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

Date of Notification (1)  
11 / 13 / 17  

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

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

City, State, Zip Code  
RAHWAY, NEW JERSEY 07085  

Name of Contact  
PATRICIA JOHNSON  
Telephone Number  

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

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 80N  

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

Type of Facility (4)  
School (K-12)  
X Subchapter B (Other than K-12)  
Other (i.e. private & commuter: offices, churches, etc.)  

Square Footage  
40,000  

# of Floors  
1  

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

ASCM No.  
104  

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION  

Street Address  
655 WEST SHORE TRAIL  

City, State, Zip Code  
SPARTA, NEW JERSEY 07871  

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH  
Telephone Number  
973-729-5649  

Name of Monitor  
AMHERST LABORATORIES INC  

License Number  
845-369-7500  

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  
Other - Describe:  

Name of GSHA Monitor  
AMHERST LABORATORIES INC  

License Number  
1480  

Scope of Work (Check all that apply)  
Demolition  
X Renovation  

X >3SF OR LF  

X <160 SF OR 260 LF  

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

Pipe Fitting Insulation  

X Duct Seam Caulk  

X Pipe Insulation  

X Exterior Louver Caulk  

Yes No  
N/A  

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

Amount (Specify SF or LF)  

PENTHOUSE-NORTH EAST CORNER  

PIPE FITTING INSULATION  

2 LF  

X  

PENTHOUSE-EXTERIOR LOUVER  

EXTERIOR LOUVER CAULK  

4 SF  

X  

1ST FLOOR LAB A  

PIPE FITTING INSULATION  

2 LF  

X  

1ST FLOOR CORRIDOR B  

DUCT SEAM CAULK  

2 SF  

X  

1ST FLOOR CORRIDOR B  

PIPE INSULATION  

4 LF  

X  

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  

825 HIGHWAY 93  

City, State, Zip Code  
FREEHOLD, NEW JERSEY 08828  

Cubic Yards of Waste  
1  

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE  

447 ALEXANDER DRIVE ROUTE 15  

City, State  
MONTGOMERY, PA 17752  

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

Disposal Date  
10/23/12/30/17  

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE  

447 ALEXANDER DRIVE ROUTE 15  

City, State  
MONTGOMERY, PA 17752  

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

Date  
11/3/17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
10 / 23 /17

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

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

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

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RIVERVIEWS, 07065

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Type of Facility (4)
- School (K-12)
- Community Facilities
- Other (i.e., private & commal, bod. x, mem., etc.)

Square Feet
40,000

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

ASCN No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Name of Abatement Contractor (9)

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

License No.
1101

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
- Other - Describe:

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

Location of Asbestos-containing Material (ACM) TO BE ABATED
in Facility (13)
PENTHOUSE-NORTHEAST CORNER
PENTHOUSE-EXTERIOR LOUVER
1ST FLOOR LAB A
1ST FLOOR CORRIDOR B

Description of Asbestos-Containing Material (ACM)
- (i.e., thermal systems insulation, surface, VAT, or other miscellaneous)
- PIPE FITTING INSULATION
- EXTERIOR LOUVER CAULK
- PIPE FITTING INSULATION
- DUCT SEAM CAULK
- PIPE INSULATION

Amount (Specify SF or LF)
2 LF
4 SF
2 SF
4 LF

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

City, State
FREEHOLD, NEW JERSEY

Committed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Disposal Date
10/23/12/30/17

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

Rex-Side CONTROL & ENGINEERING
## NOTIFICATION OF ASBESTOS ABATEMENT

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

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

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

**City, State, Zip Code**
RAHWAY, NEW JERSEY 07065

**Name of Contact**
PATRICIA JOHNSON

**Telephone Number**

---

### FACILITY INFORMATION

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

**Street Address**
70 EAST LINCOLN AVENUE - BUILDING 70

**City (5)**
RAHWAY

**County (6)**
UNION

**County Code (7)**

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

**Address**
655 WEST SHORE TRAIL

**City, State, Zip Code**
SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, CIH

**Telephone Number**
973-729-5649

**Expected State Date (10)**
11 / 27 / 17

**Scheduled Completion Date (11)**
1 / 30 / 18

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

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

- Renovation
- Demolition
- >3SF OR LF
- >160 SF OR 250 LF

---

### Location of Asbestos-containing Material (ACM)

**TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>MASTIC</td>
<td>50 sf</td>
</tr>
</tbody>
</table>

---

### Summary of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

---

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

**City, State**
FREEHOLD, NEW JERSEY

**Waste Hauler ID No.**
15939

---

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

---

### Completed by (Print or Type)
BENJAMIN SANCHEZ

**Title**
DIRECTOR OF OPERATIONS

**Signature**

---

**Date**
[Signature]

---

**License No.**
1480

**License Issuing Authority**
SUFFERN, NEW YORK 10901

**Telephone Number**
845-369-7500

---

**Disp. Date**
11/27/17-1/30/18

**Disposal Date**
Montgomery, PA 17752
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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

**City, State, Zip Code:** Linden, NJ 07036

**Name of Contact:** Cynthia Mirabelli

**Telephone Number:**

---

**FACILITY INFORMATION**

**Type of Facility (4):**

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

**Square Feet:** N/A

**# of Floors:** N/A

**Bldg. Age:** N/A

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

---

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>140 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- **D&S Abatement, Inc.**
- **NJDEP Waste Hauler ID No.: 20995**
- **Cubic Yards of Waste:** TBD
- **Name of Registered Landfill:** Waste Management of PA
- **Disposal Date:** TBD
- **Name of Registered Landfill:** Waste Management of PA

**Completed by:**

- **Ned Joksimovic**
- **Title:** Project Manager
- **Signature:**

---

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

Date of Notification (1)
Nov 14, 2017

Name of Building Owner/Operator (2)
IC Builders LLC

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA

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

Street Address
21 Ross Ave.

City, State, Zip Code
Demarest, NJ 07627

FACILITY INFORMATION

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

Street Address
39 Country Club Road

City (5)
Tenafly

County Code (7)
Bergen

County Code (7) (STATE USE ONLY) _______

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

Square Feet
2000

# of Floors
2

Edg. Age
20+ or 250+ years

Current Use (Prior if being demolished)
Unoccupied House

Name of Monitoring Firm Hired by Building Owner (6)
ASCN No.
n/a

Name of Abatement Contractor (9)
Harmony Contracting

Street Address
360 Palisade Ave.

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
n/a

Telephone No.
973-460-6026

License No.
01255

Start Date (10)
11/24/2017

Scheduled Completion Date (11)
11/27/2017

Name of OSHA Monitor
Harmony Contracting

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
☒ 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)

Abatement Type

Endorsement
Repair
Encapsulate

Location

2nd Floor Closet
Basement

VAT
VAT

50 SF
100 SF

Name of Registered Waste Hauler
Harmony Contracting

NJDEP Waste Hauler ID No.
033058

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

City, State
Garfield, NJ

Completed by
E. Cirovic

Title
Secretary

Date
Nov 4, 2017

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

**Name of Building Owner/Operator:** HUDSON HARBOUR CONDOMINIUM GROUP

**Street Address:** 1203 River Rd

**City, State, Zip Code:** EDGEWATER, NJ, 07020

**Name of Contact:** Ms. Sandy Oboznowski

**Telephone No.:**

---

**Name of Facility Where Abatement is Taking Place:** HUDSON HARBOUR CONDOMINIUM GROUP

**Street Address:** 1203 River Rd

**City:** EDGEWATER

**County:** BERGEN

**Square Feet:** 95000

**# of Floors:** 22

**Bldg. Age:** 1960

**Name of Abatement Contractor:** Best Removal Inc.

**Street Address:** 450 South River Street

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

**Telephone No.:** 201-329-7445

**License No.:** 000110

**Name of OSHA Monitor:** Omega Environmental

**Street Address:** 280 Huylers Street

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

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – Describe: 7:00 AM TO 5:30 PM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Storage Area/Pool:** X
- **Spray on Material:**

**Amount:** 2700 ft²

---

**Name of Registered Waste Hauler:** Minerva Enterprises, LLC

**City, State:** Hackensack, NJ 07601

**Disposal Date:** 12/22/17

**Name of Registered Landfill:**

**Cubic Yards of Waste:** 50.4 cu yd

---

**Completed by:** J. Maiorano

**Title:** Estimator

**Signature:**

---

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

Date of Notification (1) 11 / 14 / 17
Name of Building Owner/Operator (2)
Disantis Contracting, LLC

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justication)
☐ Cancellation

Street Address
313 Halyard Road
City, State, Zip Code
Ortley Beach, NJ 08751

Name of Contact
Frank Disantis

FACILITY INFORMATION

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

Street Address

City (5)
Seaside Heights

County (6)
Ocean

County Code (7)(STATE USE ONLY)

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

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

ASCM No.

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

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
11 / 27 / 17

Scheduled Completion Date (11)
11 / 28 / 17

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

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

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

IN Facility

(13)

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

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

Amount (Specify SF or LF)
Abatement Type

Removal ☐ Repair ☐ Encapsulation ☐
Encorelement ☐

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

Disposal Date
11/29/17

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Farnicola
Title
Project Manager

Signature

* 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)  
11 / 14 / 17

Name of Building Owner/Operator (2)  
Coldwell Banker

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

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

Street Address  
Route 206

City, State, Zip Code  
Hillsborough, NJ 08844

Name of Contact  
Paula Rycyk

FACILITY INFORMATION

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

Street Address  
(Blank)

City (5)  
Franklin Park

County (6)  
Sussex

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

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

Project Manager for Monitoring Firm  
Nicholas Fernicola

Telephone No.  
732-349-9932

License No.  
00624

Start Date (10)  
11 / 24 / 17

Scheduled Completion Date (11)  
11 / 27 / 17

Name of OSHA Monitor  
E.M.S.L. 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 ≥20 sq ft  
☐ ≥160 sf or ≥260 sq ft

☒ Renovation

☐ Demolition

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

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

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 pipe insulation

Amount (Specify SF or LF)  
60 lf

Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☒ Endorsement

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

Disposal Date  
11/28/17

City, State  
Tullytown, Pennsylvania

Completed By (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

Signature  
[Signature]

11/14/17

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

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

**Date of Notification:** 11/05/17

**Name of Building Owner/Operator:** Carlson Family Foundation Inc.

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

**Type Notification:**
- [ ] Initial
- [x] Amended
- [ ] Emergency (including justification)

**Street Address:** 1610 Skye Drive

**City, State, Zip Code:** Chapel Hill, NC 27516

**Name of Contact:** Damian Giunta

**Telephone Number:**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place:** Former Hooters Restaurant & Hotel

**Street Address:** 300 Rt. 17 South

**City:** Paramus

**County:** Bergen

**County Code:**

**Square Feet:** 40,000

**# of Floors:** 3

**Height:** 10

**Current Use (Prior to being demolished):** Former Hooters Restaurant & Hotel

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

**ASCM No.:**

**Name of Abatement Contractor:** Stanmark Solutions, LLC

**Street Address:**

**City, State, Zip Code:** Sussex, NJ 07461

**Telephone No.:** 973-997-1650

**License No.:** 01309

**Start Date:** 10/05/17

**Scheduled Completion Date:** 11/30/17

**Name of OSHA Monitor:** AmeriSci

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

**Scope of Work (Check All That Apply):**
- [x] 33 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Friable (**) Asbestos

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

<table>
<thead>
<tr>
<th>ACM in Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

| Amount (Specify SF or LF) |

Please see attached

---

**Name of Registered Waste Hauler:** Atlantic Carting

**City, State:** Wayne, NJ

**City, State:**

**Disposal Date:** on completion

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

**Cubic Yards of Waste:**

**Name of Registered Landfill:**

**Completed by:**

Stan Stankovich

**Title:** G. Manager

**Signature:**

**Date:** 11/07/17

---

*Do not use this form for asbestos licensure or related activities.*
<table>
<thead>
<tr>
<th>Location of ACM To be abated in facility</th>
<th>Is Location Normally Used solely by Maintenance</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant</td>
<td>no</td>
<td>Pipe insulation</td>
<td>50 L.F.</td>
</tr>
<tr>
<td>Restaurant</td>
<td>no</td>
<td>Floor tiles</td>
<td>750 S.F.</td>
</tr>
<tr>
<td>Throughout the Hotel</td>
<td>no</td>
<td>Floor Tiles</td>
<td>1,500 S.F.</td>
</tr>
<tr>
<td>Hotel - 1st Floor boiler room</td>
<td>no</td>
<td>Boiler insulation</td>
<td>250 L.F.</td>
</tr>
<tr>
<td>Hotel - 1st Floor dining area</td>
<td>no</td>
<td>Mastic</td>
<td>250 S.F.</td>
</tr>
<tr>
<td>Hotel – Roof</td>
<td>no</td>
<td>Roofing material</td>
<td>12,800 S.F.</td>
</tr>
<tr>
<td>Hotel – Roof</td>
<td>no</td>
<td>Flashing</td>
<td>5,000 S.F.</td>
</tr>
<tr>
<td>Hotel – Roof</td>
<td>no</td>
<td>Flashing on vent</td>
<td>280 S.F.</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/11/2017

Name of Building Owner/Operator (2)
Jessie Cruz

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

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

Street Address

City, State, Zip Code
Rutherford, NJ 07070

Name of Contact
Jessie

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Rutherford

County (6)
Bergen

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Ave

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm

Telephone No.
201-899-9008

License No.
01336

Start Date (10)
11/25/2017

Scheduled Completion Date (11)
12/25/2017

Name of OSHA Monitor

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

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

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)

Yes ☐ No ☑ N/A

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

Amount (Specify SF or LF)
24 In ft

Abatement Type

Name of Registered Waste Hauler
TBD

NJDEP Waste Hauler ID No.
TBD

Cubic Yards of Waste
1YD

Name of Registered Landfill
110 Sand Company

City, State
Melville, NY 11747

Disposal Date

Completed by
Darko Raloski

Title
Project Manager

Signature

5:30 PM

* Do not use this form for asbestos license exempted activities.
# State of New Jersey - Notification of Asbestos Abatement

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

**Date of Notification (1)**
November 14, 2017

**Name of Building Owner/Occupant (2)**
Mrs. Kelley Manahan

**Agencies Notified**
- XEPA
- DCA
- x DOH
- X DEP
- x DOH

**Notification Type**
- [ ] Initial Notification
- [ ] Amended Certification
- [ ] Emergency (including justification)
- [ ] Cancelled

**Name of Building Owner/Occupant (2)**
Mrs. Kelley Manahan

**Address**
ASBESTOS CONTROL & LICENSING

**City, State, Zip Code**
Short Hills, NJ

**Name of Building Owner/Occupant (2)**
Kelley Manahan

**FACILITY INFORMATION**

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

**Street Address**
Short Hills

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
Sky Environmental, Inc.

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

**Square Feet**
Unknown

**# of Floors**
2

**Built**
50 years

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

**Name of Contractor (8)**
GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address**
140 Boulevard

**City, State, Zip Code**
Mountain Lakes, NJ 07046

**Project Manager for Monitoring Firm**
Leonid Shereshevsky

**Telephone Number**
973.588.4821

**License No.**
00840

**Scheduled Start Date (10)**
November 15, 2017

**Telephone Number**
973-492-0477

**Name of OSHA Monitor**
EMSL, Inc.

**Scheduled Completion Date (11)**
November 17, 2017

**Street Address**
1056 Stelton Road

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

**Occupancy Status During Abatement (Check only one):**
Facility Closed/Abandoned During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: Vacant

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

- [ ] ≥ 3 sf or ≥ 3 if
- [X] ≥ 160 sf or ≥ 260 sf

**Renovation Demolition**

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

**Location of Asbestos-Containing Material (ACM) in Facility (13):**
- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - [ ] Yes
  - [ ] No
  - [X] NA

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

**Amount (Specify SF or LF)**

**Asbestos Material Type**

- [ ] Repair Encased/Enclosure

**Attic**

- [X] Vermiculite Insulation
  - 230 sf

**Name of Reg. Waste Hauler**
 disguised

**See Hauler Below # 1 & 2**

**NJ DEP Waste Hauler ID #**
See Below

**Cubic Yards of Waste**
5

**Name of Landfill**
Meadowlands Landfill
G.R.O.V.I.

**Disposal Date**
November 17, 2017

**City, State, Zip Code**
Butler, NJ 07405

**Hauler #1**
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561 NY DEP #

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 07109, NJ DEP # 19551

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

**Title**
SENIOR PROJECT MANAGER

**Signature**
Marin Graure

**Date**
November 4, 2017

**GAC #**
2017-623
State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification: November 14, 2017

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

Notification Type:
- Initial Certification
- Amended Certification
- Emergency (including justification)
- Canceled

Name of Building Owner/Operator:
Mrs. Kelley Manahan

Street Address:

City: Short Hills, NJ
Zip Code: 07078

Name of Facility Where Abatement is To Take Place:
Sky Environmental, Inc.

Street Address:
140 Boulevard

City: Short Hills, NJ
State: NJ
Zip Code: 07078

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

Square Feet: Unknown

# of Floors: 2
Bldg Age: 50 years

Current Use (prior to being demolished):

Name of Contractor:
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
511 MAIN STREET

City: Butler, NJ
State: NJ
Zip Code: 07405

Telephone Number:
973-482-0477

License Number:
00840

EMSL Inc.

Street Address:
1056 Stelton Road

City: Piscataway, NJ
State: NJ
Zip Code: 08854

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

Source of Work:
- 

Rencovation
Demolition

x Full Containment with Negative Pressure

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

Attic

Name of Reg. Waste Hauler:
GREENWOOD ABATEMENT Consultants, Inc. - Butler, NJ 07405
NJ DEP # 12561 NY DEP #

Disposal Date:
November 17, 2017

City: Bridgeport, CT
State: CT
Zip Code: 06604-2228

Signature:
Martin Graue

Date:
November 14, 2017

GAC # 2017-623
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification: November 13, 2017

Name of Building Owner/Operator: Rutgers, The State University of NJ

Street Address: Environmental Health & Safety, Dept. (REHS) 74 Street 1603, BLDG 4116, Newark, NJ 07102

City, State, Zip Code: Piscataway, NJ 08854

Name of Contact: Michael F. Smith, Env. Health & Safety

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Newark Power Plant, BLDG #7261

Street Address: 295 Norfolk Street, RBHS Newark Campus

City: Newark

County: Essex

County Code: (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner: ATC Group Services LLC

ASCM No.: 00098

Type of Facility: Other (i.e., private & commercial buildings, home, etc.)

Square Feet: N/A

Number of Floors: 2

Year Built: 80+ years

Current Use: Power Plant

Name of Contractor: Greenwood Abatement Consultants, Inc.

Street Address: 268 Main Street

City: Butler

State: NJ

Zip Code: 07405

Telephone Number: 973-492-0477

License Number: 00840

Name of OSHA Monitor: Envirovision, Inc.

Street Address: 20-21 Wagaraw Road, BLDG #32E

City: Fair Lawn

State: NJ

Zip Code: 07401

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

Abatement Performed Outside of Normal Facility Hours

Schedule: 4PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)

Facility Occupied During Abatement

Scope of Work: Renovation

Location of Asbestos-Containing Material (ACM) in Facility: GF1 - Boiler #3

Boiler Packing (TSI)

GF1 - Boiler #3

Pipe Insulation (TSI)

Amount (Specify SF or LF): 400SF

120LF

Name of Reg. Waste Hauler:

See Hauler Below #1 & 2

NJDEP Waste Hauler ID #:

See Below

Cubic Yards of Waste: 40 CY

Name of Glazed Landfill: G.R.O.V. Inc.

North Landfill

Disposal Date: 02/05/2018

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2: Newark Carriage, Inc., Newark, NJ 07102

NJDEP # 4509

Completed by (Print or Type): Raymond C. Pedalino

Title: Senior Project Manager

Date: November 13, 2017

Signature: Raymond C. Pedalino

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Essex</td>
</tr>
</tbody>
</table>

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

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

Street Address:
- 800 Bloomfield Avenue
- City, State, Zip Code
- Verona, NJ 07044

Name of Contact:
- Rasheed Yusuf

Telephone Number:

FACILITY INFORMATION

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

Street Address:
- 50 Grove Avenue
- City (5):
  - Cedar Grove
- County (6):
  - Essex
  - County Code (7)/STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8):
- Blo Terra Solutions
  - ASCM No. 0615985

Name of Abatement Contractor (9):
- ALL PRO MANAGEMENT LLC

Street Address:
- P.O. Box 1224
- City, State, Zip Code
  - Union, NJ
- Union, NJ

Project Manager for Monitoring Firm:
- Rick Eustaquiño
  - Telephone No. 973-494-3762

Start Date (10):
- 11 / 28 / 17

Scheduled Completion Date (11):
- 12 / 12 / 17

License No. 1188

Name of OSHA Monitor:
- ALL PRO MANAGEMENT LLC

Street Address:
- 27 Outwater Lane
- City, State, Zip Code
  - Garfield, NJ 07026

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

Name of Monitoring Firm Hired by Building Owner (8):
- Blo Terra Solutions
  - ASCM No. 0615985

Name of Abatement Contractor (9):
- ALL PRO MANAGEMENT LLC

Street Address:
- P.O. Box 1224
- City, State, Zip Code
  - Union, NJ
- Union, NJ

Project Manager for Monitoring Firm:
- Rick Eustaquiño
  - Telephone No. 973-494-3762

Start Date (10):
- 11 / 28 / 17

Scheduled Completion Date (11):
- 12 / 12 / 17

License No. 1188

Name of OSHA Monitor:
- ALL PRO MANAGEMENT LLC

Street Address:
- 27 Outwater Lane
- City, State, Zip Code
  - Garfield, NJ 07026

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

Name of Registered Waste Hauler:
- All Pro Management, LLC
- NJDEP Waste Hauler ID No. 0034880

Amount (Specify SF or LF):
- 190 LF
- 216 SF
- 1,000 SF

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

Disposal Date:
- TBD

City, State:
- Garfield, NJ

Completed By (Print or Type):
- Allen Monchik
  - Title: Project Manager
  - Signature: Allen Monchik

Date:
- 1/1/17

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:15)

**Date of Notification (1):** 11/14/2017

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

**Name of Contact:** Peter Holzer

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

**City (5):** Princeton, NJ 08540

**County (6):** Mercer

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

**Project Manager for Monitoring Firm:** Bill Weisgarber

**Telephone No.:** (609) 298-4070

**Start Date (10):** 11/28/2017

**Scheduled Completion Date (11):** 12/01/2017

**Occupancy Status During Abatement (Check only one):**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8am 4 pm

**Scope of Work (Check all that apply):**
- ≥3 sf or ≥3
- ≥160 sf or ≥280 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Thermal Pipe</td>
<td>20.1f</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>X</td>
<td>Thermal Pipe</td>
<td>90.f</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Stevens Environmental Services, Inc.

**City, State:** Allentown, NJ

**Disposal Date:** 12/1/2017

**Name of Registered Landfill:** Fairless Landfill

**Completed By:** Mahlon E. Stevens

**Title:** Project Manager

**Signature:**

---

*Do not use this form for asbestos license exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:80 and 5:16)

**Date of Notification (1)**  
11/14/2017

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

**Street Address**  
[Redacted]

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

**Name of Contact**  
Kirk Sohr

**Telephone**  
[Redacted]

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

**Street Address**  
[Redacted]

**City (5)**  
Maplewood, NJ 07040

**County (6)**  
Essex

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

**ASCM No.**  
Stevens Environmental Services, Inc.

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

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ 08515

**Project Manager for Monitoring Firm**  
Bill Weisgarder

**Telephone No.**  
(609) 298-4070

**License No.**  
93

**Start Date (10)**  
11/28/2017

**Scheduled Completion Date (11)**  
12/1/2017

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

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 am - 4 pm

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

Basement

**Pipe Insulation**  
130 lf

**Abatement Type**

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

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

**Amount of Waste**

Fairless Landfill

**Cubic Yards of Waste (14)**  
2

**Name of Registered Waste Hauler**  
Stevens Environmental Services, Inc.

**Hauler ID No.**  
18292

**Disposal Date**  
12/1/2017

**City State**  
Allentown, NJ

**Name of Registered Landfill**  
Fairless Landfill

**Name of Contact**  
Kirk Sohr

**Telephone**  
[Redacted]

**Check #**  
21637

**RECEIVED**

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

**Street Address**  
[Redacted]

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

**Name of Contact**  
Kirk Sohr

**Telephone**  
[Redacted]

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

**Street Address**  
[Redacted]

**City (5)**  
Maplewood, NJ 07040

**County (6)**  
Essex

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

**ASCM No.**  
Stevens Environmental Services, Inc.

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

**Street Address**  
PO Box 341

**City, State, Zip Code**  
Crosswicks, NJ 08515

**Project Manager for Monitoring Firm**  
Bill Weisgarder

**Telephone No.**  
(609) 298-4070

**License No.**  
93

**Start Date (10)**  
11/28/2017

**Scheduled Completion Date (11)**  
12/1/2017

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

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 am - 4 pm

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

Basement

**Pipe Insulation**  
130 lf

**Abatement Type**

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

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

**Amount of Waste**

Fairless Landfill

**Cubic Yards of Waste (14)**  
2

**Name of Registered Waste Hauler**  
Stevens Environmental Services, Inc.

**Hauler ID No.**  
18292

**Disposal Date**  
12/1/2017

**City State**  
Allentown, NJ

**Name of Registered Landfill**  
Fairless Landfill

**Name of Contact**  
Kirk Sohr

**Telephone**  
[Redacted]
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/14/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dietrich</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City</td>
<td>Trenton, NJ 08618</td>
</tr>
<tr>
<td>County</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/28/2017</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12/1/2017</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>800 sf or 800 if</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Basement</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>120 lf</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12/1/2017</td>
</tr>
<tr>
<td>Completed By</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>11/1/2017</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
11-10-17  

Name of Building Owner/Operator (2)  
Chenmours Co  

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

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

Street Address  
Rt 130  
City, State, Zip Co  
Deepwater, NJ 08023  

Name of Contact  
Joe Murphy  
Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3)  
Chamber works Plant  

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

Street Address  
Rt 130 South  
City (5)  
Deepwater  
County Code (7) (STATE USE ONLY)  
Salem  
County (6)  

Current Use (prior if building demolished)  
Warehouse  

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

Name of Contractor (9)  
County Environmental  

Street Address  
760 Pulaski Highway  
City State, Zip Code  
New Castle, DE 19720  

New Castle, DE 19720  

Project Manager for Monitoring Firm  
Wesley Morrison  
Telephone No.  
(302) 326-2333  

Telephone Number  
(302) 322-8946  
License Number  
00571  

Scheduled Start Date  
11/27/17  
Scheduled Completion Date  
04/15/18  

Name of OSHA Monitor  
County Environmental  

Street Address  
461 New Churchmans Rd.  
City State, Zip Code  
New Castle, DE 19720  

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 ≥ 110 sf or ≥ 260 sf 

- Renovation  
- Demolition  

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

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

Location  
Warehouse  

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 insulations,  
surfacing, VAT, or other miscellaneous)  
Roofing Material and flashings  
69,000 SF  

Amount (Square Feet)  
6,400 sf  

Removal  
Repair  
Enclosure  

Abatement Type  

Name of Reg. Waste Hauler  
S & J TRANSPORT  
ID No. 03217  
Name of Reg. Landfill  
Constose  
City, State  
Woodstown, NJ  
Disposal Date  
TBA  
City, State  
Morgantown, PA  

Completed by  
Charles Flowers  
Title  
PM  
Signature  
Date  
11-10-17  

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

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

**Date of Notification (1)**
11/14/17

**Name of Building Owner/Operator (2)**
Lorenzo & Patricia Bonanni Private Home

**Agency(s) Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Beach Haven Park NJ 08008

**Name of Contact**
Lorenzo

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Lorenzo & Patricia Bonanni Private Home

**Street Address**
[Redacted]

**City (5)**
Beach Haven Park NJ 08008

**County (6)**
Ocean

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

**Square Feet**
1000+

**# of Floors**
2

**Type of Facility (4)**
- [X] School (K-12)
- [X] Subchapter 3 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

**Lrg. Age**
[ ] +

**Current Use (Prior if being demolished)**
[ ] house

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

**ASCM No.**

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08041

**Name of OSHA Monitor**
Same

**Street Address**
[Redacted]

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

**Schedule of Work (Check All That Apply)**
- [X] ≥50 ft or ≥3 if
- [X] ≥180 ft or ≥260 if
- [ ] Renovation
- [ ] Demolition

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

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

**Name of Registered Waste Hauler**
United Roll Off

**NJ/DEP Waste Hauler ID No.**
22449

**Cubic Yards of Waste**
4

**Name of Registered Landfill**
G.R.O./N.S.

**City, State**
Elm NJ

**Disposal Date**
11/30/17

**City, State**
Morrisville PA 19067

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
11/14/17

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

Date of Notification (1) 11/14/17
Name of Building Owner/Operator (2) Tom Murphy

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

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

Street Address [Redacted]
City, State, Zip Code Toms River, NJ 08757

Name of Contact Eric Plackis
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Street Address [Redacted]
City (5) Lavallette
County (6) Ocean

Square Feet 960
# of Floors 1
Bldg. Age 64

Current Use (Prior if being demolished) Home

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

Name of Abatement Contractor (9) Brick Industries Inc.
Street Address PO Box 915
City, State, Zip Code Brick, New Jersey 08723

Project Manager for Monitoring Firm Telephone No.

License No. (732) 899-7499 01193

Start Date (10) 11/14/17 Scheduled Completion Date (11) 11/22/17

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥100 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Encapsulation
- Encapsulated Procedure
- Non-Exempted (’) and Non-FEE Procedure

Location of Asbestos-Containing Material (ACM) To Be Abated

<table>
<thead>
<tr>
<th>Location of ACM TO BE ABATED</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>Asbestos Siding</td>
<td>Yes</td>
<td>Asbestos siding</td>
<td>8</td>
<td>Removal</td>
</tr>
</tbody>
</table>

Abatement Type

Name of Registered Waste Hauler
Brick Industries Inc.
NWJDEP Waste Hauler ID No. 21602
Cubic Yards of Waste 2

Name of Registered Landfill GROWS Inc.
Disposal Date 11/22/17

City, State Brick, New Jersey

Completed by Eric Plackis
Title President

Signature [Redacted] Date 1/17/17
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-12:120)

**Date of Notification (1)**  
11/02/17

**Name of Building Owner/Operator (2)**  
M&T Bank

**Street Address**  
45 Eisenhower Drive, 4th Floor

**City, State, Zip Code**  
Paramus, NJ 07652

**Name of Contact**  
Mr. Victor T. Fischetti

**Name of Facility Where Abatement Is Taking Place (3)**  
M&T Bank

**Street Address**  
532 Ocean Avenue

**City (5)**  
Jersey City

**County (6)**  
Hudson

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

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

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

**Street Address**  
1141 Route 23

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

**Project Manager for Monitoring Firm**  

**Telephone No.**  
973-628-9200

**License No.**  
00408

**Start Date (10)**  
11/13/17

**Scheduled Completion Date (11)**  
12/03/17

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

- Facility Closed/Vacated During Entire Period of Abatement
  - Other – Describe:

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

- ≥ 200 sf or ≥ 200 ft
  - Renovation
  - Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>55 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>210 LF</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Thermal Systems Insulation</td>
<td>40 SF</td>
</tr>
</tbody>
</table>

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

**NJDEP Waste Hauler ID No.**  
17819

**Cubic Yards of Waste**  
30

**Name of Registered Landfill**  
Grand Central Landfill

**City, State, Zip Code**  
Wayne, New Jersey

**Completed by**  
Jerry Bijelonic

**Title**  
Project Manager

**Signature**

**Disposal Date**  
11/17

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

Date of Notification (1)
11-13-17

Name of Building Owner/Operator (2)
Joseph M. Sanzarri, Inc.

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

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

Street Address
100 West Franklyn St.

City, State, Zip Code
Hackensack, NJ 07601

Name of Contact
Romane Olivier

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former NJ State Police Building

Street Address
300 Half Mile Rd.

City (5)
Red Bank

County Code (7)
Monmouth

County Code (7) (STATE USE ONLY)

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

License No.

Telephone No.
201 216-9603

License No.
01206

Start Date (10)
11-23-17

Scheduled Completion Date (11)
11-24-17

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

Scope of Work (Check All That Apply)
- 23 sf or 23 If
- 2160 sf or 2260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Minimize Enclosure
- Glovebox Procedure
- Non-Exempted (*) and Non-Friable (D) 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>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor / HVAC Room</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor / Foyer</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exterior</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT</td>
<td>30 SF</td>
</tr>
<tr>
<td>Mastic</td>
<td>100 SF</td>
</tr>
<tr>
<td>Windows</td>
<td>3 each</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

Name of Registered Landfill
Tullytown Resource Recovery Facility

Disposal Date
11-27-17

Name of Registered Waste Hauler
Delta Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
4

City, State
Union City, NJ

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

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

**Date of Notification:** 11/14/17

**Name of Building Owner/Operator:** William LeBaron

**Name of Facility Where Abatement is Taking Place:**
- **Type of Facility:** Private house
- **County:** Monmouth

**Name of Monitoring Firm Hired by Building Owner:**
- **Name:** Gr Tech LLC
- **Street Address:** 576 Valley Rd #283 Wayne, NJ 07470

**Name of Abatement Contractor:**
- **Name:** Envirovision Consultants, Inc
- **Street Address:** 20-21 Wagonaw Road, Bldg. #35E Fair Lawn, NJ 07410

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility:**
- **Location Normally Used Solely by Maintenance/Custodial Staff:** Yes
- **Vermiculite insulation:** 400 SF

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

**Abatement Type:**
- Clean up and decontamination with negative pressure
- Full Containment with Negative Pressure
- Glovebox Procedure
- Tent with Negative Pressure
- Non-Exempted (*) and Non-Fibrable Procedure

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

**Name of Registered Waste Hauler:**
- **Name:** Gr Tech LLC
- **City:** Wayne

**Disposal Date:** TBD
- **City:** Tullytown, PA
- **Name:** T.R.R.F. Inc

**Completed By:**
- **Signatory:** N Jevtic
- **Title:** Owner

**MAY 11**

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*Do not use this form for asbestos licence exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(For hours of BLM: 8:00-7 and 12:00-7)

Date of Notification (1) 11/14/2017

Name of Building Owner/Operator (2) Richard Wilson

Street Address [REDACTED]

City, State, Zip Code West Orange, NJ, 07052

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Richard Wilson

Street Address [REDACTED]

City (5) West Orange County (6) Essex County Code (7) [STATE USE ONLY] N/A

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

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

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

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

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

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

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

Amount (Specify SF or LF) 110 LF

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Cubic Yards of Waste 1.2

Name of Registered Landfill Minerva Enterprises, INC

Disposal Date 11/17/17

Completed By (Print or Type) Constantine Vivian Title President 

Signature [REDACTED]

Date 11/14/2017
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17

Date of Notification (1)  
October 13, 2017

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

Agency Notified  
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

Notification Type  
- Initial Notification
- Amended Notification #
- Emergency (Including justification)
- Cancelled

Name of Facility Where Abatement is Taking Place (3)  
VAN NEST HALL, BLDG# 3001

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

Current Use (prior if being demolished): ACAD 110

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

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

Street Address  
3 TERRI LANE

City, State, Zip Code  
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm  
BRIAN KEARNY

Telephone Number  
609-386-8800

Scheduled Start Date (10)  
11/24/17

Scheduled Completion Date (11)  
11/27/17

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe: Schedule: 8AM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

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

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.)

Location of Asbestos-Containing Material (ACM)  
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove bag Procedure / Trap & Cut
- Non-Exempted (1) and Non-Friable Procedure

1st Floor Restrooms  
- VAT

Cubic Yards of Waste:  
10 CY

Name of Reg. Waste Hauler  
NJDEP Waste Hauler ID #

See Hauler Below #1 & 2  
See Below

Disposal Date  
11/27/2017

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

Hauler #2 Newark Carling, Inc., Newark, NJ 07105  
NJ DEP # 4509

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

Signature  
Raymond C. Pedalino  
Date  
October 13, 2017

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

Date of Notification (1)  
11/3/17

Name of Building Owner/Operator (2)  
Bill Disanto

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

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

Street Address  
Bill Disanto

City, State, Zip Code  
Ocean City, NJ 08226

Name of Contact  
Eric Packis

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  

Street Address  
Unit B4, 300 Ocean Ave

City (5)  
Ocean City

County (5)  
Cape May

County Code (7)  
(STATE USE ONLY)

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

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

Square Feet  

# of Floors  
4

Bldg. Age  
65

Current Use (Prior to being demolished)  
Home / Apartment

Name of Abatement Contractor (9)  
Brick Industries Inc.

Street Address  
P.O. Box 915

City, State, Zip Code  
Brick, New Jersey 08723

Project Manager for Monitoring Firm  

Telephone No.  
(732)899-7499

License No.  
01198

Start Date (10)  
11/4/17

Scheduled Completion Date (11)  
12/5/17

Name of OSHA Monitor  

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)

☐ 330 sf or 33 ft  
☐ 460 sf or 46 ft  
☐ Demolition  
☐ Renovation

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

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)

Floor tile

Amount (Specify SF or LF)  
120 sf

Abatement Type

☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Endorse

Location of Registered Waste Hauler

Brick Industries Inc.

NJDEP Waste Hauler ID No.  
21602

Cubic Yards of Waste  
3

Name of Registered Lendee  
GROWS Inc.

City, State  
Brick, New Jersey

Disposal Date  
11/5/17

Completed by  
Eric Packis

Title  
President

Signature  

* Do not use this form for asbestos license or exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) 11/16/17

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

Street Address 150 CIRCLE AVE.

City, State, Zip Code CLIFTON, NJ 07011

Name of Contact Dwight Thomas

FACILITY INFORMATION

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

Street Address 422 UNIVERSITY AVE.

City (5) NEWARK

County (6) ESSEX

Square Feet 17890

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

# of Floors 4

Current Use: Prior if being demolished

Switch Station

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS

ASCM No. 0045

Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA

Street Address 396 WHITEHEAD AVE.

City, State, Zip Code SOUTH RIVER, NJ 08882

Project Manager for Monitoring Firm TOM GEIGER

Telephone No. 732-290-2217

Telephone No. 732-432-8350

License No. 01111

Start Date (10) 12/4/17

Scheduled Completion Date (11) 12/5/17

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Other – Necessary Operations

Scope of Work (Check All That Apply)

- Renovation
- Demolition

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

In Facility

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

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Fireproof Procedure

WASTE MANAGEMENT

Name of Registered Waste Hauler

WASTE MANAGEMENT

NJ/DEP Waste Hauler ID No. 1125

Cubic Yards of Waste 1

Name of Registered Landfill GROWS NORTH

Disposal Date TBD

City, State MORRISVILLE, PA

Completed by CAROL RAIMO

Title OFFICE MGR.

Signature

Print Form

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

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

**Street Address**  
4000 HADLEY ROAD

**City, State, Zip Code**  
SOUTH PLAINFIELD, NJ 07080

**Name of Contact**  
JOHN BRADLEY

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

**Street Address**  
341 MOUNT PLEASANT AVE.

**City (5)**  
WEST ORANGE

**County (6)**  
ESSEX

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subshop or Camp (Other than 1-3)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**  
7260

**# of Floors**  
2

**Bldg. Age**  
Apex 96 yrs.

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

**Telephone No.**  
732-290-2217

**Street Address**  
64 BROAD STREET

**City, State, Zip Code**  
MATAWAN, NJ 07747

**Name of Abatement Contractor (9)**

- [ ] FULL Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireproof Procedure

**Name of OSHA Monitor**

- [ ] FULL Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Fireproof Procedure

**Start Date (10)**

12/11/17

**Scheduled Completion Date (11)**

12/11/17

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

- [ ] 1ST FLOOR
- [ ] ACM TILES MASTIC

**Cubic Yards of Waste**  
Apex 10

**Disposal Date**  
TBD

**Waste Management**  
WASTE MANAGEMENT

**Name of Registered Waste Hauler**

- [ ] NJDEP Waste Hauler ID No. 1125

**Name of Registered Landfill**

- [ ] GROWS NORTH

**City, State**

- [ ] ELIZABETH, NJ

**Completed by**

- [ ] CAROL RAIMO

**Title**  
OFFICE MANAGER

**Signature**  
CAROL RAIMO

**Date of Notification (1)**

11/16/17

**Paid**

**ASB-41 (R-06-06)**

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