**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**PAID**

**October 3, 2010**

**Date of Notification:** 10/01/18

**Name of Building Owner/Operator:** Parish Community of St. Helen Church

**Street Address:** 1600 Rainbow Ave

**City, State, Zip Code:** WESTFIELD, NJ 07090

**Name of Contact:** CHUS STEWART

**Telephone Number:** (908) 232-1214

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

**Street Address:** 1600 Rainbow Ave

**City:** WESTFIELD

**County:** UNION

**County Code (7):** N/A

**Type of Facility:** Church Sanctuary

**Square Feet:** 10,000

**Floors:** 2

**Bldg. Age:** 50

**Current Use (Prior to being demolished):** CHURCH SANCTUARY

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

**Street Address:** 185 Midland Ave

**City, State, Zip Code:** MIDLAND PARK, NJ 07432

**Telephone No.:** 201-262-5641

**Licenses No.:** 00156

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

**Street Address:** 260 Huyler Street

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

**Start Date:** 10/01/19

**Scheduled Completion Date:** 10/30/19

**Scope of Work (Check All That Apply):**
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Pricable Procedure

**Description of Asbestos-Containing Material (ACM):**
- VAT: 72.6 SF
- SHEET ROCK: 102.5 SF

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

<table>
<thead>
<tr>
<th>Location: 1ST FLOOR STORAGE CLOSETS ATTIC</th>
<th>Description:</th>
<th>Amount (Specify SF or LF):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>VAT</td>
<td>72.60</td>
</tr>
<tr>
<td></td>
<td>SHEET ROCK</td>
<td>102.50</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newark Carting Inc.

**NJDEP Waste Hauler ID No.:** 04505

**Cubic Yards of Waste:** 2

**Disposal Date:** 10/10/16 ON

**Name of Registered Landfill:** Grand Central Sanitary Landfill

**City, State:** PEN ARGLY, PA 08702

**Completed by:** Joseph Vocaturo

**Title:** Vice President

**Signature:**

**Date:** 10/01/18

---

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

Date of Notification (1) OCT. 1, 2018

Name of Building Owner/Operator (2) EARTH URVI2, LLC5

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

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

Street Address 5 DARLINGTON DRIVE

City, State, Zip Code ROCKAWAY, NJ 07866

Name of Contact EARTH RAY

Telephone Number 973-220-0204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FORMER FLORIST AND HOUSE

Street Address 879 CLIFTON AVENUE

City (5) CLIFTON

County (6) PASSAIC

County Code (7) [STATE USE ONLY] ________

Square Feet 5000 SF

# of Floors 3

Bldg. Age 1910

Current Use (Prior if being demolished) FLORIST

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 9 (Other than K-12)
- [ ] Other (i.e. private & commercial buildings, homes, etc.)

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

ASCM No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc

Street Address 17 Thompson Street

City, State, Zip Code West Long Branch, NJ 07764

Project Manager for Monitoring Firm

Telephone No. 732-222-8372

License No. 00040

Start Date (10) 10/11/18

Scheduled Completion Date (11) 10/13/18

Name of OSHA Monitor N/A

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)

- [ ] ≥2 sf or ≥2 ft
- [ ] ≥160 sf or ≥1600 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (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>GYMSHNNR</td>
<td>N/A</td>
<td>150 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KITCHEN</td>
<td>X</td>
<td>X</td>
<td>110 SF</td>
<td></td>
</tr>
<tr>
<td>DIN</td>
<td>X</td>
<td>X</td>
<td>162 SF</td>
<td></td>
</tr>
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</table>

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc

NJ DEP Waste Hauler ID No. 12058

Cubic Yards of Waste 8

Date of Disposal 1/19/18

City, State FAIRLESS LANDFILL

MORRISVILLE, PA

Completed by JOSEPH P. MILLER Title PRESIDENT

Signature  

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

Date of Notification (1)
Oct. 1, 2018

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

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

Name of Building Owner/Operator (2)
EARTHURV/LLC

Street Address
5 Darlington Drive

City, State, Zip Code
Rockaway, NJ 07866

Name of Contact
Earth Ray

Telephone Number
973-220-0204

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
former residence

Street Address
871 Clifton Avenue

City (6)
Clifton

County Code (7)

County Code

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

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

Square Feet Affected

# of Floors

Bldg. Age

Current Use (Prior to being demolished)

License No.

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

Name of OSHA Monitor
N/A

Telephone No.
732-222-8372

License No.
00040

Start Date (10)
10/16/18

Scheduled Completion Date (11)
10/19/18

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

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥250 if
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ glovebox Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>
<th>Abatement Type</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Endorse</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc.

City, State
West Long Branch, NJ 07764

Disposal Date
10/18/18

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
MORRISVILLE, PA

Completed by
JOSEPH P. MILLER
Title
PRESIDENT

Signature

Date
10/1/18

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

(Pursuant to NJAC 8:30 and 8:16)

**Date of Notification (1)**

10 / 2 / 18

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

Virtua

**Street Address**

20 Stow Rd

**City, State, Zip Code**

Marton NJ 08053

**Name of Contact**

David Cransten

**Telephone Number**

215 253-7216

---

**FACILITY INFORMATION**

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

Tatem Brown Family Practice

**Street Address**

2225 Evesham Road

**City (5)**

Voorhees

**County (8)**

Camden

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

Current Use (Prior if being demolished)

**Type of Facility (4)**

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

**Square Feet**

>25,000

**# of Floors**

1

**Bldg. Age**

30+

---

**Vertex Environmental**

**AsCM No.**

**Name of Abatement Contractor (9)**

Delta/BJSD, Inc

**Street Address**

1345 Industrial Blvd

**City, State, Zip Code**

Southampton Pa 18966

**Telephone No.**

215 322-2900

**License No.**

00783

**Name of OSHA Monitor**

**Criterion**

**Street Address**

400 Street Road

**City, State, Zip Code**

Bensalem Pa 19020

---

**Start Date (10)**

10 / 12 / 18

**Scheduled Completion Date (11)**

11 / 30 / 16

---

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

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

---

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

**IN Facility**

(13)

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

(12)

**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
- Endosulf

---

**Throughout**

- ☐
- ☑
- ☐

- 12 X 12 Floor Tile and Mastic
- 29,000 SF

---

**Name of Registered Waste Hauler**

Service Transport Group

**NJDEP Waste Hauler ID No.**

20990

**Cubic Yards of Waste**

Minerva Landfill

**Name of Registered Landfill**

**Disposal Date**

City, State

Waynesburg, Ohio

**Completed By (Print or Type)**

Christine Del Viscio

**Title**

Asst. Administrator

**Signature**

**Date**

13-2-2018

---

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 9/21/18

Name of Building Owner / Operator (2) TFC Deptford MOB, LLC

Street Address 1621 Wood Street

City, State & Zip Code Philadelphia, PA 18103

Name of Contact NA

Telephone Number NA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Detached dwelling

Street Address 1365 Clements Bridge Road

City (5) Gloucester

County (6) County Code (7) NA

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

Square Feet NA

# of Floors NA

Bldg. Age NA

Current Use (Prior if being demolished) Vacant/None

Name of Abatement Contractor (9)
Enterprise Network Resolutions Contracting, LLC

Street Address 874 Piney Hollow Road, PO Box 70

City, State & Zip Code Winslow, NJ 08095

Telephone Number 609-567-0600

License Number 01263

Name of OSHA Monitor EMSL Analytical, Inc.

Street Address 200 Route 130 North

City, State & Zip Code Cinnaminson NJ 08077

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

☐ Abatement Performed Outside of Normal Hours – 7am to 3pm

Describe:

☐ Facility Occupied During Abatement

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

☐ Renovation
☒ Demolition

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)

Abatement Type

Location

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Yes No N/A

Breezeway upper sides

Cement fiber transite shingles 90 s.f. H-29

Garage gables/ends

Cement fiber transite shingles 180 s.f. H-29

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 21435

Cubic Yards of Waste 20

Name of Registered Landfill Salem County Landfill

Disposal Date 2/1/19

City, State Alloway, New Jersey

Date 9/21/18

Completed By (Print or Type) Theodore S. Budzynski

Title President

Signature

w: ENR/ asbestos NJ / asbestos notices/ 0-notification blank new
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 122:20)

Date of Notification (1) 9/21/18
Name of Building Owner / Operator (2) TFC Deptford MOB, LLC

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL Emergency
DOH Cancellation
DCA

Street Address 1621 Wood Street
City, State & Zip Code Philadelphia, PA 18103

Name of Contact Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bittner office/garage
Street Address 1365 Clements Bridge Road
City (5) Deptford
County (6) Gloucester
County Code (7) 

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

Square Feet # of Floors Bldg. Age
NA NA NA

Current Use (Prior if being demolished) Vacant/None

Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC
Street Address 874 Piney Hollow Road, PO Box 70
City, State & Zip Code Winslow, NJ 08095

TelephoneNumber License Number
609-567-0600 01263

Name of OSHA Monitor EMSL Analytical, Inc.
Street Address 200 Route 130 North
City, State & Zip Code Cinnaminson NJ 08077

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

X Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe:

Scope of Work (Check all that apply)
X ≥3 sf or ≥3 lf
X ≥160 sf ≥260 lf

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

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

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

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

Amount (Specify SF or LF) Abatement Type

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

Endorsement

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 21435

Cubic Yards of Waste 120
Name of Registered Landfill Salem County Landfill
City, State Alloway, New Jersey

Disposal Date 2/1/19

Completed By (Print or Type) Theodore S. Budzynski

Title President
Signature

Date 9/21/18

w: ENR/ asbestos NJ / asbestos notices/ 0-notification blank new
<table>
<thead>
<tr>
<th>Date of Notification (1): 03 / 17 / 18</th>
<th>Name of Building Owner/Operator (2): Housing Authority of the Township of Woodbridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Notified: EPA</td>
<td>Street Address: 10 Burns Lane</td>
</tr>
<tr>
<td></td>
<td>City: Woodbridge, NJ 07095-1726</td>
</tr>
<tr>
<td></td>
<td>County: Middlesex</td>
</tr>
<tr>
<td></td>
<td>Name of Building Owner/Operator (2): Housing Authority of the Township of Woodbridge</td>
</tr>
<tr>
<td></td>
<td>Street Address: 10 Burns Lane</td>
</tr>
<tr>
<td></td>
<td>City: Woodbridge, NJ 07095-1726</td>
</tr>
<tr>
<td></td>
<td>County: Middlesex</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3): Woodbridge Housing Authority |
|----------------------------------------|----------------------------------------------------------------------------------|
| Street Address: 10 Burns Lane         | City: Woodbridge, NJ 07095-1726 |
| County: Middlesex | Name of Building Owner/Operator (2): Housing Authority of the Township of Woodbridge |

| Name of Monitoring Firm Hired by Building Owner (5): Atlas Environmental Inspections, Inc. |
|----------------------------------------|----------------------------------------------------------------------------------|
| Street Address: PO Box 11645           | City: Philadelphia, PA 19116 |
| Project Manager for Monitoring Firm: Jason Du | Telephone No.: 215-784-4693 |

<table>
<thead>
<tr>
<th>Start Date (10): 03 / 16 / 18</th>
<th>Scheduled Completion Date (11): 05 / 28 / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of OSHA Monitor: EMSL Analytical, Inc.</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 Alm sf or 23 sf</td>
<td>x</td>
</tr>
<tr>
<td>210 sf of or g 280 sf g</td>
<td>x</td>
</tr>
<tr>
<td>Full Containment</td>
<td>x</td>
</tr>
<tr>
<td>Marle Enclosure</td>
<td>x</td>
</tr>
<tr>
<td>Glovebay Procedure</td>
<td>x</td>
</tr>
<tr>
<td>Non-Examplealed (*)</td>
<td>x</td>
</tr>
</tbody>
</table>

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13): |
|-------------------------------|----------------|
| Building 1 Units L, G, and B | Textured Wall and Mastic |
| Building 2 Unit B             | 950 SF |

| Name of Registered Waste Hauler: Freeman Cartage |
|----------------------------------------|----------------------------------------------------------------------------------|
| City: Freehold, NJ | Name of Registered Landfill: Freeman Cartage |

| Complied by (Print or Type): Christine Lynch | Title: Vice President of Operations |

* Do not use this form for asbestos license exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:126)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/25/18</td>
<td>Bamdas Group</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>57 Brant Avenue</td>
</tr>
<tr>
<td>DEP</td>
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<tr>
<td>DOL</td>
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<td>DOH</td>
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<tr>
<td>DCA</td>
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</tr>
</tbody>
</table>

| Name of Facility Where Abatement is Taking Place (3)           | Telephone Number |
|                                                               | 973-699-6087     |
| Former Church Pre-School                                     |                |

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td></td>
</tr>
<tr>
<td>Stanmark Solutions, LLC</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Church Pre-School</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
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<tbody>
<tr>
<td>Sussex, NJ 07461</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (6)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler (10)                      |                 |
| Atlantic Carting                                          |                 |

| Name of Registered Landfill (11)                          |                 |
| G.R.O.W.S.                                               |                 |

| Project Manager for Monitoring Firm (12)                  |                 |
| Telephone No.                                            |                 |
| 973-997-1650                                             |                 |

| Name of OSHA Monitor (13)                                 |                 |
| EMSL                                                     |                 |

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1068 Stetton Road</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/18</td>
<td>10/11/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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</table>

<table>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>23 sf or 23 If</td>
<td></td>
</tr>
<tr>
<td>250 sf or 260 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</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>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (14)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (15)</th>
<th>Description of Asbestos Containing Material (ACM) (16)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout 1 &amp; 2 Floors</td>
<td>x</td>
<td>floor tiles &amp; mastic</td>
<td>6,424 S.F.</td>
<td>x</td>
</tr>
<tr>
<td>Crawlspace</td>
<td>x</td>
<td>pipe &amp; fitting insulation</td>
<td>100 L.F.</td>
<td>x</td>
</tr>
</tbody>
</table>

| Name of Registered Waste Hauler (17)                           |                 |
| NJ/DEP Waste Hauler ID No. 190713                              |                 |

| Cubic Yards of Waste (18)                                      |                 |
| 20                                                            |                 |

| Disposal Date on completion (19)                              |                 |
|                                                             |                 |

<table>
<thead>
<tr>
<th>City, State</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrisville, PA</td>
<td></td>
</tr>
</tbody>
</table>

| Completed by (20)                                           |                 |
| Stan Stankovic                                              |                 |

| Signature                                                   |                 |
| Stan Stankovic                                              |                 |

| Date of completion (21)                                     |                 |
| 09/25/18                                                    |                 |

* 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:** Meridia 1001, Linden, LLC

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

**Street Address:** 201 South Wood Avenue

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

**Name of Contact:** Stan Stankovich

**Telephone Number:** 973-390-7113

---

**FACILITY INFORMATION**

- **Name of Monitoring Firm Hired by Building Owner:** NJ/A
- **Name of Abatement Contractor:** Stanmark Solutions, LLC
- **Street Address:** 28 Eadsall Drive
- **City, State, Zip Code:** Sussex, NJ 07461
- **License No.:** 01309
- **Telephone No.:** 973-997-1650
- **Name of OSHA Monitor:** EMSL
- **Street Address:** 1056 Stelton Road
- **City, State, Zip Code:** Piscataway, NJ 08854

**Start Date:** 09/14/18

**Scheduled Completion Date:** 09/25/18

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

**Other – Describe:**

---

<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? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warehouse #1/interior roof/ceiling</td>
<td>x</td>
<td>transite</td>
<td>2,400 S.F.</td>
</tr>
<tr>
<td>Warehouse #1/back 2 rooms</td>
<td>x</td>
<td>spray on</td>
<td>600 L.F.</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**

- **Atlantic Carting:**
  - **NJ DEP Waste Hauler ID No.:** 190713
  - **Cubic Yards of Waste:** 30

**Name of Registered Landfill:**

- **G.R.O.W.S.:**

**City, State:** Morrisville, PA

**Disposal Date on completion:**

**Completed by:** Stan Stankovich

**Title:** G. Manager

**Signature:**

**Date:** 09/13/18

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 24:401)

Date of Notification (1)  
09/21/18

Name of Building Owner/Operator (2)  
Meridia 1001, Linden, LLC

 Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DCA  
☐ Initial  
☐ Amended  
☐ Amendment # 1  
☐ Emergency (including Justification)  
☐ Cancellation

Street Address  
201 South Wood Avenue

City, State, Zip Code  
Linden, NJ 07036

Name of Contact  
Stan Stankovich  
Telephone Number  
973-390-7113

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Warehouse  
1001 West Elizabeth Avenue

Square Feet  
20,000

# of Floors  
2

Bldg. Age  
50+

County Code (7)  
(Warehouse)

County Code (7) (STATE USE ONLY)

Current Use (Prior to if being demolished)  
Warehouse

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

ASCM No.  
Name of Abatement Contractor (9)  
Stanmark Solutions, LLC

Street Address  
28 Edsall Drive  
City, State, Zip Code  
Sussex, NJ 07461

Telephone No.  
973-997-1650

License No.  
01309

Name of OSHA Monitor  
EMLS

Project Manager for Monitoring Firm  
Telephone No.  

Start Date (10)  
09/14/19

Scheduled Completion Date (11)  
06/25/18

Occuancy 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  
☒ ±10 sf or ±260 sf  
☐ Renovation  
☒ Demolition

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

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>pipe elbow insulation</td>
<td>7 LF.</td>
<td></td>
</tr>
<tr>
<td>roofing materials</td>
<td>4,800 SF.</td>
<td>Full Containment with negative Pressure</td>
</tr>
<tr>
<td>pipe insulation</td>
<td>15 L.F.</td>
<td></td>
</tr>
<tr>
<td>pipe elbow insulation</td>
<td>7 L.F.</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Atlantic Carting

NJ/DEP Waste Hauler ID No.  
190713

Cubic Yards of Waste  
30

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

City, State  
Wayne, NJ

Disposal Date on completion  
Completed by  
Stan Stankovich  
Title  
G. Manager  
Signature  
Date  
09/21/18

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