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

Date of Notification: 10/26/2017

Name of Building Owner/Operator:
Buckeye Partners
380 Maurer Rd
Perth Amboy, NJ 08861

Name of Contact:
Chris Collinsworth
Telephone Number:

FACILITY INFORMATION

Facility Where Abatement is Taking Place:
Buckeye Partners Perth Amboy Terminal
380 Maurer Rd
Perth Amboy, Middlesex County

Type of Facility:

Name of Monitoring Firm:

Name of Abatement Contractor:
Advanced Specialty Contractors
2400 Main Street Ext, Suit 10
Sayreville, NJ 08872

Project Manager for Monitoring Firm:

Telephone Number:
732.525.0100

License Number:
00750

Name of OSHA Monitor:
Tiger Environmental
234 20th Ave
Brick, NJ 08724

Scheduled Start Date:
11/1/2017

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

Asbestos-Friendly Scopes of Work:

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY:
Transfer Lines Pack
Transfer Rack Ground

Amount of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
Pipe Insulation: 180 LF
Pipe Insulation: 80 LF

Name of Registered Waste Hauler:
Freehold Cartage

City, State:
Freehold, NJ

Complied By:
Kurt Nale
Branch Manager

Signature:
Kurt Nale
Date:
9-09-17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:90 and 12:126)

Date of Notification (1)
09/29/2017

Name of Building Owner/Operator (2)
Fairlawn Industries Ltd

Agencies Notified
□ EPA
□ DEP
□ DOL
□ DOH
□ DCA

Type Notification
□ Initial
□ Amended # __
□ Emergency (including justification)
□ Cancellation

Street Address
20-21 Wagaraw Rd

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Dave Burkart

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Fairlawn Industries Ltd

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

Street Address
20-21 Wagaraw Rd

City, State, Zip Code
Fair Lawn, NJ 07410

County Code (7)
Bergen

Current Use (Prior if being demolished)

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Licence No.
973-400-8711
01332

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
10/11/2017

Scheduled Completion Date (11)
10/25/2017

Name of OSHA Monitor
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Endorsements

Name of Registered Waste Hauler
Removal Safety LLC
NJDEP Waste Hauler ID No.
0037007

Cubic Yards of Waste
12

Name of Registered Landfill
GROWS North

City, State
Morrisville, PA

Completed by
Lasko Veskov
Title
President

Signature

Date
09/29/2017

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

State of New Jersey

## (Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Township of Saddle Brook</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 06 / 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use (Prior or being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Caldwell Avenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saddle Brook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bergen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Terra Solutions</td>
<td></td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1224</td>
<td>1188</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Estaquio</td>
<td>973-494-3752</td>
<td>ALL PRO MANAGEMENT LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 18 / 17</td>
<td>10 / 31 / 17</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

<table>
<thead>
<tr>
<th>Status</th>
<th>Time of Abatement AM-PM/PM-AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

### Scope of Work

<table>
<thead>
<tr>
<th>Area</th>
<th>Work Description</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Wet Demo</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos-Containing Material (ACM)</th>
<th>Description</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout</td>
<td>Wet Demo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weigle Trucking, LLC</td>
<td>PA-589</td>
<td>Minerva Enterprises</td>
</tr>
</tbody>
</table>

### Name of Contact

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Cherchio</td>
<td></td>
</tr>
</tbody>
</table>

**Signature:**

**Date:** 9/6/17

---

*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)
09 / 28 / 17

Name of Building Owner/Operator (2)
Township of Saddle Brook

Agencies Notified
☑ EPA
☑ DOWD
☑ DOH
☑ DCA
(NJAC 5:23-6)

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

Street Address
93 Market Street

City, State, Zip Code
Saddle Brook, NJ 07663

Name of Contact
John Cherchio

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

Street Address
29 Caldwell Avenue

City (5)
Saddle Brook

County (6)
Bergen

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
EnviroVision Consultants, Inc.

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
20-21 Wagraw Rd., Bldg. 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Project Manager for Monitoring Firm
Yarden Belenky

Telephone No.
973-535-9145

License No.
1188

Start Date (10)
09 / 20 / 17

Scheduled Completion Date (11)
10 / 31 / 17

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

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
☐ Endorse

Name of Registered Landﬁll
Minerva Enterprises

Name of Registered Waste Hauler
Weigle Trucking, LLC

NJDEP Waste Hauler ID No.
PA-589

Cubic Yards of Waste
As Needed

Disposal Date
TBD

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
9/28/17

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

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

**Date of Notification (1)**  
9 / 28 / 17

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

**Street Address**  
3360 Grandview Parkway, Suite 200

**City, State, Zip Code**  
Birmingham, AL

**Name of Contact**  
Elizabeth Mann

**Telephone Number**  

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
HealthSouth Rehab Hospital of Toms River

**Street Address**  
14 Hospital Drive

**City (5)**  
Toms River

**County (6)**  
Ocean

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

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

**Square Feet**  
84,619

**# of Floors**  
3

**Blg. Age over 30**

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

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

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

**Street Address**  
PO Box 316

**City, State, Zip Code**  
Thorofare, NJ 08086

**Telephone No.**  
856-848-0800

**License No.**  
00862

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

**Scheduled Completion Date (11)**  
10 / 13 / 17

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

**Street Address**  
3595 Sylon Boulevard

**City, State, Zip Code**  
Hainesport, NJ 08036

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

☐ ≥ 3 sf or ≥ 3 if
☐ ≥160 sf or ≥260 if

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

**IN FACILITY (13)**

**Room S25**

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

**Amount (Specify SF or LF)**

**Abatement Type**  

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

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

**Yes**

**No**

**N/A**

**Room S25**

**Cubics Yards of Waste**

**Name of Registered Landfill**  
Grand Central

**City, State**  
Lafayette, NJ

**Disposal Date**  
10/13/17

**City, State**  
Penn Artyde, PA

**Completed By (Print or Type)**

Kimberly A. Trumbetti

**Title**  
Office Coordinator

**Signature**  

**Date**  
9.28.17

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>9/23/2017</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CAMPBELL SOUP COMPANY</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 CAMPBELL SOUP PLACE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAMDEN NJ 08103</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>CAMPBELL SOUP TRANSFORMER BLDG</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School K-12</td>
</tr>
<tr>
<td>Name of Monitoring Firm/Hired by Owner (5)</td>
<td>CRITERION LABS, ASCM No. 005001</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215 244-1300</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/2/2017</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Closed/Vacate</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Inside, Outside</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)</td>
<td>Inside</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (ie. thermal system insulation, surfacing, VA, or other miscellaneous)</td>
<td>Transient Debris</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler (14)</td>
<td>NJDEP Waste Hauler ID No. 20860</td>
</tr>
<tr>
<td>Service Transport Orp</td>
<td>Minerva Landfill</td>
</tr>
<tr>
<td>CITY, STATE</td>
<td>58 Pye's Lane New Castle DE 19720</td>
</tr>
<tr>
<td>Complied by</td>
<td>Christine Del'Visco</td>
</tr>
<tr>
<td>Title</td>
<td>Administrator</td>
</tr>
</tbody>
</table>

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

Date of Notification (1): 9/29/2017

Name of Building Owner/Operator (2):
CAMPBELL SOUP COMPANY

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

Type Notification:

X Initial
X Amended
X Amendment #1
X Emergency (including justification)
X Cancellation

Street Address:
1 CAMPBELL SOUP PLACE
CITY CAMDEN NJ 08103

Name of Contact:
JOSH FISHER

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

Square Feet >20,000

# of Floors 1

Bldg. Age

Current Use (Prior if being demolished)

Name of Facility Where Abatement is Taking Place (3):
CAMPBELL SOUP TRANSFORMER BLDG

Street Address:
1301 PINE STREET
CAMDEN

City (5):

County (6):
CAMDEN

County Code (7) (STATE USE ONLY) ________

Name of Monitoring Firm Hired by Building Owner (8):
CRITERION LABS

ASCM No. ________

Name of Abatement Contractor (9):
DELTA/BJDS, INC

Street Address:
1345 INDUSTRIAL BLVD
SOUTHAMPTON PA 18966

City, State, Zip Code

Telephone No. 215 244-1300

License No. 00783

Name of OSHA Monitor
EHS

Start Date (10):
10-2-2017

Scheduled Completion Date (11):
10-9-2017

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: OUTSIDE WORK-7AM-7AM

Scope of Work (Check All That Apply):
X Renovation
X Demolition

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

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

In Facility

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

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

Amount (Specify SF or LF) 60 SF

Abatement Type

Name of Registered Waste Hauler

Service Transport Grp

NJ/DEP Waste Hauler ID No. 20990

Cubic Yards of Waste

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, OH

Completed by
Christine Del Visco
Title Administrator

Signature

Date 9/29/2017

* 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 8:56 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/29/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CAMPBELL SOUP COMPANY</td>
</tr>
<tr>
<td>Street Address</td>
<td>1 CAMPBELL SOUP PLACE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CAMDEN NJ 08103</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>JOSH FISHER</td>
</tr>
</tbody>
</table>

**Facility Information**

- **Type of Facility (4):**
  - School (K-12)
  - Subchapter B (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- **Square Feet:** >20,000
- **# of Floors:** 1
- **Bldg. Age:**

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

<table>
<thead>
<tr>
<th>ACM</th>
<th>Location</th>
<th>Normal Use</th>
<th>Description</th>
<th>Amount (Asbestos)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>60 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Service Transport Grp</th>
<th>MDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20880</td>
</tr>
</tbody>
</table>

**Disposal Date**

- **City:** WAYNESBURG
- **State:** OH
- **Zip Code:** 44691

**Completion by**

- **Christine Del Visco**
- **Title:** Administrator

**Remarks:**

- 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) 9/29/2017

Name of Building Owner/Operator (2) CAMPBELL SOUP COMPANY

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

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

Street Address
1 CAMPBELL SOUP PLACE

City, State, Zip Code
CAMDEN NJ 08103

Name of Contact
JOSH FISHER

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

Name of Facility Where Abatement is Taking Place (3)
CAMPBELL SOUP TRANSFORMER BLDG

Square Feet
>20,000

# of Floors
1

Bldg. Age

County (6)
CAMDEN

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
CRITERION LABS

ASCM No.

Name of Abatement Contractor (9)
DELTA/BJDS, INC

Street Address
1345 INDUSTRIAL BLVD

City, State, Zip Code
SOUTHAMPTON

Telephone No.
215 244-1300

License No.
00783

Name of OSHA Monitor
EHS

Project Manager for Monitoring Firm
ERIC WYSOCKI

Start Date (10)
10/2/2017

Scheduled Completion Date (11)
10/9/2017

Name of Registered Waste Hauler
Service Transport Grp

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

(13)

Yes
No
N/A

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

Transit Debris

Amount (Specify SF or LF)
60 SF

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

Renovation
Demolition

Abatement Type

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

Name of Registered Landfill
Minerva Landfill

Disposal Date

City, State
Waynesburg, OH 44688

Completed by
Christine Del Viscio

Title
Administrator

Signature

Date
9/29/2017

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:66 and 12:120)

### Date of Notification

**9/29/17**

### Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

### Type Notification

- **X** Initial
- Amended
- Amendment
- Emergency (Including Justification)
- Cancellation

### Name of Building Owner/Operator

**STOHBURST APARTMENTS, INC.**

### Street Address

**P.O. Box 8537**

City, State, Zip Code

**Woodcliff Lake, NJ 07677**

### Name of Contact

**KCN**

### Telephone Number

**N/A**

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place

**STOHBURST APARTMENTS**

#### Street Address

**55 BROWN OAK**

City

**MALIBU PARK**

### County

**BERGEN**

### Square Feet

**10,000**

### # of Floors

**3**

### Bldg. Age

**62**

### Current Use (Prior if being demolished)

**APTS**

### Name of Monitoring Firm Hired by Building Owner

**ASCM No.**

### Name of Abatement Contractor

**A. Mac Contracting Inc.**

#### Street Address

**155 Vreeland Ave.**

City, State, Zip Code

**Midland Park, N.J.**

### Telephone No.

**201-262-5841**

### Licenses No.

**00156**

### Name of OSHA Monitor

**Omega Environmental Services Inc.**

#### Street Address

**280 Huyler Street**

City, State, Zip Code

**Hackensack, N.J. 07606**

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

- 273 sf
- 2,100 sf
- 2,200 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

- **Ground Floor Rooms**
  - Pipe
- **Crawl Space**
  - Pipe
  - 120 LF

### Name of Registered Waste Hauler

**Newark Carting, Inc.**

#### NJDEP Waste Hauler ID No.

**04509**

#### Cubic Yards of Waste

**10**

#### Name of Registered Landfill

**Grand Central Sanitary Landfill**

#### City, State

**Newark, N.J. 07105**

#### Disposal Date

**10/9/17**

**City, State**

**Pen Argyl, PA 08072**

### Completed by

**R. McDonald**

#### Title

**President**

#### Signature

**R. McDonald**

#### Date

**9/29/17**

---

*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) 9/29/17

Name of Building Owner/Operator (2)
BRENTWOOD APARTMENTS, INC.

Agencies Notified Type Notification
[X] EPA
[X] DEP
[X] DOL
[X] DOH
[DCA
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
P.O. BOX 8537

City, State, Zip Code
WOODCLIFF LAKE, NJ 07677

Name of Contact
KEN

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
BRENTWOOD APARTMENTS

Street Address
61 BERGEN BLVD.

City (5)
PALISADES PARK

County (6)
BERGEN

Square Feet
12,000

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

# of Floors
3

Bldg. Age
62

Current Use (Prior to being demolished)
APTS

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.
Name of Abatement Contractor (9)
A. Mac Contracting Inc.

Street Address
185 Vreeland Ave.

City, State, Zip Code
Midland Park, N.J.

Project Manager for Monitoring Firm
Telephone No.

Telephone No.
201-262-5841

License No.
00156

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyler Street

City, State, Zip Code
Hackensack, N.J. 07606

Start Date (10) 10/19/17

Scheduled Completion Date (11) 12/19/17

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

Scoops of Work (Check All That Apply)
☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥260 sq
☐ Renovation
☐ Demolition

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

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

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

In Facility
(13)

Ground Floor Rooms

☐ PIPE

☐ VAT

Name of Registered Waste Hauler
Newark Carting, Inc.

NJ/DEP Waste Hauler ID No.
04509

Cubic Yards of Waste
12

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pen Argyll, PA 08072

Completed by
R. McDonald

Title
President

Signature

Date
9/29/17

* 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 (7) 9/27/17

Type Notification

Agencies Notified
- [ ] EPA
- [X] DEP
- [X] DOH
- [ ] DOA

Amendment #: 1
Emergency (including justification): 

Name of Building Owner/Operator (2) BRENTWOOD APARTMENTS

Street Address 10 BOX 8537

City, State, Zip Code PEARL RIVER, NY 10969

Name of Contact A. McNulty

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
BRENTWOOD APARTMENTS

FACILITY INFORMATION

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

Square Feet 1,000

# of Floors 3

Bldg. Age 20

County Code (7)

Current Use (Prior if being demolished)
Apt.

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

Name of Abatement Contractor (9)
A. McNulty Contracting Inc.

Street Address 185 Veerland Ave.

City, State, Zip Code Midland Park, N.J.

Project Manager for Monitoring Firm

Telephone No. 201-262-5841

License No. 00156

Name of OSHA Monitor

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, N.J. 07606

Start Date (10) 10/9/17

Scheduled Completion Date (11) 12/19/17

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

Scope of Work (Check All That Apply)
- [X] 23 sf or 23 if
- [X] 160 sf or 230 if
- [ ] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Mini-Enclosure
- [X] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

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

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 12

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date 10/9/17

City, State Pen Argyl, PA 08072

Completed by R. McDonald

Title President

Signature/ Date 9/27/17

ASB-41 (R-05-08)

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09 / 29 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>County of Passaic</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-B)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>401 Grand Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Paterson, NJ 07505</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Andrew Thompson</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Passaic County Courthouse Annex Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>63 Hamilton Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paterson</td>
</tr>
<tr>
<td>County (8)</td>
<td>Passaic</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No. 00099</td>
</tr>
<tr>
<td>Street Address</td>
<td>300 Kimbball Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Parsippany, NJ 07054</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Vijay Patel</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(973) 560-4900</td>
</tr>
</tbody>
</table>

**Abatement Completion Details**

| Start Date (10) | 10 / 10 / 17 |
| Scheduled Completion Date (11) | 12 / 22 / 17 |

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

- ≥3 sf or ≥3 fl
- ≥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

**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)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>1,553 LF</td>
</tr>
<tr>
<td>Pipe Joint Insulation</td>
<td>826 EA</td>
</tr>
<tr>
<td>Wall and Ceiling Plaster</td>
<td>37,293 SF</td>
</tr>
<tr>
<td>Plaster Skim Coat</td>
<td>1,030 SF</td>
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</tbody>
</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Service Transport Group, Inc</th>
<th>NJDEP Waste Hauler ID No. SW2217</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cubic Yards of Waste</td>
<td>1000</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Minerva Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

**Completed By (Print or Type)**

<table>
<thead>
<tr>
<th>Nick Petrovski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

**Signature**

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

Date of Notification (1) 09 / 29 / 17
Name of Building Owner/Operator (2) (Page 2 of 3)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>☑ DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>☑ DHSS</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

**Passaic County Courthouse Annex Building**

Street Address
63 Hamilton Street

City (5)
Paterson

County (6)

County Code (7)

Current Use (Prior if being demolished)

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
</table>

Occupancy Status During Abatement (Check only one)

<table>
<thead>
<tr>
<th>Facility Closed/Reopened During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM</td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>≥3 sf or ≥3 If</th>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160 sf or ≥250 sf</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Is Location Normally Used by Maintenance Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground, 1st, 2nd and 3rd Floors</td>
<td>Yes</td>
</tr>
<tr>
<td>Ground, 1st, 2nd and 3rd Floors</td>
<td>No</td>
</tr>
<tr>
<td>Ground, 1st, 2nd and 3rd Floors</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaster Debris</td>
</tr>
<tr>
<td>Suspended Ceilings w/ACM debris</td>
</tr>
<tr>
<td>Duct Insulation</td>
</tr>
<tr>
<td>Duct Seam Tape</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
</table>

Completed By (Print or Type) Title Signature Date

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 09 / 29 / 17

Name of Building Owner/Operator (2)

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

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

Street Address

City, State, Zip Code

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Passaic County Courthouse Annex Building

Street Address
63 Hamilton Street

City (5)
Paterson

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10) ______ / ______ / ______

Scheduled Completion Date (11) ______ / ______ / ______

Name of OSHA Monitor

Street Address

City, State, Zip Code

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

Scope of Work (Check all that apply)

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

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

1st Floor Space 1-14A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes No N/A

Ground, 1st, 2nd and 3rd Floors

Ground, 1st, 2nd and 3rd Floors

Ground and 1st Floors (Exterior)

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

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Disposal Date

City, State

Completed By (Print or Type)

Title

Signature

Date

* 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)**

09 / 05 / 17

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

City of Trenton

---

**Agencies Notified**

- [x] EPA
- [x] DOLWD
- [x] DOH
- [ ] DCA (NJAC 5:23-6)

**Type Notification**

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

---

**FACILITY INFORMATION**

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

Commercial

**Street Address**

104-108 Taylor Street

**City (5)**

Trenton

**County (6)**

Mercer

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

[Blank]

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

[Blank]

---

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

Bio Terra Solutions

**ASCM No.**

[Blank]

**Name of Abatement Contractor (9)**

ALL PRO MANAGEMENT LLC

**Street Address**

P.O. Box 1224

City, State, Zip Code

Union, NJ

**Telephone No.**

973-494-3762

**License No.**

1188

---

**Start Date (10)**

09 / 14 / 17

**Scheduled Completion Date (11)**

10 / 30 / 17

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

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

**Time of Abatement:**

AM—PM—PM—AM

---

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

- [x] ≥3 sf or ≥300 sf
- [ ] ≥160 sf or ≥260 sf

**Retration**

Demolition

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

TO BE ABATED

IN Facility

(13)

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

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

**Amount (Specify SF or LF)**

[Blank]

**Abatement Type**

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

---

**Name of Registered Waste Hauler**

Bryce Alferio Trucking, Corp

**NJDEP Waste Hauler ID No.**

35846

**Cubic Yards of Waste As Needed**

[Blank]

**Name of Registered Landfill**

Minerva Enterprises

**City, State**

Waynesburg, OH

**Disposal Date**

TBD

**Completed By (Print or Type)**

Allen Monchik

**Title**

Project Manager

**Signature**

[Signature]

**Date**

9/3/17

---

*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)
09 / 29 / 17

Name of Building Owner/Operator (2)
City of Trenton

Agencies Notified
☒ EPA
☒ DOH
☐ DCA
☐ NJAC 6:23-8

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

Street Address
319 East State Street

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
J.R. Capasso, CPG

Phone Number

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

Street Address
104-108 Taylor Street

City (5)
Trenton

County (6)
Mercer

County Code (7)(STATE USE ONLY)

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Street Address
P.O. Box 1224

City, State, Zip Code
Union, NJ

Project Manager for Monitoring Firm
Rick Estaquio

Telephone No.
973-494-3762

Start Date (10)
10 / 02 / 17

Scheduled Completion Date (11)
10 / 30 / 17

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

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☒ ≥180 sf or ≥280 if

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

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

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
☒ Closure

Location of Registered Waste Hauler
JP Fidler Trucking LLC

NJDEP Waste Hauler ID No. 32054

Cubic Yards of Waste
As Needed

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

Disposal Date
TBD

City, State
Morrismville, PA

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date
9/29/17

* 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)
09 / 29 / 17

Name of Building Owner/Operator (2)
Verizon

Name of Contact
Alex Baylor

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

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

Street Address
970 Holmdel Road

City, State, Zip Code
Holmdel, NJ 07733

FACILITY INFORMATION

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

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

Square Feet
10,000

# of Floors
3

Bldg. Age
50

County Code (7) (STATE USE ONLY)

Country Code
Monmouth

County Code

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

ASCM No.

Name of Abatement Contractor (9)
JVN Restoration Inc

Street Address
8435 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-305-5810

Street Address
47 Foster Road

City, State, Zip Code
Staten Island NY 10309

Project Number

Name of OSHA Monitor
Testor Tech

License No.
001774

Name of Registered Waste Hauler
Newark Carting

JNDEP Waste Hauler ID No.
NJ-566

Cubic Yards of Waste
15

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

City, State, Zip Code
Morrisville, PA

Disposal Date
10/31/17

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

Location Normally Used Solely by Maintenance/ Custodial Staff?

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

Amount (Specify SF or LP)

Abatement Type

Removal
Repair
Encapsulation
Enclosure

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

Basement Ventilating Room
Duct Breaching
800SF

Basement Ventilating Room
Air Handling Unit Insulation
280SF

Basement Ventilating Room
Pipe Insulation and Fittings
250 LF

Completed By (Print or Type)
Ralph Barnhardt
Title
Project Manager

Signature

Date
09-24-2017

* 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)
09/29/2017

Name of Building Owner/Operator (2)
Chemtech Environmental Laboratory

Address
284 Sheffield Street
City, State, Zip Code
Mountainside, NJ, 07092

Name of Contact
MIKE

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Commercial Building

Street Address
245 park Ave

City (5)
Clifton

County (6)
Passaic

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

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

ASCM No.

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET
City, State, Zip Code
PATERSON, NJ, 07524

Telephone No.
973-333-5144
License No.
01274

Name of OSHA Monitor
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET
City, State, Zip Code
PATERSON, NJ, 07524

Occupy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Facility Abatement Performed Outside of Normal Facility Hours
Other – Description: OCCUPIED

Scope of Work (Check All That Apply)

□ 253 sf or 253 LF
□ 160 sf or 250 LF
□ Demolition
□ Full Containment with Negative Pressure
□ Non-Exemptor (*) and Non-Frangible Procedure
□ Minit-Enclosure
□ Glovebag Procedure
□ Non-Exemptor (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
In Facility

Yes No N/A

BASEMENT
X
PIPE INSULATION
240LF
X

BOILER ROOM
X
BOILER INSULATION
80SF
X

BOILER ROOM
X
PIPE INSULATION
60LF
X

Name of Registered Waste Hauler
EHW ABATEMENT LLC

City, State
PATERSON, NJ

Completed by
VICTOR ESPRITU
Title
PROJECT MANAGER
Signature
Date
09/29/17

* 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)**
9/29/17

**Agencies Notified**
- [ ] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2)**
Si.Mao.Hai, LLC

**Street Address**
[Box redacted]

**City, State, Zip Code**
Princeton, NJ 08540

**Name of Contact**
Brenda O'Loughlin

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
PO Box 341
Pennington, NJ

**City (5)**
Pennington

**County (6)**
Mercer

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

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

**Name of Abatement Contractor (5)**
Stevens Environmental Services, Inc.

**Address**
PO Box 322
Crosswicks, NJ 08515

**City, State, Zip Code**
Allentown, NJ 08501

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

**# of Floors**
2

**Bldg. Age**
70+/-

**Square Feet**
2200

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

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

**Start Date (10)**
8/30/17

**Scheduled Completion Date (11)**
10/16/17

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[x]</td>
<td>0</td>
<td>N/A</td>
<td>Thermal Pipe Insulation</td>
<td>26 lf</td>
</tr>
<tr>
<td>Crawl space</td>
<td>[x]</td>
<td>0</td>
<td>N/A</td>
<td>Thermal Pipe Insulation</td>
<td>9 lf</td>
</tr>
</tbody>
</table>

**Amount of Waste**

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>cubic yards of waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>18292</td>
<td>1 cu</td>
</tr>
</tbody>
</table>

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

**Name of Registered Landfill**
Fairless Landfill

**City; State**
Allentown, NJ

**Disposal Date**
10/16/17

**City, State**
Morrisville, PA

**Completed By**
Mahlon E. Stevens

**Signatures**

**Date**
9/29/17

*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) 09 / 27 / 17

Name of Building Owner/Operator (2) Miz Construction, Inc.

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA
- NJAC 5:23-4 (NJAC 5:23-5)

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

Street Address
212 2nd Street, Suite 302

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Moe Kassover

Telephone Number

FACILITY INFORMATION

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

City (5)
Lakewood

County (6)
Ocean

County Code (7) (STATE USE ONLY)

Square Feet
2500 sf

# of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Residence

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

ASCM No.

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

Street Address
1889 Rte. 9, Unit 61

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

Project Manager for Monitoring Firm
Nicholas Femicola

Telephone No.
732-349-9932

License No.
00624

Start Date (10) 10 / 16 / 17

Scheduled Completion Date (11) 10 / 27 / 17

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

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

Scope of Work (Check all that apply)
- > 5 sf or >33 ft
- >160 sf or >260 sf

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Asbestos siding 2300 sf
- Asbestos pipe insulation 120 sf

Location of Asbestos-Containing Material (ACM)
IN Facility (13)
- Exterior

Abatement Type
- Removal
- Repair
- Encapsulation

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.
20223

Cubic Yards of Waste
4

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

City, State
Toms River, New Jersey

Disposal Date
10/30/17

Completed By (Print or Type)
Nicholas Femicola

Title
Project Manager

Signature
Date
9/27/17

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

Date of Notification (1)
09 / 26 / 17

Name of Building Owner/Operator (2)
John Severino

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

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

Street Address
City, State, Zip Code
Seaside Park, NJ 08752

Name of Contact
John Severino

Telephone Number

FACILITY INFORMATION

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

Street Address
City (5)
Seaside Park

County (6)
Ocean

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

ASCM No.
Name of Abatement Contractor (5)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

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

Project Manager for Monitoring Firm

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
10 / 06 / 17

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

Scheduled Completion Date (11)
10 / 09 / 17

Time of Abatement: ___AM-___PM/___PM-___AM

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

Project Manager for Monitoring Firm

Street Address
1056 Stelton

City, State, Zip Code
Piscataway, New Jersey 08854

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

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

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

exterior

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
Enclosure

asbestos siding
1100 sf

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
10/10/17

City, State
Tullytown, Pennsylvania

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

Signature
Date
9/24/17

Please use this form for asbestos handling generated activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
09 / 27 / 17

Name of Building Owner/Operator (2)
Miz Construction, Inc.

Street Address
212 2nd Street, Suite 302

City, State, Zip Code
Lakewood, NJ 08701

Name of Contact
Moe Kassover

FACILITY INFORMATION

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

Street Address
(Blank)

City (5)
Lakewood

County (6)
(Blank)

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

ASCM No.
(Blank)

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

Street Address
1889 Rte. 9, Unit 61

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

Project Manager for Monitoring Firm
Nicholas Fernicola

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
10 / 16 / 17

Scheduled Completion Date (11)
10 / 27 / 17

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

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

Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>basement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Name of Registered Waste Hauler
  Guardian Contracting, Inc.
  NJ/DEP Waste Hauler ID No.: 202223
  Cubic Yards of Waste: 3
  Disposal Date: 10/30/17
  Name of Registered Landfill: T.R.R.F.
  City, State: Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Fernicola

Title
Project Manager

Signature

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09 / 27 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Miz Construction, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>212 2nd Street, Suite 302</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lakewood, NJ 08701</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Moe Kassover</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1889 Rte. 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Nicholas Fermicola</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-349-9932</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10 / 16 / 17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 27 / 17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
</tbody>
</table>
- [X] Facility Closed/Vacated During Entire Period of Abatement |
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/AM/PM |
| Scope of Work (Check all that apply) | 
- [ ] ≥23 sf or ≥23 If |
- [X] ≥160 sf or ≥280 sf |
- [ ] 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**

<table>
<thead>
<tr>
<th>Category</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? Yes/No/N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>exterior</td>
<td>[ ] Yes, No, N/A</td>
</tr>
<tr>
<td>basement</td>
<td>[ ] Yes, No, N/A</td>
</tr>
<tr>
<td></td>
<td>asbestos siding</td>
</tr>
<tr>
<td></td>
<td>asbestos pipe insulation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>202223</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>4</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Nicholas Fermicola</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>9/27/17</td>
</tr>
</tbody>
</table>

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

Date of Notification (1) 09 / 27 / 17
Name of Building Owner/Operator (2)  
Miz Construction, Inc.

Agencies Notified  
☒ EPA  
☒ DOLWD  
☒ DOH  
☐ DCA  
☐ (NJAC: 5.23-8)
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation
Street Address  
212 2nd Street, Suite 302
City, State, Zip Code  
Lakewood, NJ 08701
Name of Contact  
Moe Kassover
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Residence
Street Address  
[Redacted]
City (5)  
Lakewood
County (6)  
Ocean
County Code (?)/STATE USE ONLY
Square Feet  
2500 sf
# of Floors  
2
Bldg. Age  
80
Current Use (Prior to being demolished)  
Residence

Name of Monitoring Firm Hired by Building Owner (8)  
Guardian Contracting, Inc.
Name of Abatement Contractor (9)  
Guardian Contracting, Inc.
Inspection Address  
1889 Rte. 9, Unit 61
City, State, Zip Code  
Toms River, New Jersey 08755
Project Manager for Monitoring Firm  
Nicholas Fernicola
Telephone No.  
732-349-9932
License No.  
00624
Name of OSHA Monitor  
E.M.S.L. Analytical
Street Address  
1056 Stelton
City, State, Zip Code  
Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check only 1)  
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-PM/PM-AM

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

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

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

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Location</th>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>exterior</td>
<td></td>
<td>Yes</td>
<td>asbestos siding</td>
<td>2400 sf</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
<tr>
<td></td>
<td>basement</td>
<td>☒</td>
<td>No</td>
<td>asbestos pipe insulation</td>
<td>15 if</td>
<td>☒ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Guardian Contracting, Inc.
NJ DEP Waste Hauler ID No.  
20223
Cubic Yards of Waste  
4
Name of Registered Landfill  
T.R.R.F.
Disposal Date  
10/30/17
City, State  
Piscataway, New Jersey

Completed By (Print or Type)  
Nicholas Fernicola  
Title  
Project Manager
Signature  
Date  
12/7/17

* 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) 9-29-17

Agencies Notified
- [X] EPA
- [X] DOL
- DOH
- DCA

Type Notification
- [X] Initial
- [X] Amendment #1
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
UNIVERSAL AIRLINES

Street Address
TERMINAL C - NEWARK INTERNATIONAL AIRPORT
City, State, Zip Code
NEWARK, NJ 07114

Name of Contact
DAVE SCHAUER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
UNIVERSAL-CHICHESE FOOD SERVICES KITCHEN 330

Street Address
151 CONRAD ROAD-NEWARK INTL AIRPORT-BLDG 151/151A
City (5)
NEWARK

County (6)
ESSEX

County Code (7)

State Use Only)

Square Feet
50000

# of Floors
2

Bldg. Age
+/-50

Current Use (Prior if being demolished)
VACANT

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

ASCM No. 

Name of Abatement Contractor (9)
PEPPER ENVIRONMENTAL SERVICES

Street Address
2251 FRALEY STREET
City, State, Zip Code
PHILADELPHIA, PA 19137

Telephone No.
215-533-5155

License No.
01166

Name of OSHA Monitor
ATC GROUP SERVICES, LLC

Street Address
104 E. 25TH STREET
City, State, Zip Code
NEW YORK, NY 10010-2917

Start Date (10)
10-9-17

Scheduled Completion Date (11)
12-31-17

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

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

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

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

Name of Registered Waste Hauler
SERVICE TRANSPORT

City, State
NEWARK, DE

Completed by
JENNIFER NIVEN

Title
DIR. OF OPERATIONS

Signature

Date 9-29-17

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

State of New Jersey

Date of Notification (1)
09-26-17

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Agencies Notified
□ EPA
□ DEP
□ DOL
X DOH
□ DCA

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

Street Address
1 Turnpike Plaza

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Joseph Johnson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garden State Parkway Exit 125 Improvements

City (5)
Sayreville, NJ

County (6)
Middlesex

County Code (7)
(SATE USE ONLY)

Current Use (Prior to or if being demolished)
Commercial

Name of Monitoring Firm/Hired by Building Owner (8)
Hallman Consulting, LLC.

ASCM No.

Name of Abatement Contractor (9)
Pinnacle Environmental Corp.

Street Address
1600 Route 22 East

City, State, Zip Code
Union, NJ 07083

Project Manager for Monitoring Firm
Thomas Rubino

Telephone No.
908-688-7800

License No.
00756

Start Date (10)
09-27-17 (2)09-28-17

Scheduled Completion Date (11)
10-31-17

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
307 West 38th Street

City, State, Zip Code
New York, NY 10018

Occupancy Status During Abatement (Check One Only)
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)
□ ≥3 sf or ≥3 if
□ ≥150 sf or ≥250 sf
X Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Nailable Procedure

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

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

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

Amount (Specify SF or LF)
255SF

Abatement Type
□ Removal
□ Repair
□ Encapsulate
□ Endure

Name of Registered Waste Hauler
Newark Carting, Inc.

Cubic Yards of Waste
TBD

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Newark, NJ 07105

Disposal Date
TBD

Completed by
Joseph Patrick

Title
Project Manager

Signature

Date
09-26-17

* 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):
9/29/17

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

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

Name of Building Owner/Operator:
Acevedo

Street Address:
1013 N. 25th Street

City, State, Zip Code:
Camden, NJ 08110

Name of Contact:
Mr. Jose Acevedo

Telephone Number:

FACILITY INFORMATION

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

Street Address:
1013 N. 25th Street

City (5):
Camden, NJ

County (6):
Camden

Square Feet:
2500

Current Use (Prior if being demolished):
80+/-

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

Name of Monitoring Firm Hired by Building Owner:
MECS

Name of Abatement Contractor:
Stevens Environmental Services, Inc.

Stevens Environmental Services, Inc.

PO Box 341
Crosswicks, NJ 08515

PO Box 322
Allentown, NJ 08501

Project Manager for Monitoring Firm:
Bill Weisgarber

Telephone No.:
(609) 298-4070

Start Date (10):
10/9/17

Scheduled Completion Date (11):
10/16/17

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

Scope of Work (Check all that apply):
- >= 23 sf or >= 3 lf
- >= 1600 sf or >= 2800 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):

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of ACM</th>
</tr>
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<tbody>
<tr>
<td>Garage Area</td>
<td>Yes</td>
<td>Thermal Boiler Insulation 80 sf</td>
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<tr>
<td>Garage Area</td>
<td>No</td>
<td>Thermal Pipe Insulation 100 lf</td>
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Name of Registered Waste Hauler:
Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No.:
18292

Cubic Yards of Waste:
3 cu

Name of Registered Landfill:
Fairless Landfill

City, State:
Allentown, NJ

Disposal Date:
10/16/17

Completed by:
Mahlon E. Stevens
Title:
Project Manager
Signature:
Date:
9/29/17

ASB-44
MAR 00

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
10/19/17

**Name of Building Owner/Operator (2)**
Sunstone Hotels LLC

**Street Address**
67 East Park Place

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

**Name of Contact**
Dan Khoshaba

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**

**Commercial/Office Properties**

**Street Address**
19 - 21 Market Street

**City (5)**
Morristown, NJ 07960

**County Code (7)**
Morris

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

**Type of Facility (4)**

- [x] Other (Private/Commercial Bldgs., Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Commercial/Office Properties**

**Name of Abatement Contractor (9)**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Telephone Number**
(973)696-6669

**License Number**
00378

**Name of OSHA Monitor**
B & G Restoration, Inc.

**Street Address**
105 Ryerson Road

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

**Name of Registered Landfill**
Tullytown Resource & Recovery Center

**City, State**
Lincoln Park, NJ

**Disposal Date**
10/08/17 - 12/01/17

---

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

- [x] Demolition
- [x] >2 sf or >2 If
- [x] ≥160 sf or ≥280 If

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

### Location
- [x] Restaurant kitchen area
- [x] Throughout 2nd floor
- [x] Throughout 3rd floor
- [x] Roof level

### Is location normally used solely by maintenance/custodial staff?
- [x] Yes
- [No]

### Description of asbestos-containing material (ACM)

- [x] Mastic assoc w/ceramic floor tile
- [x] VAT & mastic
- [x] Roofing material
- [x] Mastic tar

### Amount (Specify SF or LF)

- [x] 1,200 sf
- [x] 900 sf
- [x] 1,800 sf
- [x] 100 sf

---

**Registered Waste Hauler**
B & G Restoration, Inc.

**NJDEP Hauler ID**
19563

**Cubic Yards of Waste**
50

**Completed by (Print or Type)**
Gordana Luna

**Signature**
Gordana Luna

**Date**
09/29/2017
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
01/1/2019

Name of Building Owner/Operator (2)
Sunstone Hotels LLC

Street Address
67 East Park Place

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Dan Khoshaba

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Commercial/Office Properties

Street Address
23 Market Street

City (5)
Morristown, NJ 07960

County (6)
Morris

County Code (7) (State use only)

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
Facility closed/evacuated during entire period of abatement.
Abatement performed outside of normal facility hours.
Describe:

Scope of Work (check all that apply)
Demolition
Renovation
Full Containment vs. negative pressure
Glovebag procedure
Mini-enclosure
Non-friable procedure

Location of asbestos-containing material 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)
misc tar

Amount (Specify SF or LF)
80 sf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 199563

Cubic Yards of Waste
2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
10/09/17 - 12/01/17

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature

Date
09/29/2017
Date of Notification (1)
10/19/12/11

Name of Building Owner/Operator (2)
Sunstone Hotels LLC

Street Address
67 East Park Place

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Dan Khoshaba

Name of facility where abatement is taking place (3)
Commercial/Office Properties

Street Address
25 Market Street

City (5)
Morristown

County (6)
Morris

County Code (7)

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Christopher Seib

Phone Number
908-668-7777

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.

Scheduled Start Date (10)
10/09/2017

Scheduled Completion Date (11)
11/30/2017

Scope of Work (check all that apply)
Demolition

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Description
roof flashing

Location
roof level

Registered Waste Hauler
B & G Restoration, Inc.

Disposal Date
10/09/17 - 12/01/17

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Date
09/29/2017
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1): 10/19/12

Name of Building Owner/Operator (2): Sunstone Hotels LLC

Street Address: 67 East Park Place
City, State, Zip Code: Morristown, NJ 07960
Name of Contact: Dan Khoshaba

Agencies Notified: DOL, DOH
Type Notification: Initial

Commercial/Office Properties
Street Address: 27 Market Street
City, State, Zip Code: Morristown, NJ 07960
Name of Monitoring Firm Hired by Bldg. Owner (8): Whitestone Associates

Occupancy Status During Abatement (Check only one):
[X] Facility closed/vacated during entire period of abatement.

City: Morristown
County: Morris
County Code: (State use only)

ASCM No.

Name of Abatement Contractor (9): B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035
Telephone Number: (973) 996-6869
License Number: 00378
Name of OSHA Monitor: B & G Restoration, Inc.
Street Address: 105 Ryerson Road
City, State, Zip Code: Lincoln Park, NJ 07035

Scheduled Start Date (10): 10/09/2017
Scheduled Completion Date (11): 11/30/2017

Type of Facility (4):
[X] Other (Private/Commercial Bldgs., Homes, etc.)

Full Containment w/negative pressure
Mini-enclosure
Non-friable procedure

Description of asbestos-containing material (ACM):
- pipe insulation
- bottom layer linoleum
- roof flashing
- misc tar

Amount (Specify SF or LF):
- 110 ft
- 1,200 sf
- 260 sf
- 300 sf

Location of asbestos-containing material to be abated in facility (13):
- basement
- 1st floor
- roof level
- roof level

Registered Waste Hauler:
B & G Restoration, Inc.
NJ/DEP Hauler ID: 19563

Disposal Date: 10/09/17 - 12/01/17
City, State: Tullytown, PA

Completed by (Print or Type):
Gordan Luna
Title: Secretary/Treasurer
Signature: Gordan Luna
Date: 09/29/2017
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
10/19/17

Name of Building Owner/Operator (2)
Sunstone Hotels LLC

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

Type Notification
- Initial

Street Address
67 East Park Place

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
Dan Khoshaba

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Commercial/Office Properties

Street Address
18 Bank Street

City (5)
Morristown, NJ 07960

County (6)
Morris

County Code (7)

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

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

Current Use (Prior if being demolished)
Commercial/Office Properties

Name of Abatement Contractor (9)
B & G Restoration Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
10/16/2017

Scheduled Completion Date (11)
11/30/2017

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
- Other

Scope of Work (check all that apply)
- Demolition
- Renovation
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-friable procedure

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>throughout basement</td>
<td></td>
<td></td>
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<tr>
<td>basement</td>
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<td></td>
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<tr>
<td>basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>exterior facade</td>
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</table>

Description of asbestos-containing material (ACM)
- pipe insulation
- duct insulation
- duct vibration dampening cloth
- black electrical panel board
- door caulk

Amount (Specify SF or LF)
1,100 if
230 sf
5 sf
30 sf
100 if

Registered Waste Hauler
B & G Restoration, Inc.
NJDEP Hauler ID# 19563

Cubic Yards of Waste
40

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
10/19/17 - 12/01/17

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature
Date
09/29/2017

*** SEE NEXT SHEET FOR ADDITIONAL LOCATIONS & QUANTITIES ***
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9/29/17

Agencies Notified
- SPA
- DEP
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2) The Heller Group

Street Address 180 Main Street

City, State, Zip Code Madison, NJ 07940

Name of Contact Chris Hricko

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Retail- Madison Plaza

Street Address 306 Main Street

City Madison, NJ

County (6) Morris

County Code (7) (STATE USE ONLY)

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

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

Street Address PO Box 341

City, State, Zip Code Allentown, NJ 08501

Project Manager for Monitoring Firm Bill Weisgarber

Telephone No. (609) 298-4070

Start Date (10) 10/9/17

Scheduled Completion Date (11) 10/16/17

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

Scope of Work (Check all that apply)
- ≥ 5 sf or ≥ 3 ft
- ≥ 100 sf or ≥ 200 ft
- Renovation
- Demolition

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

IN Facility

Yes

No

N/A

Storage Area

Thermal Pipe Insulation 20 ft

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes

No

N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Name of Registered Waste Hauler Stevens Environmental Services, Inc.

NJDEP Waste Hauler ID No. 18292

Cubic Yards of Waste 1 cu

Name of Registered Landfill Fairless Landfill

City: State

Disposal Date 10/16/17

City, State Allentown, NJ

Morrisville, PA

Completed By Mahlon E. Stevens

Title Project Manager

Signature

Date 9/29/17

* 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)

**Paid**

Check # 25600

<table>
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<tr>
<th>Date of Notification (1)</th>
<th>9/29/17</th>
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<th>Type Notification</th>
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<td>EPA, DEP, DOL, DOH</td>
<td>Initial</td>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Moller</th>
</tr>
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<th>Street Address</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Middletown, NJ 07748</th>
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<tr>
<th>Name of Contact</th>
<th>Elisa Moller</th>
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**FACILITY INFORMATION**

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<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residential</th>
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<th>County (6)</th>
<th>Monmouth</th>
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Name of Monitoring Firm Hired by Building Owner (8)

MECS

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<th>Name of Abatement Contractor (9)</th>
<th>Stevens Environmental Services, Inc.</th>
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<tr>
<th>Street Address</th>
<th>PO Box 341</th>
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<tr>
<th>City, State, Zip Code</th>
<th>Crosswicks, NJ 08515</th>
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<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Bill Weijsgarber</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>(609) 298-4070</th>
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Start Date (10) | 10/10/17

<table>
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<th>Scheduled Completion Date (11)</th>
<th>10/18/17</th>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
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| Abatement Performed Outside of Normal Facility Hours | No |

| Other - Describe: | |
|------------------| |

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
<th>Renovation</th>
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| Demolition | |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Lower Level</th>
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<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
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| No | N/A |

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<tr>
<th>Location</th>
<th>VAT</th>
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| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | 830 sf |

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<th>Amount (Specify SF or LF)</th>
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<th>Abatement Type</th>
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| Removal | |

| Repairs | |

| Encapsulate | |

| Endorse | |

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<tr>
<th>Name of Registered Waste Hauler</th>
<th>Stevens Environmental Services, Inc.</th>
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<table>
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<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>18292</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>3 cu</th>
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<table>
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<tr>
<th>Name of Registered Landfill</th>
<th>Fairless Landfill</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Allentown, NJ</th>
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<th>Disposal Date</th>
<th>10/18/17</th>
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<table>
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<tr>
<th>City, State</th>
<th>Morrisville, PA</th>
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<tr>
<th>Completed By</th>
<th>Mahlon E. Stevens</th>
</tr>
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<table>
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<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
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<table>
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<tr>
<th>Signature</th>
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<table>
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<th>Date</th>
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*Do not use this form for asbestos licensure exempted activities.*