<table>
<thead>
<tr>
<th>Area / Notes</th>
<th>Abatement Item</th>
<th>Unit</th>
<th>Quantity</th>
<th>Price/Unit</th>
<th>Total Pricing</th>
<th>Mandays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office and Storage Area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plaster Walls</td>
<td>SF</td>
<td>2,120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plaster Drop Ceilings</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drop Ceiling</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pipe Insulation</td>
<td>LF</td>
<td>650</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carpet</td>
<td>SF</td>
<td>2,728</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 27 / 16

Name of Building Owner/Operator (2) Verizon

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

Street Address
393 Mercer St.

City (5) Hightstown

County (6) Mercer

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

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

ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.

Street Address
1253 N. Church St

City, State, Zip Code Moorstown, NJ 08067

Project Manager for Monitoring Firm Harold Baldwin

Telephone No. 858-840-8800

Start Date (10) 9 / 27 / 16

Scheduled Completion Date (11) 9 / 30 / 16

Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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-5:00PM PM-1:30AM

Scope of Work (Check all that apply)

≥ 35 sf or ≥3 if

≥ 2160 sf or ≥250 sf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Description of Asbestos-Containing Material (ACM)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Encapsulate

Enclosure

Cubic Yards of Waste

Name of Registered Landfill GROWS LANDFILL

City, State BRISTOL, PA

Disposal Date

City, State MORRISVILLE, PA

Completed By (Print or Type) Brian Scafio

Title Estimator

Signature Brian Scafio

Date 9/27/16

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

Date of Notification (1)
9 / 3 / 15

Name of Building Owner/Operator (2)
Federal Aviation Administration

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

Type Notification
☒ Initial ☑ Amended
☐ Amendment #4-9/28/16 ☑ Emergency (including justification)
☐ Cancellation

Street Address
William J Hughes Tech. Center Bldg 306 TSF Annex

City, State, Zip Code
Atlantic City Airport, NJ 08405

Name of Contact
Chris Jones

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J Hughes Tech Center

Street Address
Amelia Earhart Blvd

City (5)
Atlantic City Airport

County (6)
Atlantic

Square Feet

# of Floors

Bldg. Age

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

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
Office

Name of Monitoring Firm Hired by Building Owner (8)
NONE

ASCN No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

License No.
00509

Project Manager for Monitoring Firm

Telephone No.
215-738-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 9/29/16

Scheduled Completion Date (11) 9/29/16

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

Time of Abatement: 7:00AM-3:30PM/PM-9:00AM

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)

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 $F or LF)

Abatement Type

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

Exterior Pole 22

☐ ☑ ☐ ☐ Transite Conduit 40 LF

Exterior Pole 256

☐ ☑ ☐ ☐ Transite Conduit 20 LF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

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

Cubic Yards of Waste

Disposal Date
City, State
BRISTOL, PA 19007
MORRISVILLE, PA 19067

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
9/28/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:06 and 5:16)

**State of New Jersey**

**Name of Building Owner/Operator (2)**
Federal Aviation Administration

**Street Address**
William J Hughes Tech. Center Bldg 306 TSF Annex

**City, State, Zip Code**
Atlantic City Airport, NJ 08405

**Name of Contact**
Chris Jones

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
William J Hughes Tech Center

**Street Address**
Amelia Earhart Blvd

**City (5)**
Atlantic City Airport

**County (6)**
Atlantic

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

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

**Office**
[Blank]

**Type of Facility (4)**
- [X] Other (i.e., private and commercial buildings, homes, etc.)

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

**Street Address**
1123 BEAVER STREET

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

**Telephone No.**
215-788-6040

**License No.**
09509

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

**Street Address**
1123 BEAVER STREET

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

**Start Date (10)**
4 / 15 / 16

**Scheduled Completion Date (11)**
ON HOLD

**Occupancy Status During Abatement (Check only one)**
- [X] Other (i.e., private and commercial buildings, homes, etc.)

**Time of Abatement:**
7:00 AM - 4:00 PM

**Scope of Work (Check all that apply)**
- [X] Renovation
- [ ] Demolition

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)**
- [X] Yes
- [ ] No
- [ ] N/A

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

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Endoscope

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)**
- Exterior Pole 22
transite conduit
40 LF
- Exterior Pole 256
Transite Conduit
20 LF

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**Disposal Date**
[Blank]

**Name of Registered Landfill**
G.R.O.W.S. NORTH LANDFILL

**Cubic Yards of Waste**
[Blank]

**City, State**
BRISTOL, PA 19007

**MAY 11**

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**
[Signature]

**Date**
4/18/16

*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 / 3 / 15

Name of Building Owner/Operator (2)  
Federal Aviation Administration

Agencies Notified  
☐ EPA  
☒ DOHLD  
☐ DHSS  
☐ DCA  
☐ (NJAC 5:22-8)

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #2-4/13/16  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
William J Hughes Tech. Center Bldg 306 TSF Annex

City, State, Zip Code  
Atlantic City Airport, NJ 08405

Name of Contact  
Chris Jones

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
William J Hughes Tech Center

Street Address  
Amelia Earhart Blvd

City (5)  
Atlantic City Airport

County (6)  
Atlantic

Name of Monitor Firm Hired by Building Owner (8)  
NONE

ASCM No.  
BRISTOL ENVIRONMENTAL, INC.

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

Street Address  
1123 BEAVER STREET

City, State, Zip Code  
BRISTOL, PA 19007

Project Manager for Monitoring Firm  
BRISTOL ENVIRONMENTAL, INC.

Telephone No.  
215-788-8040

License No.  
00509

Start Date (10)  
4 / 15 / 16

Scheduled Completion Date (11)  
4 / 18 / 16

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM PM- 0AM

Scope of Work (Check all that apply)  
☒ ≥3 sf or ≥3 ft  
☒ ≥160 sq ft or ≥260 ft²  
□ 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

Location  
Description  
Amount (Specify SF or LF)  
Abatement Type

Exterior-Pole 22  
transite conduit  
40 LF

Exterior Pole 256  
Transite Conduit  
20 LF

Name of Registered Waste Hauler  
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.  
18706

Cubic Yards of Waste  
Name of Registered Landfill  
G.R.O.W.S. NORTH LANDFILL

City, State  
BRISTOL, PA 19007

Disposal Date  
City, State  
Disposal Date  
MORRISVILLE, PA 19067

Completed By (Print or Type)  
Brian Scafiro  
Title  
Estimator

Signature  
Brian Scafiro  
Date  
4/3/16

ASB-41  
MAY 11  
BS 5/13/0

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 6:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/3/15</td>
<td>Federal Aviation Administration</td>
</tr>
</tbody>
</table>

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

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

**Street Address**
William J Hughes Tech. Center Bldg 306 TSF Annex

**City, State, Zip Code**
Atlantic City Airport, NJ 08406

**Name of Contact**
Chris Jones

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
William J Hughes Tech Center

**Street Address**
Amelia Earhart Blvd

**City (5)**
Atlantic City Airport

**County (6)**
Atlantic

**Name of Monitoring Firm Hired by Building Owner (8)**
NONE

**ASCM No.**

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

**Street Address**
1123 BEAVER STREET

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

**Project Manager for Monitoring Firm**

**Telephone No.**
215-788-6040

**License No.**
005609

**Start Date (10)**
ON HOLD

**Scheduled Completion Date (11)**

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

**Street Address**
1123 BEAVER STREET

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

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 4:00PM

**Scope of Work (Check all that apply)**
- [ ] Renovation
- [ ] Demolition

**Exterior Pole 22**
- [ ] transite conduit

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

**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)

**Amount (Specify SF or LF)**

**Abatement Type)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Endosulfan</th>
</tr>
</thead>
<tbody>
<tr>
<td>transite conduit</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
BRISTOL ENVIRONMENTAL, INC.

**NJDEP Waste Hauler ID No.**
18708

**Cubic Yards of Waste**

**Name of Registered Landfill**
G.R.O.W.S. NORTH LANDFILL

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafiro

**Title**
Estimator

**Signature**

**Date**
9/14/15

88-41
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 6:16)

Date of Notification (1)
9 / 3 / 15

Name of Building Owner/Operator (2)
Federal Aviation Administration

Agencies Notified
☑ EPA
☑ DOLWD 7/14
DHS 7/14
☐ DCA (NJAC 5.22-6)

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

Street Address
William J Hughes Tech. Center Bldg 306 TSF Annex
City, State, Zip Code
Atlantic City Airport, NJ 08405

Name of Contact
Chris Jones
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
William J Hughes Tech Center

Street Address
Amelia Earhart Blvd
City (5)
Atlantic City Airport
County (6)
Atlantic
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
NONE
ASCM No.

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

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

License No.
215-788-6040

Start Date (10)
9 / 15 / 15
Scheduled Completion Date (11)
10 / 2 / 15

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)
☐ ≥ 3000 sq ft or ≥ 3 if
☐ ≥ 1600 sq ft 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)

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)
40 LF ☐

Abatement Type
☐ Removal ☐ Repair ☐ Encapsulate ☐ Endure

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.
NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
Disposal Date
City, State
G.R.C.W.S. NORTH LANDFILL
MORRISVILLE, PA 19067

Completed By (Print or Type)
Estimator
Signature
Date

(Handwritten)
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1)

| 9 | 19 | 16 |

Name of Building Owner/Operator (2)
BASF Catalysts, LLC

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

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

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

Street Address
25 Middlesex Avenue

City (5)
Iselin

County (6)
Middlesex

County Code (7)
0001

Current Use (Prior if being demolished)
Lab, R&D

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

ASCM No.
00104

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

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta NJ 07871

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Telephone No.
973-851-2041

Telephone No.
215-788-6040

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Start Date (10)
10 / 3 / 16

Scheduled Completion Date (11)
10 / 21 / 16

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

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

<table>
<thead>
<tr>
<th>Mat Lab</th>
<th>Crawlspace (east of column line 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ 0</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

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

| Yes | No | N/A |
|

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)

<table>
<thead>
<tr>
<th>Vat/Mastic</th>
<th>Transite Fume Hood</th>
<th>pipe insulation/fitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,450 sf</td>
<td>300 sf</td>
<td>600 Lf</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ □ □</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP, INC.

Waste Hauler ID No.
20990

Cubic Yards of Waste
80

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DE 19720

Disposal Date
TBD

City, State
WAYNESBURG, OH 44688

Completed By (Print or Type)
Pat Decaro

Title
Estimator

Signature

Date
9/28/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 6:18)

Date of Notification (1):
9 / 19 / 16

Name of Building Owner/Operator (2):
BASF Catalysts, LLC

Street Address:
25 Middlesex Avenue

City, State, Zip Code:
Iselin New Jersey

Name of Contact:
Diana Wright

Telephone Number:

FACILITY INFORMATION

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

Street Address:
25 Middlesex Avenue

City (5):
Iselin

County (6):
Middlesex

Name of Monitoring Firm Hired by Building Owner (8):
Environmental Health Investigations

ASCM No.:
00104

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

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Project Manager for Monitoring Firm:
Jean-Paul von Doehren

Telephone No.:
973-651-2041

Name of OSHA Monitor:
BRISTOL ENVIRONMENTAL, INC.

Street Address:
1123 BEAVER STREET

City, State, Zip Code:
BRISTOL, PA 19007

Start Date (10):
10 / 3 / 16

Scheduled Completion Date (11):
10 / 21 / 16

Occupancy Status During Abatement (Check only one):
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM. AM

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):

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mat Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawlspace (east of column line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat Lab</td>
<td>3,450 sf</td>
</tr>
<tr>
<td>Transite Fume Hood</td>
<td>300 sf</td>
</tr>
<tr>
<td>pipe insulation/fittings</td>
<td>600 If</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
SERVICE TRANSPORT GROUP, INC.

NJDEP Waste Hauler ID No.:
20990

Cubic Yards of Waste:
80

Name of Registered Landfill:
MINERVA LANDFILL

City, State:
WAYNESBURG, OH 44688

Disposal Date:
tbd

Completed By (Print or Type):
Pat Decaro

Title:
Estimator

Signature:

Date:
9/19/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 5:66 and 12:120)

Date of Notification (1)
9/28/16

Name of Building Owner/Operator (2)
Jay & Diana Talsanis Private Home

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

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

Street Address
City, State, Zip Code
[Redacted]
San Diego CA 92106

Name of Contact
Jim

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jay & Diana Talsanis Private Home

Street Address
City (5)
Cape May NJ 08204

County (6)
Cape May

County Code (7) (STATE USE ONLY) 09

Current Use (Prior if being demolished)
Home

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

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc.

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
10/11/16

Scheduled Completion Date (11)
10/18/16

Name of OSHA Monitor
Same

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 ft
☐ ±180 sf or ±200 sf
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glowing Procedure
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)
Yes No N/A

Exterior Siding x Exterior Siding 1200 SF x

Name of Registered Waste Hauler
United Roll Off

NJDEP Waste Hauler ID No. 22459

Cubic Yards of Waste 3

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

City, State
Morrisville PA 19067

Disposal Date
10/18/16

Completed by
Anthony T Perna
Title President
Signature

Date 9/28/16

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

**Name of Building Owner/Operator:**
Toniann Roses Private Home

**Name of Facility Where Abatement is Taking Place:**
Toniann Roses Private Home

**Street Address:**

**City, State, Zip Code:**
Bayville NJ 08721

**Type of Facility:**

- [ ] School (K-12)
- [ ] Subchapter 6 (Other than K-12)
- [X] Other (i.e. private & commercial buildings, homes, etc.)

**Square Feet:**
1000+

**# of Floors:**
1.5

**Bldg. Age:**
35=

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

**Name of Abatement Contractor:**
Pernaco Inc.

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

**ASCM No.:**

**Telephone No.:**
856-753-9800

**License No.:**
00727

**Start Date:**
10/11/16

**Scheduled Completion Date:**
10/13/16

**Occupancy Status During Abatement:**
[ ] 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] 2,500 sf or ≥2,500 sf
- [X] Demolition
- [ ] Revitalization
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebox Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

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

**Amount (Specify SF or LF):**
1400 SF

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

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

**Waste Hauler ID No.:**
22459

**Cubic Yards of Waste:**
3

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

**City, State:**
Elm NJ

**Disposal Date:**
10/18/16

**City, State:**
Morrisville PA 19067

**Completed by:**
Anthony T. Perna

**Title:**
President

**Signature:**

**Date:**
9/25/16

---

*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)**
September 26, 2016

**Name of Building Owner/Operator (2)**
PA of NY & NJ

**Agency Notified**
☐ EPA  ☐ DEP  ☐ Nondeputized OPWC  ☐ DOL  ☐ DOH  ☐ DCA

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

**Street Address**
Goethals Bridge, 2777 Goethals Road North

**City (5)**
Staten Island, NY 10303-8413

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goethals Bridge - New Jersey Side of Bridge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ School (K-12)</td>
</tr>
<tr>
<td>☐ Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>☐ Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>440,758</td>
<td>1</td>
<td>88 +/-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridge</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (5)**
Saban Engineering Group, Inc.

**ASCM No.**
N/A

**Name of Abatement Contractor (6)**
B&N&K Restoration Company, Inc.

**Street Address**
223 Randolph Avenue

**City, State, Zip Code**
Clifton, NJ 07011

**Project Manager for Monitoring Firm**
Stephen Pharai

**Telephone No.**
201-673-0064

**Start Date (10)**
October 06, 2016

**Scheduled Completion Date (11)**
December 31, 2016

**Occupy Status During Abatement (Check only one)**
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: Non-Friable Exterior work

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Repair</td>
</tr>
<tr>
<td>☒ Encapsulate</td>
</tr>
<tr>
<td>☒ Enclosure</td>
</tr>
<tr>
<td>☐ Removal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakers Basin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakers Basin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakers Basin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete Encased Transite Pipe (Duct Bank)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two diameter pipes consisting of transite pipe &amp; concrete</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totowa, NJ 07512-1120</td>
<td>Two Brothers Contracting, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>18743</td>
<td>300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/07/2016</td>
<td>Penn Argyl, PA</td>
<td>Grand Central Sanitary Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Roger Woodman</td>
<td>Project Manager</td>
<td>[Signature]</td>
<td>9/26/2016</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)
09-23-16

Name of Building Owner/Operator (2)
Caravella Demolition

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

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

Street Address
40 Deforest Ave.

City, State, Zip Code
East Hanover NJ 07936

Name of Contact
Cary Palmer III

Telephone Number

FACILITY INFORMATION

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

Street Address
220 W. Westfield Ave.

City (5)
Roselle Park

County (6)
Union

County Code (7)

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

Name of Abatement Contractor (9)
Delta Contracting LLC

Street Address
522 7th St.

City, State, Zip Code
Union City NJ 07087

License No.
01206

License No.

Start Date (10)
09-29-16

Scheduled Completion Date (11)
10-05-16

Project Manager for Monitoring Firm

Telephone No.
201 216-9603

Telephone No.

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

Scope of Work (Check All That Apply)
☐ ≥ 23 sf or ≥ 23 ft
☒ ≥ 160 sf or ≥260 ft
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

_No. Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Is Location

Normandy

Asbestos Containing Material (ACM)

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

Description of

Amount

(Specify SF or LF)

Abrasion

Removal

Repair

Encapsulation

Endosulfan

Name of Registered Waste Hauler
Delta Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Union City, NJ

Disposal Date
10-10-16

City, State
Tullytown, PA

Completed by
Jaime Delgado

Title
Proj. Manager.

Signature

Date
09-23-16

* 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)
09-23-16

Name of Building Owner/Operator (2)
Caravela Demolition

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

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

Street Address
40 Deforest Ave.

City, State, Zip Code
East Hanover NJ 07936

Name of Contact
Cary Palmer III

Telephone Number

FACILITY INFORMATION

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

Street Address
250 W. Westfield Ave.

City (5)
Roselle Park

County (6)
Union

County Code (7)

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.

License No.
01206

Start Date (10)
10-10-16

Scheduled Completion Date (11)
10-15-16

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)
☒ 83 sf or ≤ 3300
☒ ≥ 160 sq ft or ≥2600 sf
☒ Renovation/ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulation
End Stage

Location
Basement

Pipe Insulation/Wrap-Cut

80 LF

Abatement
☐ x

1st Floor

Joint Compound

4,000 SF

☐ x

2nd Floor

Wall Plaster

2,200 SF

☒ x

Name of Registered Waste Hauler
Delfa Contracting LLC

NJDEP Waste Hauler ID No.
35240

Cubic Yards of Waste
30

Name of Registered Landfill
Tullytown Resource Recovery Facility

Disposal Date
10-17-16

City, State
Tullytown, PA

Committed by
Jaime Delgado
Title
Proj. Manager.

Signature

Date
09-23-16

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

**State of New Jersey**

**Date of Notification (1)**
09-23-16

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

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

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

**Street Address**
40 Deforest Ave.

**City, State, Zip Code**
East Hanover NJ 07936

**Name of Contact**
Cary Palmer III

**Telephone Number**

**FACILITIY INFORMATION**

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

**Street Address**
230 W. Westfield Ave.

**City (5)**
Roselle Park

**County (6)**
Union

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

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

**ASCM No.**

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

**Street Address**
522 7th St.

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

**Project Manager for Monitoring Firm**

**Telephone No.**

**Start Date (10)**
10-03-16

**Scheduled Completion Date (11)**
10-08-16

**Name of OSHA Monitor**
Delta Contracting 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:

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>X</td>
<td>VAT &amp; Mastic</td>
<td>375 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st &amp; 2nd Floor</td>
<td>X</td>
<td>Wall Plaster</td>
<td>4500 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Delta 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**
10-10-16

**City, State**
Tullytown, PA

**Completed by**
Jaime Delgado

**Title**
Proj. Manager.

**Signature**

**Date**
09-23-16

*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)  
09-23-16

Name of Building Owner/Operator (2)  
Caravella Demolition

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

Street Address  
40 Deforest Ave.

City, State, Zip Code  
East Hanover NJ 07936

Name of Contact  
Cary Palmer III

Telephone Number

FACILITY INFORMATION

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

Street Address  
240 W. Westfield Ave.

City (5)  
Roselle Park

County (6)  
Union

County Code (7)  
(STATE USE ONLY) 

Current Use (Prior if being demolished)

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

ASCM No.  

Name of Abatement Contractor (9)  
Delta Contracting LLC.

Street Address  
522 7th St.

City, State, Zip Code  
Union City NJ 07087

Project Manager for Monitoring Firm

Telephone No.  
201 216-9003

License No.  
01206

Start Date (10)  
10-06-16

Scheduled Completion Date (11)  
10-11-16

Name of OSHA Monitor  
Delta 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:

Scopes of Work (Check All That Apply)  

☐ ≥ 3,000 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)

Amount (Specify SF or LF)  

Abatement Type  

Removal  
Repair  
Encapsulate  
Endorse

Location  
Roof

Location of Asbestos-Containing Material  
Roof Flasing

3,400 SF

Name of Registered Waste Hauler  
Delta Contracting LLC

NJDEP Waste Hauler ID No.  
35240

Cubic Yards of Waste  
20

Name of Registered Landfill  
Tullytown Resource Recovery Facility

City, State, Zip Code  
Union City, NJ

Disposal Date  
10-14-16

City, State, Zip Code  
Tullytown, PA

Completed by  
Jaime Delgado

Title  
Proj. Manager.

Signature  

Date  
09-23-16

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

**Date of Notification**: 09/26/16

**Name of Building Owner/Operator**: Margarete Trottmann

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

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

**Street Address**:  

**City, State, Zip Code**: Newark, NJ

**Name of Contact**:  

**Telephone Number**:  

**FACILITY INFORMATION**

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

**Street Address**:  

**City**: Newark

**County**: Essex County

**County Code**:  

**Current Use of Prior if being demolished**:  

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

**ASCM No.**:  

**Name of Abatement Contractor**: Pro Abatement

**Street Address**:  

**City, State, Zip Code**: North Bergen, NJ 07047

**Project Manager for Monitoring Firm**:  

**Telephone No.**:  

**License No.**: 01223

**Start Date**: 10/08/16

**Scheduled Completion Date**: 10/22/16

**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**
- [x] ≥ 3000 sf or ≥ 30 if
- [ ] ≥ 1800 sf or ≥ 2200 if

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

- [ ] In Facility

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

- [ ] Amount (Specify SF or LF)

- [ ] Abatement Type

- [x] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] END

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

**Disposal Date**:  

**City, State**: HILLSIDE, NJ

**Title**: Project Manager

**Signature**:  

**Date**: 09/26/16

---

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/27/16</td>
<td>Karen Becker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>Ridgewood, NJ 07450</td>
</tr>
</tbody>
</table>

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Becker</td>
<td></td>
<td>Pro Abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>201-293-6305</td>
<td>01223</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/16</td>
<td>10/31/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted] Facilty Closed/Vacated During Entire Period of Abatement</td>
<td>1600 ROUTE EAST SUITE 107</td>
<td>UNION NJ 07083</td>
</tr>
<tr>
<td>[Redacted] Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Full Containment with Negative Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ 23 sf or 23 ft</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>■ 180 sf or 2260 ft</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>■ Renovation</td>
<td>Non-Exempted (*) and Non-Priable Procedure</td>
</tr>
<tr>
<td>■ Demolition</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? (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>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>TSI</td>
<td>270 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Boiler</td>
<td>No</td>
<td>TSI</td>
<td>4 LF</td>
<td>Repair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td></td>
<td>WASTE MANAGEMENT GROWS N.</td>
</tr>
</tbody>
</table>

| City, State                     | Disposal Date        | |
|---------------------------------|----------------------||
| HILLSIDE, NJ                    |                      | |

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Parra</td>
<td>Project Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

| Date                            | |
|---------------------------------||
| 09/27/16                        | |

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

**Date of Notification (1)**  
09/28/16

**Name of Building Owner/Operator (2)**  
Ema Properties LLC

**Street Address**  
45 Campbell ,

**City, State, Zip Code**  
Edison, NJ 08817

**Name of Contact**  

<table>
<thead>
<tr>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
</tr>
<tr>
<td>DEP</td>
</tr>
<tr>
<td>DOH</td>
</tr>
<tr>
<td>DCA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
</tr>
<tr>
<td>Amendment #</td>
</tr>
<tr>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Ema Properties LLC</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>45 Campbell ,</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Edison</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Middlesex County</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
</tr>
</tbody>
</table>

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

| Name of Abatement Contractor (9) |
| Pro Abatement |
| Street Address |
| 1009 87th Street Suite A4 |
| City, State, Zip Code |
| North Bergen, NJ 07047 |

| Project Manager for Monitoring Firm |
| Telephone No. |
| 201-293-6305 |

| License No. |
| 01223 |

| Start Date (10) |
| 10/20/16 |

| Scheduled Completion Date (11) |
| 11/03/16 |

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

| Scope of Work (Check All That Apply) |
| 23 sf or 23 sf |
| 2160 sf or 2260 sf |
| Renovation Demolition |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) |
| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Cubic Yards of Waste |
| New Jersey Department of Environmental Protection Waste Hauler ID No. |
| Name of Registered Waste Hauler |
| Name of Registered Landfill |
| WASTE MANAGEMENT GROWS N. |
| CITY |
| HILLSIDE, NJ |
| Disposal Date |
| Name of Contact |
| Bryan Parra |
| Title |
| Project Manager |
| Signature |

| Amount (Specify SF or LF) |
| 300 SF |

| Abatement Type |
| Removal |
| Encapsulate |

| WASTE MANAGEMENT GROWS N. |
| CITY |
| HILLSIDE, NJ |
| Disposal Date |
| Name of Contact |
| Bryan Parra |
| Title |
| Project Manager |
| Signature |

*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)

GAC Project # 060-16

Date of Notification (1):
September 28, 2016

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

Agencies Notified:
- EPA
- DCA
- DOL
- DEP - No Longer REQUIRED
- DOH

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

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
RBHS POWER PLANT, BLDG# 7261

Street Address:
RBHS NEWARK CAMPUS

City:
NEWARK

County:
ESSEX

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

Name of Contractor (5):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
3 TERRI LANE

City, State, Zip Code:
BURLINGTON, NJ 08016

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

Sq. Feet: N/A

Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

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

Schedule: 3PM – 5PM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply):
- ≥ 3 sf or ≥ 3 If
- ≥ 190 sf or ≥ 260 If
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) in Facility (13):
- Location Normally Used Solely by Maint./Custodial Staff? (12)
- YES
- NO

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

Amount (Specify SF or LF)

Abatement Type:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure / Wrap & Cut
- Non-Exempted (*) and Non-Friable Procedure
- Remove, Repair, Sand, Endorse

Cubic Yards of Waste: 5 CY

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

Name of Reg. Waste Hauler:
See Hauler Below #1 & 2

See Hauler Below:
NJDEP Waste Hauler ID #

Hauler #1: Greenwood Abatement Consultants, Inc. - Butler, NJ 07405
NJDEP # 12561
Hauler #2: Newark Carting, Inc., Newark, NJ 07109
NJ DEP #: 4509

Disposal Date:
10/12/2016

City, State:
100 New Ford Mill Rd. Morrisville, Pa 19067
215-736-1700

Committed by (Print or Type):
RAYMOND C. PEDALINO
Title: SENIOR PROJECT MANAGER

Signature:
Raymond C. Pedalino
Date: September 28, 2016

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

Date of Notification (1)  9 / 28 / 16
Name of Building Owner/Operator (2)  Justin Fuson

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

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

Street Address
City, State, Zip Code
Dunellen, NJ 08812

Name of Contact
Justin Fuson

Telephone Number

FACILITY INFORMATION

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

Street Address
City
Dunellen

County
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
Mgmt. & Enviro. Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
City, State, Zip Code
623 Cutler Avenue
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

License No.
00842

Start Date (10)  10 / 10 / 16
Scheduled Completion Date (11)  10 / 11 / 16

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-PM

Scope of Work (Check all that apply)
- ≥3 sft or ≥3 lf
- ≥160 sft or ≥280 lf
- 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? (12)
Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Freehold Cartage

NJ/DEP Waste Hauler ID No. 15335

Cubic Yards of Waste
1

Name of Registered Landfill
Cumberland County Landfill

City, State
Freehold, NJ

Disposal Date
10/11/2016

City, State
Newburg, PA

Completed By (Print or Type)
Christina Lynch
Title
Operations Manager
Signature
Date 9/28/16

ASB-41
JAN 13

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

Date of Notification (1)
09/28/16

Name of Building Owner/Operator (2)
Soofiyan Darvash

Agencies Notified

- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification

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

Street Address

- [x] City, State, Zip Code
- [ ] Name of Building Owner/Operator

- [ ] Telephone Number

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

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

County (6)
Morris

County Code (7)
(State Use Only)

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

Competent Supervisor

ASCM No.

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address

205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-832-4244

License No.
01155

Start Date (10)
10/10/16

Scheduled Completion Date (11)
10/17/16

Name of OSHA Monitor
Same as Above

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:

Scope of Work (Check All That Apply)
- [ ] ≥3 sf or ≥3 if
- [ ] ≥150 sf or ≥2260 if
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Gluebag Procedure
- [x] Non-Exempted (*) and Non-Frangible 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

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endotherm

Location
Pipe Insulation
13 LF

[ ]

[ ]

[ ]

[ ]

Name of Registered Waste Hauler
Academy Construction Inc.
NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Filip Geleski
Supervisor

Signature

Date
09/28/16

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

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

**Date of Notification (1)**
9/29/2016

**Name of Building Owner/Operator (2)**
Merck Sharp & Dohme Corp.

**Street Address**
126 East Lincoln Avenue PO Box 2000, RY28-414

**City, State, Zip Code**
Rahway, NJ 07065

**Name of Contact**
Sandra Schenk, Director S&E

**Telephone Number**

---

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 75 Power House</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Bankruptcy (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>126 East Lincoln Avenue</td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Other (i.e. private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rahway</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00104</td>
<td>Power House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm &amp; Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Investigations, Inc.</td>
<td>Brandenburg Industrial Service Company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Liloa</td>
<td>Brandenburg Industrial Service Company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/6/2016</td>
<td>00721</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>±3 sf or ±3 if</td>
<td>Remediation</td>
</tr>
<tr>
<td>≥190 sf or ≥2200 sf</td>
<td>Demolition</td>
</tr>
<tr>
<td>× Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>× Renovation</td>
<td></td>
</tr>
<tr>
<td>× Mini-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>
</tbody>
</table>

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

<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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler 6 Ceiling</td>
<td>X</td>
<td>TSI Block Asbestos</td>
<td>144 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler 4 East/West Walls &amp; Ceiling</td>
<td>X</td>
<td>TSI</td>
<td>600 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler 8 Inertia Pad Mastic</td>
<td>X</td>
<td>Non-Friable Mastic on Cork</td>
<td>120 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold Catage, Inc.</td>
<td>15939</td>
<td>450</td>
<td>Lycoming Cty Resource Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold</td>
<td>TBD</td>
<td>Lycoming Cty Resource Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATMENT
(Pursuant to NJAC 8:60 and 12:20)

State of Notification (1): 9/27/16
Name of Building Owner/Operator (2): John McCarthy

Agency: DOE - NJ (3)
Type Notification: Initial
Street Address: 
City, State, Zip Code: Norwood, NJ 07648

Name of Facility Where Abatement Is Taking Place (3): RESIDENCE
City: Norwood
County Code (6): Bergen

Type of Facility (4): School (K-12)
Square Feet: 1,600
Bldg. Age: 75

Name of Building Owner/Operator (5): John McCarthy
Name of Abatement Contractor (6): A. MAC Contracting Inc.

Start Date (10): 10/17/16
Scheduled Completion Date (11): 10/31/16

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement: Yes
Abatement Performed Outside of Normal Facility Hours: No

Scope of Work (Check All That Apply)

- Demolition
- Renovation
- 25 sf or less
- 250 sf or less
- 251 - 2260 sf

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Used Solely by Maintenance Custodial Staff?</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>VAT</td>
<td>140 SF</td>
</tr>
<tr>
<td>Attic</td>
<td>Yes</td>
<td>Vermiculite</td>
<td>580 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Newark Carting, Inc.
NJDEP Waste Hauler ID No.: 04509

Date: 9/27/16

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

(Pursuant to NJAC 5:60 and 12:120)

**Date of Notification:** 9/23/16

**Name of Building Owner/Contractor:** [Redacted]

**Street Address:** [Redacted]

**City, State, Zip Code:** WESTFIELD, N.J. 07093

**Telephone Number:** [Redacted]

**Type of Facility:** Residential

**Square Feet:** 1,450

**# of Floors:** 2

**Bldg. Age:** +50

**Name of Monitoring Firm/Hired by Building Owner:** [Redacted]

**ASCM No.:** [Redacted]

**Name of Abatement Contractor:** A.MAC Contracting Inc.

**Street Address:** 185 Vreeland Ave.

**City, State, Zip Code:** Midland Park, NJ

**Telephone No.:** (201)252-5941

**License No.:** 00156

**Name of OSHA Monitor:** Omega Environmental Services

**Street Address:** 280 Huyler St.

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

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

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glue/Thermal Procedure
- Non-Exempted/Non-Permeable Procedure
- [ ] Renovation
- [ ] Demolition
- [ ] Removal
- [ ] Repair
- [ ] Redevelopment
- [ ] Reuse

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

- Busway
- Pipe Insulation 115fl

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

- 115 fl

**Abatement Type:**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glue/Thermal Procedure
- [ ] Non-Exempted/Non-Permeable Procedure
- [ ] Renovation
- [ ] Demolition
- [ ] Removal
- [ ] Repair
- [ ] Redevelopment
- [ ] Reuse

**Name of Registered Waste Hauler:**

- Newark Carting, Inc.

**NJDEP Waste Hauler ID No.:** 04659

**Cubic Yards of Vessel:** 2

**Disposal Date:** 10/31/16

**City, State:** Bethlehem, PA

**Name of Registered Landfill:** IESI PA Bethlehem Landfill Corp.

**Compl. by:**

- Joseph Vocaturo
  - Title: Vice President

**Signature:** [Redacted]

**Date:** 9/23/16

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

**Date of Notification (1)**
9/29/16

**Name of Building Owner/Operator (2)**
Transcontinental Gas Pipe Line Company, LLC

**Street Address**
2800 Post Oak Blvd

**City, State, Zip Code**
Houston, TX 77056

**Name of Contact**
David Martinkewitz

**Telephone Number**

### FACILITY INFORMATION

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

**Street Address**
14 Bordentown – Chesterfield Rd

**City (5)**
Bordentown, NJ

**County (6)**
Burlington

**Name of Monitoring Firm Hired by Building Owner (5)**
N/A

**Type of Facility (4)**

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

**Square Feet**
1300

**Current Use (Prior if being demolished)**
Abandon home for demolition

**Name of Abatement Contractor (9)**
New States Contracting, LLC

**Street Address**
2400 Main Street Extension, Suite 10

**City, State, Zip Code**
Sayreville, NJ 08872

**Project Manager for Monitoring Firm**

**Telephone No.**
732-525-0100

**License No.**
00749

**Start Date (10)**
10/12/16

**Scheduled Completion Date (11)**
10/14/16

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

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

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

- abatement
- renovation
- demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building roof</td>
<td>X</td>
<td>Roofing tar</td>
</tr>
</tbody>
</table>

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

**Name of Registered Waste Hauler**
Freehold Cartage

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
Cumberland County Land Fill

**Disposal Date**
10/14/16

**City, State**
Newburg, PA

**Completed by**
Michael Migliore

**Title**
Sr. Account Manager

**Signature**

**Date**
9/29/16
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
10/19/11  

**Name of Building Owner/Operator (2)**  
ionia de wolf  

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

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

**Street Address**  
clemwood Park, NJ 07407

**Name of Contact**  
ionia de wolf  

**City, State, Zip Code**  

**Telephone Number**  

**FACILITY INFORMATION**

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

**Street Address**  
clemwood Park  

**City (5)**  
BERGEN  

**County (6)**  

**County Code (7)**  

**ASCM No.**

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

**Street Address**  
20 California Ave.  

**City, State, Zip Code**  
Paterson, NJ 07503  

**Telephone Number**  
973-345-8020  

**License Number**  
01169

**Name of OSHA Monitor**  
D & S Restoration, Inc.  

**Street Address**  
20 California Avenue  

**City, State, Zip Code**  
Paterson, NJ 07503

**Start Date (10)**  
10/05/16  

**Scheduled Completion Date (11)**  
10/21/16  

**Occupancy Status During Abatement**  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
☐ Other: Describe NORMAL HOURS

**Scope of Work**  
- [ ] >3 sq ft or >3 sf  
- [ ] ≥160 sq ft or >260 sf

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

**Is location normally used solely by maintenance/custodial staff (12)**  
☐ Yes  
☐ No  
☐ N/A

**Description of asbestos-containing material (ACM)**  
90 L FT

**Amount (Specify SF or LF)**

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

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

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

**Non-Exempted (*) and Non-Triable procedure**

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**NJDEP Hauler ID#**  
13506

**Cubic Yards of Waste**  
1 yd.

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**City, State**  
PATerson, NJ 07503  

**Disposal Date**  
10/06/16  

**Name of Registered Landfill**  
TULLYTOWN, PA

**Completed by (Print or Type)**  
BOGDAN JOLDZIC  

**Title**  
PRESIDENT

**Signature**  

**Date**  
09/27/2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/2016</td>
<td>joseph lipke</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>joseph lipke</td>
<td></td>
</tr>
<tr>
<td>□ DEP</td>
<td>□ Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td>□ Amendment #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCH</td>
<td>□ Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td>□ Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>ELIZABETH, NJ 07208</th>
</tr>
</thead>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>joseph lipke</td>
<td>□ Other (Private/Commercial Blgs./Homes., etc.)</td>
</tr>
</tbody>
</table>

<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 Bldg. Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/07/16</td>
<td>10/28/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Facility closed/vacated during entire period of abatement.</td>
</tr>
<tr>
<td>□ Abatement performed outside of normal facility hours. Describe:</td>
</tr>
<tr>
<td>□ Other-Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &gt;2 sf or &gt;2 Lf</td>
</tr>
<tr>
<td>□ &gt;160 sf or &gt;260 Lf</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 solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Repairs</th>
<th>Removal</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>X</td>
<td>741 ft</td>
<td>□ Full Containment/ negative pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Mini-enclosure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Glovebag procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Non-Exempted (N) and Non-Friable procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BASEMENT**

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>13506</td>
<td>1 yd.</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATERNSON, NJ 07503</td>
<td>10/08/16</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
<td></td>
<td>10/27/2016</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
9/30/16

Name of Building Owner/Operator (2)
Township of Woolwich

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

Street Address
120 Village Green Drive
City, State, Zip Code
Woolwich Township, NJ 08085

Name of Contact
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Palladino Farm

City (5)
Woolwich

County (5)
Gloucester

County Code (7)
(STATE USE ONLY) 

Current Use (Prior to being demolished)
abandoned farm house

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.
Name of Abatement Contractor (9)
Yannuzzi Environmental

Street Address
135 Kinnelon Rd., Suite 102
City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm
Telephone No.
License No.

Start Date (10)
10/6/16
Scheduled Completion Date (11)
10/10/16

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

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 if
☐ ≥190 sf or ≥260 if
☒ Renovation
☒ Demolition

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

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

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

Amount (Specify SF or LF)

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

Block 5, Lot 3
Unsafe Structure

ENTIRE STRUCTURE TO BE
KNOCKED DOWN & DISPOSED

AS RACM ASBESTOS

Name of Registered Waste Hauler
Yannuzzi Group

Cubic Yards of Waste
100

Name of Registered Landfill
GROWS

City, State
Kinnelon, NJ

Disposal Date
10/10/16

City, State
Morrisville, PA

Completed by
John Mucha
Title
Sr. Project Mgr.
Signature

Endorsement

Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/16</td>
<td>Saint Barnabas Medical Center</td>
</tr>
</tbody>
</table>

#### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place</th>
<th>Name of Management Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Barnabas Medical Center</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>94 Old Short Hills Rd.</td>
<td>Livingston, NJ 07078</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>200000</td>
<td>6</td>
<td>55+/-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use</th>
<th>Prior if being demolished</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Tactics</td>
<td>64 Broad Street</td>
<td>Matawan, NJ 07747</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>(732) 290-2217</td>
<td>00493</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/16</td>
<td>10/31/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/ Vacated</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe: Removal as needed when needed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Locations</td>
<td>Yes</td>
<td>Thermal Pipe Fittings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 CU</td>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18292</td>
<td>10/31/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevens Environmental Services, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown, NJ</td>
<td>10/31/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
<td>Project Manager</td>
<td></td>
<td>9/30/16</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 8:15)

Date of Notification (1)  
9/30/16

Name of Building Owner/Operator (2)  
Owens

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

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

Street Address  
Collingswood, NJ 08108

City, State, Zip Code  
Collingswood, NJ 08108

Name of Contact  
Mr. Loyal Owens

Telephone Number  
-

FACILITY INFORMATION

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

Street Address  
-

City (5)  
Collingswood, NJ

County (6)  
Camden

County Code (7) (STATE USE ONLY)  
-

Current Use (Prior if being demolished)  
School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
2000

# of Floors  
2

Bldg. Age  
85+/-

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

ASCOM No.  
-

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

Street Address  
PO Box 322

City, State, Zip Code  
Allentown, NJ 08501

Telephone No.  
(609) 259-9688

License No.  
00493

Project Manager for Monitoring Firm  
Dave Bumocore

Telephone No.  
(732) 740-8408

Start Date (10)  
10/10/16

Scheduled Completion Date (11)  
10/15/16

Occupancy Status During Abatement (Check only one)  

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

Scope of Work (Check all that apply)  

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

- Renovation
- Demolition

- 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

(13)

Yes  

No  

N/A  

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

Amount (Specify SF or LF)  

Abatement Type  

Removal  

Repair  

Encapsulate  

Ensure

Location  

Basement  

Boiler Insulation  

40 sf  

X

Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.

NJDDE Waste Hauler ID No.  
18292

Cubic Yards of Waste  

Name of Registered Landfill  
GROWS Landfill

City, State  

Morrisville, PA

Disposal Date  
10/15/16

Completed By  
Mahlon E. Stevens

Title  
Project Manager

Signature  
-

Date  
9/30/16

* 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)  9/30/16

Name of Building Owner/Operator (2)  Yedlin

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

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

Street Address  
1000 Herrontown Rd.
Princeton, NJ 08540

City, State, Zip Code

Name of Contact  
Charlie Yedlin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  SAVE Animal Shelter

Street Address  
900 Herrontown Rd
Princeton, NJ

County (6)  Mercer

Square Feet  
3500

Type of Facility (4)  
- [x] Subchapter 6 (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

# of Floors  
2

Current Use (Prior if being demolished)  
95+/-

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

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

Street Address  
PO Box 322
Allentown, NJ 08501

City, State, Zip Code

Telephone No.  
(609) 259-9688

License No.  
00493

Project Manager for Monitoring Firm

Name of OSHA Monitor  
MECS

Street Address  
PO Box 341
Crosswicks, NJ 08515

City, State, Zip Code

Start Date (10)  
10/13/16

Scheduled Completion Date (11)  
10/31/16

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main House</td>
<td>✗</td>
<td>Transite Siding</td>
<td>2000 sf</td>
<td>☑</td>
</tr>
<tr>
<td>Garage</td>
<td>✗</td>
<td>Transite Siding</td>
<td>150 sf</td>
<td></td>
</tr>
<tr>
<td>Rear Building Shelter</td>
<td>✗</td>
<td>Transite Siding</td>
<td>1850 sf</td>
<td>☑</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Stevens Environmental Services, Inc.

City, State  
Allentown, NJ

NJDEP Waste Hauler ID No.  18292

Cubic Yards of Waste  6.0 CU

Name of Registered Landfill  
GROWS Landfill

City, State  
Morrisville, PA

Disposal Date  
10/31/16

Completed By  
Mahlon E. Stevens
Title  Project Manager
Signature  
Date  9/30/16

*Do not use this form for asbestos licensure exempted activities.
This is a document titled "NOTIFICATION OF ASBESTOS ABATEMENT" and contains information about a notification related to asbestos abatement in Hamilton, NJ. The document includes details about the building owner/operator, the facility where abatement is taking place, the responsible contractor, the type of facility, and various other information related to asbestos abatement. The form also includes checkboxes and fields for data entry, and there is a section for the completed by signature and date.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
08/28/16

**Name of Building Owner/Operator (2)**
Phillips 66 Terminal Trembley Point Terminal

**Street Address**
4601 South Wood Ave

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

**Name of Contact**
Mark kaminsky

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Phillips 66 Terminal Trembley Point

**Street Address**
4601 South Wood Ave

**City**
Linden

**County**
Union

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

**Type of Facility (4)**

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

**Square Feet**

- Outdoors
- Outdoors

**# of Floors**

- Outdoors
- Outdoors

**Bldg, Age**

- Outdoors

**Current Use (Prior if being demolished)**
Piping for Storage Tank

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

**ASCM No.**
NA

**Name of Abatement Contractor (9)**
New States Contracting

**Street Address**
2400 Main Street Ext, Suite 10

**City, State, Zip Code**
Sayreville, NJ 08872

**Telephone No.**
732-525-0100

**License No.**
00749

**Name of OSHA Monitor**
Tiger Environmental

**Street Address**
234 20th Ave

**City, State, Zip Code**
Brick, NJ 08724

**Start Date (10)**
10-12-16

**Scheduled Completion Date (11)**
10/21/16

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

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

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

- ☑ 2,300 sf or ≥3,000 sf
- ☑ 2,100 sf or ≥2,000 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
- Yes
- No
- N/A

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

**Amount (Specify SF or LF)**

- 60 LF

**Abatement Type**

- ☑ Removal
- ☑ Encapsulate
- ☑ Endoscope

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No.
15939

**Cubic Yards of Waste**

- 30

**Name of Registered Landfill**
Cumberland Landfill

**City, State**
Newburg, PA 17240

**Completed by**
Daniel Baptista

**Title**
Account Rep

**Signature**

**Date**
9/28/16

---

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

**State of NJ**

**Pursuant to NJAC 8:60 and 12:120**

### Date of Notification (1)
- 09/29/16

### Name of Building Owner/Operator (2)
- anita maggio

### Agencies Notified
- DOL
- DOH

### Type Notification
- Emergency (including justification)

### Street Address
- City, State, Zip Code
- GLEN RIDGE, NJ 07028

### Name of Contact
- anita maggio

### Telephone Number
- [Redacted]

### Name of Facility where Abatement is Taking Place (3)
- anita maggio

### Street Address
- [Redacted]

### City (5)
- GLEN RIDGE

### County (6)
- ESSEX

### County Code (7)
- [State use only]

### Type of Facility (4)
- □ School (K - 12)
- □ Subchapter 8 (Other than K-12)
- □ Other (Private/Commercial Bldgs./Homes, etc.)

### Square Feet
- [Redacted]

### # of Floors
- [Redacted]

### Bldg. Age
- [Redacted]

### Name of Abatement Contractor (9)
- D & S RESTORATION, INC.
- Street Address
- 20 California Ave.
- City, State, Zip Code
- Paterson, NJ 07503
- Telephone Number
- 973-345-8020
- License Number
- 01169

### Name of OSHA Monitor
- D & S Restoration, Inc.
- Street Address
- 20 California Avenue
- City, State, Zip Code
- Paterson, NJ 07503

### Occupancy Status During Abatement (Check only one)
- □ Facility closed/vacated during entire period of abatement.
- □ Abatement performed outside of normal facility hours.
- □ Other—Describe: NORMAL HOURS

### Scope of Work (check all that apply)
- □ >3 sf or >3 ft
- □ >160 sf or >280 ft
- □ Demolition
- □ Renovation

### Location of asbestos-containing material (ACM) to be abated in facility (13)
- [Redacted]

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

### Amount (Specify SF or LF)
- 401 ft

### Name of Registered Landfill
- TULLY TOWN, RESOURCE RECOVERY
- City, State
- Paterson, NJ 07503

### Disposal Date
- 09/30/16

### Completed by (Print or Type)
- BOGDAN JOLDZIC
- President

### Date
- 09/26/2016
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)  

Date of Notification (1)  
[O9/10/15]  

Name of Building Owner/Operator (2)  
[Name redacted]  

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

Type Notification  
[ ] Initial  
[ ] Amended  
[ ] Emergency (including justification)  

Street Address  
[Address redacted]  

City, State, Zip Code  
[City, State, Zip Code]  

Name of Contact  
[Name redacted]  

Telephone Number  
[Number redacted]  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3)  
[Name redacted]  

Street Address  
[Address redacted]  

City (4)  
[City]  

County (4)  
[County]  

County Code (7)  
[State Code]  

Type of Facility (4)  
[ ] School (K-12)  
[ ] Subchapter B (Other than K-12)  
[ ] Other (Private/Commercial)  

Bldg./Homes, etc.  
[Building Type]  

Current Use (Prior if being demolished)  
[Use redacted]  

Name of Abatement Contractor (4)  
[D & S Restoration, Inc.]  

Street Address  
[Address]  

City, State, Zip Code  
[City, State, Zip Code]  

Telephone Number  
[Number redacted]  

License Number  
[Number redacted]  

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

Slopes of Work (check all that apply)  
[ ] >3% or >10 ft  
[ ] 0% to 2% or >200 ft  

Location of asbestos-containing material (ACM)  

| Location normally used solely by maintenance/custodians or dedicated facility (13) | Yes | No | N/A | Description of asbestos-containing material (ACM) | Amount (Specify BF or Lb) | H | R | E | M | P | A | R | E | F | A | L | E | A | R | A | T | I | O | N |
|------------------------------------------|-----|----|----|-----------------------------------------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BASEMENT  | ✔  |  |  | PIPE INSULATION  | 401 ft  |   |   |   |   |   |   |   |   |   |   |   |   |   |

Registered Waste Hauler  
[D & S Restoration, Inc.]  
[New Jersey Hauler License Number]  

Disposal Date  
[Date]  

City, State  
[City, State]  

Name of Registered Landfill  
[Tullytown, Resource Recovery]  

Completed by  
[Name]  

Date  
[Date]}
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-288

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

Name of Building Owner/Operator (2):
elaine morrison

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

Type Notification:
- Initial

City, State, Zip Code:
Newark, NJ 07104

Name of Contact:
elaine morrison

Telephone Number:

Facility Information:

Name of facility where abatement is taking place (3):
elaine morrison

Street Address:

City (5):
Newark

County (8):
ESSEX

County Code (7) (State use only):

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

ASCN No.:

Type of Facility (4):
- School (K - 12)
- Subchapter B (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Scope of Work (check all that apply):
- ≥ 3 sq ft or ≥ 2 fl
- ≥ 160 sq ft or ≥ 260 fl

Location of asbestos-containing material (acm) to be abated in facility (13):
- basement boiler and storage room

Description of asbestos-containing material (ACM):
- PIPE INSULATION

Amount: (Specify SF or LF)
- 281 ft

Name of Registered Landfill:
TULLY TOWN, RESOURCE RECOVERY

Registered Waste Hauler:

D & S RESTORATION, INC.

NJ/DEP Hauler ID:
13506

Cubic Yards of Waste:
1 yd.

City, State:
Paterson, NJ 07503

Disposal Date:
10/07/16

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

Date:
09/26/2016

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

**Facility Information**

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EPA</td>
<td>Initial</td>
<td>hoon kim</td>
<td>fort lee, nj 07024</td>
</tr>
<tr>
<td>☐ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ DOL</td>
<td>Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>basement</strong></td>
<td>PIPE INSULATION 253.1 ft</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**
D & S RESTORATION, INC.
NUDEP Hauler ID# 13506
Cubic Yards of Waste 3 yds
Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

**City, State**
PATerson, nj 07503

**Disposal Date**
10/11/16

**Completed by (Print or Type)**
BOGDAN JOLDZIC
Title: PRESIDENT

**Signature**
09/26/2016

---

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification: 09/30/16
Name of Building Owner/Operator: New Jersey Turnpike Authority
Street Address: 581 Main St.
City, State, Zip Code: Woodbridge, NJ 07095
Name of Contact: Robert Wovensdorf
Telephone Number: 

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place: Existing Bldg
Street Address: MP E111.5
City: Secaucus
County: Hudson
Name of Monitoring Firm Hired by Building Owner: Bio Terra Environmental Solutions LLC
ASCM No.: 06-15995
Name of Abatement Contractor: APS Contracting, Inc.
Street Address: 155-161 Pennsylvania Avenue
City, State, Zip Code: Paterson, NJ 07503

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

Start Date: 10/17/16
Scheduled Completion Date: 10/28/16

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

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

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Abatement 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>Thruout Bldg</td>
<td>Yes</td>
<td>VAT</td>
<td>8,448 sf.</td>
</tr>
<tr>
<td>Thruout Bldg</td>
<td>No</td>
<td>Fiberglass Wall Insul/Cement Bnd Pnals/Trialseal</td>
<td>324 sf</td>
</tr>
<tr>
<td>EC Rm1038</td>
<td>No</td>
<td>Mastic/Cork Floor Tile</td>
<td>7,940 sf</td>
</tr>
<tr>
<td>EC Rms 1040</td>
<td>No</td>
<td>Cement Piping/pipe Insulation</td>
<td>22 sf</td>
</tr>
</tbody>
</table>

Name of Registered Waste hauler: APS Contractors, Inc.
NJDEP Waste Hauler ID No.: 21259
Cubic Yards of Waste: 40 Yards
Grows Landfill: 

City, State: Paterson, New Jersey
Disposal Date: 10/15/16
City, State: Morrisville, PA 19067

Completed By (Print or Type): Svetozar Savreski
Title: President
Signature: 

Date: 9/30/16

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/19/17</td>
<td>Hudson County Parks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>Joseph Cecchini</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francis X Burke Administration Building, Lincoln Park</td>
<td>Jersey City, NJ 07304</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road, Lincoln Park, NJ 07035</td>
<td>(973)696-6969</td>
<td>00378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; G Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone Number</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Ryerson Road, Lincoln Park, NJ 07035</td>
<td>(973)696-6969</td>
<td>00378</td>
</tr>
</tbody>
</table>

Facility Information

<table>
<thead>
<tr>
<th>Name of facility taking place (3)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>The White House at West Hudson Park</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (8)</th>
<th>County (6)</th>
<th>County Code (7)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harrison, NJ 07029</td>
<td>Hudson</td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Room No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Drive</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>Sched. Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/2016</td>
<td>10/26/2016</td>
</tr>
</tbody>
</table>

Occupy Status During Abatement (Check only one)

- [X] Facility closed/vacated during entire period of abatement.
- [ ] Abatement performed outside of normal facility hours—Describe: None

Scope of Work (check all that apply)

- [X] Demolition
- [X] Renovation
- [ ] Full Containment w/negative pressure
- [X] Glovebag procedure
- [X] Mini-enclosure
- [ ] Non-Friable procedure

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

<table>
<thead>
<tr>
<th>Is location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encap</th>
<th>Enccl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>pipe insulation</td>
<td>4.1 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>grey caulk</td>
<td>1.2 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>white window caulk</td>
<td>1.3 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>flashing cement</td>
<td>1.5 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>ceiling plaster</td>
<td>1.4 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>pipe insulation</td>
<td>4.1 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>grey caulk</td>
<td>1.2 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>white window caulk</td>
<td>1.3 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>flashing cement</td>
<td>1.5 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
<tr>
<td>Yes</td>
<td>ceiling plaster</td>
<td>1.4 ft</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
<td>[X]</td>
</tr>
</tbody>
</table>

Registered Waste Hauler/Disposal

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Park, NJ</td>
<td>10/17/16 - 10/27/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown, PA</td>
<td>Tullytown Resource &amp; Recovery Center</td>
</tr>
</tbody>
</table>

Completed by (Print or Type)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
<td>Secretary/Treasurer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gordana Luna</td>
<td>09/30/2016</td>
</tr>
</tbody>
</table>
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
09 / 29 / 16

Name of Building Owner/Operator (2)
KR Masonry LLC

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

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

Street Address
363 East Greystone Road

City, State, Zip Code
Old Bridge, NJ 08859

Name of Contact
David Tolchin

Telephone Number

FACILITY INFORMATION

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

Street Address
99 Water Street

City (5)
South River, NJ

County (6)
Middlesex

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)

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

ASCM No.

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

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-928-4888

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Start Date (10)
10 / 01 / 16

Scheduled Completion Date (11)
10 / 15 / 16

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)
☐ 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)

96 SF

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulation
☐ Endorse

Restrooms

☐ ☐ ☐ ☒ VAT,Mastic

Name of Registered Waste Hauler
ATC

NJDEP Waste Hauler ID No.
SW-24310

Cubic Yards of Waste
Disposal Date
TBD

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY

Waynesburg, OH

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date 9/24/16

* 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 / 20 / 16

Name of Building Owner/Operator (2)  
Towmship of West Caldwell

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

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

Street Address  
30 Clinton Road

City, State, Zip Code  
West Caldwell, NJ 07006

Name of Contact  
Adam Brewer

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Apartment Building

Street Address  
3 Fairfield Avenue

City (5)  
West Caldwell, NJ

County (6)  
Essex

County Code (7)  
[STATE USE ONLY]

Square Feet  
# of Floors  
Bldg. Age

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

ASCM No.  

Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC

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

Current Use (Prior if being demolished)  

Project Manager for Monitoring Firm  
Rick Eustaquio  
973-494-3762

Start Date (10)  
10 / 10 / 16

Scheduled Completion Date (11)  
12 / 16 / 16

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)  
☐ ≥3000 sf or ≥3000 sf  
☒ ≥1000 sf or ≥2600 sf

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

2nd Floor BR #1 & #2  
☐ ☐ ☒ VAT  
105 SF

2nd Floor Hallway  
☐ ☒ ☐ VAT  
400 SF

2nd Floor NW  
☐ ☒ ☐ Floor Material  
400 SF

2nd Floor NE  
☐ ☒ ☐ VAT/ Mastic  
400 SF

Name of Registered Waste Hauler  
ATC

NJDEP Waste Hauler ID No.  
SW-24310

Cubic Yards of Waste As Needed  

Name of Registered Landfill  
Minerva Enterprises

City, State  
Waynesburg, OH

Disposal Date  
TBD

Completed By (Print or Type)  
Allen Monchik

Title  
Project Manager

Signature

Date  
9/29/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Faculty (13)</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>
<tbody>
<tr>
<td>1st Floor Bathroom</td>
<td>Yes</td>
<td>VAT</td>
<td>50 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor SW Vault</td>
<td>Yes</td>
<td>VAT/Mastic</td>
<td>438 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout Building</td>
<td>Yes</td>
<td>Ceiling and Wall plaster</td>
<td>7,500 SF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>150 LF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Roofing Material</td>
<td>1,180 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout 1st &amp; 2nd Floor</td>
<td>Yes</td>
<td>Tar</td>
<td>90 SF</td>
<td>X</td>
</tr>
<tr>
<td>Throughout 1st &amp; 2nd Floor</td>
<td>Yes</td>
<td>Floor Adhesive</td>
<td>2,400 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: Allen Monchik
Title: Project Manager
Signature: [Signature]
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**  
09 / 29 / 16

**Name of Building Owner/Operator (2)**  
Township of West Caldwell

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

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

**Street Address**  
30 Clinton Road

**City, State, Zip Code**  
West Caldwell, NJ 07006

**Name of Contact**  
Adam Brewer

**FACILITY INFORMATION**

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

**Street Address**  
5 Fairfield Avenue

**City**  
West Caldwell, NJ

**County**  
Essex

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

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

**ASCM No.**

**Name of Abatement Contractor (9)**  
ALL PRO MANAGEMENT LLC

**Street Address**  
27 Outwater Lane

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

**Project Manager for Monitoring Firm**  
Rick Estasquio

**Telephone No.**  
973-494-3762

**Telephone No.**  
973-928-4888

**License No.**  
1188

**Name of OSHA Monitor**  
ALL PRO MANAGEMENT LLC

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

**Start Date (10)**  
10 / 10 / 16

**Scheduled Completion Date (11)**  
12 / 16 / 16

**Time of Abatement:**  
AM - PM - PM - AM

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

- ☑ 200 sf or >200 sf  
- ☑ Demolition  
- ☑ Renovation  
- ☑ Full Containment with Negative Pressure  
- ☑ Non-Exempted (*) and Non-Friable Procedure

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normaly 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>
<tbody>
<tr>
<td>Roof- East</td>
<td>☑</td>
<td>Tar</td>
<td>30 SF</td>
<td>☑</td>
</tr>
<tr>
<td>Roof- Front and Rear</td>
<td>☑</td>
<td>Roofing Material</td>
<td>700 SF</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
ATC

**NJDEP Waste Hauler ID No.**  
SW-24310

**Cubic Yards of Waste As Needed**

**Name of Registered Landfill**  
Minerva Enterprises

**City, State**  
Waynesburg, OH

**Disposal Date**  
TBD

**Completed By (Print or Type)**  
Allen Monchik  
Title  
Project Manager

**Signature**

**Date**  
9/29/16

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