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

Date of Notification (1)
10/4/2016

Name of Building Owner/Operator (2)
LINCOLN TOWERS URBAN RENEWAL

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
500 BROAD STREET

City, State, Zip Code
NEWARK, NJ 07102

Name of Contact
ALICIA BIASOTTI BELOTTA

Telephone Number
1 973 885-8697

Name of Facility Where Abatement is Taking Place (3)
LINCOLN TOWERS PHASE II

Street Address
69-99 LINCOLN STREET TOWER II

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
S

Current Use (Prior if being demolished)
RESIDENTIAL

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

Square Feet
>50,000

# of Floors
12

Bidg. Age
88

Name of Monitoring Firm Hired by Building Owner (8)
LEWIS CONSULTING GROUP/BRIGGS

ASCM No.

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

Street Address
1345 INDUSTRIAL BLVD.

City, State, Zip Code
SOUTHAMPTON, PA 18966

Project Manager for Monitoring Firm
MICHAEL HOODAK

Telephone No.
1 609 298-5520

Telephone No.
215 322-2900

License No.
00783

Name of OSHA Monitor
CRITERION LABS

Street Address
3370 PROGRESS DRIVE

City, State, Zip Code
BENSELAER, PA 19020

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: 7AM-11PM

Start Date (10)
10/18/2016

Scheduled Completion Date (11)
3/31/2017

Scope of Work (Check All That Apply)
☐ ≥3 sf or ≥3 if
☐ ≥180 sf or ≥260 if
☐ Remova
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

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

Location of Asbestos-Containing Material (ACM)
IN Facility

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

Amount (Specify SF or LF)

Abatement Type

PLEASE SEE ATTACHED

Name of Registered Waste Hauler
SERVICE TRANSPORT GRP.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste

Name of Registered Landfill
MINERVA LANDFILL

Disposal Date

City, State
WAYNESBURG, OH 44688

Completed by
CHRISTINE DEL VISCIO

Title
ASST. ADMIN

Signature

Date
10/4/2016

AS9-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES.
Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

Initial [ ] Amended [ ] Cancellation [ ] Emergency (must include justification) Date of Notification: 10/04/2016

Building Information

Name of Building Owner/Operator: LINCOLN TOWERS URBAN RENEWAL
Street Address: 500 BROAD STREET City: NEWARK State: NJ Zip: 07102
Name of Contact: DAMIAN LAVELLE Telephone No.: 215 322-2900

Facility Information

Name of Facility Where Work Activity is to Take Place: LINCOLN TOWERS PHASE II
Describe Facility Use: APARTMENTS
Street Address: 69-99 LINCOLN STREET City: NEWARK State: NJ Zip: 07103
County Name: ESSEX County Code (state use only): 
Scheduled Start Date: 10/18/2016 Scheduled Completion Date: 03/31/2017

Occupancy Status During Activity (check only one):

[ ] Facility Closed/Vacated During Entire Activity
[ ] Activity Performed Outside Normal Facility Hours—Describe:
[ ] Other—Describe:

Scope of Work (check all that apply):

[ ] Floor Tile Square Footage: 368,942 Percentage Asbestos:
[ ] Mastic Square Footage: 245,542 Percentage Asbestos:
[ ] Other: ROOFING Square Footage: 1,200 Percentage Asbestos:

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900
Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783
Monitoring Firm (if applicable): LEWIS CONSULTING GROUP/BRIGGS Telephone No.: 1-609-296-5520

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.
Signature: Date: 10/4/2014
B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

The following is a detailed scope of work:

<table>
<thead>
<tr>
<th>Location</th>
<th>Materials</th>
<th>Quantity</th>
<th>Abatement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor community, laundry and kitchen areas</td>
<td>12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile</td>
<td>1,142 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>1,142 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Throughout lobby, corridors, units, common areas</td>
<td>12x12 beige/tan floor tile</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>and elevators</td>
<td>See above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See above</td>
<td>12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Throughout corridors, units, maintenance and</td>
<td>12x12 brown/tan floor tile</td>
<td>48,600 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>office as top layer</td>
<td>See above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>48,600 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Throughout lobby, elevators and elevator lobbies</td>
<td>12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile</td>
<td>36,000 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>36,000 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile</td>
<td>36,000 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>36,000 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Throughout units and corridors—top layer</td>
<td>12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Throughout some units as original tile, bottom and</td>
<td>9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>2nd layer in corridors, units etc.</td>
<td>See above</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associate mastic</td>
<td>61,700 sf</td>
<td>Non-Friable Procedures</td>
</tr>
</tbody>
</table>
LINCOLN TOWERS - NEWARK, NJ

<table>
<thead>
<tr>
<th>Location</th>
<th>Materials</th>
<th>Quantity</th>
<th>Abatement Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughout basement sealed room. Adjacent to chillers</td>
<td>9x9 beige/tan floor tile</td>
<td>400 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>See above</td>
<td>Associated mastic</td>
<td>400 sf</td>
<td>Non-Friable Procedures</td>
</tr>
<tr>
<td>Exterior entrance foyers at flat roof areas as top layer</td>
<td>Asphalt rolled roofing material</td>
<td>1,200 sf</td>
<td>Exterior Abatement</td>
</tr>
<tr>
<td>See above</td>
<td>Associated asphalt built up roofing material</td>
<td>1,200 sf</td>
<td>Exterior Abatement</td>
</tr>
<tr>
<td>See above</td>
<td>Associated roofing felt material</td>
<td>1,200 sf</td>
<td>Exterior Abatement</td>
</tr>
</tbody>
</table>

2. Preparation: The Contractor shall prepare the work areas in the following manner

a.) Floor Tile/Mastic (Non-Friable Procedures): The Contractor shall prepare the work area in accordance with project specifications and applicable state and federal regulations. This shall include, but not be limited to the following procedures:

1) Non-friable abatement areas shall be isolated by applying critical barriers to all openings inside the work area. The critical barriers shall consist of two layers of six-mil fire retardant polyethylene plastic.

2) Negative Air Filtration Devices shall be installed into the work area to maintain a constant negative air flow. The Negative Air Filtration Devices shall be equipped with High Efficiency Particulate Air (HEPA) filters capable of 99.97% efficiency down to 0.3 microns.

3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.

4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.

5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.

6) Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

SUMMARY OF WORK

01013-3
b.) Roof Material Removal: The Contractor shall dispose roofing material in accordance with applicable state and federal regulations. Roofing materials shall be disposed off in a lined dumpster to an approved landfill. The contractor shall utilize safe working procedures during the removal of roofing materials. Abatement procedures shall ensure that the roofing material remains an EPA Category I Non-friable material.

C. General Notes for Work Area

1. Contractor shall install critical barriers on doorways and entrances to hallways, classrooms, offices, and maintenance rooms to seal the work area(s).

2. Contractor shall apply a tinted, approved encapsulant to all surfaces from which asbestos-containing pipe insulation material has been removed.

3. Electrical connections for power shall be made by a licensed electrical contractor subcontracted by the Contractor.

4. Contractor shall be responsible for requesting that the Owner deactivate the fire/heat detection system, if any, and the electrical systems in each work area and the confirmation of same prior to the start of this work.

5. Contractor shall provide proper negative pressure engineering controls in accordance with Section 01513 – Temporary Pressure Systems.

D. Related Work

1. OSHA compliance personnel air monitoring is required during all asbestos abatement work.

2. Contractor shall comply with applicable federal, state and local fire protection codes. Only fire-rated construction materials shall be used for all isolation/enclosure work on this project.

3. Contractor shall repair or replace all wall, floor, ceiling or other existing finishes and fixtures damaged as a result of abatement activities.

4. Contractor shall be responsible for the security of all materials, equipment, etc. left at the site during the course of the project.

5. Contractor shall provide fire extinguishers for use throughout the active work area. Fire extinguishers shall be of the appropriate class for materials present in the work area.

6. Contractor shall comply with all rules, directives, and requirements of the City of Newark.

7. The Owner and the Owner’s security personnel and representatives shall have the right to investigate theft or allegations of theft and search the Contractor, and the Contractor’s employees, subcontractors, equipment, and vehicles as deemed necessary.

8. Quantities of materials and descriptions of conditions are provided for information only. The Owner and ASCM assume no responsibility for their accuracy. Contractor must field verify all information and conditions prior to submitting his bid.

1.4 DRAWING SCHEDULE: N/A
1.5 ASBESTOS-CONTAINING MATERIALS:

A. The Work of this contract involves activities that will disturb asbestos-containing materials (ACM). The location and type of ACM known to be present at the worksite is set forth in the Scope of Work at the beginning of this section. If any other ACM or PACM is found, notify the owner, other employers and employees about the location and quantity of the ACM or PACM within 24 hours of the discovery.

1.6 ASBESTOS HEALTH RISK:

A. The disturbance or dislocation of ACM may cause asbestos fibers to be released into the building's atmosphere, thereby creating a potential health risk to workers and building occupants. Apprise all workers, supervisory personnel, subcontractors and consultants who will be at the job site of the seriousness of the risk and of proper work procedures which must be followed.

B. Where in the performance of the work, workers, supervisory personnel, subcontractors, or consultants may encounter, disturb, or otherwise function in the immediate vicinity of any identified ACM, take appropriate continuous measures as necessary to protect all building occupants from the risk of exposure to airborne asbestos. Such measures shall include the procedures and methods described herein, and compliance with regulations of applicable federal, state and local agencies.

1.7 QUALITY ASSURANCE:

A. Use adequate number of skilled workmen who are thoroughly trained and experienced in asbestos abatement and who are completely familiar with the specified requirements and the methods needed for proper performance of the work of this Section. All workers must have a valid asbestos worker permit issued by the New Jersey Department of Labor.

B. All work shall be performed as described herein and as indicated on the accompanying drawings. All work shall be performed in strict accordance with all applicable federal, state and local regulations, including the New Jersey Asbestos Hazard Abatement Subcode N.J.A.C. 5:23-8 (Subchapter 8), as revised. Work area isolation shall be as specified in Section 01526, and as indicated on the accompanying drawings. Worker protection, asbestos removal, work area decontamination and waste disposal are as specified herein. Work area clearance is as specified in Section 01714.

1.8 CONTRACTOR USE OF PREMISES

A. General: During the construction period the Contractor shall have full use of the premises for construction operations, including use of the site. The Contractor's use of the premises is limited only by the Owner's right to perform work or to retain other contractors on portions of the Project.

B. Use of the Site: Limit use of the premises to work in areas indicated. Confine operations to areas within contract limits indicated. Do not disturb portions of the site beyond the areas in which the Work is indicated.

C. Use of the Existing Building: Maintain the existing building in a weather tight condition throughout the construction period. Repair damage caused by construction operations. Take all precautions necessary to protect the building and its occupants during the construction period.

1. Smoking: Smoking or open fires will not be permitted within the building enclosure or on the premises.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)
October 02, 2016

Name of Building Owner/Operator (2)
Mr. Dominic Natalie

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

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

Street Address

City, State, Zip Code
Cherry Hill, NJ 08034

Name of Contact
Dominic Natalie

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Residential Dwelling

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

Square Feet
1800

# of Floors
1

Bed. Age
45 yrs

Current Use (Prior to if being demolished)
Residence

City (5)
Cherry Hill

County (6)
Camden

County Code (7)

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

ASCM No.
None

Name of Abatement Contractor (9)
Quality Environmental Concepts

Street Address
1053 North Tuckahoe Road

City, State, Zip Code
Williamstown, New Jersey 08094

Project Manager for Monitoring Firm
Edward Knorr

Telephone No.
856-629-1166

Start Date (10)
10-13-16

Scheduled Completion Date (11)
10-16-16

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Asbestos cloth</th>
<th>100SF</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl space</td>
<td>weapon metal</td>
<td>ductwork</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Quality Environmental Concepts

NJ DEP Waste Hauler ID No.
197410

Cubic Yards of Waste
4cy

Name of Registered Landfill
Salem County Landfill

City, State
Allaqua, NJ

Disposal Date
10-18-16

Completed by
Edward Knorr
Title
Vice President

Signature

Date
10-02-16

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

Emergency Request 09-19-16 was denied
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
10/19/2018

Name of Building Owner/Operator (2)  
thomas kearney

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

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

Amendment #:  

City, State, Zip Code:  
Fair Lawn, NJ 07410

Name of Contact:  
thomas kearney

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
thomas kearney

Street Address:  

City (5)  
County (6)  
Count Code (7)  
(Ber Bergen (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (9)  
ASCM No.

D & S RESTORATION, INC.  

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

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

Type of Facility (4)  
- School (K - 12)  
- Subchapter 6 (Other than K-12)  
- Other (Private/Commercial Bldgs./Homes, etc)

Square Feet  
# of Floors  
Bldg. Age

Start Date (10)  
10/04/16

Sched. Completion Date (11)  
10/17/16

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

Scope of Work (check all that apply)  
- >2 sf or >2 ft  
- >180 sf or >280 ft  
- Demolition  
- Renovation

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

PIPE INSULATION

Description of asbestos-containing material (ACM)  

Amount (Specify SF or LF)  
63 ft

Full Containment winegative pressure  
Mini-enclosure  
Glovecbag procedure  
Non-Exempted (*) and Non-riable procedure

BASEMENT

PIE INSULATION

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd

Name of Registered Landfill  
TULLY TOWN, RESOURCE RECOVERY

City, State  
Paterson, NJ 07503

Disposal Date  
10/04/16

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
President

Date  
09/28/2016

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/19/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>DAVID KENNEDY</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>west orange, NJ 07052</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>DAVID KENNEDY</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of facility where abatement is taking place (3) | DAVID KENNEDY |
| Street Address | [Redacted] |
| City (5) | west orange |
| County (6) | ESSEX |
| County Code (7) | [State use only] |

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Other (Private/Commercial Bldg., Homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Square Feet</td>
<td># of Floors</td>
</tr>
</tbody>
</table>

**D & S RESTORATION, INC.**

| Street Address | 20 California Ave. |
| City, State, Zip Code | Paterson, NJ 07503 |
| Telephone Number | 973-345-8020 |
| License Number | 01169 |
| Name of OSHA Monitor | D & S Restoration, Inc. |
| Street Address | 20 California Avenue |
| City, State, Zip Code | Paterson, NJ 07503 |

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

| Scope of Work (check all that apply): | [Redacted] |
| Location of asbestos-containing material (acm) to be abated in facility (13): | [Redacted] |

<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>150 ft</td>
</tr>
</tbody>
</table>

| Location: | [Redacted] |

| Name of Registered Landfill | TULLYTOWN, RESOURCE RECOVERY |
| City, State | Paterson, NJ 07503 |

**Registered Waste Hauler**

| Name of Registered Landfill | D & S RESTORATION, INC. |
| City, State | Paterson, NJ 07503 |
| Disposal Date | 10/05/16 |

**Completed by (Print or Type):**

<table>
<thead>
<tr>
<th>Title</th>
<th>PRESIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date</td>
<td>09/28/16</td>
</tr>
<tr>
<td>Information</td>
<td>Details</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
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<tr>
<td>Date of Notification (1)</td>
<td>10/3/16</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
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<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jackson</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Sewell, NJ 08086</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Kevin Jackson</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Residential</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>Residential</td>
</tr>
<tr>
<td>Square Feet</td>
<td>1200</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>75+/-</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
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</tr>
<tr>
<td>City (5)</td>
<td>Woodbury, NJ</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
<tr>
<td>County Name</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>NA</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/17/16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10/31/16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>≥3 sf or ≥3 If</td>
<td></td>
</tr>
<tr>
<td>≥150 sf or ≥250 sf</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>Exterior</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 (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Transite Siding</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>900</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>N.J. DEP Waste Hauler ID No.</td>
<td>18292</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>3 CU</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/31/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Mahlon E. Stevens</td>
</tr>
<tr>
<td>Title</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/3/16</td>
</tr>
</tbody>
</table>

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

**Name of Building Owner/Operator:** Marcellus

**Street Address:** [redacted]

**City, State, Zip Code:** Atlantic Highlands, NJ 07716.

**Name of Contact:** Mr. Mark Marcellus

**Telephone Number:** [redacted]

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

**Street Address:** PO Box 341

**City, State, Zip Code:** Crosswicks, NJ 08515

**County:** Monmouth

**County Code:** [STATE USE ONLY]

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

**ASCM No.:** [redacted]

**Name of Abatement Contractor:** Stevens Environmental Services, Inc.

**Street Address:** PO Box 322

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

**Project Manager for Monitoring Firm:** Bill Weisgarber

**Telephone No.:** (609) 240-4070

**Square Feet:** 2200

**# of Floors:** 2

**Bidg. Age:** 70+/-

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

**Other - Describe:** 8 am - 4 pm

**Start Date:** 10/17/16

**Scheduled Completion Date:** 10/21/16

**Scope of Work (Check all that apply):**
- [X] ≥23 sf or ≥33 sf
- [X] ≥600 sf or ≥2600 sf
- [X] Renovation Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>ACBA Status</th>
<th>BY Maintenance Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawl Space</td>
<td>[X]</td>
<td>No</td>
</tr>
<tr>
<td>Crawl Space</td>
<td>[X]</td>
<td>No</td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**
- [X] Thermal Pipe Insulation: 20 sf
- [X] Pipe Debris: 40 sf

**Location of Registered Waste Hauler:**

- **Name:** Stevens Environmental Services, Inc.
- **NJDEP Waste Hauler ID No.:** 18292
- **Cubic Yards of Waste:** 1 CU
- **Name of Registered Landfill:** GROWS Landfill
- **Disposal Date:** 10/21/16

**City, State:** Allentown, NJ

**Compiled By:** Mahlon E. Stevens  **Title:** Project Manager  **Signature:** [redacted]  **Date:** 10/3/16

---

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

Date of Notification (1):
10/3/16

Name of Building Owner/Operator (2):

Leak

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

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

Street Address:

City, State, Zip Code:
Elizabeth, NJ 07201

Name of Contact:
Mrs. Pearlie Leak

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3):
Residential

Street Address:

City (5):
Elizabeth

County Code (6) (STATE USE ONLY):
Union

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 341

City, State, Zip Code:
Crosswicks, NJ 08515

Project Manager for Monitoring Firm:
Bill Weissgarber

Telephone No.:
(609) 240-4070

Start Date (10):
10/13/16

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

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: 8 am - 4 pm

Scope of Work (Check all that apply):
- [ ] 23 sf or 23 if
- [ ] 2160 sf or 2260 if
- [x] Demolition
- [x] Renovation
- [x] Full Containment with Negative Pressure
- [ ] Min-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Respirable Procedure

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

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

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
- [ ] Thermal Pipe Insulation: 170 lf
- [x] Boiler Insulation: 30 sf

Amount (Specify SF or LF):

Abatement Type:
- [x] Removal
- [ ] Repairs
- [ ] Encapsulate
- [ ] End Stage

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

NJDEP Waste Hauler ID No.:
18292

Cubic Yards of Waste:
3 CU

Name of Registered Landfill:
GROWS Landfill

City, State:
Morrisville, PA

Completed By:
Mahlon E. Stevens

Title:
Project Manager

Signature:

Date:
10/3/16

* 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)
10 / 04 / 16

Name of Building Owner/Operator (2)
Russo Development, LLC

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

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

Street Address
570 Commerce Boulevard

City, State, Zip Code
Carlstadt, NJ 07072

Name of Contractor
Dominick Tucci

Telephone Number
201-906-3983

FACILITY INFORMATION

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

Street Address
307 Bergen Avenue

City (5)
Kearny

County (6)
Hudson

County Code (?)(STATE USE ONLY)

Current Use (Prior to being demolished)
Commercial Warehouse

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

ASCN No.

Name of Abatement Contractor (9)
Red Roc Materials, LLC

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Project Manager for Monitoring Firm
Bill Kerbel

Telephone No.
973-724-5649

Square Feet
10,000

# of Floors
1 1/2

Bldg. Age
60 +

Name of OSHA Monitor
Red Roc Materials, LLC

Street Address
20 Ramapo Valley Road

City, State, Zip Code
Mahwah, NJ 07430

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

Description of Abatement Type
(Pursuant to NJAC 8:60 and 5:16)

Amount
(Specify SF or LF)

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

(13)

Yes
No
N/A

Exterior Window Caulk
☐ ☐ ☒ Window Caulk

700LF

Roof Penthouse
☐ ☐ ☒ Transite Siding

2,000 SF

Roof Parapet Tar
☐ ☐ ☒ Black Mastic

160 SF

Roof Pitchpockets/vents
☐ ☐ ☒ Black Mastic

140 SF

Name of Registered Waste Hauler
A.T.C.
NJDEP Waste
Hauler ID No.
24310

Cubic Yards of Waste
15 CY

Name of Registered Landfill
Minerva Landfill

City, State
Hampton Bays, NY

Disposal Date
04/27/16

City, State
Waynesburg, OH

Completed By (Print or Type)
Michael F. Keith
Title Project Manager

Signature
Michael Keith
Date 10-4-16

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

State of New Jersey

Date of Notification (1) 10 / 04 / 16

Name of Building Owner/Operator (2) Russo Development, LLC

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA

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

Street Address 570 Commerce Boulevard
City, State, Zip Code Carlstadt, NJ 07072
Name of Contact Dominick Tucci Telephone Number 201-806-3983

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
- Warehouse

Square Feet 5,000

County Code (7) (STATE USE ONLY) 01

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

County (5) Kearny

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

Start Date (10) 10 / 17 / 16
Scheduled Completion Date (11) 10 / 19 / 16

Project Manager for Monitoring Firm Bill Kerbel Telephone No. 973-724-5649

Occupancy During Abatement (Check all that apply)
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check all that apply)
- 3sf or 250 SF
- 160 sf or 250 sf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM)

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

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

Abatement Type
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler A.T.C. NJDEP Waste Hauler ID No. 24310

Abatement Type

Name of Registered Landfill Minerva Landfill

Disposal Date 10/27/16

Completed By (Print or Type) Michael F. Keith Title Project Manager Date

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

Date of Notification (1)
10 / 04 / 16

Name of Building Owner/Operator (2)
Russo Development, LLC

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (Including Justification)
☐ Cancellation

Street Address
570 Commerce Boulevard
Carlstad, NJ 07072

City, State, Zip Code

Name of Contact
Dominick Tucci

Telephone Number
201-906-3983

FACILITY INFORMATION

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

Street Address
337 Bergen Avenue
Kearny

City (5)

County (6)
Hudson

County Code (7) [STATE USE ONLY]

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

ASCM No.

Name of Abatement Contractor (9)
Red Roc Materials, LLC

Street Address
655 West Shore Trail
Sparta, NJ 07871

City, State, Zip Code

Project Manager for Monitoring Firm
Bill Kerbel

Telephone No.
973-724-5649

License No.
01248

Start Date (10)
10 / 17 / 16

Scheduled Completion Date (11)
10 / 21 / 16

Current Use (Prior if being demolished)
Commercial Warehouse

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 ______

Scope of Work (Check all that apply)
☐ 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>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>Yes</td>
<td>No</td>
<td>N/A</td>
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</tr>
<tr>
<td>Black Flashing</td>
<td>1,200 SF</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Black Flashing</td>
<td>250 SF</td>
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<tr>
<td>Black Mastic</td>
<td>90 SF</td>
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<td>☑</td>
</tr>
<tr>
<td>Black Flashing</td>
<td>250 SF</td>
<td>☑</td>
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</table>

Name of Registered Waste Hauler A.T.C.
NJDEP Waste Hauler ID No. 24310

Cubic Yards of Waste
15 CY

Name of Registered Landfill
Minerva Landfill

Disposal Date
10/27/16

City, State
Waynesburg, OH

Completed By (Print or Type)
Michael F. Keith

Title
Project Manager

Signature
Date
10/27/16

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

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 04 / 16</td>
<td>Verizon</td>
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</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
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<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
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<td>☑ DOLWD</td>
<td>Amended Amendment</td>
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<tr>
<td>☑ DHSS (NJAC 5:23-8)</td>
<td>Amendment #</td>
</tr>
<tr>
<td>☑ DCA Emergency (including justification)</td>
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<tr>
<td>☑ Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>1 Verizon Way</td>
<td>Basking Ridge, NJ 07920</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Baylor</td>
<td>(301) 802-5112</td>
</tr>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon</td>
<td>School (K-12)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>71 Madison Avenue</td>
<td>Jersey City, NJ</td>
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<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>Hudson</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA EnviroMental</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>8438 Enterprise Avenue</td>
<td>Philadelphia, PA 19153</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Jenkins</td>
<td>215-365-5870</td>
<td>718-605-6256</td>
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<table>
<thead>
<tr>
<th>Start Date (6/17/16)</th>
<th>Scheduled Completion Date (12/30/16)</th>
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<td>10 / 17 / 16</td>
<td>12 / 30 / 16</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>(Check only one)</td>
<td>47 Foster Road</td>
<td>Staten Island NY 10309</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Scope of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 fl</td>
<td>☑ ≥180 sf or ≥260 fl</td>
</tr>
<tr>
<td>☑ Renovation</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Demolition</td>
<td>☑ Mini-Enclosure</td>
</tr>
<tr>
<td>☑ Glovebag Procedure</td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor A/C Room</td>
</tr>
<tr>
<td>Basement A/C Pump Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.R.O.W.S., Inc.</td>
<td>Morrisville, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ralph Barnhardt</td>
<td>Project Manager</td>
<td></td>
<td>10/31/16</td>
</tr>
</tbody>
</table>

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

**Date of Notification (1)**
10/3/16

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

**Street Address**
4000 HADLEY ROAD

**City, State, Zip Code**
SOUTH PLAINFIELD, NJ 07088

**Name of Contact**
JOHN BRADLEY

**Telephone Number**
732-981-6128

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

**Street Address**
1401 KLOCKNER RD.

**City (5)**
TRENTON

**County (6)**
MERGER

**Type of Facility (4)**

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

**Square Feet**
18,448

**# of Floors**
3

**Bldg. Age**
91 YRS.

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

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

**ASCM No.**
0045

**Name of Abatement Contractor (9)**
UNIQUE SYSTEMS OF AMERICA

**Street Address**
396 WHITEHEAD AVE.

**City, State, Zip Code**
SOUTH RIVER, NJ 08882

**Project Manager for Monitoring Firm**
TOM GEIGER

**Telephone No.**
732-230-2217

**Telephone No.**
732-432-8350

**License No.**
01111

**Start Date (10)**
10/14/16

**Scheduled Completion Date (11)**
10/19/16

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

**Scope of Work (Check All That Apply)**
- 23 sf or 23 Lf
- ≥160 sf or ≥250 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3RD FLOOR</td>
<td>X</td>
<td>VAT, MASTIC TRANSITE</td>
<td>2120 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td>X</td>
<td>VAT + MASTIC</td>
<td>320 SF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
WASTE MANAGEMENT

**NJDEP Waste Hauler Id No.**
1125

**Cubic Yards of Waste**
20

**Name of Registered Landfill**
GROWS NORTH

**City, State**
ELIZABETH, NJ

**Disposal Date**
7/21

**Completed by**
CAROL RAIMO

**Title**
OFFICE MGR

**Signature**
[Signature]

**Date**
10/3/16

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