State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)
11 / 27 / 18

Name of Building Owner/Operator (2)
Millville Public Schools / Job #1707-5179 Check #10795

Name of Contact
Bob Ryan

Telephone Number
609-858-5395

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Millville Senior High School

Street Address
200 North Wade Blvd.

City (5)
Millville

County (8)
Cumberland

Square Feet
200,000

# of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Education

Name of Monitoring Firm Hired by Building Owner (6)
Brinkerhoff Environmental Services, Inc.

ASCM No.
00100

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
1805 Atlantic Avenue

City, State, Zip Code
Manasquan, NJ 08736

Telephone No.
732-223-2225

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
4 / 2 / 18

Scheduled Completion Date (11)
12 / 31 / 18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7AM-3:30PM/3:30PM-12AM

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type
Removal Repair Encapsulate Encoache

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
12

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

City, State
Lumberton, NJ

Disposal Date
12/31/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
11-27-18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used for Maint.</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room D105</td>
<td>NO</td>
<td>Transite Panels</td>
<td>9 SF</td>
<td>Removal</td>
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<tr>
<td>Room D104</td>
<td>NO</td>
<td>Transite Panels</td>
<td>9 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D103</td>
<td>NO</td>
<td>Transite Panels</td>
<td>10 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Room D103</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>8 LF</td>
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<tr>
<td>Room D101</td>
<td>NO</td>
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<td>10 SF</td>
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<tr>
<td>Room D101</td>
<td>NO</td>
<td>Cove Base Mastic</td>
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<tr>
<td>Room D102</td>
<td>NO</td>
<td>Transite Panels</td>
<td>19 SF</td>
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<td>Room D102</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>7 LF</td>
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<td>Room D113/114</td>
<td>NO</td>
<td>Transite Panels</td>
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<td>Removal</td>
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<tr>
<td>Room D113/114</td>
<td>NO</td>
<td>Chalkboards &amp; Mastic</td>
<td>50 SF</td>
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<tr>
<td>Room D113/114</td>
<td>NO</td>
<td>Transite Door Panels</td>
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<tr>
<td>(2) Storage Rms. &amp; Hall</td>
<td>NO</td>
<td>Floor tile &amp; Mastic</td>
<td>150 SF</td>
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<td>Throughout</td>
<td>NO</td>
<td>Door Caulk</td>
<td>10 SF</td>
<td>Removal</td>
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<tr>
<td>Auditorium</td>
<td>NO</td>
<td>Cement Panels</td>
<td>500 SF</td>
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<td>NO</td>
<td>Roof Drain Fitting</td>
<td>1 each</td>
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<tr>
<td>Cafeteria</td>
<td>NO</td>
<td>White window glazing</td>
<td>2,436 LF</td>
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<td>NO</td>
<td>Transom Panels</td>
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<td>Floor tile &amp; Mastic</td>
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<td>NO</td>
<td>Interior Door Caulking</td>
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<td>Cafeteria</td>
<td>NO</td>
<td>Black Pipe wrap</td>
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<td>Cafeteria</td>
<td>NO</td>
<td>Caulk on block wall</td>
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<tr>
<td>Cafeteria</td>
<td>NO</td>
<td>Door Caulking</td>
<td>50 LF</td>
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<tr>
<td>Cafeteria</td>
<td>NO</td>
<td>White window glazing</td>
<td>420 LF</td>
<td>Removal</td>
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<tr>
<td>D113/114</td>
<td>NO</td>
<td>Cove Base Mastic</td>
<td>640 LF</td>
<td>Removal</td>
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<td>Location of ACM</td>
<td>Used for Maint.</td>
<td>Description of ACM</td>
<td>Amount</td>
<td>Abatement Type</td>
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<td>D113/114</td>
<td>NO</td>
<td>Door Caulk</td>
<td>576 LF</td>
<td>Removal</td>
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<td>D113/114</td>
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<td>Wall Caulk</td>
<td>180 LF</td>
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<tr>
<td>Exterior</td>
<td>NO</td>
<td>Transite Debris</td>
<td>13,000 SF</td>
<td>Removal</td>
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</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 5:16)

Date of Notification (1) 11 / 27 / 18

Name of Building Owner/Operator (2) Terraphase Engineering

Street Address 100 Canal Pointe Blvd., Suite 108
City, State, Zip Code Princeton, NJ 08540

Name of Contact Lily Connell
Telephone Number (609) 236-8171

FACILITY INFORMATION

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

Square Feet 2500 (+/-)
# of Floors TBD
Building Age TBD

Residential & Chicken Coop

Name of Facility Where Abatement is Taking Place (3)
Terraphase Engineering

Street Address 201 Old York Road

City (5) Bordentown
County (6) Burlington

County Code (7) [STATE USE ONLY] TBD

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

Type of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address 1600 Route 22 East
City, State, Zip Code Union, NJ 07083

Telephone No. 609-702-0400

License No. 00852

Name of Project Manager for Monitoring Firm Mike Nehlsen

Start Date (10) 12 / 6 / 18
Scheduled Completion Date (11) 12 / 28 / 18

Name of OSHA Monitor EMSL Analytical, Inc.

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

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

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

Yes No N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Waste Management

Name of Registered Landfill
Grand Central

Disposal Date 12/28/2018
City, State Lafayette, NJ

Completed By (Print or Type)
Kimberly A. Trumbetti
Title Office Coordinator
Signature

* Do not use this form for asbestos licensure/exempted activities.
The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

**BASE BID 1: Asbestos Abatement**

**BID DOC BULLETS:**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ASBESTOS-CONTAINING MATERIALS</th>
<th>QUANTITY</th>
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</thead>
<tbody>
<tr>
<td>First Floor Bathroom</td>
<td>Wall Tile Mastic</td>
<td>350 SF</td>
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<td>Kitchen</td>
<td>Wall Tile Mastic</td>
<td>150 SF</td>
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<tr>
<td>Throughout Building</td>
<td>Joint Compound and Associated Wallboard</td>
<td>10,300 SF</td>
</tr>
<tr>
<td></td>
<td>(Assumed to be concealed by wood paneling)</td>
<td></td>
</tr>
<tr>
<td>Throughout Building</td>
<td>Joint Compound and Associated Wallboard</td>
<td>5,950 SF</td>
</tr>
<tr>
<td></td>
<td>(Assumed to be concealed by wood paneling)</td>
<td></td>
</tr>
<tr>
<td>Building Exterior</td>
<td>Transite Siding</td>
<td>4,000 SF</td>
</tr>
<tr>
<td>Chicken Coop</td>
<td>Transite Siding</td>
<td>60 SF</td>
</tr>
<tr>
<td>Building Exterior</td>
<td>All Window Calking</td>
<td>415 LF</td>
</tr>
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</table>

Name of Contractor: ___________________________ Signature: ___________________________

Printed Name: ___________________________ Date: ___________________________

*Asbestos Abatement Invitation For Bid*
201 Old York Road Bordentown NJ
**STATE OF NEW JERSEY**  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)  

**Name of Building Owner / Operator:**  
FCA USA LLC  
**Street Address:**  
800 CHRYSLER DRIVE

**City, State, Zip Code:**  
AUBURN HILLS, MI 48326  

**Name of Contact:**  
MELISSA MICHAELS  
**Telephone Number:**  
248-512-3152

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**  
FCA ENGLEWOOD CLIFFS

**Street Address:**  
330 SYLVAN AVENUE

**City (5):** ENGLEWOOD CLIFF  
**County (6):** BERGEN  
**County Code (7):**

**Square Feet:**  
3,000

**# Of Floors:**  
1

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

**Building Age:**  
40 +

---

**Name of Monitoring Firm Hired by Bldg. Owner:**  
GZA  
**ASCN NO:**

---

**Name of Abatement Contractor:**  
Northstar Contracting Group Inc

**Street Address:**  
32 Williams Parkway

City, State, Zip Code  
Fairfield, NJ 07004

---

**Project Mgr. For Monitoring Firm:**  
Ben Salim
**Telephone Number:**  
973 774 3311

---

**Scheduled Start Date:**  
12/10/18  
**Sched. Completion Date:**  
12/28/19

---

**Occupancy Status During Abatement:**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility
- Hours - Describe:  
- Other - Describe: 8AM - 4PM - MON - FRI

---

**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 TO BE ABATED in Facility:**  
- [ ] BLDG 330 EXTERIOR
- [ ] WINDOW CAULK

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

**Abatement Type:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Remediation</th>
<th>Encapsulation</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 300 LF</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

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

**Hauler ID No.:** 4509

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

**City, State:**  
NEWARK, NJ  
**Disposal Date:**

---

**Completed by (Print or Type):**  
Paul Mast  
**Title:** VICE PRESIDENT

**Signature:**

**Date:** 11/28/18
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8H:6H-7 AND 12:120-7)  

Date of Notification (1): 11/16/18  
Name of Building Owner / Operator (2): FCA USA LLC  
Street Address: 800 CHRYSLER DRIVE  
City, State, Zip Code: AUBURN HILLS, MI 48326  
Name of Contact: MELISSA MICHAELS  
Telephone Number: 248-512-3152  

AGENCIES NOTIFIED  

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<th>Agency</th>
<th>Type of Notification</th>
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<td>Initial</td>
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<td>DEP</td>
<td>Amended</td>
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<td>DOH</td>
<td>Amendment #</td>
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<tr>
<td>DOL</td>
<td>Emergency w/ justification</td>
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</table>

FACILITY INFORMATION  

Name of Facility Where Abatement Is Taking Place (3): FCA ENGLEWOOD CLIFFS  
Street Address: 340 SYLVAN AVENUE  
City (5): ENGLEWOOD CLIFF  
County (6): BERGEN  
County Code (7):  
Square Feet: 3,000  
Building Age: 40+  
Current Use (Prior if being demolished): VACANT  

Name of Monitoring Firm Hired by Bldg. Owner (8): GZA  
Name of Abatement Contractor (9): Northstar Contracting Group Inc  
Street Address: 55 Lane Road  
City, State, Zip Code: Fairfield NJ 07004  
Project Mgr. For Monitoring Firm: Ben Sallami  
Telephone Number: 973 774 3311  

Scheduled Start Date (10): 12/02/18  
Scheduled Completion Date (11): 02/28/19  
Telephone Number: 9737723660  
License Number: 00860  

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: 8AM - 4PM - MON - FRI  

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  
- ≥30' or ≥31'  
- ≥160 sq ft or ≥260 sq ft  
- Renovation  
- Full Containment with Negative Pressure  
- Mini - Enclosure  
- Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure  

Location of Asbestos Containing  

<table>
<thead>
<tr>
<th>Location of Asbestos Containing</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
</table>
| TO BE ABATED in Facility (13)  | YES NO N/A                                                            | For Example:  
BLDG 340 GARAGE  | PIPE INSULATION  | 160 LF  | REMOVAL  |  
BLDG 340 SHOW ROOM  | TRANSITE  | 500 SF  | REPAIR  |  

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 4509  
Name of Registered Landfill: GRAND CENTRAL SANITARY LANDFILL  
Cubic Yards of Waste:  
Disposal Date:  
City, State: NEWARK, NJ  

Completed by (Print or Type): Paul Mast  
Title: VICE PRESIDENT  
Signature:  
Date: 11/28/18  

ASB-41
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
11-20-18

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

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

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

**Street Address**  
101 East Main St.

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

**Name of Contact**  
Dave Burkart

**Telephone Number**  
(973) 256-6644

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Commercial Property Building # 32

**Street Address**  
20-21 Wagaraw Rd.

**City (5)**  
Fair Lawn

**County (6)**  
Bergen

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

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

**ASCM No.**  

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

**Street Address**  
522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

**Project Manager for Monitoring Firm**  

**Telephone No.**  
201 216-9603

**License No.**  
01206

**Start Date (10)**  
11-21-18

**Scheduled Completion Date (11)**  
11-30-18

**Name of OSHA Monitor**  
Delfa Contracting LLC

**Street Address**  
522 7th St.

**City, State, Zip Code**  
Union City NJ 07087

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

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

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

- ≥ 3 sf or ≥ 3 If  
- ≥ 160 sf or ≥ 260 If  
- Renovation  
- Demolition

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

**In Facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>1st Floor</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>1,050 LF</td>
<td>x</td>
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**Full Containment with Negative Pressure**

**Mini-Enclosure**

**Glovebag Procedure**

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

**Name of Registered Waste Hauler**  
Delfa Contracting LLC

**NJDEP Waste Hauler ID No.**  
35240

**Cubic Yards of Waste**  
20

**Name of Registered Landfill**  
Tullytown Resource Recovery Facility

**City, State**  
Union City, NJ

**Disposal Date**  
12-03-18

**City, State**  
Tullytown, PA

**Completed by**  
Jaime Delgado

**Title**  
Proj. Manager

**Signature**  

**Date**  
11-20-18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<td>□ DEP</td>
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<td>□ DOH</td>
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<td>□ Emergency (including justification)</td>
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<td>□ Cancellation</td>
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<td>Telephone Number</td>
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<td>FACILITY INFORMATION</td>
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<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
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<td>OCEAN CITY</td>
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<td>County (6)</td>
<td>SHADE WAY</td>
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<td>Square Feet</td>
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<td># of Floors</td>
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<td>Building Age</td>
<td>50</td>
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<td>Current Use (Prior if being demolished)</td>
<td>VACANT</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
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<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMACO INC</td>
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<tr>
<td>Street Address</td>
<td></td>
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<tr>
<td>City, State, Zip Code</td>
<td></td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
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</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>12-3-18</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>12-13-18</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>□ 30 s f or 23 ft</td>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ 3160 s f or 2260 s f</td>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
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<tr>
<td>Yes</td>
<td>□ No</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>TRANSITE</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>3000 SE X</td>
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<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>□ Metal-Enclosure</td>
<td></td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMACO INC</td>
</tr>
<tr>
<td>N/DEP Waste Haulers ID No.</td>
<td>D904</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>CUMPULIA</td>
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<tr>
<td>City, State</td>
<td>WOODSBRUCK N.J.</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
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<tr>
<td>City State</td>
<td></td>
</tr>
<tr>
<td>Completed by</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>MICHAEL VICK</td>
</tr>
<tr>
<td>Title</td>
<td>PRES</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>11-23-18</td>
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</table>
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>11-23-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>D. K. C CONTRACTORS</td>
</tr>
<tr>
<td>Street Address</td>
<td>G61 RT 9</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAPE MAY N.J. 08204</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>KEL</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (3)</td>
<td>N/A</td>
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<tr>
<td>ASCM No</td>
<td>N/A</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMC INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>169 S. SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE N.J. 08052</td>
</tr>
<tr>
<td>Telephone No</td>
<td>856-779-0472</td>
</tr>
<tr>
<td>License No</td>
<td>80444</td>
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<td>Start Date (10)</td>
<td>12-3-18</td>
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<td>Scheduled Completion Date (11)</td>
<td>12-13-18</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</td>
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<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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<td>Full Containment with Negative Pressure</td>
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<td>Renovation</td>
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<tr>
<td>Demolition</td>
<td>X</td>
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<td>Enclosure</td>
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<td>Equipments</td>
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<td>Non-Exempted (1) and Non-Filibre Procedure</td>
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<td>KLEMC INC</td>
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<td>NJDEP Waste Hauler No</td>
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<td>Cubic Yards Per Day (12)</td>
<td>15984</td>
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<td>Name of Registered Landfill</td>
<td>C. M. C. M. U. A</td>
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<td>City, State</td>
<td>N/A</td>
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<td>Disposal Date</td>
<td>WOODBINE</td>
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<td>Name of Registered Landfill</td>
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<tr>
<td>Completed By</td>
<td>MICHAEL KLEMM</td>
</tr>
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<td>Title</td>
<td>Sup.</td>
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<tr>
<td>Signature</td>
<td>N/A</td>
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<td>Date</td>
<td>11-23-18</td>
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</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

---

**Date of Notification:** 11-23-18

**Name of Building Owner/Operator:** MEN & MACHINES

---

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

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

---

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

**Street Address:** 225 FREMONT AVE

**City, State, Zip Code:** WOODBINE N.J. 08270

**Name of Contact:** LIZA

**Telephone Number:**

---

**FACILITY INFORMATION**

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

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

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 50+

---

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

**City:** STONE HARBOR

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

**ASCOM No.:**

---

**Name of Abatement Contractor:** KEMICO INC

**Street Address:** 369 S. SPRUCE AVE

**City, State, Zip Code:** WOODPINE N.J. 08270

**Telephone No.:** 856-779-0172

**License No.:** 01371

---

**Start Date:** 12-3-18

**Scheduled Completion Date:** 12-13-18

**Name of OSHA Monitor:** N/A

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

---

**Scope of Work (Check all that apply):**
- [X] 23 sf or ≥ 3 sf
- [X] ≥ 160 sf or ≥ 280 sf
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

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

<table>
<thead>
<tr>
<th>IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>[i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous]</td>
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</tbody>
</table>

**Abatement Type:**

**End Use:**

---

**Name of Registered Waste Hauler:** KEMICO INC

**NJDEP Waste Hauler Id No.:** 189041

**Cubic Yards of Waste:** 5

**Name of Registered Landfill:** WOODPINE

**Disposal Date:**

---

**Completed By:** MICHAEL KLEIN

**Title:** Surv.

**Signature:**

**Date:** 11-23-18

---

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

Date of Notification (1)
11-23-18

Name of Building Owner/Operator (2)
Ivo Rodriguez

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

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

Street Address

City, State, Zip Code
Clifton, NJ

Name of Contact
Ivo Rodriguez

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Clifton

County (6)
Passaic

Current Use (Prior if being demolished)

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

ASCM No.

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

Square Feet

# of Floors

Bldg. Age

Name of Abatement Contractor (9)
Delfa Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Telephone No.
201 216-9603

License No.
01206

Name of OSHA Monitor
Delfa Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

Start Date (10)
12-03-18

Scheduled Completion Date (11)
12-05-18

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)
[ ] ≥300 sf or ≥300 sf
[ ] ≥160 sf or ≥250 sf
[ ] Renovation
[ ] Demolition

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

Yes
No
N/A

In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Location Name

Garage

Roof

Tullytown Resource Recovery Facility

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
10

Name of Registered Landfill

Disposal Date
12-06-18

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
11-23-18

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

Date of Notification (1) 11/26/18

EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
Pine Hill Board of Education

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

Notification Type
☐ Initial Notification
☐ Amended #
☐ Emergency notification (including justification)
☐ Cancelled

Street Address
1003 Turnerville Road
City, State, Zip Code
Pine Hill, NJ 08021

Name of Contact
Zipporah Daniels-Browne
President BOE
Telephone Number
856-783-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Overbrook Highschool

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

Sq. Feet: 1,200
# of Floors: 1
Bldg. Age: 1960's
Current Use (prior if being demolished): School

City (5) Pine Hill County (6) Camden County Code (7) (State Use Only) N/A

Name of Monitoring Firm Hired by Bldg. Owner (8)
Epic Environmental Services, LLC
ASCN No. N/A

Name of Contractor (9)
Panoramic Window & Door Systems, Inc.

Street Address
1930 Brown Road
City State, Zip Code
Newfield, NJ 08344

Telephone Number
856-205-1077

Telephone Number
(732)626-0900

License Number
01237

Project Manager for Monitoring Firm
James Eberts

Scheduled Start Date (10) 12/1/18
Scheduled Completion Date (11) 12/2/18

Name of OSHA Monitor
IAQ GURU LLC

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

Source of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 260 if
☐ Demolition
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

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

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES ☒ NO NA

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

Amount (Specify SF or LF)

Abatement Type
Remove Repair Encap. Exclud.

Exterior of School ☒

Transite panels above Visitors Doorway
20 SF

Name of Reg. Waste Hauler
Panoramic Window & Door Systems Inc

NJDEP Waste Hauler ID # 0036057

Cubic Yards of Waste

Name of Registered Landfill
Chrin Brothers Sanitary Landfill

Disposal Date

City, State
Easton, PA

Completed by (Print or Type)
Mark M Jovic
Title
Environmental Projects Manager
Signature
Date 11/26/18
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:59 and 12:120)

**Date of Notification (1)**: 11/21/18

**Name of Building Owner/Operator (2)**: PASCACK VALLEY REGIONAL H.S.

**Name of Facility Where Abatement is Taking Place (3)**: PASCACK VALLEY HIGH SCHOOL

**Street Address**: 200 PIERMONT AVE, HILLSIDE, NJ, 07642

**City (5)**: HILLSIDE

**County (6)**: BERGEN

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

**ASCM No.**: A10-0089

**Name of Abatement Contractor (9)**: ARIAI

**License No.**: 205358651257

**Start Date (10)**: 12/07/18

**Scheduled Completion Date (11)**: 12/08/18

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

**Scope of Work (Check All That Apply)**: x3 sf or x3 ft

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

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

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

**Amount (Specify SF or LF)**: 24 sq f

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

**Square Feet**: 80,000 sf

**Bldg. Age**: 50 yrs

**Name of Registered Waste Hauler**: ARIAIX

**Title**: CEO

**Name of OSHA Monitor**: GORAN IEO

**City, State**: 144 MILL ST. MORRISVILLE, PA

**Completed by**: GORAN IEO

**FACILITY INFORMATION**

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

**Square Feet**: 80,000 sf

**Bldg. Age**: 50 yrs

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

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

**Square Feet**: 80,000 sf

**Bldg. Age**: 50 yrs

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

*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)
11/26/18

Name of Building Owner/Operator (2)
Bayonne Economic Opportunity Foundation

Street Address
555 Kennedy Boulevard

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Samantha Howard

Telephone Number
201-688-7271

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Holy Family Academy

Street Address
239 Avenue A

City (6)
Bayonne, New Jersey 07002

County (6)
Hudson

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World Engineering

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
26 Columbia Turnpike

City, State, Zip Code
Florham Park, New Jersey 07932

Project Manager for Monitoring Firm
Gavin Gilmore

Telephone No
973-585-5040

License No.
01104

Start Date (10)
12/07/2018

Scheduled Completion Date (11)
01/25/2019

Name of OSHA Monitor
Irie Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

☐ ≤36 sf or ≤36 if
☐ >150 sf or ≥680 if
☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and/or Non-Friable Procedure

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

In Facility

(12)

Yes
No
N/A

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

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

Amount (Specify SF or LF)

Abatement Type

Exterior
X
Base Counter Flashing Caulk
215 LF
X

Exterior
X
Caulk to (round) Skylight Frame
114 LF

Main/South Corridor
X
Ceiling Plaster (Full Containment)
725 SF

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
15

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
12/26/18

City, State
Morgantown, PA

Completed by
Adriana Olejarova
Title
President

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

Date of Notification (1)
11/23/18

Name of Building Owner/Operator (2)
Bayonne Economic Opportunity Foundation

Street Address
555 Kennedy Boulevard

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

City, State, Zip Code
Bayonne, New Jersey 07002

Name of Contact
Samantha Howard

Telephone Number
201-688-7271

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Holy Family Academy

Street Address
625 Summer Street

City (5)
Elizabeth, New Jersey 07026

County (6)
Hudson

County Code (?)
(State Use Only)

Name of Monitoring Firm Hired by Building Owner (8)
Matrix New World Engineering

ASCM No.

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
28 Columbia Turnpike

City, State, Zip Code
Florham Park, New Jersey 07932

Project Manager for Monitoring Firm
Gavin Gilmore

Telephone No
973-585-9040

Telephone No
973-225-8400

License No.
01104

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Start Date (10)
12/07/2018

Scheduled Completion Date (11)
01/29/2019

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)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure / Limited Containment & Tent
☐ Non-Exempted (*) and/or Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Endorse

Exterior
X Base Counter Flashing Caulk 215 LF X

Exterior
X Caulk to (round) Skylight Frame 114 LF

Main/South Corridor
X Ceiling Plaster (Full Containment) 725 SF

Name of Registered Waste Hauler
Lillich Corporation

NJDPR Waste Hauler ID No. 18724

Cubic Yards of Waste
15

Name of Registered Landfill
Fairless Landfill

City, State
Woodland Park, New Jersey

Disposal Date
12/18

City, State
Morristown, PA

Completed by
Adriana Olejarova
Title
President

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 12:12)

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<thead>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Building Owner/Operator</th>
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<td>EPA</td>
<td>Initial</td>
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<td>Betty W. Johnson</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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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<th>County Code</th>
<th>County Name</th>
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<td>Hopewell</td>
<td>08525</td>
<td>Mercer</td>
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<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No</th>
<th>Name of Abatement Contractor</th>
<th>Street Address</th>
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<td>EPC Technologies</td>
<td>N/A</td>
<td>EPC Technologies Inc</td>
<td>P.O. Box 337</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>609 758-3365</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-7-18</td>
<td>12-14-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Renovation</th>
<th>Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage Wall</td>
<td>Yes</td>
<td>Siding Shingles</td>
<td>160 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior Wall &quot;A&quot;</td>
<td>No</td>
<td>Check For Shingles</td>
<td>200 SF</td>
<td>Encapsulate</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>EPC Technologies</td>
<td>17000</td>
<td>1</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-14-18</td>
<td>New Egypt, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Schenker</td>
<td>President</td>
<td>Steveschke</td>
</tr>
</tbody>
</table>
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:10 and 12:120)

Date of Notification (1)  
11/25/2018

Name of Building Owner/Operator (2)  
Lippincott

Name of Contact  
Walter Lippincott

FACILITY INFORMATION

Type of Facility (4)

□ School (K-12)  
□ Sub-Critical Nuclear Facility  
□ Other (specify)

Name of Facility Where Abatement is Taking Place (3)

Residential

Street Address

City, State, Zip Code  
Titusville, NJ 08560

County Code (7)

Mercer

Name of Monitoring Firm Hired by Building Owner (8)

MECS

ASCN No.

Name of Abatement Contractor (9)

Stevens Environmental Services, Inc.

Street Address

PO Box 341

City, State, Zip Code  
Crosswicks, NJ 08515

Telephone No.

(609) 298-4070

License No.

00493

Facility Closures/Modifications

□ No

□ Yes

□ Other - Describe:  

□ Full Closure  
□ Minit Closure  
□ Glove bag Procedure  
□ Negative Pressure  
□ Non-Friable Procedure

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

□ Normal Location

□ Location Normally Used Exclusively by Maintenance/Custodial Staff

□ Location Natural by Other Method

□ Location Expected to Have Dead-End Contact

□ Location Result of Testing

□ Location Result of Abatement

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

Yes  
No

□ Location in Building

□ Location in Facility

□ Location Natural

□ Location by Other Method

□ Location by Property

□ Location of Abatement

□ Location by Other Method

□ Location by Property

□ Location of Building

□ Location of Facility

□ Location of Property

□ Location of Other Method

□ Location of Abatement

□ Location of Building

□ Location of Facility

□ Location of Property

□ Location of Other Method

□ Location of Abatement

□ Location of Building

□ Location of Facility

□ Location of Property

□ Location of Other Method

□ Location of Abatement

Location of Abatement

Basement

Pipe Insulation

Basement

Transite Board

Amount (Specify 50 or 40)

68 ft

Abatement Type

Renovation

Demolition

□ Full Closure  
□ Minit Closure  
□ Glove bag Procedure  
□ Negative Pressure  
□ Non-Friable Procedure

Name of Registered Waste Hauler  
Stevens Environmental Services

Cubic Yards of Waste

1 cu

Name of Registered Landfill  
N.J. DEP Waste

Deposal Date

11/28/2016

Date

10/25/2018

Signature

Mahlon E. Stevens

Title

Project Manager

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/25/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Lippincott</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Street Address</td>
<td>Titusville, NJ 08560</td>
</tr>
<tr>
<td>City (5)</td>
<td>Titusville, NJ 08560</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Monitoring Firm</td>
<td>MECS</td>
</tr>
<tr>
<td>Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Stevens Environmental Services, Inc.</td>
<td>00493</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/26/2018</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/27/2018</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>N/A</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>11/26/2018</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>1 cu</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Fairless Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Completed by</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Type of Facility (4)**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (i.e. private & commercial buildings, homes, etc.)
- **Square Foot** 2200
- **# of Floors** 2
- **Bldg. Age** 70+/-
- **Current Use (Prior if being demolished)**

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

- **Location**
  - Basement
  - Basement

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>68 ft</td>
</tr>
<tr>
<td>Transite Board</td>
<td>32 sf</td>
</tr>
</tbody>
</table>

**Abatement Type**

- **Removal**
- **Repair**
- **Encapsulate**
- **Endorse**
- **Non-Exempted (*) and Non-Friable Procedure**

*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)

Date of Notification (1) 11/23/2018

Name of Building Owner/Operator (2) Paul Scappaguercio

 Agencies Notified

- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Type Notification

- Initial  
- Amended

Name of Facility Where Abatement is Taking Place (3)

- Street Address

City (5) Nutley

County (6) Bergen

County Code (7) (STATE USE ONLY) N/A

Name of Monitoring Firm

- N/A

Name of Abatement Contractor (9)

- D&S Abatement, Inc.

Phone Number

- Street Address

City, State, Zip Code

Totowa, NJ 07512

Scheduled Completion Date (11) 12/04/2018

Abatement Type

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (19)

- Basement

Is Location Normally Used Solely by Maintenance/Custodial Staff

- Yes

Description of Asbestos Containing Material (ACM)

- Pipe Insulation

Amount (Specify SF or LF) 110 LF

Name of Registered Waste Hauler

- D&S Abatement, Inc.

City, State

Totowa, NJ 07512

Disposal Date

- TBD

Name of Registered Landfill

- Waste Management of PA

City, State

Morrisville, PA

Completed by

- Ned Joksimovic

Title

- Project Manager

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 5:16)

Date of Notification (1) 11 / 21 / 18
Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1811-5413 Check #010794 2018

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

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

Street Address
10 Legion Place- Building A
City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Irving Silverman

Telephone Number
978-490-6930

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L- Atlantic Highlands

County (6)
Monmouth

Current Use (Prior if being demolished)
Substation

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

License No.
00529

Name of OSHA Monitor
EMSL Analytical

City, State, Zip Code
Lumberton, NJ 08048

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:

Start Date (10)
11 / 30 / 18

Scheduled Completion Date (11)
11 / 30 / 18

Name of Registered Waste Hauler
AbateTech, Inc.

Disposal Date
11/30/18

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

Cubic Yards of Waste
2

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Operations Coordinator

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

Date of Notification (1) 11 / 26 / 18
Name of Building Owner/Operator (2)
State of NJ Department of Treasury / Job #1810640

Agencies Notified
☐ EPA
☐ DOL/WD
☐ DHSS
☐ DCA
(NJAC 5:23-8)

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

Street Address
50 Barrack Street
City, State, Zip Code
Trenton, NJ 08608
Name of Contact
Mike Wilson
Telephone Number
609-512-2345

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Executive State House
Street Address
125 West State Street
City (5)
Trenton, NJ
County (6)
Mercer

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

Square Feet
# of Floors
Bldg. Age

County Code (7) [STATE USE ONLY]
Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
AbateTech, Inc.
Street Address
300 Kimball Drive
City, State, Zip Code
Parsippany, NJ 07054

License No.
00529

Start Date (10)
11 / 12 / 18
Scheduled Completion Date (11)
12 / 14 / 18

Project Manager for Monitoring Firm
Vijay Patel
Telephone No.
973-560-4900

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical
Street Address
30 Maple Ave. PO Box 25
City, State, Zip Code
Lumberton, NJ 08048

License No.
00529

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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 if
☐ ≥150 sf or ≥260 if

☐ Renovation
☐ Demolition

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

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

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

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18760
Cubic Yards of Waste
40
Name of Registered Landfill
G.R.O.W.S. Landfill

Disposal Date
12/14/18
City, State
Lumberton, NJ
Tullytown, PA

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

Date
11-21-18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Used for Maint.</th>
<th>Description of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor's Office</td>
<td>NO</td>
<td>Plaster</td>
<td>1,250 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Governor's Office</td>
<td>NO</td>
<td>Duct Insulation</td>
<td>50 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Governor's Office</td>
<td>NO</td>
<td>Vapor Barrier</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Plaster</td>
<td>2,100 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Duct Insulation</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>NO</td>
<td>Vapor Barrier</td>
<td>150 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Building Entrance</td>
<td>NO</td>
<td>Plaster</td>
<td>1,900 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior</td>
<td>NO</td>
<td>Roofing Material</td>
<td>600 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Throughout</td>
<td>NO</td>
<td>Window Caulk</td>
<td>200 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 26 / 18

Name of Building Owner/Operator (2)
Borough of Spring Lake Heights / Job #1811-5411 Check #10760

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

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

Street Address
555 Brighton Avenue
City, State, Zip Code
Spring Lake Heights, NJ 07762

Name of Contact
Bryan Keeshan
Telephone Number
732-229-4084

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Spring Lake Heights Pump Station

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)
Pump Station

County (6)
Monmouth

County Code (?)(STATE USE ONLY)

NA

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

Start Date (10)
12 / 3 / 18
Scheduled Completion Date (11)
12 / 7 / 18

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm

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

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

License No.

Name of Abatement Contractor (9)
AbateTech, Inc.

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

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

Exterior Roof

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

Asbestos-Containing Material Hauled
Name of Registered Waste Hauler (14)
AbateTech, Inc.

Cubic Yards of Waste
25

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

Disposal Date
12/7/18

City, State
Lumberton, NJ
Tullytown, PA

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

Date
11-26-18

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

Name of Building Owner/Operator (2)
Borough of Spring Lake Heights / Job #1811-5412 Check #10792

Name of Contact:
Bryan Keeshan
Telephone Number
732-229-4064

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Spring Lake Heights, NJ Pump Station

Street Address
506 6th Avenue

City (5)
Spring Lake

County (6)
Monmouth

Name of Monitoring Firm
NA

Name of Building Owner (5)

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
12 / 3 / 18

Scheduled Completion Date (11)
12 / 7 / 18

Name of OSHA Monitor
EMSL Analytical

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

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

Scope of Work (Check all that apply)

R insulation
Full Containment with Negative Pressure

Renovation
Mini-Enclosure

Demolition
Glovebag Procedure

Non-Exempted (*) and Non-Frangible Procedure

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

Exterior Roof

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

Transite

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

Amount (Specify SF or LF)
700

Abatement Type

Removal Repair Encapsulate

Endorse

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
26

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

Disposal Date
12/7/18

City, State
Tullytown, PA

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

Date
11-26-18

ASB-41
MAY 11

* 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 / 26 / 18

Name of Building Owner/Operator (2)
Pinelands Regional School District / Job #1808-5359 Check #

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment #3
☐ Emergency (including justification)
☐ Cancellation

Street Address
520 Nugentown Road

City, State, Zip Code
Little Egg Harbor, NJ

Name of Contact
Kevin MacDonald

Telephone No.
856-662-9500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Pinelands Junior High School

Street Address
590 Nugentown Road

City (6)
Little Egg Harbor, NJ

County (6)
Ocean

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

Current Use (Prior if being demolished)

Square Feet

# of Floors

Bldg. Age

Name of Abatement Contractor (9)
AbateTech, Inc.

ASCM No.

Telephone No.
856-840-8800

License No.
00529

List Manager for Monitoring Firm
Jim Guilardi

Telephone No.
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10)
8 / 22 / 18

Scheduled Completion Date (11)
12 / 14 / 18

EML Analytical

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

Abatement Type

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

Repair ☐ Encapsulate ☐ Endure ☐

Endorsement

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

Various Bathroom/ Locker Rooms
☐ ☑ ☐

Bathroom fixture caulk
600 LF

Cafeeteria

Cove Base Mastic
400 LF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18760

Cubic Yards of Waste
40

Name of Registered Landfill
Fairless Landfill

City, State
Lumberton, NJ

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
11-26-18

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