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

Date of Notification (1)  
11 / 14 /19

Name of Building Owner/Operator (2)  
RIVERVIEW MEDICAL CENTER

Street Address  
1 RIVERVIEW PLAZA
City, State, Zip Code  
RED BANK, NEW JERSEY 07701

Name of Contact  
ERIC MATTHEISON
Telephone Number  
732-450-2689

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
RIVERVIEW MEDICAL CENTER

Street Address  
1 RIVERVIEW PLAZA-BASEMENT
City, State, Zip Code  
RED BANK, MONMOUTH, NEW JERSEY 07701

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

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

Square Feet  
250,000
# of Floors  
6
Bldg. Age  
65

Current Use (Prior if being demolished) Pharm. Lab.
HOSPITAL

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD
City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
732-290-2236
License Number  
1101

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Street Address  
1376 ROUTE 9
City, State, Zip Code  
WAPPINGERS FALLS, NEW YORK 12590

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-3:00PM
□ Other - Describe:

Month  
11
Day  
13
Year  
19

Scope of Work (Check all that apply)  
□ Demolition  
□ Renovation
□ >3SF OR LF  
□ Non-Friable Procedure
□ >160 SF OR 260 LF  
□ Criticals with Neg Press
□ Glovebag Procedure
□ Mini-Enclo.

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

Yard(s) of Wastes  
120
Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL
City, State  
NEWARK, NJ 07105
Disposal Date  
1/11/2019-03/30/2019

Name of Registered Waste Hauler  
NEWARK CARTING
WHALE ID No.  
913

Completed by (Print or Type)  
BENJAMIN SANCHEZ
Title  
DIRECTOR OF OPERATIONS
Signature  
Date  
11/24/19
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**

| 11 / 12 /19 |

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

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

**Name of Facility Where Abatement Is Taking Place (3)**
- RIVerview MEDICAL CENTER

**Street Address**
- 1 RIVERVIEW PLAZA-BASEMENT

**City (5)**
- RED BANK

**County (6)**
- MONMOUTH

**County Code (7)**
- ASCM No. 17

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

**Project Manager for Monitoring Firm**
- THOMAS GEIGER

**Telephone Number**
- 732-290-2236

**Expected State Date (10)**
- 11 / 13 /19

**Sched. Completion Date (11)**
- 11 / 20 /19

**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-3:00PM

**Scope of Work (Check all that apply)**
- Demolition
- >500 SF OR LF
- >160 SF OR 260 LF
- Renovation
- Criticals with Negative Pressure
- Mini-Enclos.
- Glovebag Procedure
- Non-Fireable Procedure

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

**BASEMENT**
- X VAT & MASTIC

**Amount (Specify SF or LF)**
- 400 SF

**Name of Registered Waste Hauler**
- NEWARK CARTING

**Cubic Yards of Waste**
- 120

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

**City, State**
- NEWARK, NJ 07105

**Disposal Date**
- 1/11/2019-03/30/2019

**Completed by (Print or Type)**
- BENJAMIN SANCHEZ

**Title**
- DIRECTOR OF OPERATIONS

**Signature**
- [Signature]

**Date**
- 1/11/19
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)  

Date of Notification (1)  
10/23/19

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

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

Name of Building Owner/Operator (2)  
John Wynne Private Home

Street Address:  

City, State, Zip Code  
Long Beach Twp. NJ 08008

Facility Information

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

Street Address:  

City (5)  
Long Beach Twp. NJ 08008

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)  
Pernaco Inc.

Street Address:  
PO Box 329
City, State, Zip Code  
West Berlin NJ 08091

Project Manager for Monitoring Firm  

Telephone No.  
856-753-9800
License No.  
00727
Name of OSHA Monitor  
Same

City, State, Zip Code:  

Scope of Work (Check All That Apply)

- >=3 sf or >=1 ft
- >=160 sf or >=280 ft

- Renovation
- Demolition

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

- Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility (10)

Yes  
No

- Is Location Normally Used Solely by Maintenance/Custodial Staff? (11)

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

- Amount (Specify SF or LF)

- Abatement Type

- Exterior Siding  
2200 SF

- Exterior Siding

Name of Registered Waste Hauler  
United Roll Off

City, State  
Elm

Completed by  
Anthony T Perna  
President

Signature  

Date  
10/23/19

* 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):** 11 / 14 / 2019

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

**Agency Notified:**
- ✔ EPA
- ✔ DOLWD
- ✔ DOH
- ☐ DCA (NJAC 5:23-8)

**Type of Notification:**
- ✔ Initial
- ☐ Amended
- ☐ Amendment #
- ☐ Emergency (including justification)
- ☐ Cancellation

**Address:**
- **City, State, Zip Code:**
- **River Edge, NJ 07661**

**Name of Contact:**
- Lynne Brehmer

**Telephone Number:**

---

**FACILITY INFORMATION**

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

**Street Address:**
- **City (5):**
- **River Edge**

**County (6):**
- **Bergen County**

**County Code (7) (STATE USE ONLY):**
- 0252

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

**Square Foot:**
- 1,371

**# of Floors:**
- 3

**Bldg, Age:**
- 80

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

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

**ASCN No.:** N/A

**Name of Abatement Contractor (9):** Acme Professional Services Corp

**Street Address:**
- **City, State, Zip Code:**
- **Woodland Park, NJ 07424**

**Telephone No.:** N/A

**License No.:** 02003

**Name of OSHA Monitor:** Arsenije Adamov

**Street Address:**
- **City, State, Zip Code:**
- **Woodland Park, NJ 07424**

**Telephone No.:** 973-938-5266

**Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):** 9X9 Tile and Mastic

**Amount (Specify SF or LF):** 350SF

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

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

**Name of Registered Waste Hauler:**
- Acme Professional Services Corp

**NJDEP Waste Hauler ID No.:** 0038178

**Cubic Yards of Waste:** 2 cubic yards

**Name of Registered Landfill:** Fairless Landfill

**City, State:**
- Woodland Park, NJ

**Disposal Date:** 11/27/19

**City, State:**
- Morrisville PA

**Completed By (Print or Type):**
- Arsenije Adamov

**Title:** President

**Signature:**

**Date:** 11/14/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:126)

Date of Notification (1)
11/12/2019

Name of Building Owner/Operator (2)
Branka Palic

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

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

Street Address

City, State, Zip Code
Verona, NJ 07044

Name of Contact
Branka Palic

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Verona, NJ 07044

County (6)
Essex County

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Avenue

City, State, Zip Code
Clifton NJ 07011

Project Manager for Monitoring Firm

Telephone No.
201-899-9008

License No.
01336

Name of OSHA Monitor

Start Date (10)
11/27/2019

Scheduled Completion Date (11)
12/1/2019

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 sf  [ ] 2360 sf or 2680 sf  [ ] Renovation  [ ] Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

IN FACILITY

Basement

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

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

pipe insulation

Amount (Specify SF or LF)
33 If

Abatement Type
[ ] Removal  [ ] Repair  [ ] Encapsulate  [ ] Endorse

Name of Registered Waste Hauler
MKD Property Maintenance LLC

City, State
Clifton NJ 07011

Completed by
Darko Raloski
Title
Project Manager
Signature

NW7101

Print Form

DECEIVED

NOV 1 2019

NJ DEP Waste Hauler ID No.
0037991

Cubic Yards of Waste
N/A

Name of Registered Landfill
Waste Management - Fairless landfill

Disposal Date
N/A

City, State
Morrisville PA 19067

Completed Date
11/12/2019

* 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 and 12:120)

Date of Notification (1)  11/15/2019

Name of Building Owner / Operator (2)
TOWER SARON ONE 2015 LLC.

Street Address
680 KINDERKAMACK ROAD SUITE 200
City, State & Zip Code
RIVER EDGE, NJ 07661

Name of Contact
David Dubliner
Telephone Number
201-322-4051

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Apartments-Basement Closet/Storage Room

Street Address
805 Red Road

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

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

Square Feet  12,823
# of Floors  5 (including basement)
Bldg. Age  87

Current Use (Prior if being demolished)
Apartment

Name of Abatement Contractor (9)
Resource Management Group, LLC.

Street Address
2115 Hamilton Avenue, Suite 202
City, State & Zip Code
Trenton, NJ 08619

Telephone Number
609-914-4279
License Number 01185

Name of OSHA Monitor
J&S Environmental Laboratories, Inc.

Street Address
2333 Route 22 West
City, State & Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Jim Proctor
Telephone Number 856-839-2432

Scheduled Start Date (10)  12/02/2019
Scheduled Completion Date (11)  12/05/2019

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed: Operating hours- 8am to 5pm
Describe:
☐ Facility Occupied During Abatement

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

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

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

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

Amount (Specify SF or LF)

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

Basement Closet/Storage Room
☐ Yes  ☒ No  ☐ N/A
Pipe Insulation  8 LF

Name of Registered Waste Hauler
Resource Management Group, LLC

City, State
Trenton, NJ 08619

NJDEP Waste Hauler ID No. 0035218
Cubic Yards of Waste TBD
Name of Registered Landfill
Grows Landfill

Disposal Date TBD
City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian Haney
Title President
Signature
Date 11/15/2019
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
11/15/19

**Name of Building Owner/Operator (2)**
Saint Barnabas Medical Center

**Street Address**
94 Old Short Hills Rd.

**City, State, Zip Code**
Livingston, NJ 07039

**Name of Contact**
Ron Carvalho as agent

**Telephone Number**
908-208-3060

**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>Saint Barnabas Medical Center</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**
94 Old Short Hills Rd.

**City**
Livingston

**County**
Essex

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

**ASCN No.**
N/A

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

**Street Address**
104 Market Street

**City, State, Zip Code**
Garfield, NJ 07026

**Project Manager for Monitoring Firm**
Tom Geiger

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

**License No.**
01365

**Start Date (10)**
08/15/19

**Scheduled Completion Date (11)**
08/10/20

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

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

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

- ≥3 sf or ≥3 If
- ≥160 sf or ≥280 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)**

- Grd. Floor Lab Chase
- 5th Floor Mechanical Rm.
- Name of Registered Waste Hauler
  - Newark Carting, Inc.

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
G.R.O.W.S., Inc.

**City, State**
Newark, NJ

**Disposal Date**
Nov. 2019

**Completed By (Print or Type)**
Kiril Nestorov

**Title**
Project Manager

**Signature**

**Date**
11/15/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):

05 / 31 / 19

Name of Building Owner/Operator (2):
Saint Barnabas Medical Center

Street Address:
94 Old Short Hills Rd.

City, State, Zip Code:
Livingston, NJ 07039

Name of Contact:
Ron Carvalho as agent

Telephone Number:
908-208-3060

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Saint Barnabas Medical Center

Street Address:
94 Old Short Hills Rd.

City (5):
Livingston

County (6):
Essex

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):
Hospital

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

Subchapter B (Other than K-12)

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

Square Feet:
500,000

# of Floors:
4

Bldg. Age:
68 yrs.

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

ASCM No.:
N/A

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

Street Address:
104 Market Street

City, State, Zip Code:
Garfield, NJ 07026

Telephone No.:
973-931-3293

License No.:
01365

Name of OSHA Monitor:
Same as above

Project Manager for Monitoring Firm:
Tom Geiger

Telephone No.:
732-290-2217

Start Date (10):
06 / 15 / 19

Scheduled Completion Date (11):
06 / 10 / 20

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: 12AM - PM; PM - 8AM

Scope of Work (Check all that apply):

23 sf or ≥3 sf

2160 sf or ≥260 sf

≥3 sf

Renovation

Demolition

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

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):
8 LF

Abatement Type:

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

Total: 1

Name of Registered Waste Hauler:
Newark Carting, Inc.

NJDEP Waste Hauler ID No.:
11222

Cubic Yards of Waste:
1

Disposal Date:
6-20-19

Name of Registered Landfill:
G.R.O.W.S., Inc.

City, State:
Morrisville, PA

Name of Registered Waste Hauler:
Newark Carting, Inc.

City, State:
Newark, NJ

Completed By (Print or Type):
Kirill Nestorov

Title:
Project Manager

Signature:

Date:
5-31-19
**State of New Jersey**

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

**Inv# 15955**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/13/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check#</td>
<td>3488</td>
</tr>
</tbody>
</table>

| Name of Building Owner/Operator (2) | Academy of St Paul |

<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</td>
</tr>
<tr>
<td>✔ DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>✔ DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>187 Wyckoff Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Ramsey, NJ 07446</td>
</tr>
</tbody>
</table>

Name of Contact: Tracy Graham

Telephone Number: 201-327-1108

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Academy of St Paul

Street Address: 187 Wyckoff Avenue

City (5): Ramsey, NJ

County (6): County Code (7) (STATE USE ONLY) (8)

Name of Monitoring Firm Hired by Building Owner (8)

N/A

ASCM No.:

Name of Abatement Contractor (9)

EA Services Corporation

Street Address: 426-69th Street

City, State, Zip Code: Guttenberg, NJ 07093

Project Manager for Monitoring Firm:

Telephone No.:

Start Date (10) | 11/15 /19 |

Scheduled Completion Date (11) | 11/16/19 |

Occupancy Status During Abatement (Check Only One)

- ✔ Facility Closed/Vacated During Entire Period of Abatement
- ✔ Abatement Performed Outside of Normal Facility Hours
- ✔ Other - Describe: Starting 8 AM

Scope of Work (Check All That Apply)

- ✔ ≥ 3 sf or ≥ 3 if
- ✔ ≥ 160 sf or ≥ 280 sf
- ✔ Renovation
- ✔ Demolition

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

In Facility (13)

<table>
<thead>
<tr>
<th>Crawl space</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>6 LF</td>
</tr>
</tbody>
</table>

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

Yes | No | N/A

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

Amount (Specify SF or LF)

Abatement Type

- ✔ Removal
- ✔ Repair
- ✔ Encapsulation
- ✔ Enclose

Name of Registered Waste Hauler

EA SERVICES CORPORATION

NUDEP Waste Hauler ID No.: 101278

Cubic Yards of Waste: TBD

Name of Registered Landfill

MINERVA ENTERPRISES INC

City, State: WAYNERSBURG, NJ

Completed by:

Gina Betances

Title: Office Manager

Signature:

Date: 11/13/2019

* 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:** 11-14-2019

**Agency Notified:** [Redacted]

**Name of Building Contractor:** R. WALSH

**Name of Contractor:** R. WALSH

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

- **Address:** 280 Buhl St.
- **City:** Hackensack, N.J.
- **Zip Code:** 07606

**Facility Information:**

- **Type of Facility:** Residence
- **Square Feet:** 1,500
- **Bldg. Age:** 69 yrs

- **Occupant:** Omega Environmental
- **Street Address:** 280 Buhl St.
- **City, State, Zip Code:** Hackensack, N.J. 07606

**Subcontractor:** [Redacted]

**Abatement Contractor:** [Redacted]

**Date of Subcontractor's Notice:** 11-16-2019

**Amount to Be Abated:**

- **Location:** Basement
- **Material:** Asbestos Insulation
- **Square Feet:** 200 sq. ft.

**Abatement Date:**

- **Start Date:** 11-15-2019
- **End Date:** 11-16-2019

**Abatement Type:**

- **Method:** Mechanical

**Disposal:**

- **City:** Newburgh, PA
- **Date:** 11-16-19
- **Facility:** Cumberland County Landfill

**Estimator:** [Redacted]

**Date:** 11-14-2019
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/14/19

Name of Building Owner/Operator (2) Maplewood Village Association

Address 71 Meadowbrook PL.
City, State, Zip Code Maplewood NJ

Name of Contact Luis Amengual Telephone Number 201-456-5726

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Street Address 71 Meadowbrook PL
City  Maplewood
County Essex

County Code (7) (STATE USE ONLY) 

Type of Facility (4)

School (K-12) \[X\]
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) ASCM No.

Name of Abatement Contractor (9) LEM Construction

Street Address 440 Lincoln Ave.
City, State, Zip Code Cliffside Park NJ 07010

Telephone No. 201-456-5726 License No. 02004

Name of OSHA Monitor 

Project Manager for Monitoring Firm 

Telephone No. 

Start Date (10) 12/2/19
Scheduled Completion Date (11) 12/15/19

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

\[X\] Renovation

\[X\] Demolition

\[X\] Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

Laudry Room

Yes No N/A 

TSI 

220 x

Amount (Specify SF or LF)

Abatement Type 

Name of Registered Waste Hauler Newark Carting

NJ DEP Waste Hauler ID No. 4509

Cubic Yards of Waste TBD

Name of Registered Landfill TBD

City, State Newark NJ

Disposal Date TBD

City, State TBD

Completed by Luis Amengual

Title Owner

Signature Luis Amengual

Date 11/14/19

ASB-41 (R-06-06)

* Do not use this form for asbestos removal conducted off the job site.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 11/12/19

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>SCOTT KURZINSKY</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</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:** Residential

**Street Address:** MARKET CITY, NJ

**County:** MARKET

**Name of Monitoring Firm HIred by Building Owner:** ATLAS ENV. INC.

**ASCM No.:** 1356

**Type of Facility:** Residential

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** N/A

**Name of Abatement Contractor:** PRIMAR CONSTRUCTION

**Street Address:** PO BOX 1159

**City, State, Zip Code:** PHILA, PA 19116

**Telephone No.:** 267-794-4683

**License No.:** 01276

**Start Date:** 11/13/19

**Scheduled Completion Date:** 11/14/19

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
</tbody>
</table>

**Abatement Type:** Endurance

**Name of Registered Waste Hauler:** PRIMAR CONSTRUCTION

**City, State:** PHILA, PA

**Waste Disposal Date:** 01/14/19

**City, State:** BIRDSBORO, PA

**Completed By:** EFRAM DUA

**Title:** V.PRES

**Signature:**

**Date:** 11/2/19
# 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 / 15 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Brian O'Connor</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>☐ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☐ DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☐ DCA</td>
<td>☒ Emergency (including justification)</td>
</tr>
<tr>
<td>☐ Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>[Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>South Amboy, NJ 08879</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian O'Connor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>South Amboy</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Guardian Contracting, Inc.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Rte. 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>License No.</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11 / 15 / 19 |
| Scheduled Completion Date (11) | 11 / 18 / 19 |
| Project Manager for Monitoring Firm | Nicholas Fernicola |
| Telephone No. | 732-349-9932 |
| Name | Nicholas Fernicola |
| Phone | 732-349-9932 |
| Email | nicholas.fernicola@guardiancontractinginc.com |

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>IN Facility (13)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Contracting, Inc.</td>
<td>202223</td>
<td>2</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Toms River, New Jersey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposal Date</td>
<td>11/18/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Nicholas Fernicola</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>[Date]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# ASBESTOS ABATEMENT

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 6:20 and 12:20**

**11/14/19**

**Name of Building Owner/Operator:** Prestone Products

**Address:** 250 Halls Mill Road, Freehold, NJ 07728

**Name of Person in Charge:** Eric Plackis

**FACILITY INFORMATION**

- **Type of Facility:** Home
- **Square Feet:** 720
- **# of Stories:** 1
- **Age:** 69
- **Current Use:** Prior to being demolished

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

**Street Address:** [Redacted]

**City:** Freehold

**County:** Monmouth

- **ASCM No.:** Brick Industries, Inc.
- **PO Box:** 915
- **City, State, Zip Code:** PO Box 915, Brick, NJ 08723

**Start Date:** 11/5/19

**Scheduled Completion Date:** 11/30/19

- **Facility Closed/ Vacated During Entire Period of Abatement:**
- **Amount:** 300SF

**Scope of Work:** Abatement Type

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

- **Disposal Date:** 11/30/19

**Registered Waste Hauler:**

**Brick Industries, Inc.**

- **Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Grows North Landfill

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

**Completed by:** Eric Plackis

- **Title:** President

**Signature:**

**Date:** 11/14/19

*Do not use this form for asbestos licensors exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 5:49)

Date of Notification (1) 10/24/19

Name of Building Owner/Operator (2) E.I. duPont de Nemours

Street Address
250 Cheesquake Road
Parlin, NJ 08859

Name of Contact
Nichol Reinhold

Telephone Number
732-613-2400

AGENCIES NOTIFIED
☐ EPA
☐ DOB
☐ DHSS
☐ DOI (NJAC 5:23-6)

Type Notification
□ Initial
□ Amended
□ Amendment #3-11/15/19
□ Emergency (including justification)
□ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Parlin Facility - Bldg. 2004

Street Address
250 Cheesquake Road
Parlin

City (5)
Parlin

County (6)
Middlesex

County Code (?) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Telephone No.
609-368-8800

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 11/20/19

Scheduled Completion Date (11) 11/26/19

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:
7:00AM-3:30PM - AM

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 If
□ ≥180 sf or ≥250 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

LOCATION OF
Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility
(13)

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, VAM, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Exterior Roof

Transite

256 SF

Name of Registered Waste Hauler
Bristol Environmental Inc.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste
15 Cu Yd

Name of Registered Landfill
Fairless Landfill

City, State
Bristol, PA 19007

Disposal Date
11/22/19

City, State
Fairless Hills, PA

Completed By (Print or Type)
Gino Pizzigoni

Title
Estimator

Signature

Date
11-15-19

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

**Date of Notification (1)**
10 / 24 / 19

**Agency Noticed**
- [X] EPA
- [X] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

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

**Name of Building Owner/Operator (2)**
E.I. duPont de Nemours

**Street Address**
250 Cheesquake Road

**City, State, Zip Code**
Parlin, NJ 08859

**Name of Contact**
Nichol Reinhold

**Telephone Number**
732-613-2400

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
DuPont Parlin Facility - Bldg. 2004

**Street Address**
250 Cheesquake Road

**City (5)**
Parlin

**County (6)**
Middlesex

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

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

**ASCM No.**

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

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**Telephone No.**
609-386-8000

**License No.**
00509

**Project Manager for Monitoring Firm**
John Lutz

**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:**
7:00AM-3:30PM
4PM-8PM

**Scope of Work (Check all that apply)**
- [X] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Interior Wall</th>
<th>Ceiling</th>
<th>Floor</th>
<th>Railing</th>
<th>Door</th>
<th>Transite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler ID No.**
18706

**Cubic Yards of Waste**
15 Cu Yd

**Name of Registered Landfill**
Fairless Landfill

**City, State, Zip Code**
Bristol, PA 19007

**Disposal Date**
11/22/19

**City, State**
Fairless Hills, PA

**Completed By (Print or Type)**
Gino Pizzigoni

**Title**
Estimator

**Signature**

**Date**
11/7/19

*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)**  
10 / 24 / 19

**Name of Building Owner/Operator (2)**  
E.I. duPont de Nemours

**Street Address**  
250 Cheesquake Road

**City**, **State**, **Zip Code**  
Parlin, NJ 08859

**Name of Contact**  
Nichol Reinhold  
**Telephone Number**  
732-613-2400

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place (3)**  
  DuPont Parlin Facility - Bldg. 2004

- **Type of Facility (4)**  
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e., private and 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)**  
Cardno ATC

**ASCM No.**  

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

**Street Address**  
1123 BEAVER STREET

**City**, **State**, **Zip Code**  
BRISTOL, PA 19007

**License No.**  
00509

**Name of OSHA Monitor**  
BRISTOL ENVIRONMENTAL, INC.

**Street Address**  
1123 BEAVER STREET

**City**, **State**, **Zip Code**  
BRISTOL, PA 19007

**Name of Registered Waste Hauler**  
Bristol Environmental Inc.

**N.J.D.E.P. Waste Hauler ID No.**  
18706

**Cubic Yards of Waste**  
15 Cu Yd

**Name of Registered Landfill**  
Fairless Landfill

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

**Disposal Date**  
11/8/19

**Name of Estimator**  
Gino Pizzigoni

**Title**  
Estimator

**Signature**  
Gino Pizzigoni

**Date**  
11/1/19

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 24 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>E.I. duPont de Nemours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOLWD 0503</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD 0503</td>
<td>Amended</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (Including Justification)</td>
</tr>
<tr>
<td>DOLWD 0503</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>250 Cheesquake Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Parlin, NJ 08859</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Nichol Reinhold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>732-613-2400</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>DuPont Parlin Facility - Bldg. 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>250 Cheesquake Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Parlin</td>
</tr>
<tr>
<td>County (5)</td>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Cardno ATC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 08007</td>
</tr>
<tr>
<td>License No.</td>
<td>000509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>BRISTOL ENVIRONMENTAL, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1123 BEAVER STREET</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>BRISTOL, PA 08007</td>
</tr>
</tbody>
</table>

| Start Date (10) | 11 / 4 / 19 |
| Scheduled Completion Date (11) | 11 / 8 / 19 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/8:00PM-4:00AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 if</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 if</td>
</tr>
<tr>
<td>☑ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
</tr>
<tr>
<td>☑ Non-Exempted (7) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Roof</td>
</tr>
<tr>
<td>☐ ☐ ☐ Transite</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Bristol Environmental Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18706</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>15 Cu Yd</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bristol, PA 19007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Gino Pizzigoni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td>Gino Pizzigoni</td>
</tr>
<tr>
<td>Date</td>
<td>10-24-19</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**DATE OF NOTIFICATION**: 11/15/2019

**Name of Building Owner/Operator**: The College of Saint Elizabeth

**Street Address**: 2 Convent Rd

**City, State, Zip Code**: Morristown, NJ 07960

**Name of Contact**: Mr. Steve Iacovo

**Telephone Number**: 973-290-4000

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: O'Connor Hall

**Street Address**: 2 Convent Rd

**City**: Morristown

**County**: Morris

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

**Square Feet**: 71,130

**No. of Floors**: 5

**Bldg. Age**: 92

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

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

**Name of Abatement Contractor**: United Safety LLC

**Street Address**: 22 Troy Lane

**City, State, Zip Code**: Lincoln Park, NJ 07035

**Telephone No.**: 973-278-0099

**License No.**: 01317

**Occupancy Status During Abatement**: Facility Closed/Abated During Entire Period of Abatement

**Start Date**: 11/16/2019

**Scheduled Completion Date**: 11/16/19

**Other - Describe**: 7:00am - 6:00pm or as needed to complete project

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

- [X] ≥ 23 sf or ≥ 2 if
- [ ] ≥ 160 sf or ≥ 280 if
- [X] Renovation
- [X] Demolition

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

**Is Location Normally Used 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)** 8 LF

**Abatement Type**

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

**Basement Corridor by Chapel Room**: X

**Pipe Insulation**

**Name of Registered Waste Hauler**: United Safety LLC

**NJ/DEP Waste Hauler ID No.**: 0036820

**Cubic Yards of Waste**: TBD

**Name of Registered Landfill**: Fairless Landfill

**City, State**: Morrisville, PA

**Completed by**: Vaneo Petkov

**Title**: Project Manager

**Signature**: [Signature]

**Date**: 11/15/2019

---

*Do not use this form for asbestos licensure exempted activities.*
**STATE OF NEW JERSEY**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60-1.5 and 12:12-7)

**Date of Notification (1)**
11 / 18 / 19

**Agency notified**
- [ ] EPA
- [ ] DOH
- [ ] DOL

**Type of Notification**
- [ ] Initial
- [ ] Amended
- [ ] Amendment # __
- [ ] Emergency w/ justification
- [ ] Cancellation

**Name of Building Owner / Operator (2)**
NOVARTIS PHARMACEUTICALS CORPORATION

**Street Address**
1 HEALTH PLAZA

**City, State, Zip Code**
EAST HANOVER, NJ 07936

**Name of Contact**
HAASAN NEKOUI

**Telephone Number**
662-778-8799

**FACILITY INFORMATION**

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

**Street Address**
1 HEALTH PLAZA

**City (5)**
EAST HANOVER

**County (6)**
MORRIS

**County Code (7)**

**Square Feet**
N/A

**# Of Floors**
N/A

**Building Age**
N/A

**Current Use (Prior if being demolished)**
N/A

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

**Street Address**
1800 ROUTE 22 EAST

**City, State, Zip Code**
UNION, NJ 07086-1597

**Project Mgr. For Monitoring Firm**
MIKE NEHLSEN

**Telephone Number**
908-688-7600

**Scheduled Start Date (10)**
11 / 30 / 19

**Scheduled Completion Date (11)**
12 / 02 / 19

**Name of Abatement Contractor (9)**
NORTHSTAR CONTRACTING GROUP, INC

**Street Address**
32 WILLIAMS PARKWAY

**City, State, Zip Code**
EAST HANOVER, NJ 07936

**Name of OSHA Monitor**
NORTHSTAR CONTRACTING GROUP, INC

**Street Address**
32 WILLIAMS PARKWAY

**City, State, Zip Code**
EAST HANOVER, NJ 07936

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

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

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

<table>
<thead>
<tr>
<th>Is Normally Used</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VTR, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Yes</td>
<td>- [ ] No</td>
</tr>
<tr>
<td>- [ ] N/A</td>
<td>- [ ] PIPE</td>
</tr>
</tbody>
</table>

**EXTERIOR BELOW GRADE**

| [ ] | [ ] 2SLF |

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 4609

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROWS

**City, State**
NEWARK, NJ

**EAST HANOVER, NJ**

**Completed by (Print or Type)**
STEVEN STILES

**Title**
PROJECT MANAGER

**Signature**

**Date**
11/18/19
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 11/15/19

Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION

Street Address
NOVARTIS

City, State, Zip Code EAST HANOVER, NJ 07936

Name of Contact HASSAN NEKoui

Telephone Number 662-778-8799

AGENCIES NOTIFIED
- EPA
- DOH
- DOL

Type of Notification
- Initial
- Amended
- Amendment #
- Emergency w/ justification
- Cancellation

FACILITY INFORMATION

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

Street Address 1 HEALTH PLAZA

City (5) EAST HANOVER

County (6) MORRIS

County Code (7) N/A

Square Feet N/A

# Of Floors N/A

Building Age N/A

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

ASCN NO ASCM NO

Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC

Street Address 32 Williams Parkway

City, State, Zip Code East Hanover, NJ 07936

Telephone Number 973-864-3662

License Number 00660

SCHEDULED START DATE (10) 12/06/19

SCHEDULED COMPLETION DATE (11) 12/09/19

OCCUPANCY STATUS DURING ABATEMENT (CHECK ONLY 1)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe: _
- Other - Describe: __ Friday 8:00PM-Sunday, Midnight

SCOPE OF WORK (CHECK ALL THAT APPLY)
- Demolition
- Renovation
- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

LOCATION OF ASBESTOS CONTAINING MATERIAL (ACM)

TO BE ABATED IN FACILITY (13)

LOCATION
- Normally
- Used
- Solely
- by Maintenance/Custodial

STAFF

IS

DESCRIPTION OF

ASBESTOS - CONTAINING

MATERIAL (ACM)

(I.e., thermal systems

insulation, surfacing, VAT,

or other miscellaneous)

ABATEMENT TYPE

AMOUNT (SPECIFY

SF OR LF)

REMOVAL

REPAIR

ENCAPSULATION

ENCLOSURE

EXTERIOR BELOW GRADE

YES

NO

N/A

PIPE

25LF

NAME OF REGISTERED WASTE HAULER

NEWARK CARTING

NORTHSTAR CONTRACTING GROUP, INC

NJDEP Waste

Hauler ID No. 4509

CUBIC YARDS

OF WASTE

NAME OF REGISTERED LANDFILL

GROWS

CITY, STATE

NEWARK, NJ

EAST HANOVER, NJ

DISPOSAL DATE

CITY, STATE

MORRISVILLE, PA

COMPLETED BY (PRINT OR TYPE)

STEVEN STILES

TITLE

PROJECT MANAGER

SIGNATURE

DATE 11/18/19