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

Date of Notification (1)  
11/23/2018

Name of Building Owner/Operator (2)  
Division of Property Management and Construction (DPMC)

Name of Contact  
William Oyster  
Telephone Number  
(609) 433-2001

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

FACILITY INFORMATION

Street Address  
138 Bayview Road

City (5)  
Downe Township

County (6)  
Cumberland

County Code (7)  
(State Use Only)

Name of Abatement Contractor (9)  
Site Enterprises, Inc.

Site Address  
PO Box 365

City, State, Zip Code  
Berlin, NJ 08009

Project Manager for Monitoring Firm  
James Proctor

Telephone No.  
(856) 452-1311

License No.  
01172

Start Date (10)  
11/23/18

Scheduled Completion Date (11)  
3/4/19

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

Scope of Work (Check All That Apply)  
- 0 - 99 sf or 0 - 99 if  
- 100 sf or 100 if  
- Renovation  
- Demolition

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

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

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

Amount (Specify SF or LF)  
200 yd per res

Abatement Type  
Removal  
Repair  
Endosulfan  
Endoscope

Name of Registered Waste Hauler  
Site Enterprises Inc.

City, State  
Egg Harbor Township, NJ

Name of Registered Landfill  
CCIA

Disposal Date  
3/4/19

City, State  
Rosenhayn, NJ 08352

Completed by  
Eric Keys  
Title  
OM  
Signature  
[Signature]

Date  
11/23/2018

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

Date of Notification (1)
11/23/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bystol

Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
142 Bayview Road

City (5)
Downe Township

County (6)
Cumberland

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

Square Feet
Varies

# of Floors
Varies

Bldg Age
30+

Housing Deemed Unsafe

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Site Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

Telephone No.
609-587-1250

License No.
01172

Name of OSHA Monitor
Health & Safety Services, Inc.

Occupancy Status During Abatement (Check Only One)

设施封闭/未使用

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours
Other – Describe: vacant

Scope of Work (Check All That Apply)

≥23 sf or ≥23 ft

≥160 sf or ≥280 ft

Removal

Demolition

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

Houses Deemed Unsafe

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

Disposal Date
3/11/2018

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date
11/23/2018

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

**Date of Notification (1)**
11/23/2018

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC) 2018

**Street Address**
33 West State Street

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
William Byster

**Telephone Number**
(609)433-2001

---

**FACILITY INFORMATION**

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

**Street Address**
144 Bayview Road

**City (5)**
Downe Township

**County (6)**
Cumberland

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services

**ASCM No.**

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

**Street Address**
6626 DeRijah Road

**City, State, Zip Code**
Egg Harbor Township, NJ 08234

**Telephone No.**
(856)452-1311

**License No.**
01172

**Start Date (10)**
11/24/18

**Scheduled Completion Date (11)**
3/14/19

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

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

---

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

- [X] ≥36 sf or ≥3 if
- [ ] ≥160 sf or ≥260 li
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] 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?**

- [X] 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**

- [X] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endure

---

**Houses Deemed Unsafe**

- [X] Houses Deemed Unsafe
- [ ] Houses Deemed Safe

**Amount (Specify SF or LF)**
200 yd per res

---

**Name of Registered Waste Hauler**
Site Enterprises Inc.

**NJDEP Waste Hauler ID No.**
0035220

**Cubic Yards of Waste**
20 cy

**Name of Registered Landfill**
CCIA

**City, State**
Rosenhayn, NJ 08352

**Disposal Date**
3/14/19

**Completed by**
Eric Keys

**Title**
OM

**Signature**

---

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

Date of Notification (1)
11/23/2018

Name of Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bayster
Telephone Number
(609)433-2001

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

City (5)
Downe Township
County (6)
Cumberland

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Telephone No.
(609)452-1311

License No.
D1172

Start Date (10)
11/24/18
Scheduled Completion Date (11)
3/14/19

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

Scope of Work (Check All That Apply)
☐ ≤ 100 sq ft or ≤ 10 if
☐ ≥160 sq ft 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)

Yes
No
N/A

Houses Deemed Unsafe X

Amount (Specify SF or LF)
200 yd per res

Abatement Type
Removal
Repair
Encapsulation
Endorse

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Disposal Date
3/14/19

Name of Registered Landfill
CCIA

City, State
Egg Harbor Township, NJ

Completed by
Eric Keys

Signature

Date
11/23/2018

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

**State of New Jersey**

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC)

**Address Information**

- **Street Address:** 33 West State Street
- **City, State, Zip Code:** Trenton, NJ 08625

**Name of Contact**
William Bystro
**Telephone Number:** (609) 433-2001

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - Abandoned Flood House
- **Street Address:** 148 Bayview Road
- **City:** Downe Township
- **County:** Cumberland

**Name of Monitoring Firm (8)**
Health & Safety Services
**ASCM No.:**

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.
**Street Address:** 6626 Delillah Road
**City, State, Zip Code:** Egg Harbor Township, NJ 08234

**Project Manager for Monitoring Firm**
James Proctor
**Telephone No.:** (856) 452-1311

**Start Date (10):** 11/22/2018
**Scheduled Completion Date (11):** 11/24/2019

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

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

- X ≥ 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**

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| Houses Deemed Unsafe | 200 yd per res | X |

**Name of Registered Waste Hauler**
Site Enterprises Inc.
**NJSEP Waste Hauler ID No.:** 0035220
**Cubic Yards of Waste:** 20 cy

**Disposal Date:** City, State
Rosenhayn, NJ 08352

**Completed by**
Eric Keys
**Signature:**
**Date:** 11/23/2018

---

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

Date of Notification (1)
11/23/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agency Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster
Telephone Number
(609)433-2001

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

City (8)
Downe Township

County (6)
Cumberland

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(856)452-1311

Start Date (10)
11/23/18

Scheduled Completion Date (11)
3/14/19

Facility Condition
Houses Deemed Unsafe

Square Feet
Varies

# of Floors
Varies

Bldg. Age
30+

Current Use (Prior to being demolished)
Housing Deemed Unsafe

Scope of Work (Check All That Apply)

Renovation
Demolition

Location of Asbestos-Containing Material (ACM)

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

Houses Deemed Unsafe

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

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

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

Amount
Specify SF or LF

Abatement Type
Removal
Repair
Encapsulation
Endorsement

Endorsement

Name of Registered Waste Hauler
Site Enterprises Inc.

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

NJDEP Waste Hauler ID No.
0035220

Disposal Date

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys

Title
OM

Signature

Date
11/23/2018

* Do not use this form for asbestos license exempted activities.
Date of Notification (1)  
11/23/2018

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

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

Name of Building Owner/Operator (2)  
Division of Property Management and Construction (DPMC)

Street Address  
33 West State Street

City, State, Zip Code  
Trenton, NJ 08625

Name of Contact  
William Byster  
(609)433-2001

FACILITY INFORMATION

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

Street Address  
154 & 156 Bayview Road

City (5)  
Downe Township

County (6)  
Cumberland

County Code (7)  
(State Use Only)  

Name of Monitoring Firm Hired by Building Owner (8)  
Health & Safety Services

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

Square Feet  
Varies

# of Floors  
Varies

Bldg. Age  
30+

Current Use (Prior to being demolished)  
Housing Deemed Unsafe

Name of Abatement Contractor (9)  
Site Enterprises, Inc.

Street Address  
6826 Delilah Road

City, State, Zip Code  
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm  
James Proctor  
(856)452-1311

Telephone No.  
609-567-1250

License No.  
01172

Name of OSHA Monitor  
Health & Safety Services, Inc.

Street Address  
PO Box 365

City, State, Zip Code  
Berlin, NJ 08009

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

Scope of Work (Check All That Apply)  
- e.g. sf or e.g. if
- More than 160 sf or e.g. if
- Renovation/Removal/Repair
- Demolition
- Encapsulate
- Full Containment with Negative Pressure
- Miniclosure
- 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, VAC, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  

Houses Deemed Unsafe  
X  
Houses Deemed Unsafe  
200 yd per res  
X

Name of Registered Waste Hauler  
Site Enterprises Inc.

Cubic Yards of Waste  
20 cy

Name of Registered Landfill  
CCIA

Disposal Date  
3/24/18

City, State  
Rosenhayn, NJ 08352

Completed by  
Eric Keys  
Title  
OM

Signature  

Date  
11/23/2018

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

Date of Notification (1)
11/23/2018

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

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

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)
Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625
Name of Contact
William Byster
Telephone Number
(609)433-2001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Abandoned Flood House
Street Address
158 Bayview Road
City (5)
Downe Township
County (6)
Cumberland

County Code (7) (STATE USE ONLY)

Name of Abatement Contractor (9)
Site Enterprises, Inc.
Street Address
6626 Delilah Road
City, State, Zip Code
Egg Harbor Township, NJ 08234
Name of OSHA Monitor
Health & Safety Services, Inc.
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services
ASCM No.

Telephone No.
(856)452-1311

License No.
01172

Start Date (10)
11/22/18

Scheduled Completion Date (11)
11/29/18

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥190 sf or ≥290 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility
YES
No
N/A

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

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
End cape

Houses Deemed Unsafe

Houses Deemed Unsafe

200 yd per res

Name of Registered Waste Hauler
Site Enterprises Inc.
NJDEP Waste Hauler ID No.
0035220
Cubic Yards of Waste
20 cy
Name of Registered Landfill
CCIA
Disposal Date
City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys
Title
OM
Signature
Date
11/23/2018

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

Date of Notification (1)
11/23/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

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

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

Street Address
33 West State Street

City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster
Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
160 Bayview Road

City (5)
Downe Township

County (6)
Cumberland

County Code (7)
[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCN No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
6626 Delilah Road

City, State, Zip Code
Egg Harbor Township, NJ 08234

Project Manager for Monitoring Firm
James Proctor
Telephone No.
(856)452-1311

License No.
609-587-1250
01172

Start Date (10)
11/23/18

Scheduled Completion Date (11)
3/14/19

Name of OSHA Monitor
Health & Safety Services, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

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

Scope of Work (Check All That Apply)

- ≥30 sf or ≥3 if
- ≥180 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Yes
No
N/A

Houses Deemed Unsafe

X

Houses Deemed Unsafe

200 yd per res


Name of Registered Waste Hauler
Site Enterprises Inc.

NJDEP Waste Hauler ID No.
0035220

Cubic Yards of Waste
20 cy

Name of Registered Landfill
CCIA

Disposal Date
3/14/19

City, State
Rosenhayn, NJ 08352

Completed by
Eric Keys
Title
OM

Signature
Date
11/23/2018

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

State of New Jersey

Date of Notification (1)
11/23/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

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

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Byster
Telephone Number
(609)433-2001

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

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
Varies
# of Floors
Varies
Bldg Age
30+

County Code (7)
(CITY USE ONLY)

Current Use (Prior if being demolished)
Housing Deemed Unsafe

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services
ASCM No.

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Telephone No.
(856)452-1311
Telephone No.
609-567-1250
License No.
01172

Name of OSHA Monitor
Health & Safety Services, Inc.

Project Manager for Monitoring Firm
James Proctor

Street Address
6626 Dellaiah Road
City, State, Zip Code
Egg Harbor Township, NJ 08234

Start Date (10)
11/23/18
Scheduled Completion Date (11)
3/14/19

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

Scope of Work (Check All That Apply)
☐ ≥3,000 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
don't demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Yes
No
N/A

(13)

(12)

Is Location Normally Used Solely by
Maintenance Custodial Staff?

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

Amount
(Specify SF or LF)

Abatement
Type

Removal
Repair
Encapsulation
Endorse

Houses Deemed Unsafe

X

Houses Deemed Unsafe

200 yd per res

X

Name of Registered Waste Hauler
Site Enterprises Inc.
NJDEP Waste Hauler ID No.
0035220
Cubic Yards
of Waste
20 cy
Name of Registered Landfill
CCIA
Disposal Date
3/14/19
City, State
Rosenhayn, NJ 08362

Completed by
Eric Keys
Title
OM
Signature

Date
11/23/2018

ASB-41 (R-06-08)

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

### State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>11/23/2018</th>
</tr>
</thead>
</table>

### Agencies Notified

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
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<tr>
<td>Initial</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amended Amendment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emergency (including justification)</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

### Name of Building Owner/Operator

**Division of Property Management and Construction (DPMC)**

- **Street Address:** 33 West State Street
- **City, State, Zip Code:** Trenton, NJ 08625
- **Name of Contact:** William Byster
- **Telephone Number:** (609) 433-2001

### Name of Facility Where Abatement is Taking Place

**Abandoned Flood House**

- **Street Address:** 164 Bayview Road
- **City:** Downe Township
- **County:** Cumberland

### Name of Abatement Contractor

**Site Enterprises, Inc.**

- **Street Address:** 6826 Delilah Road
- **City, State, Zip Code:** Egg Harbor Township, NJ 08234

### Name of OSHA Monitor

**Health & Safety Services, Inc.**

- **Street Address:** PO Box 365
- **City, State, Zip Code:** Berlin, NJ 08009

### Scope of Work

- 2-3 sf or 2-3 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**

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

- Yes
- No
- N/A

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

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

### Houses Deemed Unsafe

- X Houses Deemed Unsafe

### Amount (Specify SF or LF)

- 200 yd per res

### Abatement Type

- X

### Name of Registered Waste Hauler

**Site Enterprises Inc.**

- **NJDEP Waste Hauler ID No.:** 0035220
- **Cubic Yards of Waste:** 20 cy
- **Name of Registered Landfill:** CCIA

### City, State

**Egg Harbor Township, NJ**

### Disposal Date

- 3/23/19

### City, State

**Rosenhayn, NJ 08352**

### Completed by

**Eric Keys**

- **Title:** OM

### Signature

- [Signature]

### Date

- 11/23/2018

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: 11/23/2018

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

Name of Building Owner/Operator: Division of Property Management and Construction (DPMC)

Agencies Notified: EPA

Type Notification: Initial

Street Address: 33 West State Street

City, State, Zip Code: Trenton, NJ 08625

Name of Contact: William Byster

Telephone Number: (609)433-2001

FACILITY INFORMATION

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

Street Address: 181 Bayview Road

City: Downe Township

County: Cumberland

Name of Monitoring Firm Hired by Building Owner (8):
Health & Safety Services

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

Square Feet: Varies

# of Floors: Varies

Bldg. Age: 30+

Current Use (Prior to being demolished): Housing Deemed Unsafe

Name of Abatement Contractor (8):
Site Enterprises, Inc.

Street Address: 6626 Dellah Road

City, State, Zip Code: Egg Harbor Township, NJ 08234

Name of OSHA Monitor:
Health & Safety Services, Inc.

Project Manager for Monitoring Firm:
James Proctor

Telephone No.: (856)452-1311

Telephone No.:
609-567-1250

License No.: 01172

Start Date (10): 11/26/18

Scheduled Completion Date (11): 3/14/19

Occupancy Status During Abatement (Check One Only):

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

Scope of Work (Check All That Apply):

- ≥200 sf or ≥200
- ≥160 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

- Yes
- No
- N/A

Houses Deemed Unsafe

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

Amount (Specify SF or LF): 200 yd per res

Name of Registered Waste Hauler:
Site Enterprises Inc.

Cubic Yards of Waste:
20 cy

Name of Registered Landfill:
CCIA

City, State:
Egg Harbor Township, NJ

Disposal Date:
3/14/19

City, State:
Rosenhayn, NJ 08352

Completed by:
Name:
Eric Keys

Title:
OM

Signature:

Date:
11/23/2018

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

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/23/2018</th>
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**Agency Notified**
- [x] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC)

**Street Address**
33 West State Street

**City**, **State**, **Zip Code**
Trenton, NJ 08625

**Name of Contact**
William Oyster

**Telephone Number**
(609)-633-2001

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Abandoned Flood House</th>
</tr>
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**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**
Varies

**# of Floors**
Varies

**Bldg. Age**
30+

**Current Use (Prior to being demolished)**
Housing Deemed Unsafe

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>6626 Delilah Road</th>
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**Name of OSHA Monitor**
Health & Safety Services

<table>
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<th>Street Address</th>
<th>PO Box 365</th>
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**Name of Registered Waste Hauler**
Site Enterprises Inc.

<table>
<thead>
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<th>NJDEP Waste Hauler ID No.</th>
<th>00355220</th>
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**Cubic Yards of Waste**
20 cy

**Name of Registered Landfill**
CCIA

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<th>City, State</th>
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**Disposal Date**
3/26/18

**Name of Registered Landfill**
CCIA

<table>
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<th>City, State</th>
<th>Rosenhayn, NJ 08352</th>
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</table>

**Completed by**
Eric Keys

<table>
<thead>
<tr>
<th>Title</th>
<th>OM</th>
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</thead>
</table>

**Signature**

**Date**
11/23/2018

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

**Date of Notification (1)**
11/23/2018

**Name of Building Owner/Operator (2)**
Division of Property Management and Construction (DPMC)

**Street Address**
33 West State Street

**City, State, Zip Code**
Trenton, NJ 08625

**Name of Contact**
William Byster

**Telephone Number**
(609)433-2001

---

**FACILITY INFORMATION**

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

**Street Address**
250 E Nantuxent Dr

**City (5)**
Downe Township

**County (6)**
Cumberland

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

**Name of Monitoring Firm Hired by Building Owner (8)**
Health & Safety Services

**ASCM No.**

**Name of Abatement Contractor (9)**
Site Enterprises, Inc.

**Street Address**
6626 Delligoh Road

**City, State, Zip Code**
Egg Harbor Township, NJ 08234

**Project Manager for Monitoring Firm**
James Proctor

**Telephone No.**
(856)452-1311

**Telephone No.**
609-567-1250

**License No.**
01172

**Start Date (10)**
11/24/18

**Scheduled Completion Date (11)**
3/14/19

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

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

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

- ≥30 sf or ≥3T
- ≥160 sf or ≥2600 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

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

Yes

No

N/A

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

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Enclose

**Name of Registered Waste Hauler**
Site Enterprises Inc.

**Disposal Date**
3/14/19

**Name of Registered Landfill**
CCIA

**Completed by**
Eric Keys

**Title**
OM

**Signature**

**Date**
11/23/2018

* Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**Name of Building Owner/Operator (2)**  
Division of Property Management and Construction (DPMC)

**Name of Contact**  
William Byster
**Telephone Number**  
(609)433-2001

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

**Street Address**  
114 Bayview Road

**City (5)**  
Downe Township

**County (6)**  
Cumberland

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Services

**Name of Abatement Contractor (9)**  
Site Enterprises, Inc.

**Street Address**  
PO Box 365

**City, State, Zip Code**  
Berlin, NJ 08009

**Project Manager for Monitoring Firm**  
James Proctor
**Telephone No.**  
(856)452-1311

**Start Date (10)**  
11/24/18

**Scheduled Completion Date (11)**  
3/14/19

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

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

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

- [x] ≥ 1,500 ft² or ≥ 1,500 sf
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

In Facility (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)**

- [x] 200 yd per res

**Abatement Type**

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endose

**Name of Registered Waste Hauler**  
Site Enterprises Inc.

**Waste Hauler ID No.**  
0035220

**Cubic Yards of Waste**  
20 cy

**Name of Registered Landfill**  
CCIA

**Disposal Date**  
[Blurred]

**City, State**  
Rosenhayn, NJ 08352

**Completed by**  
Eric Keys
**Title**  
OM
**Signature**

**Date**  
11/23/2018

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

Date of Notification (1)
11-26-18

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

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

Name of Building Owner/Operator (2)
BRISTOL MYERS SQUIBB

Street Address
1 SQUIBB DRIVE

City, State, Zip Code
NEW BRUNSWICK, NJ 08903

Name of Contact
PHIL DESPIRITO

Telephone Number
732-227-7163

Name of Facility Where Abatement is Taking Place (3)
BRISTOL MYERS SQUIBB - BLDG 65

Street Address
1 SQUIBB DRIVE

City (5)
NEW BRUNSWICK

County (6)
MIDDLESEX

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES, INC.

Street Address
2251 FRALEY STREET

City, State, Zip Code
PHILADELPHIA, PA 19137

Project Manager for Monitoring Firm
BILL KERBER

Telephone No.
973-729-5649

Start Date (10)
11-28-18

Scheduled Completion Date (11)
3-31-19

Occupy 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)
- ≥35 sf or ≥3 if
- ≥150 sf or ≥250 if
- Renovation
- Demolition

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

In Facility

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes □ No □ N/A □

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

Amount (Specify SF or LF)

Abatement Type

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

Name of Registered Waste Hauler
HORIZON DISPOSAL SERVICES

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
WASTE MGMT GROWS LANDFILL

City, State
TRENTON, NJ

Disposal Date

City, State
FAIRLESS HILLS, PA

Completed by
JENNIFER NIVEN

Title
DIR. OF OPERATIONS

Signature

Date
11-26-18

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

**SEE ATTACHED SHEET**
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**STATE OF NEW JERSEY**

**NOVEMBER 23, 2018**

**Name of Building Owner/Operator:**

CHRISTINE RAABE

**Agencies Notified**

- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**

- Initial
- Amended

**Street Address:**

BRICK, NJ 08723

**City, State, Zip Code:**

**Name of Contact:**

CHRISTINE RAABE

**Telephone Number:**

**FACILITY INFORMATION**

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

RAABE PROPERTY

**Street Address:**

**City (5):**

BRICK

**County (6):**

OCEAN

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

N/A

**ASCM No.:**

N/A

**Name of Abatement Contractor:**

Finishing Touch Asbestos Abatement Corp., Inc.

**Street Address:**

17 Thompson Street

**City, State, Zip Code:**

West Long Branch, NJ 07764

**Project Manager for Monitoring Firm:**

N/A

**Telephone No.:**

732.222.8372

**License No.:**

00040

**Start Date (10):**

DEC. 3, 2018

**Scheduled Completion Date (11):**

DEC. 8, 2018

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

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

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

- Renovation
- Demolition

**Full Containment with Negative Pressure**

- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

- joint compound

- 9x9 vat

- 12x12 vat

- 12x12 vat & mastic

**Name of Registered Waste Hauler:**

Finishing Touch Asbestos Abatement Corp., Inc.

**NJDEP Waste Hauler ID No.:**

12058

**Cubic Yards of Waste:**

5cy

**Name of Registered Landfill:**

FAIRLESS LANDFILL

**City, State:**

WEST LONG BRANCH, NJ 07764

**Disposal Date:**

12/8/18

**Completed by:**

JOSEPH P. MILLER

**Title:**

PRESIDENT

**Signature:**

[Signature]

**Date:**

11/23/18

---

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

State of New Jersey

Date of Notification (1) 11 / 21 / 18

Name of Building Owner/Operator (2) Walters Residential

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

Type Notification
☑ Initial
□ Amended
□ Amendment # 
□ Emergency (including justifi cation)
□ Cancellation

Street Address [Redacted]

City, State, Zip Code Barnegat, NJ 08005

Name of Contact Victor

Telephone Number [Redacted]

FACILITY INFORMATION

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

Street Address [Redacted]

City (5) Beach Haven West

County (6) Ocean

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

Current Use (Prior if being demolished) Residence

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

Square Feet 850 sf

# of Floors 1

Bldg. Age 65

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

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

ASCM No.

Street Address 1869 Route 9, Unit 61

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

Project Manager for Monitoring Firm [Redacted]

Telephone No. 732-349-9932

License No. 00624

Start Date (10) 12 / 03 / 18

Scheduled Completion Date (11) 12 / 04 / 18

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

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

Street Address 1056 Stilton

City, State, Zip Code Piscataway, New Jersey 08854

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM_ _PM_ _AM_

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 ft
□ ≥190 sf or ≥280 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)

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.

Disposal Date 12/04/18

City, State Tullytown, Pennsylvania

Completed By (Print or Type) Nicholas Femicola

Title Project Manager

Signature [Redacted]

Date 11/15/18

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

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<tr>
<th>Date of Notification (1)</th>
<th>11/23/18</th>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Oakland Board of Education</td>
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<td>Type Notification</td>
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<tr>
<td>Street Address</td>
<td>131 Yawpo Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Oakland, NJ 07436</td>
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<tr>
<td>Name of Contact</td>
<td>Jeff Boltzer</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement Is Taking Place (3)</td>
<td>School</td>
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<td>Street Address</td>
<td>Indian Hills High School</td>
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<td>City (6)</td>
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<td>Aero Environmental</td>
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<td>Harmony Contracting Inc</td>
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<td>Address</td>
<td>Street Address</td>
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<tr>
<td>275 Route 10 East</td>
<td>360 Palisade Ave</td>
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<td>City, State, Zip Code</td>
<td>Succasunna, NJ 07876</td>
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<td>Telephone No.</td>
<td>973-920-8061</td>
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<td>License No.</td>
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<td>12/6/18</td>
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<tr>
<td>Name of OSHA Monitor</td>
<td>Harmony Contracting Inc</td>
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<tr>
<td>Street Address</td>
<td>275 Route 10 East</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Succasunna, NJ 07876</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Other – Describe:</td>
<td>STARTING AT 6:00am</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X Renovation</td>
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<td>X Demolition</td>
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<td>X Full Containment with Negative Pressure</td>
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<td>X Mini-Enclosure</td>
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<td>X Glovebag Procedure</td>
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<tr>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>In Facility</td>
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<tr>
<td>Total Location</td>
<td>13</td>
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<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>Yes</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>No</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
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<tr>
<td>Amount (Specify SF or LF)</td>
<td>7.5 LF</td>
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<td>C33035</td>
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<td>Cubic Yards of Waste</td>
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<td>GROWS Landfill</td>
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<td>Garfield, NJ</td>
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<td>Garfield, NJ</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>E. Cirovic</td>
</tr>
<tr>
<td>Title</td>
<td>Secretary</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11/23/18</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**

**Date of Notification (1)**
11 / 23 / 18

**Name of Building Owner/Operator (2)**
Monmouth Custom Builders

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

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

**Street Address**
259 Monmouth Road
Deal, NJ 07723

**Name of Contact**
Bob Hankins
Telephone Number: 732-300-1234

**FACILITY INFORMATION**

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

**City (5)**
Allenhurst

**County (6)***
Monmouth

**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 Route 9, Unit 61
Toms River, New Jersey 08755

**Project Manager for Monitoring Firm**
Nicholas Fernicola
Telephone No.: 732-349-9932

**Start Date (10)**
12 / 04 / 18

**Scheduled Completion Date (11)**
12 / 06 / 18

**Square Feet**
1200 sf

**# of Floors**
1

**Bldg. Age**
70

**Current Use (Prior to being demolished)**
Residence

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

**Street Address**
1056 Station
Piscataway, New Jersey 08854

**Scope of Work (Check all that apply)**
- [x] ≥3 sf or ≥3 ft
- [ ] ≥160 sf or ≥280 ft

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**City, State**
Toms River, New Jersey

**Completed By (Print or Type)**
Nicholas Fernicola
Title: Project Manager

**Signature**

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

**Cubic Yards of Waste**
3

**Disposal Date**
12/06/18

**City, State**
Tullytown, Pennsylvania

---

*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)
11/20/2018

Name of Building Owner/Operator (2)
Bill Lasala

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DEP</td>
<td>Amended</td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
[Redacted]

City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Bill Lasala

Telephone Number

FACILITY INFORMATION

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

Street Address
[Redacted]

City (5)
Wayne

County (6)
Passaic

County Code (7)
N/A

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

License No.
973-345-8685
01311

Start Date (10)
11/30/2018

Scheduled Completion Date (11)
12/01/2018

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

Scope of Work (Check All That Apply)

- ✔ ≥30 sf or ≥3 if
- ✔ ≥160 sf or ≥260 if
- ✔ Renovation
- ✔ Demolition
- ✔ Full Containment with Negative Pressure Mini-Enclosure
- ✔ Glovebag Procedure
- ✔ Non-Exempted (*) and Non-Friable Procedure

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

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

Basement
VAT
470 SF

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

City, State
Totowa, NJ 07512

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
11/20/2018

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
11/11/2018

Name of Building Owner/Operator (2)
jaime j. raskulincz

Name of Contact
jaime j. raskulincz

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
jaime j. raskulincz

Street Address

City (5)  County (6)  County Code (7)
west orange  Essex  (State use only)

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

ASCM No.

Type of Facility (4)

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

Square Feet  # of Floors  Bldg. Age

Full Containment w/negative pressure  Mini-enclosure  Glovebag procedure  Non-Exempted (*) and Non-friable procedure

Type of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number 973-345-8020  License Number 01168

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)

>2 sf or >3 ft  Renovation
≥160 sf or ≥260 ft  Demolition

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R  E  M  O  V  A  L  R  E  P  A  I  R  E  N  C  A  P

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

Yes  No  N/A

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID# 13506  Cubic Yards of Waste 1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date 11/22/18

Completed by (Print or Type)
BOGDAN JOLDZIC  Title President

Signature

Date 11/20/2018

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

State of New Jersey

Data of Notification (1)
11-19-18

Agencies Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
X Initial
Amended

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield NJ

Name of Contact
Jake Reid

Telephone Number
908-319-1126

Name of Facility Where Abatement is Taking Place (3)
Sand Hill Substation

Street Address
184 Harts Lane

City (5)
East Brunswick

County (6)
Middlesex

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

ASCM No.
N/A

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

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank, NY 11980

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
631-924-8111

License No.
01136

Name of OSHA Monitor
WRS Environmental Services, Inc.

Street Address
17 Old Dock Rd

City, State, Zip Code
Yaphank, NY 11980

Start Date (10)
11-30-18

Scheduled Completion Date (11)
12-17-18

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

Abatement Performed Outside of Normal Facility Hours
Other – Describe: Electrical circuit cabinet

Scope of Work (Check All That Apply)
X 23 ft or 23 ft
X 240 sq ft or 260 sq ft

Renovation
Demolition

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

In Facility
(13)

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

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

Amount
(Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endorsement

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

Control House

X Non-friable transite floor panels
38 SF
X

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

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards
of Waste
TBD

Name of Registered Landfill
Fairless Landfill

Disposal Date
TBD

City, State
Morristown, PA 19067

Completed by
Raymond Tutiven

Title
Supervisor

Signature

Date
11-19-18

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

Date of Notification (1)
11/23/2018

Name of Building Owner/Operator (2)
Division of Property Management and Construction (DPMC)

Agencies Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
33 West State Street
City, State, Zip Code
Trenton, NJ 08625

Name of Contact
William Bystler
Telephone Number
(609)433-2001

FACILITY INFORMATION

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

Street Address
34 Paris Road

City (6)
Lawrence Township

County (5)
Cumberland

County Code (7)
(SATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

Name of Abatement Contractor (9)
Site Enterprises, Inc.

Street Address
PO Box 365
City, State, Zip Code
Berrik, NJ 08009

Project Manager for Monitoring Firm
James Proctor

Telephone No.
(556)452-1311

Start Date (10)
11/24/18

Scheduled Completion Date (11)
3/31/19

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

≥23 sf or ≥23 if
≥160 sf or ≥260 if
Renovation
Demolition

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

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

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

Amount (Specify SF or LF)

Abatement Type

Houses Deemed Unsafe
X

Name of Registered Waste Hauler
Site Enterprises Inc.

Name of Registered Landfill
CCIA

Cubic Yards of Waste
20 cy

Disposal Date
3/31/19

City, State
Rosenharyn, NJ 08352

Completed by
Eric Keys
Title
OM
Signature
Date
11/23/2018

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

Date of Notification (1):
11/23/2018

Name of Building Owner/Operator (2):
Division of Property Management and Construction (DPMC)

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

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

Street Address:
33 West State Street
City, State, Zip Code:
Trenton, NJ 08625

Name of Contact:
William Bysto
Telephone Number:
(609) 433-2001

FACILITY INFORMATION

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

Street Address:
116 Bayview Road
City:
Downe Township
County:
Cumberland

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
Health & Safety Services

ASCM No.:

Name of Abatement Contractor (9):
Site Enterprises, Inc.

Street Address:
6626 Dalliah Road
City, State, Zip Code:
Berlin, NJ 08009

Project Manager for Monitoring Firm:
James Proctor
Telephone No.:
(856) 452-1311

Start Date (10):
11/23/18
Scheduled Completion Date (11):
3/14/19

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

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

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

In Facility

Yes No N/A

Houses Deemed Unsafe:
X

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

Amount (Specify SF or LF):
200 yd per res

Abatement Type:

Name of Registered Waste Hauler:
Site Enterprises Inc.

NJDEP Waste Hauler ID No.:
0035220

Cubic Yards of Waste:
20 cy

Name of Registered Landfill:
CCIA

City, State:
Egg Harbor Township, NJ

Disposal Date:
3/14/19

Completed by:
Eric Keys
Title:
OM
Signature:

Date:
11/23/2018

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

**Date of Notification (1)**  
11/23/2018

**Name of Building Owner/Operator (2)**  
Division of Property Management and Construction (DPMC)

**Street Address**  
33 West State Street  
City, State, Zip Code  
Trenton, NJ 08625

**Name of Contact**  
William Byster  
Telephone Number  
(609)433-2001

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**  
Abandoned Flood House

**Street Address**  
118 & 120 Bayview Road

**City (5)**  
Downe Township

**County (6)**  
Cumberland

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

**Name of Monitoring Firm Hired by Building Owner (8)**  
Health & Safety Services

**ASCM No.**  

**Name of Abatement Contractor (9)**  
Site Enterprises, Inc.

**Street Address**  
6626 Delliath Road

**City, State, Zip Code**  
Egg Harbor Township, NJ 08234

**Project Manager for Monitoring Firm**  
James Proctor

**Telephone No.**  
(856)452-1311

**Start Date (10)**  
11/23/18

**Scheduled Completion Date (11)**  
3/14/19

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

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

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

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

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

**In Facility (13)**

<table>
<thead>
<tr>
<th>Houses Deemed Unsafe</th>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Site Enterprises Inc.</td>
<td>20 cy</td>
<td>CCIA</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Site Enterprises Inc.

**City, State**  
Egg Harbor Township, NJ

**Completed by**  
Eric Keys

**Title**  
OM

**Signature**  
[Signature]

**Date**  
11/23/2018

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

Name of Building Owner/Operator:
Division of Property Management and Construction (DPMC)

Street Address:
33 West State Street
City, State, Zip Code:
Trenton, NJ 08625

Name of Contact:
William Bystar
Telephone Number:
(609)433-2001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Abandoned Flood House

Street Address:
122 Bayview Road
City:
Downe Township
County:
Cumberland

Name of Monitoring Firm Hired by Building Owner:
Health & Safety Services

Name of Abatement Contractor:
Site Enterprises, Inc.

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

Square Feet:
Varies
# of Floors:
Varies
Bldg. Age:
30+

Current Use (Prior if being demolished):
Housing Deemed Unsafe

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

Scope of Work (Check All That Apply):
□ ≥ 3 sf or ≥ 1 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

Houses Deemed Unsafe

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):
200 yd per res

Abatement Type
□ Removal
□ Repair
□ Encapsulation
□ Endorse

Name of Registered Waste Hauler:
Site Enterprises Inc.

Cubic Yards of Waste:
20 cy

Disposal Date:

Name of Registered Landfill:
CCIA

City, State:
Egg Harbor Township, NJ

Completed by:
Eric Keys
Title:
OM

Signature:
Date:
11/23/2018

ASB-41 (R-00-08)

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