**Telephone No.**: 215-945-8800

**License No.**: 000-876-5700

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- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: VACANT

**Scope of Work (Check All That Apply)**:
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Enclosed (M) and Non-Mechanical Procedure
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 5:16)

Date of Notification (1) 5 / 21 / 18

Name of Building Owner/Operator (2)
Harmony Township School District / Job #1801-5247  Check #10181

Street Address
2551 Belvidere Road

City, State, Zip Code
Phillipsburg, NJ 08865

Name of Contact
Jason Dumont
Telephone Number
908-537-7900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Harmony Township HS

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

Stg. Code (STATE USE ONLY)

County Code (?)
Warren

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
300 Kimball Drive

License No.
00529

City, State, Zip Code
Parsippany, NJ 07054

Telephone No.
973-560-4900

Name of OSHA Monitor
EMSL Analytical

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10) 6 / 25 / 18

License No.

Scheduled Completion Date (11) 7 / 3 / 18

Name of OSHA Monitor

Name of OSHA Monitor

Scope of Work (Check all that apply)
3 sf or 3 ft
160 sf or 2260 sf

Renovation
Demolition

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

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

TO BE ABATED
IN FACILITY

Yes No N/A

Floor tile & Mastic

Amount (Specify SF or LF)
340 SF total
20 SF
50 SF
10 SF

Abatement Type
Removal
Encapsulation

17 Locations

Work Area #1

Exterior

Name of Registered Waste Hauler
AbateTech, Inc.

NJ DEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature

Date
5/21/18

* 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 / 25 /2018

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

Type Notification
- Initial Notification
- Amended Notification
- Cancellation
- On Hold #1
- EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
THE VALLEY HOSPITAL
Street Address
223 NORTH VAN DIEN AVENUE
City, State, Zip Code
RIDGEWOOD, NEW JERSEY 07452

Name of Contact
GEORGE GANCOS
Telephone Number
201-447-8141

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
VALLEY HOSPITAL
Street Address
620 WINTER AVENUE
City (5)
PARAMUS
County (6)
BERGEN
County Code (7)
ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)
COLDEN CORPORATION
Street Address
131 VARICK STREET, SUITE 1022
City, State, Zip Code
NEW YORK, NEW YORK 10013

Project Manager for Monitoring Firm
JIM MIADES
Telephone Number
347-435-3561

Expected State Date (10)
Month Day Year
Sched. Completion Date (11)
Month Day Year
Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
- Demolition
- >3SF OR LF
- >180 SF OR 260 LF

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)
1ST FLOOR FRONT OFFICE BATHROOM
1ST FLOOR SHOP SIDE BATHROOM
1ST FLOOR FURNACE ROOM
EXTERIOR EAST ROOF
EXTERIOR EAST ROOF
EXTERIOR SOUTH ROOF
EXTERIOR L ROOF
Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD
NJDEP Waste Hauler ID No.
919
Cubic Yards of Waste
30
Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL
City, State
NEWARK, NEW JERSEY
Disposal Date
5/29/18 - 12/30/18

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title
DIRECTOR OF OPERATIONS

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

Current Use (Prior if being demolished)
ABANDONED

Square Feet
7,000
# of Floors
1
Bldg. Age
40+

Type of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

License Number
845-369-7500
1101

EMSL #11506

Name of OSHA Monitor

Street Address
307 WEST 38TH STREET
City, State, Zip Code
NEW YORK, NEW YORK
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
5 / 9 / 2018

**Name of Building Owner/Operator (2)**
THE VALLEY HOSPITAL

**Street Address**
223 NORTH VAN DIEN AVENUE

**City, State, Zip Code**
RIDGEWOOD, NEW JERSEY 07452

**Name of Contact**
GEORGE GANGOS
**Telephone Number**
201-447-8111

**FACILITY INFORMATION**

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

**Street Address**
620 WINTER AVENUE

**City (5)**
PARAMUS
**County (6)**
BERGEN
**County Code (7)**
(STATE USE ONLY)

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

**Name of Abatement Contractor (9)**
PAR ENVIRONMENTAL CORPORATION

**Street Address**
313 SPOOK ROCK ROAD

**City, State, Zip Code**
SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**
JIM MIADES
**Telephone Number**
347-435-3561

**Expected State Date (10)**
5 / 29 / 2018

**Sched. Completion Date (11)**
12 / 30 / 2018

**Month**
5

**Day**
29

**Year**
18

**Occupancy Status During Abatement (Check only one)**
X Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM

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

- Demolition
- >300 SF OR LF
- >1000 SF OR 280 LF

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM) (ie. 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>1ST FLOOR FRONT OFFICE BATHROOM</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR SHOP SIDE BATHROOM</td>
<td>WALL COMPOUND</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1ST FLOOR FURNACE ROOM</td>
<td>WALL COMPOUND</td>
<td>400 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR EAST ROOF</td>
<td>BUILT UP ROOFING</td>
<td>1,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR SOUTH ROOF</td>
<td>VENT TAR</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR L ROOF</td>
<td>BLACK CAULK</td>
<td>32 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NEWARK CARTING
369 RAYMOND BLVD

**Disposal Date**
5/29/18 - 12/30/18

**Name of Registered Landfill**
GRAND CENTRAL SANITARY LANDFILL

**City, State**
NEWARK, NEW JERSEY

**Completed by (Print or Type)**
BENJAMIN SANCHEZ
**Title**
DIRECTOR OF OPERATIONS

**Signature**

**Date**
3/9/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

DATE OF NOTIFICATION (1)
5 / 25 / 2018

AGENCIES NOTIFIED
- EPA
- DEP
- NOL
- DOH
- DCA

NAME OF BUILDING OWNER/OPERATOR (2)
THE VALLEY HOSPITAL

STREET ADDRESS
223 NORTH VAN DIEN AVENUE

CITY, STATE, ZIP CODE
RIDGEWOOD, NEW JERSEY 07652

NAME OF CONTACT
GEORGE GANCOS

TELEPHONE NUMBER
201-447-3141

FACILITY INFORMATION

VALLEY HOSPITAL

STREET ADDRESS
640 WINTER AVENUE

CITY (5)
PARAMUS

COUNTY (6)
BERGEN

COUNTY CODE (7)
(STATE USE ONLY)

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)
COLDEN CORPORATION

ASCN NO.

NAME OF ABATEMENT CONTRACTOR (9)
PAR ENVIRONMENTAL CORPORATION

STREET ADDRESS
313 SPOOK ROCK ROAD

CITY, STATE, ZIP CODE
SUDDEN, NEW YORK 10901

PROJECT MANAGER FOR MONITORING FIRM
JIM MIADES

TELEPHONE NUMBER
347-435-3561

LICENSE NUMBER
845-369-7500

EXPECTED STATE DATE (10)

SCHED. COMPLETION DATE (11)
5 / 29 / 18
12 / 30 / 18

MONTH

DAY

YEAR

5

12

18

29

30

ABANDONED

CURRENT USE (PRIOR IF BEING DEMOLISHED)

NAME OF OSHA MONITOR
EMSL #1156

EXPECTED OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY ONE)

X FACILITY CLOSED/LOCATED DURING ENTIRE PERIOD OF ABATEMENT

ABATEMENT PERFORMED OUTSIDE OF NORMAL FACILITY HOURS - DESCRIBE:
MONDAY - FRIDAY 7AM-3:30PM

OTHER - DESCRIBE:

SCOPE OF WORK (CHECK ALL THAT APPLY)

X DEMOLITION

X RENOVATION

FULL CONTAINMENT WITH NEGATIVE PRESSURE

MINI ENCLOSE

GLOVEBAG PROCEDURE

NON-FRAGILE PROCEDURE

LOCATION OF

ASBESTOS-CONTAINING

MATERIAL (ACM)

TO BE ABATED

IN FACILITY (13)

1ST FLOOR-THROUGHOUT

FLOOR MASTIC

5,300 SF

X

1ST FLOOR-PERIMETER

WINDOW GLAZING

60 SF

X

CITY, STATE
NEWARK, NEW JERSEY

NAME OF REGISTERED WASTE HAULER
NEWARK CARTING

369 RAYMOND BLVD

Hauler ID No.

913

CUBIC YARDS OF WASTE

30

NAME OF REGISTERED LANDFILL
GRAND CENTRAL SANITARY LANDFILL

CITY, STATE
PLAINFIELD TOWNSHIP, PA

DISPOSAL DATE
5/29/18 - 12/30/18

COMPLETED BY (PRINT OR TYPE)
BENJAMIN SANCHEZ

TITLE
DIRECTOR OF OPERATIONS

SIGNATURE

DATE
5/25/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
5 / 9 / 2018

Name of Building Owner/Operator (2)
THE VALLEY HOSPITAL

Street Address
223 NORTH VAN DIEN AVENUE
City, State, Zip Code
RIDGEWOOD, NEW JERSEY 07452

Name of Contact
GEORGE GANCOSOS
Telephone Number
201-447-8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VALLEY HOSPITAL

Street Address
640 WINTER AVENUE
City (5) PARAMUS
County (6) BERGEN
County Code (7) (STATE USE ONLY) 50000

Expected State Date (10)
5 / 29 / 18
Sched. Completion Date (11)
12 / 30 / 18

Occupancy Status During Abatement (Check only one)

X Facility Closed/Vacated During Entire Period of Abatement

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

Scope of Work (Check all that apply)

X Renovation

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

1ST FLOOR-THROUGHOUT

1ST FLOOR-PERIMETER

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
5/29/18 - 12/30/18

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 913

Amount (Specify SF or LF)
5,300 SF

Abatement Type
X FULL CONTAINMENT WITH NEGATIVE PRESSURE

Completed by (Print or Type)
BENJAMIN SANCHEZ
Title DIRECTOR OF OPERATIONS
Signature

Weather Date 5-9-18
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:58 and 12-128)

**Date of Notification (1)**

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

**Agency(ies) Notified**

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

**Type Notification**

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

**Street Address**

- [ ] City, State, Zip Code

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

Gliss Res. 18

**Type of Facility (4)**

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

**Square Foot**

1700

**County Code (6)**

- [ ] Middlesex

**County Code (7)**

(MIDDLE)

**Name of Monitoring Firm/ Abatement Contractor (9)**

ASCN No.

**Street Address**

400 Montross Rd

**City, State, Zip Code**

- [ ] Piscataway, New Jersey 08854

**Name of OSHA Monitor**

- [ ] Secretary Treasurer

**Start Date (10)**

1/1/18

**Scheduled Completion Date (11)**

4/1/18

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

- [ ] Partial

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

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

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

- [ ] Non-Exposed (*) and Non-Fireable Procedure
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure

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

- [ ] Main Floor

**Name of Registered Waste hauler**

- [ ] Ace Insulation of 12018

**Cubic Yards of Waste**

1

**Name of Registered Landfill**

- [ ] Chris's

**Disposal Date**

4/1/18

**City State**

- [ ] Piscataway, New Jersey

**Completed by**

- [ ] Bruce McCork

**Title**

- [ ] Secretary Treasurer

**Signature**

- [ ] B. McCork

**Date**

4/1/18

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (10)

Name of Building Owner/Operator (2)

Agencies Notified (3)

Type Notification

Street Address

Name of Facility Where Abatement is Taking Place (3)

Name of Contact (11)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Type of Facility (4)

Street Address

City (6)

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

City, State, Zip Code

County (6)

Name of Abatement Contractor (9)

Street Address

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

Scheduled Completion Date (11)

Occuancy 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)

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

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

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, etc.):

Amount (Specify SF or LF):

Abatement Type

Removal

Other:

Endorsement

Name of Registered Waste Hauler

City, State

Disposal Date

Completed by

Title

Signature

Date

* Do not use this item 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 / 21 / 18

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

South Park

**Street Address**

1800 East State St

**City, State, Zip Code**

Hamilton, NJ 08690

**Name of Contact**

Michael Competelle

**Telephone Number**

609-658-4210

---

**FACILITY INFORMATION**

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

Metal Shack - Storage

**Street Address**

1800 East State St

**City (5)**

Hamilton, NJ 08690

**County (6)**

US; Mercer CO.

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

Name of ASCM No.

Graham-Tech Environmental Service, LLC.

**Type of Facility (4)**

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

**Square Feet**

6,000SqFt

**# of Floors**

1

**Bidg. Age**

1935

**County Code (?/STATE USE ONLY)**

Current Use (Prior if being demolished)

---

**Project Manager for Monitoring Firm**

**Telephone No.**

**License No.**

609-561-1901

01158

**Name of Abatement Contractor (9)**

Graham-Tech Environmental Service, LLC.

**Street Address**

958 Jackson Rd

**City, State, Zip Code**

Mays Landing, NJ 08330

**License No.**

01158

**Name of OSHA Monitor**

Graham-Tech Environmental Services, LLC.

**Street Address**

958 Jackson Rd

**City, State, Zip Code**

Mays Landing, NJ 08330

---

**Start Date (10)**

05 / 23 / 17

**Scheduled Completion Date (11)**

05 / 28 / 18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ZAM-11:30PM/__ PM-__ AM

---

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

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

---

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

**Is Location 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)**

6,000SF

---

**Abatement Type**

- Removal
- Encapsulate
- Endorse

---

**Name of Registered Waste Hauler**

Graham-Tech Environmental Service, LLC

**NDEP Waste Hauler ID No.**

0034500

**Cubic Yards of Waste**

**Name of Registered Landfill**

G.R.O.W. North Landfill & Tullytown

**Disposal Date**

City, State

1513 Broadtown Rd, Morrisville, PA

---

**Completed By (Print or Type)**

Vernice Graham

**Title**

President

**Signature**

[Signature]

**Date**

5-21-18

---

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

Date of Notification (1)
05 / 25 / 18

Name of Building Owner/Operator (2)
NCN Properties, LLC

Street Address
2033 Westfield Avenue
Scotch Plains, NJ 07076

Name of Contact
Nick Novello
Telephone Number
908-963-2886

FACILITY INFORMATION

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

Street Address
[Redacted]
City (5)
Chatham Township
County (6)
Morris

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

ASCM No.

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

Street Address
1889 Rte. 9, Unit 61
City, State, Zip Code
Toms River, New Jersey 08755

Telephone No.
732-349-9322
License No.
00624

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

Street Address
1056 Stilton
City, State, Zip Code
Piscataway, New Jersey 08854

Project Manager for Monitoring Firm
Nicholas Fornicola
Telephone No.
732-349-9322
Name of OSHA Monitor
E.M.S.L. Analytical

Start Date (10)
06 / 08 / 18
Scheduled Completion Date (11)
06 / 11 / 18

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Is Location 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)
Asbestos duct insulation

Amount (Specify SF or LF)
75 sf

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

City, State
Toms River, New Jersey

Completed By (Print or Type)
Nicholas Fornicola

Title
Project Manager

Signature
[Redacted]
Date
5/23/18

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 5:16)  

Date of Notification (1) 05 / 25 / 18  
Name of Building Owner/Operator (2) V Rose Excavating, LLC  

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

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

Street Address 30 Wood Haven Road  
City, State, Zip Code Toms River, NJ 08753  
Name of Contact Vic Rose  
Telephone Number 848-992-9826  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3) Residence  
City (5) Lakewood  
County (6) Ocean  
Current Use (Prior to being demolished) Residence  
Square Feet 1500  
Bldg. Age 65  

Name of Monitoring Firm Hunted by Building Owner (8) N/A  
Name of Abatement Contractor (9) Guardian Contracting, Inc.  
ASCM No.  
Street Address 1889 Route 9, Unit 61  
City, State, Zip Code Toms River, New Jersey 08755  
License No. 00624  
Telephone No. 732-349-9932  
Name of OSHA Monitor E.M.S.L. Analytical  
Street Address 1056 Stelton  
City, State, Zip Code Piscataway, New Jersey 08854  

Start Date (10) 06 / 04 / 18  
Scheduled Completion Date (11) 06 / 05 / 18  

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

Scope of Work (Check all that apply)  
- ≥3 sf or ≥3 If  
- ≥150 sf or ≥260 If  

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

IN Facility (13)  
Name of Registered Waste Hauler / T.R.R.F. Guardian Contracting, Inc.  
NJDEP Waste Hauler ID No. 20223  
Cubic Yards of Waste 3  
Name of Registered Landfill T.R.R.F.  
Disposal Date 06/05/18  
City, State Tullytown, Pennsylvania  

Completed By (Print or Type) Nicholas Fernicola  
Title Project Manager  
Signature  
Date 5/25/18  

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) asbestos siding  
Amount (Specify SF or LF) 1400  

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Endotherm  

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 05/24/2018

Name of Building Owner/Operator: Jonathan Blau

Name of Contact: Jonathan Blau

CITY, STATE, ZIP CODE: Maplewood, NJ 07040

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:

Street Address: [Redacted]

City: Maplewood

County: Essex

Type of Facility:

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

Square Feet: N/A

# of Floors: N/A

Age of Building: N/A

Current Use (Prior to being demolished):

House

Name of Abatement Contractor:

D&S Abatement, Inc.

Street Address: 11 Rosengren Avenue

City, State, Zip Code: Totowa, NJ 07512

Telephone No.: 973-345-6685

License No.: 01311

Name of OSHA Monitor:

D&S Abatement, Inc.

Street Address: 11 Rosengren Avenue

City, State, Zip Code: Totowa, NJ 07512

Scope of Work (Check All That Apply):

- Renovation
- Demolition

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

- In Facility [ ]
- Outside of Normal Facility Hours [ ]

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):

- Pipe Insulation [ ]
- Transit Panels [ ]

Amount: 25 LF

Abatement Type:

- Removal [X]
- Repair [X]
- Encapsulate [X]
- Dispose [X]

Name of Registered Waste Hauler:

D&S Abatement, Inc.

Waste Hauler ID No.: 20996

Cubic Yards of Waste: TBD

Name of Registered Landfill:

Fairless Landfill

Disposal Date: TBD

City, State: Morrisville, PA

Completed by:

Oliver Hegedus

Title: Project Manager

Signature: 

Date: 05/24/2018

*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:** 05/25/18

**Name of Building Owner/Operator:** Linda Pierce

**Street Address:** [Redacted]

**City, State, Zip Code:** Madison, NJ 07940

---

**FACILITY INFORMATION**

**Private house**

- **Name of Facility Where Abatement is Taking Place:** [Redacted]
- **Street Address:** [Redacted]
- **City:** Madison, NJ 07940
- **County:** Morris

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

**Name of Abatement Contractor:** Gr Tech LLC

**Street Address:** 576 Valley Rd #283

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

**Telephone No.:** 973-638-1777

**License No.:** 01127

**Name of OSHA Monitor:** Envirovision Consultants, Inc

**Street Address:** 20-21 Wagaraw Road, Bldg. #35E

**City, State, Zip Code:** Fair Lawn, NJ 07410

**Telephone No.:** [Redacted]

**License No.:** [Redacted]

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

---

**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 AM PM PM

**Start Date:** 06/05/18

**Scheduled Completion Date:** 06/06/18

---

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

- >3 sf or >3 If
- >180 sf or >260 If
- Renovation
- Demolition

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

- Linoleum: 120 SF
- Elbows insulation: 20 each

**Amount (Specify SF or LF):** [Redacted]

**Abatement Type:** [Redacted]

---

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

- Kitchen
- Basement

**Name of Registered Waste Hauler:**

- Gr Tech LLC

**NDEP Waste Hauler E1 No.:** [Redacted]

---

**Disposal Date:** TBD

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

**City, State:** [Redacted]

**Tullytown, PA**

**Complained By (Print or Type):** N. Jevtic

**Title:** Owner

**Signature:** [Redacted]

**Date:** 05/25/18

---

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

Date of Notification (1) 5/26/2018
Name of Building Owner/Operator (2) Milt

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

Street Address
City, State, Zip Code Haddon Twp., NJ 08107

Name of Contact Milt
Telephone Number

FACILITY INFORMATION

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

Street Address
City (8)
County (6) Camden

County Code (7) STATE USE ONLY

Current Use (Prior if being demolished)

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

Square Feet 2100
# of Floors 2
Bldg. Age 80+/-

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

Name of Abatement Contractor (6) Stevens Environmental Services, Inc.
Street Address PO Box 322
City, State, Zip Code Allentown, NJ 08501

Current Use (Prior if being demolished)

Name of OSHA Monitor MECS
Street Address PO Box 341
City, State, Zip Code Chesterfield, NJ 08515

Start Date (10) 5/29/2018
Scheduled Completion Date (11) 5/30/2018

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

Scope of Work (Check All That Apply)
☐ 23 sf or 23 if
☐ 216 sf or 260 sf
☐ 8 x 10
☐ 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 X 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

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

Koration

Kitchen

Yes ☐ No X

Duct Insulation (Wrap&Cut) 16 if

Kitchen VAT 146 sf

Name of Registered Waste Hauler

Stevens Environmental Services

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 2

Name of Registered Landfill

Fairless Landfill

City, State Allentown, NJ

Disposal Date 6/1/2018

City, State Morrisville, PA

Completed by Project Manager

Mahlon E. Stevens

Title

Signature

Date 5/26/18

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

**Date of Notification (A)**: 5/3/18

**Agency Notified**
- EPA
- OSHA
- DEP
- OCL
- DOH
- UCA

**Type of Certification**
- Initial

**Notified Owner/Operator**
- MATTHEW DEVULIS
- 200 CRESKIN RD
- WILLOWGROVE, PA 19090
- OSHA No. 20-13-3626

**Facility Information**
- Street Address: 200 CRESCENT RD
- City, State, Zip Code: WILLOW GROVE, PA 19090
- County: BURLINGTON
- County Code: 01
- Name of State Licensing Authority: N.J. DEP
- License No.: 001044
- License Expiration Date: 12/18

**Asbestos-Containing Material (ACM) in Facility**
- Location: ATTIC
- Insulation: 310 LF

**Abatement**
- Type: Full Compliant with Negative Pressure
- Method: Gloves, Respirators
- Non-Pneumatic Tool (NPT) and Non-Pneumatic Processes

**Time of Work**
- Start Date: 5/24/18
- Completion Date: 5/30/18

**Name of Registered Waste Handler**
- Newark Carting, Inc.
- 200 CRESCENT RD
- WILLOW GROVE, PA 19090

**Compliance**
- Signed by R. McDonald
- President

---

"Do not use this form for asbestos abatement exempted activities."
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:99.12 and 12:120)

**Name of Building Owner/Operator:** MOC Legacy

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

**Street Address:** 1 West Main Street
**City, State, Zip Code:** Chester, NJ 07930
**Name of Contact:** Mark Salisbury

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>ASCM No.</td>
<td>ABS Environmental Services, LLC</td>
</tr>
</tbody>
</table>

**Type of Facility:**

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

**Square Feet:** 3500

**# of Floors:** 1

**Bldg. Age:** 60

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

- vacant

**Street Address:**

- PO Box 483, 4 E Gate Drive
- Glenwood, NJ 07418

**Telephone No.:** 973-764-2276

**License No.:** 703

**Start Date:** 6/2/18

**Scheduled Completion Date:** 7/2/18

### Occupancy Status During Abatement

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

- Yes
- No

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

- Yes
- No

**Other - Describe:**

### Scope of Work

- **Renovation:**
- **Demolition:**

### 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>attic/first floor (one work area)</td>
<td>x</td>
<td>floor tile &amp; mastic</td>
<td>250 SF</td>
</tr>
<tr>
<td>attic</td>
<td>x</td>
<td>transite ceiling</td>
<td>600 SF</td>
</tr>
<tr>
<td>attic</td>
<td>x</td>
<td>white paper felt</td>
<td>600 SF</td>
</tr>
<tr>
<td>SE corner closet</td>
<td>x</td>
<td>floor tile &amp; mastic</td>
<td>30 SF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Tony's Cleanup & Hauling

**NJDEP Waste Hauler ID No.:** 17787

**Cubic Yards of Waste:** TBD

**Disposal Date:** TBD

**Name of Registered Landfill:** Chrin Brothers Sanitary Landfill

**City, State:** Bridgewater, NJ

**Completed by:** A. Scott Higgins

**Title:** President

**Signature:**

**Date:** 5/24/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 25 / 18

Name of Building Owner/Operator (2) PSE&G / Job # 1804-5301 Check #

Agencies Notified
☑ EPA
☐ DOLWD
☐ DHSS
☐ DCA (NJAC 5:23-3)

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

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ

Name of Contact
Ken Sheetz
Telephone Number
215-768-1948

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Burlington Gas Facility

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

Street Address
300 Connecticut Drive
City (5)
Burlington
County (6)
Burlington
Country Code (7)/STATE USE ONLY

Square Feet
# of Floors
Bidg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Bureau Veritas

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

Street Address
109 North Center Drive
City, State, Zip Code
North Brunswick, NJ 08902

License No.
00529

Telephone No.
732-489-2813

Project Manager for Monitoring Firm
J-B Chadwick

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
5 / 14 / 18

Scheduled Completion Date (11)
6 / 1 / 18

Occupancy Status During Abatement (Check only one)
☐ Full Containment with Negative Pressure
☐ Renovation
☐ Mini-Enclosure
☐ Demolition
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure
☐ Non-Exempted (**) and Non-Friable Procedure

Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM- PM.

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☒ ≥180 sf or ≥260 ft

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

(yes) No N/A

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, VAP, or other miscellaneous)

Amount

(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Waste Management
NJDEP Waste Hauler ID No.
18750
Cubic Yards of Waste
40
Name of Registered Landfill
Fairless Landfill
City, State
Camden, NJ
Disposal Date
6/11/18
City, State
Morristown, PA

Completed By (Print or Type)
Gwendolyn Trumpetti
Title
Operations Coordinator
Signature
Date
5/25/18

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

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>County of Monmouth / Job #1802-5262 Check #</th>
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<td>5 / 25 / 18</td>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>❑ EPA</td>
<td>Initial</td>
<td>1 East Main Street - Department of Public Works</td>
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<td>❑ DOLWD</td>
<td>Amended</td>
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<tr>
<td>❑ DHSS</td>
<td>Amendment # 1</td>
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<tr>
<td>❑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place** (3):
  **Veterans Memorial Building**

- **Street Address**: 50 East Main Street
- **City**: Freehold, NJ
- **County**: Monmouth

**Name of Monitoring Firm** Hired by Building Owner (8):
**AsCM No.**
**Name of Abatement Contractor (9)**: AbateTech, Inc.
**Street Address**: 7 Campus Drive Suite 300
**City, State, Zip Code**: Parsippany, NJ 07054

**Project Manager for Monitoring Firm**:
**Telephone No.**
**Name of OSHA Monitor**
**EMSL Analytical**

- **Start Date (10)**: 5 / 23 / 18
- **Scheduled Completion Date (11)**: 6 / 1 / 18
- **Occupancy Status During Abatement (Check only one)**:
  - [ ] Facility Closed/Vacated During Entire Period of Abatement
  - [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM AM PM PM AM

**Scope of Work (Check all that apply)**
- [ ] ≥3 ft or ≥3 ft
- [ ] ≥160 ft 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)

- [ ] 3 Small Locations
- [ ] Throughout

- [ ] Vapor Barrier beneath hardwood: 4 SF
- [ ] Core Drilling: 45 SF

**Cubic Yards of Waste**
- [ ] 12

**Disposal Date**: 6/1/18
**Name of Registered Landfill**:
**G.R.O.W.S. Landfill**
**City, State**: Lumberton, NJ

**Completed By (Print or Type)**: Gwendolyn Trumbetti
**Title**: Operations Coordinator
**Signature**: Gwendolyn Trumbetti
**Date**: 5/25/18

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

(Pursuant to NJAC 8:30 and 516)

**Date of Notification:** 5/24/18

**Name of Building Owner/Operator:**

PSE&G / Job # 1805-5319 Check #10197

**Name of Contact:**

Greg Matlosz

**Telephone Number:**

201-575-9211

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:**
  PSE&G- Greenbrook

- **Street Address:**
  227 Route 22

- **City:**
  Greenbrook, NJ

- **County:**
  Somerset

- **ASCM No.:**
  NA

- **Name of Abatement Contractor:**
  AbateTech, Inc.

- **Street Address:**
  30 Maple Ave. PO Box 25

- **City, State, Zip Code:**
  Lumberton, NJ 08048

- **Telephone No.:**
  609-265-2107

- **License No.:**
  00629

- **Name of OSHA Monitor:**
  EMSL Analytical

- **Street Address:**
  200 Route 130 North

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

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

- [ ] ≥30 sf or ≥3 fl
- [ ] ≥160 sf or ≥260 fl
- [ ] 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)

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

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

### Waste Management

- **Name of Registered Waste Hauler:**
  NJDEP Waste Hauler ID No. 18750

- **Cubic Yards of Waste:**
  40

- **Name of Registered Landfill:**
  Fairless Landfill

- **City, State:**
  Morrisville, PA

- **Disposal Date:**
  5/30/18

### Completed By (Print or Type)

Gwendolyn Trumbetti

**Title:**

Operations Coordinator

**Signature:**

[Signature]

**Date:**

5/24/18

---

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

Date of Notification (1) 5 / 23 / 18

Name of Building Owner/Operator (2) NJ DOT / Job #1805-5311 Check #101003

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)
- [ ] Emergency (including justification)
- [ ] Cancellation
- [ ] Amended
- [ ] Initial
- [ ] Amendment #1

Type Notification

Street Address
1 Executive Campus
City, State, Zip Code
Cherry Hill, NJ 08002

Name of Contact
Kyle Fote
Telephone Number
609-364-9337

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) D-2

City (5) Bellmawr, NJ

County (6) Camden

County Code (7) [STATE USE ONLY] Residential

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

Name of Abatement Contractor (9) AbateTech, Inc.

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

Telephone No. 609-382-4200

License No. 00529

Project Manager for Monitoring Firm Rollie Jones

Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code Lumberton, NJ 08048

Telephone No. 609-265-2107

Name of OSHA Monitor EMSL Analytical

Start Date (10) 5 / 24 / 18
Scheduled Completion Date (11) 6 / 22 / 18

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

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

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

Yes No N/A

Exterior

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

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

Amount (Specify SF or LF)

Abatement Type

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

Transite Shingles 1,375 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

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

City, State Lumberton, NJ Tullytown, PA

Disposal Date 6/22/18

Completed By (Print or Type) Gwendolyn Trumbetti
Title Operations Coordinator
Signature
Date 5/23/18

ASB-41 MAY 11

* 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 / 23 / 18

Name of Building Owner/Operator (2)
NJ DOT / Job #1805-5311 Check #10116

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

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

FACILITY INFORMATION

Street Address
1 Executive Campus

City, State, Zip Code
Cherry Hill, NJ 08002

Name of Contact
Kyle Fote
Telephone Number
609-364-9337

Facility Where Abatement is Taking Place (3)
D-2

Square Feet
# of Floors
Bidg. Age

Residential

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

Name of Abatement Contractor (9)
AbateTech, 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

Start Date (10) 5 / 24 / 18
Scheduled Completion Date (11) 6 / 22 / 18

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: ___AM-___PM/___PM-___AM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

Exterior
☐ ☑ ☐ Transite Shingles 1,375 SF

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date 6/22/18
City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti
Title
Operations Coordinator
Signature
Date 5/23/18

ASB-41
MAY 11

* 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 / 18 / 18
Name of Building Owner/Operator (2) Verizon Communications Job #1801-5258 Check #

Agencies Notified
- [ ] EPA
- [ ] DOH
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)
Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #1
- [ ] Emergency (including justifications)
- [ ] Cancellation
Street Address
100 Greenwood Avenue
City, State, Zip Code
Jenkintown, PA 19046
Name of Contact
Alex Baylor
Telephone Number
301-583-0048

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon - Woodbury CO
Street Address
24 Curtis Avenue
City (5)
Woodbury, NJ 08096
County (6)
Gloucester
County Code (7) (STATE USE ONLY)
Current Use (Prior to being demolished)
Offices

Name of Monitoring Firm Hired by Building Owner (8)
USA Environmental
ASCM No.
Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
8463 Enterprise Ave.
City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins
Telephone-No.
215-365-5810
License No.
00529

Start Date (10) 5 / 14 / 18
Scheduled Completion Date (11) 5 / 25 / 18

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

Scope of Work (Check all that apply)
[ ] ≥ 3,000 or ≥ 3 if
[ ] ≥ 160 Sf or ≥ 260 if
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes No N/A

1st, 2nd & 3rd Floor Exterior
[ ] Cargo Door Caulk
6 LF

1st Floor Exterior
[ ] Caulking on Horizontal Crack Repair
244 LF

Cubic Yards of Waste
40
Name of Registered Landfill
G.R.O.W.S. Landfill
City, State
Lumberton, NJ

Disposal Date
5/25/18

Completed By (Print or Type)
Gwendolyn Trumbetti
Title Operations Coordinator
Signature

Date 5/18/18

ASB-41
MAY 11

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

Date of Notification (1)  
5/24/2018

Name of Building Owner/Operator (2)  
J. SUPOR

AGENCIES NOTIFIED (3)  
☐ EPA  ☑ DEP  ☐ DOH  ☐ DCA

Type Notification:  
☐ Initial  ☑ Amended  ☐ Emergency (including justification)  ☐ Cancellation

Street Address  
500 SUPOR BOULEVARD, BUILDING #11

City, State, Zip Code  
HARRISON, NJ 07029

Name of Contact  
MARK A. TRIANO

TELEPHONE NUMBER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
METRO PLASTICS BUILDING

Street Address  
1000 FRANK E. ROGERS BOULEVARD

City (5)  
HARRISON

County (6)  
HUDSON

County Code (7)  
(STATE USE ONLY)  

Current Use (Prior if being demolished)  

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

Square Feet  

# of Floors  

Bldg. Age  

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

ASCM No.  

Name of Abatement Contractor (9)  
TWO BROTHERS CONTRACTING

Date of Abatement (10)  
5/24/2018

Scheduled Completion Date (11)  
7/24/2018

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

Other – Describe:  
VACANT

Start Date (10)  
ON HOLD

End Date (11)  
7/24/2018

Name of OSHA Monitor  
SAME AS (9) ABOVE

Street Address  

City, State, Zip Code  
TOTOWA, NJ 07512

License No.  
00494

Telephone No.  
973-956-8700

Project Manager for Monitoring Firm  

Telephone No.  

Privacy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  ☑ Abatement Performed Outside of Normal Facility Hours

Other – Describe:  
VACANT

Scope of Work (Check All That Apply)  
☐ 200 sf or less  ☑ 250 sf or 2500 sf

☐ 500 sf or 5000 sf  ☐ 1000 sf or 10000 sf

☐ 2000 sf or 20000 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)

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)  
METAL CORRIGATED PANELS

Pipe (Wrap & Cut Only)  
50 LF

Amount (Specify SF or LF)  
40,000 SF

Amount (Specify Tons or Short Tons)  

Name of Registered Waste Hauler  
TWO BROTHERS CONTRACTING

GDWaste Hauler ID No.  
18743

Cubic Yards of Waste  
1,500

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

City, State  
TOTOWA, NJ

Disposal Date  
7/24/2018

City, State  
MORRISVILLE, PA

Completed by  
VIVECA RAMOS

Title  
PROJECT COORDINATOR

Signature  

Date  
5/24/2018

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1)
5/11/2018

Name of Building Owner/Operator (2)
J. SUPOR

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

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

Street Address
500 SUPOR BOULEVARD, BUILDING #11

City, State, Zip Code
HARRISON, NJ 07029

Name of Contact
MARK A. TRIANO

Telephone Number
973-481-2600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
METRO PLASTICS BUILDING

Street Address
1000 FRANK E. ROGERS BOULEVARD

City (5)
HARRISON

County (6)
HUDSON

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
TWO BROTHERS CONTRACTING

Street Address
11 VREELAND AVENUE

City, State, Zip Code
TOTOWA, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-956-8700

License No.
00494

Telephone No.

Start Date (10)
5/24/2018

Scheduled Completion Date (11)
7/24/2018

Name of OSHA Monitor
SAME AS (9) ABOVE

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

ROOF & SIDE WALLS

BUILDING INTERIOR

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

Description of Asbestos Containing Material (ACM)
(i.e., surfacing, VAM, or other miscellaneous)
METAL CORRUGATED PANELS
PIPE (WRAP & CUT ONLY)

Amount (Specify SF or LF)
40,000 SF
50 LF

Name of Registered Waste Hauler
TWO BROTHERS CONTRACTING

NJDEP Waste Hauler ID No.
18743

Cubic Yards of Waste
1,500

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

City, State
TOTOWA, NJ

Disposal Date
7/24/2018

City, State
MORRISVILLE, PA

Completed by
VIVECA RAMOS

Title
PROJECT COORDINATOR

Signature

Date
5/11/2018

* 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): 5/24/19

Name of Building Owner/Operator (2): MR. SHAWN STEVINSKI

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

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

City, State, Zip Code: DUHONT, NJ. 07628

Name of Contact: MR. STEVINSKI

FACILITY INFORMATION

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

MR. SHAWN STEVINSKI

Street Address: [Redacted]

City (5): DUHONT

County (6): BERGEN

Square Feet: 2000
# of Floors: 2
Bldg. Age: 1940

Current Use (Prior to or being demolished): RESIDENCE

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

Name of Abatement Contractor (9): BEST REMOVAL INC.

Best Removal Inc.

Street Address: 450 South River Street

City, State, Zip Code: Hackensack, NJ 07601

Project Manager for Monitoring Firm: Telephone No.

Telephone No.: 201-329-7444

License No.: 00388

Name of OSHA Monitor: OMEGA ENVIRONMENTAL

Street Address: 280 Huyler Street

City, State, Zip Code: South Hackensack, NJ 07606

Scope of Work (Check All That Apply):
- ≥3,000 sf or ≥3,000 ft
- ≥1,600 sf or ≥260 ft
- ≥1,000 sf or ≥170 ft
- ≥500 sf or ≥90 ft
- Demolition

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

BASEMENT

X THERMAL INSULATION 14547"X

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) (12):

X THERMAL INSULATION 14547"X

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

BASEMENT

X THERMAL INSULATION 14547"X

Amount (Specify SF or LF):

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

Name of Registered Waste Hauler:

BEST REMOVAL INC

City, State: Hackensack, NJ 07601

Hauler ID No.: 17109

Cubic Yards of Waste: 3/20

Name of Registered Landfill:

MINVERA ENTERPRISES, LLC

City, State: Waynesburg, PA 15446

Disposal Date: 6/12/18

Completed by:

J. MAIORANO

Title: Estimator

Signature: [Redacted]

Date: 5/24/18

Do not use this form for asbestos licensure exempted activities.
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<th>Date of Notification</th>
<th>5/24/18</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>MR. ANTHONY PETRONE</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>School Address</td>
<td>SEASIDE PARK N.J. 08752</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>N.J. 08752</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>SEASIDE PARK N.J. 08752</td>
</tr>
<tr>
<td>Square Feet</td>
<td>2,500</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td>6/2/18</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>7/2/18</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Renovation</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>ROOF MATERIAL</td>
</tr>
<tr>
<td>In Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAM, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NOVATECH INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>16501</td>
</tr>
<tr>
<td>Loadout Date</td>
<td>7/3/18</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GRADS</td>
</tr>
<tr>
<td>City, State</td>
<td>OLD BRIDGE N J. 08857</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 5/24/18

Name of Building Owner/Operator (2)
MR. LAWRENCE SHADEROWSKY

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

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

Street Address

City, State, Zip Code
LEONIA, NJ 07605

Name of Contact
MR. SHADEROWSKY

Facility Information

Name of Facility Where Abatement is Taking Place (3)
MR. SHADEROWSKY

Street Address

City (5) LEONIA

County (6) BERGEN

ASCM No.

Name of Abatement Contractor (9)
Best Removal Inc.

Square Feet 2500

Type of Facility (4) ASBESTOS CONTROL & LICENSING
- School (K-12)
- Subchapter 8 (Other than K-12)
- C-2 Other (i.e. private & commercial buildings, homes, etc.)

# of Floors 2

Bldg. Age 1935

Current Use (Prior if being demolished) RESIDENCE

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:30PM to 8:00PM

Start Date (10) 6/13/18

Scheduled Completion Date (11) 6/14/18

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

IN FACILITY

13

Location

Asbestos-Containing Material (ACM)

Used Solely by

Maintenance/Custodial Staff?

Yes
No
N/A

Description of

Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal

Recover

Encapsulate

Exclude

Full Encapsulation with Negative Pressure

Renovation

Demolition

Mini-Enclosure

Glovebag Procedure

Non-Exempted () and Non-Friable Procedure

BETTHERM INSULATION

200 SF

Name of Registered Waste Hauler
Best Removal Inc

Waste Hauler ID No. 17109

Disposal Date 6/14/18

Minerva Enterprises, LLC
Waynesburg, OH 44688

Name of Registered Landfill
City, State

Hackensack, NJ 07601

Completed by
J. MAIORANO

Title
Estimator

Signature

Date 5/24/18

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

Date of Notification (1) 5 / 15 / 18

Name of Building Owner/Operator (2)
Verizon

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

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

Street Address
15 East Montgomery Place, Lower Level
Pittsburgh, PA 15212

City, State, Zip Code

Name of Contact
Anthony Porta

Telephone Number
724-368-5074

FACILITY INFORMATION

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

Street Address
220 W Broad St.
Paulsboro

City (5)

County (6)
Gloucester

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
8436 Enterprise Ave
Philadelphia, PA 19153

City, State, Zip Code

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-368-5810

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
BRISTOL, PA 19007

City, State, Zip Code

Start Date (10) 5 / 29 / 18

Scheduled Completion Date (11) 6 / 4 / 18

Scope of Work (Check all that apply)
- >3 sf or >3 If
- >160 sf or >260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Baseline Battery Area
- No
- X
- Floor tile and mastic
- 245 SF

Baseline Dryer Area
- No
- X
- Floor tile and mastic
- 275 SF

Baseline Storage Room
- No
- X
- Floor tile and mastic
- 325 SF

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJ/DEP Waste Hauler ID No. 20980

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date

Completed By (Print or Type)
Brian Scafido

Title
Estimator

Signature

Date 5-15-18

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

Date of Notification (1)
5 / 15 / 18

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

Type Notification
☒ Initial
☒ Amended
☐ Amendment #1-5/25/18
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Verizon

Street Address
15 East Montgomery Place, Lower Level

City, State, Zip Code
Pittsburgh, PA 15212

Name of Contact
Anthony Porta

FACILITY INFORMATION

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

Street Address
220 W Broad St.

City (5)
Paulsboro

County (6)
Gloucester

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

ASCM No.

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

Street Address
8436 Enterprise Ave

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Start Date (10)
5 / 29 / 18

Scheduled Completion Date (11)
6 / 4 / 18

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)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 If
☒ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (1) and Non-Friable Procedure

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

Yes
No
N/A

Basement Battery Area

Basement Dryer Area

Basement Storage Room

Boiler Room

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

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

Yes
No
N/A

Floor tile and mastic

Floor tile and mastic

Floor tile and mastic

Floor tile and mastic

Boiler Packing & Gaskets

Amount (Specify SF or LF)

245 SF

275 SF

325 SF

5 SF

Abatement Type

Removal
Repair
Encapsulate
Enclose

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Disposal Date

City, State
NEW CASTLE, DE 19720

Name of Registered Landfill
MINERVA LANDFILL

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Brian Scafaro

Title
Estimator

Signature

Date
5-25-18

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

Date of Notification (1)
5/25/18

Name of Building Owner/Operator (2)
Ed Lavezzi

Agencies Notified
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[ ] DCA
[ ] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address
City, State, Zip Code
Essex Fells, NJ, 07021

Name of Contact
Ed

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

Square Feet
# of Floors
Bldg. Age

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Project Manager for Monitoring Firm
N/A

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours—Describe: Off Hours
[ ] Other—Describe: Other Occupancy

Scheduled Start Date (10)
Month Day Year
6-7-18

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

Location of Asbestos-Containing Material (ACM)

Location Normally Used Solely

Location To Be Abated

In Facility

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Minerva Enterprise INC

City, State
Waynesburg, Ohio 44688

Disposal Date
6/11/18

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
5/25/18

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ed Lavezzi

Street Address

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

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

ASCM No.

Scope of Work (Check all that apply)
[X] > 3 sf or > 300 lf
[ ] > 160 sf or > 250 lf
[ ] Renovation
[X] Demolition

Location of Asbestos-Containing Material (ACM)

Desired Abatement Method

Amount (Specify SF or LF)

Abatement Type

ENCLOSED
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05/24/18

Name of Building Owner/Operator (2)
Miller Group Holdings

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

Agencies Notified
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DCA (NJAC 5:23-8)

Address
950 E. Main St, Suite 107
Schuykill Haven, PA 17972

Name of Contact
David Booth

Telephone Number
(570) 385-1662 x137

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bernie’s Market Property

Street Address
1442-1444 Glassboro Rd

City (5)
Wenonah

County (6) Gloucester

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

Square Feet
70000

# of Floors
1

Bldg. Age
51

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Food Market

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Name of Monitoring Firm Hired by Building Owner (8)
Strategic Environmental Management, Inc

ASCM No.
0030

Name of OSHA Monitor
SAME AS ABOVE

Project Manager for Monitoring Firm
Edward Keegan

Telephone No.
(856) 423-5711

License No.
00646

Start Date (10)
06/07/18

Scheduled Completion Date (11)
06/31/18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:
- 7AM-8PM/8PM-AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<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, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interior Backroom</td>
<td>☐ No</td>
<td>12x12 Tan Floor Tile &amp; Mastic 400 SF</td>
</tr>
<tr>
<td>Interior Meat Counter</td>
<td>☐ No</td>
<td>Mastic behind wallboard 435 SF</td>
</tr>
<tr>
<td>Exterior Rear Side Roof Fascia</td>
<td>☐ No</td>
<td>Transite 340 SF</td>
</tr>
<tr>
<td>Entrance &amp; Exit door</td>
<td>☐ No</td>
<td>White Caulk on Glass 50 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Service Transport Group
NJ/DEP Waste Hauler ID No. A90120990

Cubic Yards of Waste 80

Name of Registered Landfill Minerva Landfill

City, State New Castle, DE Waynesburg, OH

Completed By (Print or Type) Wayne Huntbach

Title Project Manager

Signature

Date 5.24.18

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

Date of Notification (1)
05/25/18

Name of Building Owner/Operator (2)
404 S PROSPECT LLC

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

Type Notification
☑ Initial
☐ Amended
□ Emergency (including justification)
☐ Cancellation

Street Address
404 S PROSPECT AVE

City
BERGENFIELD

County
BERGEN

Name of Contact
YEHUDA PRAVVER

Telephone Number
917-816-1072

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
404 S PROSPECT AVE

City
BERGENFIELD

County
BERGEN

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

Square Feet
1500

# of Floors
2

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

ASCN No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City
LAKEWOOD, NJ

State
NJ

Zip Code
08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
06/04/18

Scheduled Completion Date (11)
06/06/18

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City
LAKEWOOD, NJ

State
NJ

Zip Code
08701

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 if
☐ ≥ 160 sf or ≥ 260 if
☒ 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? (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)
80 lf

Abatement Type
Removal
Repair
Encapsulate
Endorse

EXTERIOR

window caulk

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
2

Name of Registered Landfill
IESI

Disposal Date
06/06/18

City
BERNHEIM, NJ

Signature

Date

Completed by
JOSEPH PERLSTEIN
Title
OWNER

* 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)  
05-24-18  

Name of Building Owner/Operator (2)  
NJDOT  

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

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

Name of Contact  
Sanjay Patel  

Street Address  
1035 Parkway Avenue  

City, State, Zip Code  
Trenton, NJ  

Name of Facility Where Abatement Is Taking Place (3)  
2254 Route 206  

County (6)  
Somerset  

County Code (7)  
STATE USE ONLY  

Square Feet  
10,000  

# of Floors  
2  

Bldg. Age  

Current Use (Prior if being demolished)  
Roadway  

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

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.  

Street Address  
200 Broad Street  

City, State, Zip Code  
Carlstadt, NJ 07072  

Project Manager for Monitoring Firm  

Telephone No.  
201-939-6665  

License No.  
00756  

Start Date (10)  
06-04-18  

Scheduled Completion Date (11)  
09-30-18  

Name of OSHA Monitor  
Even-Air Inc.  

Street Address  
10-59 Jackson Avenue  

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

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 if  
- ≥160 sf or ≥2260 if  
- Renovation  
- Demolition  

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

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

No  

N/A  

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

Amount (Specify SF or LF)  
50LF  

Abatement Type  

Location Name of Registered Waste Hauler  
Newark Carting, Inc.  

NJDEP Waste Hauler ID No.  
04509  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Grand Central Sanitary Landfill  

City, State  
Newark, NJ 07105  

Disposal Date  
TBD  

City, State  
Penn Argyl, PA 18072  

Completed by  
Joseph Patrick  

Title  
Project Manager  

Signature  

Date  
05-24-18  

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-23-18</td>
<td>Rubenstein Properties</td>
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</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>DOL</td>
<td>Amended Amendment 1</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 East Main St.</td>
<td>Dave Burkart</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Falls, NJ 07424</td>
<td>(973) 256-6644</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Property Building # 35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Wagaraw Rd.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Lawn</td>
<td>Bergen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delfa Contracting LLC</td>
<td>201 216-9603</td>
<td>01206</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>522 7th St.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City NJ 07087</td>
<td>Delfa Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-03-18</td>
<td>06-30-18</td>
<td>Delfa Contracting LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ 23 sf or ≥35 ft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❌ 160 sf or ≥2600 ft</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
  - Other - Describe: 7:00 am- 5:00 pm

<table>
<thead>
<tr>
<th>Full Containment with Negative Pressure</th>
<th>Mini-Enclosure</th>
<th>Glovebag Procedure</th>
<th>Non-Exempted (*) and Non-Friable Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌</td>
<td></td>
<td></td>
<td></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>1st Floor x Pipe Insulation 3640 LF</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>No N/A</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>3640 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery Facility</td>
<td>05-24-18</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaime Delgado</td>
<td>Proj. Manager.</td>
<td>05-23-18</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:10 and 12:120)

**Date of Notification:** 05-23-18
**Name of Building Owner/Operator:** Rubenstein Properties

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Dave Burkart</td>
<td>(973) 256-6644</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 101 East Main St.
**City, State, Zip Code:** Little Falls, NJ 07424

**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>Commercial Property Building # 37</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address:** 20 Wagaraw Rd.
**City:** Fair Lawn
**County:** Bergen

**Name of Monitoring Firm Hired by Building Owner:** N/A
**ASCM No.**
**Name of Abatement Contractor:** Delta Contracting LLC.

**Street Address:** 522 7th St.
**City, State, Zip Code:** Union City NJ 07087

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-23-18</td>
<td>07-30-18</td>
<td>Delta Contracting LLC</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 7:00 am-5:00 pm

**Scope of Work (Check All That Apply):**
- 23 sf or ≥3 if
- 160 sf or ≥280 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Floor</td>
</tr>
</tbody>
</table>

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

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

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

**Amount (Specify SF or LF):** 1700 LF

**Name of Registered Waste Hauler:** Delta Contracting LLC
**NJDEP Waste Hauler ID No.:** 35240
**Cubic Yards of Waste:** 30

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

**City, State:** Union City, NJ
**Disposal Date:** 05-30-18
**City, State:** Tullytown, PA

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaime Delgado</td>
<td>Proj. Manager</td>
<td></td>
<td>05-23-18</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification (1)**
05-23-18

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

**Street Address**
101 East Main St.

**City, State, Zip Code**
Little Falls, NJ 07424

**Name of Contact**
Dave Burkart

**Telephone Number**
(973) 256-8644

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Commercial Property Building # 31A- 31B

**Street Address**
20 Wagaw Rd.

**City (5)**
Fair Lawn

**County (6)**
Bergen

**County Code (7)**

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Delta Contracting LLC

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**Telephone No.**
201 216-9603

**License No.**
01206

**Project Manager for Monitoring Firm**

**Start Date (10)**
05-23-18

**Scheduled Completion Date (11)**
07-30-18

**Name of OSHA Monitor**
Delta Contracting LLC

**Street Address**
522 7th St.

**City, State, Zip Code**
Union City NJ 07087

**Telephone No.**

**License No.**

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

- ≥3 sf or ≥25 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- Roof Level
  - x

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

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

- Pipe Insulation 300 LF

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulation
- Endcap

**Name of Registered Waste hauler**
Delta Contracting LLC

**NJDEP Waste Hauler ID No.**
35240

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Union City, NJ

**Disposal Date**
05-30-18

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
05-23-18

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

**Date of Notification (1)**
05/23/2018

**Name of Building Owner/Operator (2)**
International Flavors & Fragrances, Inc.

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

**Street Address**
1516 State Highway 36

**City, State, Zip Code**
Union Beach, New Jersey 07735

**Name of Contact**
Gary Stappfenne

**Telephone Number**
908-397-7702

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
International Flavors & Fragrances, Inc.

**Street Address**
1516 State Highway 36

**City (5)**
Union Beach, New Jersey 07735

**County (6)**
Monmouth

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

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

**Name of Abatement Contractor (9)**
Lillich Corporation

**Street Address**
606 McBride Ave

**City, State, Zip Code**
Woodland Park, New Jersey

**Project Manager for Monitoring Firm**
Bruce Wolf

**Telephone No.**
201-652-1119

**License No.**
01104

**Start Date (10)**
05/18/2018

**Scheduled Completion Date (11)**
05/08/2018

**Name of OSHA Monitor**
Iris Environmental Laboratories, LLC

**Street Address**
2335 Route 22 West

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

**Occupancy Status During Abatement (Check Only One):**
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours
- □ Other: Describe: Friday 4PM Start, Remaining Days 8Am Start

**Scope of Work (Check All That Apply):**
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glove Bag Procedure / Limited Containment & Tent
- □ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>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 of LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallway Corridor</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>150 (ea)</td>
<td>X</td>
</tr>
<tr>
<td>Shipping &amp; Receiving Room</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approx (50)</td>
<td>X</td>
</tr>
<tr>
<td>Lab 153</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approx 105 (ea)</td>
<td>X</td>
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<tr>
<td>Room 240</td>
<td>X</td>
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<td></td>
<td></td>
<td></td>
<td>Approx 20 (ea)</td>
<td>X</td>
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<tr>
<td>Room 145</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approx 20 (ea)</td>
<td>X</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**
Lillich Corporation
NJDEP Waste Hauler ID No. 18724

**Cubic Yards of Waste**
10

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Woodland Park, New Jersey

**Disposal Date**
05/08/2018

**City, State**
Morrisville, PA

**Completed by**
Adriana Olejarova
Title: President

**Signature**

**Date**
05/23/2018

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:129)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>International Flavors &amp; Fragrances, Inc.</td>
<td>1515 State Highway 36</td>
<td>Union Beach, New Jersey 07735</td>
<td>Gary Stappermone</td>
<td>908-397-7702</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Flavors &amp; Fragrances, Inc.</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (including private &amp; commercial buildings, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Building Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>

Any enclosed area greater than 25 SF must be fully enclosed with negative pressure

Name of Monitoring Firm Hired by Building Owner  
Garten State Environmental

ASCM No.

Name of Abatement Contractor  
Lilich Corporation

Street Address  
606 McBride Ave

City, State, Zip Code  
Woodland Park, New Jersey

License No.  
01104

Name of OSHA Monitor  
Iris Environmental Laboratories, LLC

Street Address  
2333 Route 22 West

City, State, Zip Code  
Union, NJ 07083

Scope of Work (Check All That Apply)

*Renovation

*Demolition

*Full Containment with Negative Pressure

*Mini-Enclosure

*Glove Bag Procedure / Limited Containment & Tent

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

Project Manager for Monitoring Firm  
Bruce Wolf  
Telephone No.  
201-652-1119

Project Manager for Monitoring Firm  
Bruce Wolf  
Telephone No.  
201-652-1119

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

Location of Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?  
Yes No N/A  
Elbows (Wrap & Cut)  
200 (ea) X

Name of Registered Waste Hauler  
Lilich Corporation  
NJDEP Waste Hauler Id No. 18724

Cubic Yards of Waste  
8

Name of Registered Landfill  
Fairless Landfill

Disposal Date  
05/23/2018

City, State  
Morrisville, PA

Completed by  
Adriana Olejarova  
Title President

* 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>5/25/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Miz Construction</td>
</tr>
</tbody>
</table>
| Agencies Notified | ☒ EPA  
| | ☒ DEP  
| | ☒ DOH  |
| Type Notification | ☒ Initial  
| | ☒ Amended  
| | ☐ Emergency (including justification)  
| | ☐ Cancellation |
| Street Address | 212 2nd St, Suite 302 |
| City, State, Zip Code | Lakewood, NJ 08701 |
| Name of Contact | Moshe Kassover |
| Telephone Number | 347-388-7021 |
| Name of Facility Where Abatement is Taking Place (3) | [Redacted] |
| Street Address | [Redacted] |
| City (5) | Lakewood |
| County (6) | [Redacted] |
| Ocean | [Redacted] |
| Current Use (Prior if being demolished) | home |
| Name of Monitoring Firm Hired by Building Owner (8) | [Redacted] |
| ASCM No. | [Redacted] |
| Name of Abatement Contractor (9) | AAA LEAD PROFESSIONALS |
| Street Address | 6 WHITE DOVE COURT |
| City, State, Zip Code | LAKEWOOD, NJ 08701 |
| Project Manager for Monitoring Firm | [Redacted] |
| Telephone No. | 732-668-907B |
| License No. | 1200 |
| Start Date (10) | 6/4/18 |
| Scheduled Completion Date (11) | 6/7/18 |
| Occupancy Status During Abatement (Check Only One) | ☒ Facility Closed/Vacated During Entire Period of Abatement  
| | ☐ Abatement Performed Outside of Normal Facility Hours  
| | ☐ Other – Describe: |
| Scope of Work (Check All That Apply) | ☐ Renovation  
| | ☒ Demolition  
| | ☐ Full Containment with Negative Pressure  
| | ☐ Mini-Enclosure  
| | ☐ Glovebag Procedure  
| | ☐ Non-Exempted (*) and Non-Friable Procedure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | [Redacted] |
| 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) | [Redacted] |
| Amount (Specify SF or LF) | 2500SF |
| Abatement Type | ☒ Removal  
| | ☐ Encapsulate  
| | ☐ Eradicate |
| Name of Registered Waste Hauler | NEWARK CARTING |
| NJDEP Waste Hauler ID No. | 04509 |
| Cubic Yards of Waste | 10 |
| Name of Registered Landfill | IESI |
| Disposal Date | 6/7/18 |
| City, State | BETHLEHEM PA |
| Completed by | JOSEPH PERLSTEIN |
| Title | OWNER |
| Signature | [Redacted] |
| Date | [Redacted] |

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

**Date of Notification (1):** 5/25/18

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>212 2nd St., Suite 302</td>
<td>Lakewood, NJ 08701</td>
</tr>
<tr>
<td>DEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2):</th>
<th>Miz Construction</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9): AAA LEAD PROFESSIONALS</th>
</tr>
</thead>
</table>

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

- Exterior
  - Siding: 2500SF
- Interior
  - Floor Tile: 150SF

**Name of Registered Waste Hauler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler: NEWARK CARTING</th>
<th>NJDEP Waste Hauler ID No.: 04509</th>
<th>Cubic Yards of Waste: 10</th>
</tr>
</thead>
</table>

**Name of Registered Landfill:**

<table>
<thead>
<tr>
<th>Name of Registered Landfill: IESI</th>
</tr>
</thead>
</table>

**Disposal Date:** 6/8/18

**City, State:**

- City: NEWARK, NJ
- State: NJ

**Completed by:**

<table>
<thead>
<tr>
<th>JOSEPH PERLSTEIN</th>
<th>Title: OWNER</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</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 12:125)

Date of Notification (1)
5/25/18

Name of Building Owner/Operator (2)
Jeffrey A. Grabowski, Esq.

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

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

Street Address
[Redacted]

City, State, Zip Code
Rutherford NJ

Name of Contact
Jeffrey

Telephone Number
[Redacted]

FACILITY INFORMATION

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

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

City (5)
Rutherford

Square Feet
[Redacted]

County (6)
Bergen

# of Floors
3

County Code (7)
(State Use Only)

Bldg. Age
[Redacted]

Current Use (Prior if being demolished)
Home

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

ASCM No.
[Redacted]

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
Lakewood, NJ 08701

Project Manager for Monitoring Firm
[Redacted]

Telephone No.
732-568-9078

License No.
1200

Start Date (10)
6/7/18

Scheduled Completion Date (11)
6/11/18

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
Lakewood, NJ 08701

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)

☒ ≥33 sf or ≥3 if
☒ ≥650 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

In Facility

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)
Pipe Insulation

Amount
80 LF

Location

Abatement Type

Amount (Specify SF or LF)

Asbestos Removal

Encapsulate

Endorse

Signature
[Redacted]

Date
6/11/18

Name of Registered Waste hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
3

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
6/11/18

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

* 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)**  
5/28/18

**Name of Building Owner/Operator (2)**  
Rev. Dr. Pauline E. Ballard

**Agency notified**  
- [ ] EPA
- [ ] DEP
- [x] DOL
- [ ] DOH
- [ ] DCA

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

**Street Address**

**City, State, Zip Code**  
Elizabeth

**Name of Contact**  
Rev. Dr. Pauline E. Ballard

**Telephone Number**

---

**FACILITY INFORMATION**

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

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

**Street Address**

**City, State, Zip Code**  
Elizabeth

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

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

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**

AAA LEAD PROFESSIONALS

**Street Address**

6 WHITE DOVE COURT

**City, State, Zip Code**  
LAKEWOOD, NJ 08701

**Project Manager for Monitoring Firm**

**Telephone No.**

732-668-9078

**License No.**  
1200

**Start Date (10)**

6/7/18

**Scheduled Completion Date (11)**

6/11/18

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

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

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

- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥≥260 if
- [ ] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

**In Facility**

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

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

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

**Amount (Specify SF or LF)**

**Abatement Type**

---

**Name of Registered Waste Hauler**

NEWARK CARTING

**NJ/DEP Waste Hauler ID No.**  
04509

**Cubic Yards of Waste**

3

**Name of Registered Landfill**

IESi

**City, State**

NEWARK, NJ

**Disposal Date**

6/11/18

**City, State**

BETHLEHEM PA

**Completed by**

JOSEPH PERLSTEIN

**Title**

OWNER

**Signature**

**Date**

---

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

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Maryville Addition Treatment Center</td>
<td>1903 Grant Avenue</td>
<td>Williamstown, NJ 08094</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility Where Abatement is Taking Place (3)  
Kell Hall

Street Address  
1903 Grant Avenue

City (s)  
Williamstown, NJ 08094

County (s)  
Gloucester

Name of Abatement Contractor (9)  
AEI2, LLC

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

ASCM No.  

Project Manager for Monitoring Firm  

Telephone No.  

Start Date (10)  
5/30/18

Scheduled Completion Date (11)  
6/17/18

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

Abatement Performed Outside of Normal Facility Hours

Other - Describe:  

Scope of Work (Check all that apply)  

≥33 sq. ft. or ≥3 If

≥160 sq. ft. or ≥260 If

Renovation Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?  

Yes No N/A  

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

Amount (Specify SF or LF)  

Abatement Type

Entire Building  

Carpet mastic and vinyl tile  

3500 SF  

Location of Registered Waste Hauler  

Name of Registered Waste Hauler  

AEI2, LLC

NJ DEP Waste Hauler ID No.  

21376

Cubic Yards of Waste  

8

Name of Registered Landfill  

TBD

Disposal Date  

TBD  

City, State  

Hammonton, NJ

Completed By  

Wm. Minnick

Title  

Program Mgr.

Signature  

Date  

5/24/18

- Do not use this form for asbestos license exempted activities.