**State of New Jersey**
**Notice of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 6:14)

<table>
<thead>
<tr>
<th>Data of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 28 / 18</td>
<td>Jenny Guilford</td>
</tr>
</tbody>
</table>

**Agencies Notified**
- EPA
- DOCD (NJAC 5:23-3)
- DCA
- DSS
- DCA (NJAC 5:23-3)

**Type Notification**
- Initial
- Amended
- Emergency (Including Substitution)
- Cancellation

**Street Address**

**City, State, Zip Code**

**Telephone Number**

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

**Sender Address**

**City (9)**

**Tel: 07666**

**County (6)**

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>State Use Code (8)</th>
<th>Current Job (Prior to being designated)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>01127</td>
</tr>
</tbody>
</table>

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

**ASCM No.**

**Name of Abatement Contractor (9)**

**CJ Tech LLC**

**Street Address**

**City, State, Zip Code**

**Telephone No.**

**Type of Facility (4)**
- School (K-12)
- Sub-repair (Other than K-12)
- Office (i.e., private and commercial buildings, hotels, etc.)

**Square Feet**

**Engineer**

**Construction Consultant**

**Address**

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

**Time of Abatement**

**Scope of Work**
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>N/A</th>
<th>Pipe insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55 L.F</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

**NDEP숭 Hauler ID No.**

**TBD**

**TBD**

**TBD**

**Date**

**Compliance**

**Owner**

**Signature**

**Date**

*Caution: This form for asbestos treatment is exempted and null.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 8:19C-5 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>10/1/18</td>
<td>Nick Frungillo Private Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA, DEP, DOL, DOH, DCA</td>
<td>Initial Amendment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manahawkin NJ 08050</td>
<td>Nick</td>
</tr>
</tbody>
</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>Nick Frungillo Private Home</td>
<td><em>Other (i.e. private &amp; commercial buildings, homes, etc.</em>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>2</td>
<td>35+</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manahawkin NJ 08050</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></td>
<td>00727</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
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<tbody>
<tr>
<td>10/12/18</td>
<td>10/19/18</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</td>
</tr>
<tr>
<td>☑ Other – Describe:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≤ 3 sf or ≤ 3 m²</td>
</tr>
<tr>
<td>☑ &gt;160 sf or &gt;160 m²</td>
</tr>
<tr>
<td>❌ Renovation</td>
</tr>
<tr>
<td>☑ Demolition</td>
</tr>
<tr>
<td>❌ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>❌ Mini-Enclosure</td>
</tr>
<tr>
<td>❌ Glovebag Procedure</td>
</tr>
<tr>
<td>❌ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></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>Amount (Specify SF or LF)</th>
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<tbody>
<tr>
<td>1200 SF</td>
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<table>
<thead>
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<th>Abatement Type</th>
</tr>
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<tbody>
<tr>
<td>X</td>
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<table>
<thead>
<tr>
<th>Exterior Siding</th>
<th>Exterior Siding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Siding</td>
<td></td>
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<table>
<thead>
<tr>
<th>Through out</th>
<th>Floor Siding</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>600 SF</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Roll Off</td>
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<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
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</thead>
<tbody>
<tr>
<td>22459</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elm NJ</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/18</td>
</tr>
</tbody>
</table>

* * 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 and 12:120)

Date of Notification (1) 09/30/2018

Name of Building Owner / Operator (2)
Sunoco Partners Marketing & Terminals, LP - Eagle Point Facility

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

Type Notification
- Initial
- Amended #2
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Eagle Point Facility

Street Address
1250 Crown Point Road

City, State & Zip Code
Westville, NJ 08093

Name of Contact
Ron Rosendorn
Telephone Number 856-853-3155

FACILITY INFORMATION

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 7500

# of Floors 3

Bldg. Age 60+

Current Use (Prior if being demolished)
Commercial

Name of Abatement Contractor (9)
Alpha Environmental

Name of OSHA Monitor
ALPHA Environmental

City, State & Zip Code
Trenton, NJ 08650

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours - 7am to 3pm
- Facility Occupied During Abatement

Scheduled Start Date (10) 06/04/2018
Scheduled Completion Date (11) 01/31/2019

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

Amount (Specify SF or LF) 1200lf

Powerhouse

Pipe Insulation

Location of Asbestos-Containing Material (ACM)
Location Normally Used Solely by Maintenance or Custodial Staff?
Yes
No
N/A

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

New Castle DE

Cubic Yards of Waste
100

Name of Registered Landfill
Minerva Landfill

Service Transport Group

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No. 20990

Disposal Date
various

New Castle DE

Completed By (Print or Type)
Rod Richardson

Title
Project Manager

Signature

Date 09/30/2018

Endorsement

Received OCT - 4 2018
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:12D)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-1-18</td>
<td>HARDBAUGH DEVELOPERS</td>
</tr>
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<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] EPA</td>
<td>Insert</td>
<td>318 GLASSBROD R.D</td>
</tr>
<tr>
<td>[x] DOH</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td>Emergency (including justification)</td>
<td></td>
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<tr>
<td>[ ] N.J.</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>WOODBURY HIIGHTS N.J 08097</td>
<td>SAME</td>
<td></td>
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<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>RESIDENCE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>County Code (STATE USE ONLY)</th>
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<tbody>
<tr>
<td></td>
<td>CAPE MAY</td>
</tr>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPE MAY</td>
<td>ASCM No. N/A</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC</td>
<td>856-799-0472</td>
<td>01371</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tbody>
<tr>
<td>10-10-18</td>
<td>10-18-18</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
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<tbody>
<tr>
<td>N/A</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 2 3 sf or 2 3 hq</td>
</tr>
<tr>
<td>[x] 160 sf or 2 560 sf</td>
</tr>
<tr>
<td>[ ] Removal</td>
</tr>
<tr>
<td>[ ] Demolition</td>
</tr>
<tr>
<td>[ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>[ ] Min-Enclosure</td>
</tr>
<tr>
<td>[x] Glovebag Procedure</td>
</tr>
<tr>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>SANDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[x] No</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>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 SF</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEEMCO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDPE Waste House ID No. (15)</th>
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<tbody>
<tr>
<td>MAPLE SHADE W.J</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste (16)</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>5 YRS</td>
<td>C. M. C. M. A.</td>
</tr>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>C. M. C. M. A.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Completing by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEEM</td>
<td>SUPER</td>
</tr>
</tbody>
</table>

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

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification**: 10-1-18  
**Name of Building Owner/Operator**: Hunt & Sons Excavating

**Agencies Notified**  
- [ ] EPA  
- [ ] DEP  
- [ ] EOL  
- [x] DOH  
- [ ] DOA

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

**Street Address**: S61 Seashore Rd  
**City, State, Zip Code**: Cape May, NJ 08204  
**Name of Contact**: Jason

**Facility Information**

- **Name of Facility Where Abatement is Taking Place**: Residence  
- **Type of Facility**: Vacant

**Square Feet**  
**# of Floors**: 2  
**Bldg. Age**: 50

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

**Project Manager for Monitoring Firm**:  
**Telephone No.**:  
**License No.**:  
**Name of OSHA Monitor**: N/A

**Start Date**: 10-10-18  
**Scheduled Completion Date**: 10-18-18

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

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

- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Nona-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (1) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Type</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>
</tr>
</thead>
<tbody>
<tr>
<td>Siding</td>
<td>X</td>
<td>TRANSITE</td>
<td>2500 SF - X</td>
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</tbody>
</table>

**Name of Registered Waste Handler**: Klemco Inc  
**Cubic Yards of Waste**:  
**Disposal Date**:  
**City, State**: Maple Shade, NJ  
**Name of Registered Landfill**: CMCWA

**Completed By**: Michael Klemca  
**Title**: Pres  
**Signature**:  
**Date**: 10-1-18

*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):** 10-1-18

**Name of Building Owner/Operator (2):** SAND CASTLE CONST.

**Street Address:** 275 S 8th St

**City, State, Zip Code:** STONE HARBOR, N.J. 08247

**Name of Contact:** JOE

**Telephone Number:**

**FACILITY INFORMATION**

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

**Type of Facility (4):**

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

**Square Feet:** 1500

**# of Floors:** 2

**Bldg. Age:** 50 yrs

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

**Type of Abatement Contract (9):**

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exposed (*) and Non-Friable Procedure

**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
- [ ] 2160 sf or 260 ft
- [ ] Renovation
- [ ] Demolition

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

**Amount (Specify SF or LF):** 2560 sf

**Abatement Type:**

- [ ] Removal
- [ ] Repair
- [ ] Encapsulation
- [ ] Other

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

- **SANDING**
  - Yes
  - No
  - N/A
- **TRANSITE**
  - X

**Name of Registered Waste Handler:** KLEEMCO INC

**City, State:** MAJEE P. WASTE

**Disposal Date:** 7/24/04

**City, State:** WOODBINE, N.J.

**Completed By:** MICHAEL KLEEMCO

**Title:** PRES

**Signature:** [Signature]

**Date:** 10-1-18

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 10/1/18

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

Type Notification
- Initial

Name of Building Owner/Operator (2) Diocese of Camden

Street Address 631 Market Street
City, State, Zip Code Camden NJ 08102

Name of Contact Pat Williams
Telephone Number 856-583-2847

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Augustine Site (Convent)

Street Address 1313 Wesley Avenue
City (5) Ocean City NJ 08226

County (6) Cape May
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 1000+
# of Floors 3
Bldg. Age 35+

Current Use (Prior if being demolished) Convent

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) 10/12/18
Scheduled Completion Date (11) 10/25/18

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

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-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)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st, 2nd 3rd combined area</td>
<td>x</td>
<td>Floor Tile only</td>
<td>5000SF</td>
<td>x</td>
</tr>
<tr>
<td>Basement -3rd Floor combined area</td>
<td>x</td>
<td>pipe insulation</td>
<td>400 LF</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler Transformation

Name of Registered Landfill

City, State Egg Harbor City NJ

Disposal Date 10/19/18
City, State Woodbine NJ 08270

Completed by Anthony T Perna Title President

Signature Date 10/1/18

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

**Check # 25695**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/25/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>The Lawrenceville School</td>
</tr>
</tbody>
</table>
| Agencies Notified | ❌ EPA  
| | ❌ DEP  
| | ❌ DOL  
| | ❌ DOH  |
| Type Notification | ❌ Initial  
| | ❌ Amended  
| | ❌ Amendment #  
| | ❌ Emergency (including justification)  
| | ❌ Cancellation |
| Street Address | 2500 Main Street  
| City, State, Zip Code | Lawrenceville, NJ 08648 |
| Name of Contact | James Kesiman  
| Telephone Number | (609) 695-2040 |

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Gruss Arts Center |
| City (5) | Lawrenceville, NJ 08648 |
| Square Feet | 10000 |
| # of Floors | 2 |
| Bidg. Age | 55+/- |
| Type of Facility (4) | ❌ Subchapter 8 (Other than K-12)  
| | ❌ Other (i.e. private & commercial buildings, homes, etc.) |
| Current Use (Prior if being demolished) | |
| County Code (7) | |
| (STATE USE ONLY) | |

| Name of Monitoring Firm Hired by Building Owner (8) | MECS  
| | ASCM No. |
| Name of Abatement Contractor (9) | Stevens Environmental Services, Inc.  
| | Street Address | PO Box 322  
| | City, State, Zip Code | Allentown, NJ 08501 |
| Project Manager for Monitoring Firm | Bill Weissgarber  
| Telephone No. | (609) 296-4070 |
| License No. | 00493 |
| Start Date (10) | 9/27/2018  
| Scheduled Completion Date (11) | 10/15/2018 |
| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement  
| | Abatement Performed Outside of Normal Facility Hours |
| Scope of Work (Check All That Apply) | ❌ 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) | |
| Abatement Type | |
| Full Containment with Negative Pressure |
| Mini-Enclosure |
| Glovebag Procedure |
| Non-Exempted (*) and Non-Failable Procedure |
| Name of Registered Waste Hauler | Stevens Environmental Services  
| NJDEP Waste Hauler ID No. | 18292 |
| Cubic Yards of Waste | 6 cu |
| Name of Registered Landfill | Fairless Landfill  
| City, State | Allentown, NJ  
| Montville, PA |
| Disposal Date | 10/15/2018 |
| Completed by | Mahlon E. Stevens  
| Title | Project Manager |
| Signature | |
| Date | 9/25/18 |

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3/23/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency(s) Notified</td>
<td>EPA, DEP, DOL</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>The Lawrenceville Schools</td>
</tr>
<tr>
<td>Street Address</td>
<td>2500 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Kostalman</td>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Gruss Arts Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2800 Main Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lawrenceville, NJ 08648</td>
</tr>
<tr>
<td>County Code (1)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (1)</td>
<td>06348</td>
</tr>
<tr>
<td>Name of Occupying Firm or Building Owner (6)</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08756</td>
</tr>
<tr>
<td>Project Manager for Monitoring Fund</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Start Date (16)</td>
<td>9/27/2018</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/15/2018</td>
</tr>
<tr>
<td>Occupancy Status During Abatement</td>
<td>Check Only One</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
<td>X</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>X</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM)</td>
<td>X</td>
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<tr>
<td>Extent of ACM</td>
<td>X</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
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</tr>
<tr>
<td>Description of ACM</td>
<td>X</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>480 sq ft</td>
</tr>
<tr>
<td>Abatement Type</td>
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</tr>
<tr>
<td>Exterior Roof Flashing</td>
<td>Flashing</td>
</tr>
<tr>
<td>Exterior Expansion Chalk</td>
<td>Chalking</td>
</tr>
<tr>
<td>Windows Exterior</td>
<td>Window glazing</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Compliant with NJCIC</td>
<td>X</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>

**NOTICE OF ASBESTOS ABATEMENT**

**State of New Jersey**

**NOTICE OF ASBESTOS ABATEMENT**

Pursuant to NJAC 8:59 and 12:12-130

**Check # 25695**

**DOE - 10 DAY**

**Print Form**

**Do not use if harm for asbestos licensed exemption activities.**
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Date of Notification</td>
<td>October 01, 2018</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA, DER, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Amendments, Emergency</td>
</tr>
<tr>
<td>Name of Building Owner/Operator</td>
<td>Chris &amp; Patti Manz</td>
</tr>
<tr>
<td>Street Address</td>
<td>Titusville, NJ 08696</td>
</tr>
<tr>
<td>City</td>
<td>Titusville</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08696</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Chris &amp; Patti Manz</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
<td>House</td>
</tr>
<tr>
<td>Street Address</td>
<td>28 North Pennell Road</td>
</tr>
<tr>
<td>City</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08034</td>
</tr>
<tr>
<td>County Code</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner</td>
<td>AET, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1500 Kings Hwy Y N, STE 209</td>
</tr>
<tr>
<td>City</td>
<td>Cherry Hill</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08034</td>
</tr>
<tr>
<td>Name of Abatement Contractor</td>
<td>The MACK Group, LLC</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 759-5071</td>
</tr>
<tr>
<td>License No.</td>
<td>00786</td>
</tr>
<tr>
<td>Start Date</td>
<td>10/2/18</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
<td>12/31/16</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Renovation             □ Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED</td>
<td>Flooring &amp; Mastic</td>
</tr>
<tr>
<td>in Facility (13)</td>
<td>YES</td>
</tr>
<tr>
<td>Location Normally Used Solely by Maintenance/Custodial Staff (12)</td>
<td>YES</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (25 MI)</td>
<td>Yes</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Abatement Type</td>
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</tr>
<tr>
<td>Endorsement</td>
<td>YES</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NU DER Waste Hauler ID No 4599</td>
</tr>
<tr>
<td>Newark Carting</td>
<td>TDB</td>
</tr>
<tr>
<td>City</td>
<td>Newark</td>
</tr>
<tr>
<td>State</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip Code</td>
<td>08034</td>
</tr>
<tr>
<td>Completed by</td>
<td>Michael Cooper</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Date</td>
<td>10/1/18</td>
</tr>
</tbody>
</table>

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

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

---

**Date of Notification (1)**

09 / 30 / 18

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

1-78 Logistics Park Parsippany, Urban Renewal, LLC

**Street Address**

One Gatehall Drive Suite #201

**City, State, Zip Code**

Parsippany, NJ 07054

**Name of Contact**

Telephone Number

516-903-0393

---

**FACILITY INFORMATION**

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

Warehouse

**Street Address**

222 Cameron Dr.

**City (5)**

Phillipsburg, Warren County NJ

**County (6)**

US; Warren CO.

**Square Feet**

20,000Sf

**Type of Facility (4)**

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

**# of Floors**

2

**Bldg. Age**

1950

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

Former Warehouse

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

Finog Environmental Inc

**Name of Abatement Contractor (9)**

Graham-Tech Environmental Services, LLC.

**Street Address**

617 Stokes Rd.

**City, State, Zip Code**

Medford, NJ 08055

**Telephone No.**

609-968-1676

**License No.**

01158

**Name of OSHA Monitor**

Graham-Tech Environmental Services, LLC.

**Street Address**

958 Jackson Rd

**City, State, Zip Code**

Mays Landing, NJ 08330

---

**Start Date (10)**

10 / 11 / 18

**Scheduled Completion Date (11)**

10 / 30 / 18

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/PM-AM

---

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

- ≥3 sf or ≥3 if
- ≥100 sf or ≥260 if
- Renovation
- Demolition

---

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

- First and Second Floor
  - Asbestos Floor Tile & Mastic 240Sf

---

**Name of Registered Waste Hauler**

Graham-Tech Environmental Services, LLC

**Njdep Waste Hauler ID No.**

0034500

**Cubic Yards of Waste**

**Name of Registered Landfill**

G.R.O.W. North Landfill & Tullytown

**City, State**

1513 Brodentown Rd. Morrisville, PA

**Disposal Date**

10-01-18

---

**ASB-41 MAY 11**

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

(Pursuant to NJAC 8:60-7 and 12:120-7)

## Date of Notification (1)
10/1/2018

## Name of Building Owner/Operator (2)
Erin Burke

## Name of Facility Where Abatement is Taking Place (3)
Erin Burke

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

## Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

## Scheduled Start Date (10)
10 12 18

## Scheduled Completion Date (11)
10 14 18

## Telephone Number
(973) 744-8800

## License Number
00371

## Scope of Work (Check all that apply)

- [X] > 3 sf or > 3 lf
- [X] Renovation
- [ ] Demolition

## Description of Asbestos-Containing Material (ACM)
(i.e., thermal system), insulation, surfacing, VAP, or other miscellaneous)

## Amount (Specify SF of LF)
30 LF

## Name of Registered Landfill
Tri-State

## City, State
Montclair, NJ 07042

## Disposal Date
10/15/18

## Completed By (Print or Type)
Constantine Vivian

## Signature

## Title
President

## Date
10/1/2018
**State of New Jersey**

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

---

**Name of Building Owner/Operator:** Michele Shore

**Street Address:** [Redacted]

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

**Name of Contact:** Michele

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** [Home]

**Street Address:** [Redacted]

**City:** Elmwood Park

**County:** Bergen

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

**Square Feet:** 2400

**# of Floors:** 2

**Bldg. Age:** 66

---

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.

**Name of Abatement Contractor:** ABC Environmental Services, LLC

**Street Address:** PO Box 483, 4 E Gate Drive

**City, State, Zip Code:** Glenwood, NJ, 07418

**Telephone No.:** 973-764-2276

**License No.:** 703

**Name of OSHA Monitor:** [Redacted]

---

**Start Date:** 10/13/18

**Scheduled Completion Date:** 10/22/18

---

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

---

**Scope of Work (Check All That Apply):**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥180 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible Procedure

---

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>No</td>
<td>floor tile &amp; mastic</td>
<td>400 SF</td>
<td>[X] Removable</td>
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<tr>
<td></td>
<td></td>
<td>pipe insulation</td>
<td>60 LF</td>
<td>[X] Removable</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:** Tonye Cleanup & Hauling

**NJDEP Waste Hauler ID No.:** 17787

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** Chris Brothers Sanitary Landfill

**Disposal Date:** TBD

**City, State:** Easton, PA

**Completed by:** A. Scott Higgins

**Title:** President

**Signature:** [Redacted]

---

10/1/18

---

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

Date of Notification (1)  
10/1/18  

Name of Building Owner/Operator (2)  
Len Consentino  

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

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

Street Address  

City, State, Zip Code  
Westfield, NJ  

Name of Contact  
Len Consentino  

 FACILITY INFORMATION  

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

Street Address  

City (5)  
Westfield  

County (8)  
Union  

County Code (7)  
(STATE USE ONLY)  

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.  
ABC Environmental Services, LLC  

Name of Abatement Contractor (9)  

Street Address  
PO Box 483, 4 E Gate Drive  

City, State, Zip Code  
Glenwood, NJ 07418  

Start Date (10)  
10/10/18  

Scheduled Completion Date (11)  
10/22/18  

Occupancy Status During Abatement (Check Only One)  

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

Scope of Work (Check All That Apply)  

- [ ] ≤ 30 sf or ≤ 3 ft  
- [x] ≥ 160 sf or ≥ 260 ft  

- [x] Renovation  
- [ ] Demolition  

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

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

Yes  
No  
N/A  

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

Basement  

Pipe insulation  
75 LF  

Name of Registered Waste Hauler  
Freehold Cartage  

NJDEP Waste Hauler ID No.  
15939  

Cubic Yards of Waste  
TBD  

Name of Registered Landfill  
Western Berks Landfill  

City, State  
Freehold, NJ  

Completed by  
A. Scott Higgins  
Title  
President  

Signature  
Date  
10/1/18  

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

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:61 and 5:16)

---

**Check# 5178**

**Date of Notification (1)**

10 / 01 / 18

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

Roberta Kimball

---

**Agencies Notified**

- [x] DOLWD
- [ ] EPA
- [ ] DHSS
- [ ] DCA
  (NJAC 5:23-8)

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

---

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

**Private house**

**Street Address**

[Redacted]

**City (5)**

East Brunswick, NJ 08816

**County (5)**

Middlesex

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

[Redacted]

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

[Redacted]

---

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

Ascm No.

- [ ] ASCM No.

**Name of Abatement Contractor (8)**

Gr Tech LLC

**Street Address**

576 Valley Rd #283

Wayne, NJ 07470

**License No.**

[Redacted]

---

**Start Date (10)**

10 / 10 / 18

**Scheduled Completion Date (11)**

10 / 11 / 18

**Name of OSHA Monitor**

Envirovision Consultants, Inc

**Street Address**

20-21 Wagarow Road, Bldg. # 35E

Fair Lawn, NJ 07410

---

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

- [x] Clean up and decontamination with negative pressure
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Gloves Procedure
- [ ] Enclosure
- [x] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [ ] Non

---

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

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

- [ ] Yes
- [x] No
- [ ] N/A

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

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

**Amount (Specify SIF or LF)**

**Abatement Type**

**Remove**

**Repair**

**Encapsulate**

**Resprayed**

---

**Name of Registered Waste Hauler**

Gr Tech LLC

**Cubic Yards of Waste**

TBD

**Name of Registered Landfill**

T.R.R.F. Inc

---

**Title**

Owner

---

**FACILITY INFORMATION**

**Private house**

**Street Address**

576 Valley Rd #283

**City, State**

Wayne, NJ 07470

**Disposal Date**

TBD

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

N. Jevtic

**Signature**

[Redacted]

**Date**

10/01/18

---

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

---

MAY 11

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AS8-41
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-2.12(c))

Date of Notification (1):
09/27/2016

Name of Building Owner/Operator (2):

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

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

Residence:
[ ] City, State, Zip Code
[ ] Short Hills, N.J. 07078

Street Address:

Name of Contact:
Joseph Wishnea

Telephone Number:

FACILITY INFORMATION

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

Street Address:

City (5):
Short Hills

County (6):
Essex

County Code (7):

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

Square Feet:
1,652

# of Floors:
3

Bldg. Age:
90

Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8):
A. Seine Lighthouse Solutions

ASCM No.:

Name of Abatement Contractor (9):
Brinks Tank Services

Street Address:
1256 Liberty Avenue

City, State, Zip Code:
Hillside, NJ 07205

Telephone No.:
844-462-7465

License No.:
01316

Name of OSHA Monitor:
A. Seine Lighthouse Solutions

Start Date (10):
10/8/2018

Scheduled Completion Date (11):
10/24/2018

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

Scope of Work (Check All That Apply):

[X] ≥3 0 ft or ≥3 1/2 ft
[ ] >150 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

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

Amount (Specify SF or LF):
285 SF

Abatement Type:

Name of Registered Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID No.:
04509

Cubic Yards of Waste:

Name of Registered Landfill:
Waste Management Landfill

City, State:
Penn Argyle, PA

Disposal Date:

Completed by:
Alison Lamers
Title:
Office Manager
Signature:

Date:
09/27/2018

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

**Date of Notification:** 10/1/2018

**Name of Building Owner/Operator:** Mark Kurian

<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</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clifton NJ 07011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Kurian</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Mark Kurian's Residence

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>[Redacted]</td>
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</table>

<table>
<thead>
<tr>
<th>City (5)</th>
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<tbody>
<tr>
<td>Clifton</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
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<tbody>
<tr>
<td>Passaic</td>
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</table>

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

**ASCM No.:** [Redacted]

**Name of Abatement Contractor:** MKD Property Maintenance LLC

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Van Riper Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clifton NJ 07011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201-899-9001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01336</td>
</tr>
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</table>

**Start Date:** 10/1/2018

**Scheduled Completion Date:** 11/5/2018

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

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
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</thead>
<tbody>
<tr>
<td>≥2 sf or ≥3 ft²</td>
</tr>
<tr>
<td>≥160 sf or ≥260 sq ft</td>
</tr>
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</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>88 LF</td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Enclosure</td>
</tr>
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**Name of Registered Waste Hauler:** TBD

**Cubic Yards of Waste:** [Redacted]

**Name of Registered Landfill:** Keystone Sanitary Landfill

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Dunmore, PA 18512</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darko Raloski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>10/1/2018</td>
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</tbody>
</table>

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

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

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

Street Address
104 Chestnut Street, Suite 300

City, State, Zip Code
Ridgewood, New Jersey 07450

Name of Contact
Todd Minerley

Telephone Number
973-289-0698

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Old Party Box Building

Street Address
240 Route 17 South

City, State, Zip Code
Lodi, New Jersey 07450

County Code
Bergen

County Code (STATE USE ONLY) 

Current Use (Prior if being demolished)
Retail Bldg

Name of Monitoring Firm Hired by Building Owner
Lie Consulting Services LLC

Name of Abatement Contractor
Lilich Corporation

Street Address
134 Bennington Parkway

City, State, Zip Code
Franklin Park, New Jersey 08623

Project Manager for Monitoring Firm
Krzysztof Lis

Telephone No
201-652-1119

License No
01104

Start Date
10/11/2018

Scheduled Completion Date
10/19/2018

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2330 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scopes of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location</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</td>
<td>VAT &amp; Mastic</td>
<td>17,000 SF</td>
<td>X</td>
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</tbody>
</table>

Name of Registered Waste Hauler
Lilich Corporation

Cubic Yards of Waste
15724

Name of Registered Landfill
Fairless Landfill

Deisposal Date
10/19/2018

Completed by
Adriana Olejarova

Title
President

Signature

Date
10/01/2018

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>09/27/2018</th>
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**Name of Building Owner/Operator (2)**

<table>
<thead>
<tr>
<th>Residence</th>
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**Agencies Notified**
- [x] EPA
- [x] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

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

**Street Address**

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Union, NJ 07083</th>
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**Name of Contact**

<table>
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<tr>
<th>Telephone Number</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
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</table>

**City (5)**

<table>
<thead>
<tr>
<th>Union</th>
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</table>

**County Code (7)**

<table>
<thead>
<tr>
<th>(STATE USE ONLY)</th>
</tr>
</thead>
</table>

**Square Feet**

| 1,687 |

**# of Floors**

| 2 |

**Bldg. Age**

| 62 |

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

<table>
<thead>
<tr>
<th>A. Seine Lighthouse Solutions</th>
</tr>
</thead>
</table>

**ASCM No.**

| Brinks Tank Services |

**Street Address**

| PO Box 354 |

**City, State, Zip Code**

| South Orange, NJ 07079 |

**Project Manager for Monitoring Firm**

| Sarah Calandra |

**Telephone No.**

| 201-349-2666 |

**Name of OSHA Monitor**

| A. Seine Lighthouse Solutions |

**Street Address**

| PO Box 354 |

**City, State, Zip Code**

| South Orange, NJ 07079 |

**Start Date (10)**

| 8/18/2018 |

**Scheduled Completion Date (11)**

| 10/24/2018 |

**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 sq ft or ≥3 lf
- [x] ≥160 sq ft or ≥260 lf
- [ ] Renovation
- [ ] Demolition
- [x] 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>In Facility</th>
</tr>
</thead>
</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>
</table>

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

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

**Amount (Specify SF or LF)**

| 40 SF |

**Abatement Type**

| Removal |

**Name of Registered Waste Hauler**

| Newark Carting |

**Cubic Yards of Waste**

| 0.4509 |

**Name of Registered Landfill**

| Waste Management Landfill |

**City, State**

| East Orange, NJ |

**Disposal Date**

| Penn Argyle, PA |

**Completed by**

| Alison Lamers |

**Title**

| Office Manager |

**Signature**

| Date |

| 09/27/2018 |

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

Date of Notification (1)
10/01/2018

Name of Building Owner/Operator (2)
Alex Bogopolski

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH

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

Street Address
[redacted]

City, State, Zip Code
Fair Lawn, NJ 07410

Name of Contact
Alex

Telephone Number

FACILITY INFORMATION

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

Street Address
[redacted]

City (5)
Fair Lawn

County (6)
Bergen

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 & commercial buildings, homes, etc.)

Square Feet # of Floors Bidg. Age

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

Name of Abatement Contractor (9)
Removal Safety LLC

Street Address
8 Crosby Ave

City, State, Zip Code
Paterson, NJ 07502

Project Manager for Monitoring Firm Telephone No.

Start Date (10) Scheduled Completion Date (11)
10/12/2018 10/16/2018

Name of OSHA Monitor (12)
Same as (9)

City, State, Zip Code

Scope of Work (Check All That Apply)

☐ 23 sf or ≥23 if
☒ ≥150 sf or ≥260 sf

☐ Renovation
☒ Demolition

Facility Closed/Vacated During Entire Period of Abatement
☐

Abatement Performed Outside of Normal Facility Hours
☒

Other – Describe: 7:00am - 5:00pm

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

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

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 ☐ Encourage ☐

Location
Basement

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS North

Disposal Date
TBD

City, State
Morrisonville, PA

Name of Registered Waste Hauler
Removal Safety LLC

Waste Hauler ID No.
0037007

Completed by
Lasko Veskov
Title
President

Signature

Date
10/01/2018

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

Date of Notification (1) 9 / 26 / 18
Name of Building Owner/Operator (2) PSE&G / Job # 1808-5357 Courtesy

Agencies Notified
☑ EPA
☑ DOLWD
☑ DHSS
☑ DCA (NJAC 5:23-6)
Type Notification
☐ Initial
☑ Amended
☐ Amendment #5
☐ Emergency (including justification)
☐ Cancellation

Street Address
4000 Hadley Road
City, State, Zip Code
South Plainfield, NJ
Name of Contact
Grady Toughill
Telephone Number
732-674-1525

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- Essex Switching Station

Street Address
155 Raymond Blvd.
City (5)
Newark, NJ 07105
County (6)
Essex
County Code (7)/STATE USE ONLY

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

Name of Abatement Contractor (9)
AbateTech, Inc.

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

Project Manager for Monitoring Firm Telephone No.

License No.
06529

Start Date (10) 8 / 10 / 18 Scheduled Completion Date (11) 10 / 31 / 18

Name of OSHA Monitor
EMSL Analytical

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 Facility Hours - Describe
Time of Abatement: ___AM-___PM/___PM-___AM

Scope of Work (Check all that apply)
☐ >3 sf or > 3 if
☐ >150 sf or > 260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Exterior
☐ ☐ ☒ Abandoned Transite on ground
3300

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, V&T, or other miscellaneous)

Amount (Specify SF or LF) Abatement Type
3300 ☒ Removal ☐ Repair ☐ Encapsulate ☐

Cubic Yards of Waste
40
Name of Registered Landfill
Conestoga Landfill
City, State
Morgantown, PA

Name of Registered Waste Hauler
Environmental Transport Group, INC.
NJDEP Waste Hauler ID No.
0008892661

Disposal Date
10/31/18

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

Date 9/23/18

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

Date of Notification (1) 9 / 26 / 18
Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1805-5335

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

Type Notification
- Initial
- Amended
- Amendment #5
- Emergency (including justification)
- Cancellation

Street Address
10 Legion Place- Building A
City, State, Zip Code
Morristown, NJ 07960
Name of Contact
John Greco
Telephone Number
201-602-1499

FACILITY INFORMATION

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

Street Address
7 Andrea Lane
City (5)
Morristown, NJ
County (6)
Morris

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
1 Source Safety & Health, Inc.

ASCM No.
Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
140 S. Village Ave. Suite 130
City, State, Zip Code
Exton, PA 19341

Telephone No. 610-524-5525
License No.
00529

Project Manager for Monitoring Firm
Brian Hovendon

Start Date (10) 7 / 12 / 18
Scheduled Completion Date (11) 10 / 31 / 18

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM/PM/1:30 PM- AM

Scope of Work (Check all that apply)
- 3 or 3 ft
- 160 or 280

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

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

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

Amount (Specify SF or LF)

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

Exterior Pole JC149MRT

Asbestos risers
16 LF

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste

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

City, State
Lumberton, NJ

Disposal Date
10/31/18
City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti
Title
Operations Coordinator

Signature
Date: 12/15/15

* 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: 9/26/18
Name of Building Owner/Operator: PSE&G / Job # 1807-5343 Check #10495

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
Type Notification: Amendment #3

Street Address: 4000 Hadley Road
City, State, Zip Code: South Plainfield, NJ
Name of Contact: Andrew Puk
Telephone Number: 201-481-2415

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: PSE&G- Hope Creek Island
Type of Facility:
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Street Address: 299 Alloway Creek Neck Rd.
City: Salem, NJ
Square Feet: # of Floors: Bldg. Age:
County: Salem
County Code: Salem
Current Use: (Prior if being demolished)
District Office:

Name of Monitoring Firm Hired by Building Owner: Health & Safety
ASCM No.: Name of Abatement Contractor: AbateTech, Inc.

Street Address: PO Box 385
City, State, Zip Code: Berlin, NJ 08009
Telephone No.: 609-265-2107
License No.: 00529

Project Manager for Monitoring Firm: James Proctor
Name of OSHA Monitor: EMSL Analytical

Start Date: 9/10/18
Scheduled Completion Date: 10/31/18
Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Lumberton, NJ 08048

Occupancy Status During Abatement:
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Time of Abatement: AM-PM AM-PM AM
Scope of Work (Check all that apply):
- 3 sf or > 3 If
- 160 sf or > 260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior</td>
<td></td>
<td></td>
<td>Transite Pipe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>600 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Environmental Transport Group
Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Flanders, NJ
Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.: NJD0006820
Cubic Yards of Waste: 40
Disposal Date: 10/31/18

Completed By (Print or Type): Gwendolyn Trumbetti
Title: Operations Coordinator
Signature: Date: 9/20/18

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

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

**Date of Notification (1)**
9 / 28 / 18

**Name of Building Owner/Operator (2)**
Verizon Communications / Job # Check # PG2 of 3

**Street Address**
100 Greenwood Avenue

**City, State, Zip Code**
Jenkintown, PA 19046

**Name of Contact**
Alex Baylor

**Telephone Number**
301-583-0048

---

**FACILITY INFORMATION**

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

**Street Address**
95 William Street

**City (5)**
Newark

**County (6)**
Essex

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

**Square Feet**

**# of Floors**

**Bldg. Age**

**Offices**

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

---

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

**ASCM No.**

**Name of Abatement Contractor (9)**
AbateTech, Inc.

**Street Address**
30 Maple Ave. PO Box 25

**City, State, Zip Code**
Lumberton, NJ 08048

**Telephone No.**
609-265-2107

**License No.**
00529

**Name of OSHA Monitor**
EMSL Analytical

**Street Address**
200 Route 130 North

**City, State, Zip Code**
Cinnaminson, NJ 08077

---

**Project Manager for Monitoring Firm**
Mark Jenkins

**Telephone No.**
215-355-5810

**Start Date (10)**
8 / 25 / 17

**Scheduled Completion Date (11)**
10 / 31 / 18

**Occupancy Status During Abatement (Check only one)**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM

---

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

---

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

**IN Facility**

<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>Basement Mechanical Loft</td>
<td>No</td>
<td>Pipe Fittings</td>
<td>10 total</td>
<td></td>
</tr>
<tr>
<td>7th Floor</td>
<td></td>
<td>Exterior brick façade/black mastic</td>
<td>2,569 SF</td>
<td></td>
</tr>
<tr>
<td>7th Floor</td>
<td></td>
<td>Pipe Fitting Insulation</td>
<td>88 LF</td>
<td></td>
</tr>
<tr>
<td>7th Floor</td>
<td></td>
<td>Caulking and Glazing</td>
<td>3 windows</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
AbateTech, Inc.

**NJDEP Waste Hauler ID No.**
18750

**Cubic Yards of Waste**
40

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

**City, State**
Lumberton, NJ

**Disposal Date**
10/31/18

**City, State**
Tullytown, PA

**Completed By (Print or Type)**
Gwendolyn Trumbetti

**Title**
Operations Coordinator

**Signature**

**Date**
9/28/18

---

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

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

**Date of Notification (1)**
- 9 / 28 / 18

**Name of Building Owner/Operator (2)**
- Verizon Communications
- Job # Check#: /PG3 of 3

**Street Address**
- 100 Greenwood Avenue

**City, State, Zip Code**
- Jenkintown, PA 19046

**Name of Contact**
- Alex Baylor
- Telephone Number: 301-583-0048

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
- Verizon Market CO

**Street Address**
- 95 William Street

**City**
- Newark

**County**
- Essex

**County Code (?/STATE USE ONLY)**
- Offices

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

**ASCM No.**

**Name of Abatement Contractor (9)**
- AbateTech, Inc.

**Street Address**
- 8436 Enterprise Ave.

**City, State, Zip Code**
- Philadelphia, PA 19153

**License No.**
- 00529

**Name of OSHA Monitor**
- EMSL Analytical

**Street Address**
- 200 Route 130 North

**City, State, Zip Code**
- Cinnaminson, NJ 08077

**Start Date (10)**
- 8 / 25 / 17

**Scheduled Completion Date (11)**
- 10 / 31 / 18

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

**Time of Abatement:** 7AM-3:30PM/5PM-2AM

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

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

**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?</th>
<th>Description of Asbestos-containing Material (ACM) (i.e., thermal insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify $ or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Floor Exterior</td>
<td>☐</td>
<td>Pipe/ Fitting Insulation</td>
<td>10 LF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4th Floor Exterior</td>
<td>☐</td>
<td>Roof Flashing</td>
<td>30 SF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>6th Floor</td>
<td>☐</td>
<td>Exterior brick façade/black mastic</td>
<td>135 LF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>G Building</td>
<td>☐</td>
<td>Exterior Vertical vent caulking</td>
<td>920 LF</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- AbateTech, Inc.

**NDEP Waste Hauler ID No.**
- 18750

**Cubic Yards of Waste**
- 40

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

**City, State**
- Lumberton, NJ

**Disposal Date**
- 10/31/18

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Gwendolyn Trumbetti

**Title**
- Operations Coordinator

**Signature**

**Date**
- 9/28/18

---

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:56 and 5:16)

**Date of Notification (1)**
- 9 / 26 / 18

**Name of Building Owner/Operator (2)**
- Garden Spires Urban Renewal, LP
- Job #1809-5389
- PG 1 of 2
- Check #10541

**Street Address**
- 885 2nd Avenue 31st Floor
- City, State, Zip Code
- New York, NY 10017

**Name of Contact**
- Adam Slavitt
- Telephone Number
- 917-952-1929

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
- Garden Spires Apartments-Building 175

**Street Address**
- 175 1st Street
- City (5)
- Newark, NJ

**County (6)**
- Essex

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

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

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

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**ASCM No.**

**Name of Abatement Contractor (9)**
- AbateTech, Inc.

**Street Address**
- PO Box 355
- City, State, Zip Code
- Berlin, NJ 08009

**Telephone No.**
- 609-704-8850

**License No.**
- 00529

**Project Manager for Monitoring Firm**
- Jim Proctor

**Telephone No.**
- 609-265-2107

**Name of OSHA Monitor**
- EMLS Analytical

**Start Date (10)**
- 9 / 10 / 18

**Scheduled Completion Date (11)**
- 10 / 31 / 18

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

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

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

**IN Facility (13)**

<table>
<thead>
<tr>
<th>Location Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</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 of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor tile</td>
<td>103 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Mastic</td>
<td>95 SF</td>
<td>Repair</td>
</tr>
<tr>
<td>Pipe Insulation-repair</td>
<td>50 LF</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>Debris Clean up</td>
<td>70 SF</td>
<td>Enclosure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
- AbateTech, Inc.

**Waste Hauler ID No.**
- 18750

**Cubic Yards of Waste**
- 40

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

**City, State**
- Lumberton, NJ

**Disposal Date**
- 10/31/18

**City, State**
- Tullytown, PA

**Completed By (Print or Type)**
- Gwendolyn Trumbetti

**Title**
- Operations Coordinator

**Signature**
- [Signature]

**Date**
- 7/20/18

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:56 and 5:16)

Date of Notification (1)
9 / 26 / 18

Name of Building Owner/Operator (2)
Garden Spires Urban Renewal, LP Job #1-808-5369 PG 2 of 2 Check #10544

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

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

Street Address
885 2nd Avenue 31st Floor
City, State, Zip Code
New York, NY 10017

Name of Contact
Adam Slavitt
Telephone Number
917-952-1929

Name of Facility Where Abatement is Taking Place (3)
Garden Spires Apartments-Building 175

FACILITY INFORMATION

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

Square Feet
# of Floors
Bldg. Age

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

ASCM No.

Abatement Contractor (9)
AbateTech, Inc.

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

Telephone No.
609-704-9850

License No.
00529

Project Manager for Monitoring Firm
Jim Proctor

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

Name of OSHA Monitor
EMSL Analytical

Start Date (10)
9 / 10 / 18

Scheduled Completion Date (11)
10 / 31 / 18

Name of EPA Monitor

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 - AM

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

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (13)

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

Yes ☐ No ☒ N/A ☒

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

Amount (Specify SF or LF)
75 LF

Abatement Type
☒ Removal
☐ Repair
☒ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
AbateTech, Inc.

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
10/31/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
12/30/18

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:60 and 19:16)

Date of Notification (1) 9 / 26 / 18

Name of Building Owner/Operator (2)
Garden Spires Urban Renewal, LP / Job # 308-5369 PG 1 of 2 Check #10545

Street Address
855 2nd Avenue 31st Floor
City, State, Zip Code
New York, NY 10017

Name of Contact
Adam Slavitt
Telephone Number
917-852-1925

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garden Spires Apartments-Building 195

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Firm Hired to Perform Abatement (5)
AbatoTech, Inc.

Name of Abatement Contractor (9)
AbatoTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

License No.
00529

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Start Date (10)
9 / 10 / 18
Scheduled Completion Date (11)
10 / 31 / 18

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

Scope of Work (Check all that apply)
□ >3 sf or >3 lf
□ >160 sf or >200 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 Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
□ Amount (Specify SF or LF)

Abatement Type
□ Removal
□ Repair
□ Encapsulate
□ Enclose

Name of Registered Waste Hauler
AbatoTech, Inc.

NJDEP Waste Hauler ID No. 107850

Cubic Yards of Waste
40

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

City, State
Tullytown, PA

Disposal Date
10/31/18

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

Signature

Date 9/26/18

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

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

**State of New Jersey**

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

Garden Spires Urban Renewal, LP / Job #1808-5369 PG 2 of 2 Check 

**Date of Notification (1)**

9 / 26 / 18

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

Garden Spires Apartments-Building 195

**Type of Abatement Contractor (9)**

AbateTech, Inc.

**Street Address**

195 1st Street

**Type of Facility (4)**

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

**City (6)**

Newark, NJ

**Square Feet**

# of Floors

Bidg. Age

**County (8)**

Essex

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

Current Use (Prior if being demolished)

**Health & Safety Services**

- ASCM No.

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

- Jim Proctor

**Street Address**

PO Box 365

**Street Address**

30 Maple Ave. PO Box 25

**City, State, Zip Code**

Berlin, NJ 08009

**City, State, Zip Code**

Lumberton, NJ 08048

**Telephone No.**

609-704-8850

**License No.**

00529

**Name of OSHA Monitor**

EMSL Analytical

**Start Date (10)***

9 / 10 / 18

**Scheduled Completion Date (11)**

10 / 31 / 18

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

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

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

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

- 3 sf or 3 if
- 160 sf or 280 if
- Renovation
- Demolition

**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

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

- (13)

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

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

**Amount (Specify SF or LF)**

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

**Amount (Specify SF or LF)**

- Removal
- Repair
- Encapsulate
- Endoscope

**Abatement Type**

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

Pipe Insulation

150 LF

**Name of Registered Waste Hauler**

AbateTech, Inc.

**Cubic Yards of Waste**

40

**Name of Registered Landfill**

G.R.O.W.S. Landfill

**Disposal Date**

10/31/18

**City, State**

Lumberton, NJ

**City, State**

Tullytown, PA

**Completed By (Print or Type)**

Gwendolyn Trumbetti

**Title**

Operations Coordinator

**Signature**

*Date*

9/2/2018

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 8:16)

Date of Notification (1)  10/1/18

Name of Building Owner/Operator (2)
Stockton  Affiliated
#10604 10605 10606 10607

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

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

Street Address
401 South New York Road
City, State, Zip Code
Galloway, NJ 08205

Name of Contact
Chris Walsh
Telephone Number
609-517-5741

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Stockton Seaview Hotel & Golf Club

Street Address
401 South New York Road
City (5)
Galloway, NJ 08205

County (6)
Atlantic
County Code (7)/STATE USE ONLY) Hotel

Name of Monitoring Firm Hired by Building Owner (8)
Heath & Safety Services
ASCM No. Name of Abatement Contractor (9)

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

Project Manager for Monitoring Firm
Jim Proctor
Telephone No.
609-704-8850

LICENSE NUMBER 3

Start Date (10)  10/15/18
Scheduled Completion Date (11)  11/16/18

Name of OSHA Monitor
EMSL Analytical

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

Time of Abatement: AM, PM, AM

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

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

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

IN Facility

Yes No N/A

Location Normalized 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

Regency Wing 1st Fl.
☒ ☐ ☒
Accoustical Fire proofing 2,500 SF

Regency Wing 2nd Fl.
☒ ☐ ☑
Accoustical Fire proofing 2,500 SF

Regency Wing 3rd Fl.
☒ ☐ ☐
Accoustical Fire proofing 2,500 SF

Bay Wing 3rd Fl.
☒ ☐ ☒
Accoustical Fire proofing 2,500 SF

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
11/16/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/1/18

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

Date of Notification (1)
10 / 1 / 18

Name of Building Owner/Operator (2)
PNC Bank / Job # Check #10546, 10608

Street Address
185 Ferry Street

City, State, Zip Code
Newark, NJ 17105

Name of Contact
Brian Havanki

Telephone Number
610-955-5841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PNC Bank

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

Square Foot # of Floors Blg. Age

County Code (7) [STATE USE ONLY]

Current Use (Prior if being demolished)
Bank

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

License No.
00629

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Start Date (10) 10 / 15 / 18

Scheduled Completion Date (11) 10 / 19 / 18

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

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

Abatement Type
Removal ☐ Repair ☒ Encapsulate ☒ Endorsement ☐

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

1st Floor Storage Room
Pipe Insulation
200 LF ☒

2nd Floor Storage Room
Pipe Insulation
200 LF ☒

Name of Registered Waste Hauler
AbateTech, Inc.

NJ/DEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
10/19/18

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/11/18

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
10/01/2018

Agencies Notified
- EPA
- DEP
- DOL
- DOH

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

Street Address
70 Brewster Road

City, State, Zip Code
Newark, NJ 07114

Name of Building Owner/Operator (2)
The Port Authority of New York & New Jersey

Name of Contact
Michael DaCosta

Telephone Number
973-961-6390

Name of Facility Where Abatement is Taking Place (3)
Newark Airport - Building 350

County Code (7)

Square Feet
48,500

# of Floors
2

Bldg. Age
32

Type of Facility (4)
- Subchapter B (Other than K-12)

UPS Maintenance/Loading Facility

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

ASCM No.

Name of Abatement Contractor (9)
Brandenburg Industrial Service Company

Street Address
2217 Spillman Drive

City, State, Zip Code
Bethlehem, PA 18015

Project Manager for Monitoring Firm

Telephone No.
973-240-1800

License No.
00721

Start Date (10)
10/15/2018

Scheduled Completion Date (11)
10/16/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: DEMO - 10/17/2018-10/23/2018

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition

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

Abatement Type
X

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

Name of Registered Waste Hauler
Brandenburg Industrial Service Co

NJDEP Waste Hauler ID No. 21838

Cubic Yards of Waste
30

Name of Registered Landfill
IESI Bethlehem Landfill

Disposal Date
10/18/2018

City, State
Bethlehem, PA

Completed by
Stephen Carne

Title
Environmental Manager

Signature

Date
10/01/18

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:38 and 7:11B-2)

**Date of Notification (1)**
10/01/2018

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

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

**Name of Building Owner/Operator (2)**
The Chemours Company

**Street Address**
1007 Market Street

**City, State, Zip Code**
Wilmington, DE 19899

**Name of Contact**
Jim Lacey

**Telephone Number**
856-540-2394

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Chemours Chamber Works Facility - Bldg 682

**Street Address**
Canal Road

**City (5)**
Deepwater

**County (6)**
Salem

**County Code (7)**

**Name of Monitoring Firm Hired by Building Owner (8)**
Harvard Environmental Inc.

**Name of Abatement Contractor (9)**
Brandenburg Industrial Service Company

**Street Address**
760 Pulaski Highway

**City, State, Zip Code**
Bear, DE 19701

**Project Manager for Monitoring Firm**
JT Morrison

**Telephone No.**
302-326-2333

**Start Date (10)**
10/15/2018

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

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other – Describe: *DEMO - 10/29/18-12/30/18*

**Scope of Work (Check All That Apply)**
- [ ] ≥36 sf or ≥31 if
- [ ] ≥160 sf or ≥260 sf
- [x] Demolition

---

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Facility</strong></td>
</tr>
<tr>
<td>(13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely By Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>B 682</td>
</tr>
<tr>
<td>B 682</td>
</tr>
<tr>
<td>B 682</td>
</tr>
<tr>
<td>B 682</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 of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>210 LF</td>
</tr>
<tr>
<td>FT w/ Mastic</td>
<td>550 SF</td>
</tr>
<tr>
<td>Gaskets</td>
<td>25 EA</td>
</tr>
<tr>
<td>Galbestos Roof</td>
<td>12600 SF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**
Brandenburg Industrial Service Co

**Name of Registered Landfill**
Salem Cty Landfill/Chemours Onsite

**City, State**
Bethlehem, PA

**Completed by**
Stephen Carne

**Title**
Environmental Manager

**Signature**

**Date**
10/01/2018

---

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)
10/01/2018

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

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

Name of Building Owner/Operator (2)
The Chemours Company

Street Address
1007 Market Street
City, State, Zip Code
Wilmington, DE 19899

Name of Contact
Jim Lacey
Telephone Number
856-540-2394

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chemours Chamber Works Facility - Stripper Pipe Alley
Street Address
Canal Road
City (5)
Deepwater
County (6)
Salem

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

Square Feet
N/A

County Code (7)
(STATE USE ONLY)

Bldg. Age
35+

Current Use (Prior to being demolished)
Chemical Plant

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

Name of Abatement Contractor (9)
Brandenburg Industrial Service Company
Street Address
2217 Spellman Drive
City, State, Zip Code
Bethlehem, PA 18015

Project Manager for Monitoring Firm
JT Morrison
Telephone No.
302-326-2333

Telephone No.
610-691-1800

License No.
00721

Name of OSHA Monitor
Brandenburg

Street Address
2217 Spellman Drive
City, State, Zip Code
Bethlehem, PA 18015

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)
- ≥15 sf or ≥3 if
- ≥160 sf or ≥250 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

In Facility (13)

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

Name of Registered Waste Hauler
Brandenburg Industrial Service Co
NJDEP Waste Hauler ID No.
21838
Cubic Yards of Waste
300
Name of Registered Landfill
Salem City Landfill/Chemours Onsite

City, State
Bethlehem, PA

Disposal Date
10/20/18-12/30/18

City, State
Alloway Township/Deepwater NJ

Completed by
Stephen Carne
Title
Environmental Manager

Signature

Date
10/01/2018

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 7:2:120

Name of Building Owner Operator (2)
NRG Renova LLC

Name of Contact
Marko Stankovic, Project Manager

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

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

Street Address
315 Riegelsville Road, Rt 627
City, State, Zip Code
Milford NJ 08846

Name of Facility Where Abatement is Taking Place (3)
Werner Generating Station

Square Feet
18,000

City
South Amboy

County
Middlesex

County Code (STATE USE ONLY)

# of Floors
1

Bldg. Age
70

Current Use (Prior if being demolished)
generator station

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

Name of Abatement Contractor (9)
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

Start Date (10)
10/12/2018

Scheduled Completion Date (11)
11/12/2018

Name of OSHA Monitor
Checkmark Industrial

Street Address
54 Morgan Dr

City, State, Zip Code
Sparta NJ 07871

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Electrical Wire Insulation</td>
</tr>
<tr>
<td>Transite Panels</td>
</tr>
<tr>
<td>Vibration Dampers</td>
</tr>
</tbody>
</table>

Amount (Specify SF or LF)

- +/- 780 LF
- +/- 6000 LF
- +/- 256 SF
- +/- Ge400 SF

Abatement Type

- X Removal
- X Repair
- X Encapsulate
- X Endure

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
30

Name of Registered Landfill
Waste Management

City, State
Wayne NJ

Completed by
Corey Stankovic

Title
CEO

Signature

Disposal Date

Date
10/1/2018

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

| 1/10/18 | 1/12/18 | 1/18 |

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

Cresskill School District

**Street Address**

1 Lincoln Drive

**City, State, Zip Code**

Cresskill, NJ 07626

**Name of Contact**

Mr. James Olonardi

**Telephone Number**

(201) 227-7791

---

### FACILITY INFORMATION

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

Field house (NON Sub 8)

**Street Address**

57 Brookside Avenue

**City (5)**

Cresskill, NJ 07626

**County (6)**

Bergen

**County Code (7)**

State use only

**Type of Facility (4)**

☑ Other (Private/Commercial Bldgs/Homes, etc.)

**Square Feet**

50,000

**# of Floors**

2

**Bldg. Age**

50+

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

Field house

---

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

Karl & Associates, Inc.

**ASCM No.**

N/A

**Street Address**

P.O. Box 645

**City, State, Zip Code**

Shillington, PA 19607

**Project Manager for Monitoring Firm**

Mike Krisher

**Phone Number**

610-856-7700

**Scheduled Start Date (10)**

10/17/2018

**Sched. Completion Date (11)**

10/26/2018

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

☑ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours.

☐ Other: Describe: shift: 3:30p - 12:00a / wknds: 1:00a - 3:30p

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

☑ Demolition

☐ Renovation

☐ >3 sf or >3 l

X ≥160 sf or ≥260 l

☐ Full Containment w/negative pressure

☐ Mini-enclosure

☐ Non-fibero procedure

---

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

- basement
- living/dining rooms

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

- flue packing
- wall plaster

**Amount (Specify SF or LF)**

- 2 sf
- 700 sf

---

**Registered Waste Hauler**

B & G Restoration, Inc.

**NJDEP Hauler ID#**

19563

**Cubic Yards of Waste**

10

**Name of Registered Landfill**

Grand Central Landfill

**City, State**

Lincoln Park, NJ

**Disposal Date**

10/17/18 - 10/27/18

**City, State**

Pen Argyle, PA

**Name of Completed by (Print or Type)**

Gordana Luna

**Title**

Secretary/Treasurer

**Signature**

Gordana Luna

**Date**

10/02/2018
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:66 and 54:66)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 02 / 18</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Waypoint Hackensack Urban Renewal Owner, LLC</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>3475 Piedmont Road, Suite 1640</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Atlanta, GA 3030</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Gordon LaForge</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>201-694-2454</th>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Commercial</th>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>436 Main Street</th>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>Hackensack</th>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>Bergen</th>
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<thead>
<tr>
<th>County Code (7)</th>
<th>STATE USE ONLY</th>
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<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th></th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Bio Terra Solutions</th>
</tr>
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<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALL PRO MANAGEMENT LLC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>27 Outwater Lane</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Garfield, NJ 07026</th>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Rick Estaquito</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>973-494-3762</th>
</tr>
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<table>
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<tr>
<th>Start Date (10)</th>
<th>10 / 11 / 18</th>
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<table>
<thead>
<tr>
<th>Completion Date (11)</th>
<th>11 / 30 / 18</th>
</tr>
</thead>
</table>

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

- Facility Closed/Not Occupied During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
  - Time of Abatement: AM-PM-PM-AM

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
</table>

**TO BE ABATED IN Facility**

| 13 |

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>660 LF</th>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Repair</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Encapsulation</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Century Waste, LLC / ATC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>32797/SW-24310</th>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste As Needed</th>
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<table>
<thead>
<tr>
<th>Name of Registered Landfill/ Fairless Landfill/ Minerva Enterprises</th>
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</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Morrisville, PA / Waynesburg, OH</th>
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<table>
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<tr>
<th>Disposal Date</th>
<th>TBD</th>
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</table>

Completed By (Print or Type) | Allan Monchik |

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Allan Monchik</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>10/2/18</th>
</tr>
</thead>
</table>

* 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>Main Bldg SW 2nd Floor Apartment Kitchen</td>
<td>Yes</td>
<td>Tan Linoleum/VAT</td>
<td>120 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, NE, SW, &amp; center of Roof</td>
<td>No</td>
<td>Multi-layer roof field (upper roof)</td>
<td>3,200 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, South &amp; North Center Roof</td>
<td>No</td>
<td>Roof Flashing (upper roof)</td>
<td>480 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, North Center &amp; SW Roof</td>
<td>No</td>
<td>Multi-layer roof field (lower roof)</td>
<td>1,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, North &amp; East Center Roof</td>
<td>No</td>
<td>Roof Flashing (lower roof)</td>
<td>260 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, upper and lower roof</td>
<td>No</td>
<td>Roof tar off vent</td>
<td>20 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, West side canopy W&amp;S</td>
<td>No</td>
<td>Roof Flashing</td>
<td>180 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922, West side canopy at Anchor side</td>
<td>No</td>
<td>Roof Tar</td>
<td>60 SF</td>
<td>X</td>
</tr>
<tr>
<td>1965A Roof, west, center, &amp; east end</td>
<td>Yes</td>
<td>Roof Field</td>
<td>5,000 SF</td>
<td>X</td>
</tr>
<tr>
<td>1965A Roof, west &amp; south center, center skylight</td>
<td>Yes</td>
<td>Roof Flashing</td>
<td>520 SF</td>
<td>X</td>
</tr>
<tr>
<td>1988 roof, southwest and center</td>
<td>Yes</td>
<td>Roof Field</td>
<td>12,600 SF</td>
<td>X</td>
</tr>
<tr>
<td>1988 Roof, south center, northwest &amp; center skylight</td>
<td>Yes</td>
<td>Roof Flashing</td>
<td>1,800 SF</td>
<td>X</td>
</tr>
<tr>
<td>1955b roof, south center, NE &amp; center skylight</td>
<td>Yes</td>
<td>Roof Flashing</td>
<td>500 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922 upper east south side</td>
<td>Yes</td>
<td>Wall Caulk</td>
<td>150 SF</td>
<td>X</td>
</tr>
<tr>
<td>1922 front office window</td>
<td>Yes</td>
<td>Exterior Window Caulk</td>
<td>100 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type) Allen Monchik  
Title: Project Manager  
Signature: 
Date: 10/2/18