State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Furnished to NJAC 5606 and TC-2120)

Date of Notification (1)
10-1-18

Name of Building/Owner/Operator (2)

Agency Notified

Type Notification

Street Address

City, State, Zip Code
C cherry Hill, NJ 08033

Agency Information

Facility Information

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Building/Owner/Operator (2)

Name of Abatement Contractor (8)

ASCM No.

Name of OSHA Monitor (EPA)

Street Address

City, State, Zip Code

Telephone No.

License No.

Project Manager for Monitoring Firm

Telephone No.

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Telephone No.

License No.

Start Date (10)
10-12-18

Scheduled Completion Date (11)
10-12-18

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

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

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

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

City, State

Completed by

Title

Signature

Date

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

**State of New Jersey**

**Notification of Asbestos Abatement**

**Name of Building:**

**Owner/Operator:**

**Address:**

**City:**

**County:**

**Name of Monitoring Firm:**

**Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Telephone No.:**

**License No.:**

**Name of Contractor:**

**Address:**

**City, State, Zip Code:**

**Name of Abatement Firm:**

**Address:**

**City, State, Zip Code:**

**Scope of Work:**

**Location of Asbestos-Containing Material (ACM) to Be Abated:**

**Is Location Normally Used Solely for Maintenance/Controlled Study?**

**Location Identification:**

**Location Description:**

**Amount of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other asbestos-containing):**

**Abatement Type:**

**Name of Registered Whis Filler:**

**Name:**

**Address:**

**City, State, Zip Code:**

**Telephone No.:**

**License No.:**

**Completed by:**

**Title:**

---

*Do not use this form for asbestos-related sampled activity.*
Date of Notification (1):
09/15/2018

Agencies Notified:
(X) EPA
(X) NJDEP
(X) NJ DOL
(X) DOH
( ) DCA

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

Name of Building Owner/Operator (2):
Luigi Cosinga

Street Address:
Hoboken, NJ

City, State, Zip Code:

Name of Contact:
Luigi Cosinga

FACILITY INFORMATION

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

Street Address:
522 Bloomfield St.

City (5):
Hoboken

County (6):
Hudson

County Code (7) (State Use Only):
ASCM No.
N/A

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

Street Address:
N/A

City, State, Zip Code:
N/A

Project Manager for Monitoring Firm:
N/A

Telephone Number:
N/A

Scheduled Start Date (10):
09/25/2018

Scheduled Completion Date (11):
09/30/2018

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

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation

( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glove-bag 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 or Custodial Staff? (12):
YES NO N/A

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

Amount (Specify SF or LF):

Abatement Type
Removal
Repair
Encapsulate
Endorse

Kitchen and living room
X
Vinyl Sheet Flooring (Linoleum)
~ 148 SF

Name of Reg. Waste Hauler:
Newark Carting

NJDEP Waste Hauler ID #:
04509

Cubic Yards of Waste:
5

Name of Reg. Landfill:
Grand Central Sanitation
1963 Pen Argyl Road

City, State:
Newark, NJ 07105

Disp. Date:
09/30/2018

Completed by (Print or Type):
David Camacho

Title:
Project Supervisor

Signature:

Date:
09/15/2018
**Notice of Asbestos Abatement**

**Notification of Asbestos Abatement**

**Agency Name:** CUS Pharmac

**Facility Information:**
- **Name of Facility Where Abatement is Taking Place:** CUS
- **Address:** 7 West Main S.T.
- **City:** Freehold
- **County:** Monmouth

**Abatement Type:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (in lbs.)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos-Containing Material (ACM) in Facility</td>
<td>700 lbs.</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**
- **Name:** Newark Carting, Inc.
- **Address:** Newark, NJ 07105

**Confirmation Date:**
- **Confirmed by:** R. McDonald

**Dates:**
- **Received:** Oct 5, 2018
- **Paid:** Oct 1, 2018

*Please note: All terms for asbestos licensing are detailed in the appropriate guidelines.*
<table>
<thead>
<tr>
<th>Date of Notice (DD/MM/YY)</th>
<th>10/01/18</th>
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<tr>
<td>Agent Name</td>
<td>Donald Grass</td>
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<tr>
<td>Address</td>
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<tr>
<td>City, State, Zip Code</td>
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<tr>
<td>Name of Facility to Be Abated (Address)</td>
<td>LEGIONAXE</td>
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<td>County Code (7)</td>
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<tr>
<td>Name of Owner</td>
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<tr>
<td>Monitoring Firm's Name</td>
<td>[redacted]</td>
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<tr>
<td>Address</td>
<td>[redacted]</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Project Manager</td>
<td>[redacted]</td>
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<td>Telephone No.</td>
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<tr>
<td>Start Date (DD/MM/YY)</td>
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<td>Scheduled Completion Date</td>
<td>10/05/18</td>
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<td>Occupancy Status during Abatement</td>
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<tr>
<td>Safety Measures during Abatement</td>
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<td>Escapes of High (Check All That Apply)</td>
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<td>Dust Suppression</td>
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<td>Location of Abatement Material (AOM)</td>
<td>Hackensack</td>
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<tr>
<td>In Facility (T)</td>
<td>[redacted]</td>
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<tr>
<td>Method Used</td>
<td>Duct Work</td>
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<tr>
<td>Material Used</td>
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<tr>
<td>Amount of Material (T)</td>
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<tr>
<td>Abatement Type</td>
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<tr>
<td>Inspector</td>
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<td>Inspector Address</td>
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<tr>
<td>Inspector Date</td>
<td>10/05/18</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos license exempted activities.
| Date of Notification (1) | 9 / 28 /16
---|---
Agencies Notified |
| EPA | Initial Notification |
| DEP | Amended Notification |
| X | DOH | On Hold |
| X | DOH | On Hold |
| DCA | EMERGENCY NOTIFICATION |

**Name of Building Owner/Operator (2)**
MERCK SHARP & DOHME CORP.
Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-114
City, State, Zip Code
RAHWAY, NEW JERSEY 07065

**Name of Contact**
PATRICIA JOHNSON
Telephone Number
732-596-7746

**Name of Facility Where Abatement Is Taking Place (3)**
MERCK SHARP & DOHME CORPORATION
Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 P

**City (5)**
RAHWAY
**County (6)**
UNION
**County Code (7) (STATE USE ONLY)**
ASCM No.
104

**Name of Monitoring Firm Hired by Building Owner (8)**
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.
Street Address
656 WEST SHORE TRAIL
City, State, Zip Code
SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm**
WILLIAM S. KERBEL, OH
Telephone Number
973-729-5645

**Expected State Date (10)**
10 / 2 /18
**Sched. Completion Date (11)**
12 / 30 /18

**Scope of Work (Check all that apply)**
- Demolition
- Renovation
- >35 SF OR LF
- >100 SF OR 260 LF

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

<table>
<thead>
<tr>
<th>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location normally used solely by Maint/Custodial Staff (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**ROOF PERIMETER & PENETRATIONS**

<table>
<thead>
<tr>
<th>X</th>
<th>ROOF FLASHING</th>
</tr>
</thead>
</table>

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

**Abatement Type**
X

---

**Name of Registered Waste Hauler**
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

**Name of Registered Landfill**
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

**Completed by (Print or Type)**
BENJAMIN SANCHEZ
**Title**
DIRECTOR OF OPERATIONS
**Signature**

---
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50-7 and 12:120-7)

Date of Notification (1)
8 / 16 /18

Agencies Notified
EPA
DEP
X DOL
X DOH
X DCA

Type Notification
Initial Notification
Amended Notification
Cancellation
On Hold
EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY22-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07085

Name of Contact
PATRICIA JOHNSON
Telephone Number
732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 P

City (5)
RAHWAY

County (6)
UNION

County Code (7)

ASCM No.
104

(RESEARCH LABORATORY AND OFFICE FACIL)

Type of Facility (4)
X Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
4,600

# of Floors
1

Bldg. Age
54

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUERRR, NEW YORK 10901

Telephone Number
845-360-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Name of Abatement Monitor


Risk Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Occupancy


Scope of Work (Check all that apply)
X Demolition
X Renovation

X >3SF OR LF
X 160 SF OR 260 LF

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

Is Location normally used solely by Maint/Custodial Staff (12)
Yes
No
N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)
900 SF

Abatement Type
X REMOVAL

ENCAPSULATION
ENCLOSURE

FULL CONTAINMENT WITH NEGATIVE PRESSURE
MINT ENDO
GLOVEBAG PROCEDURE
NON-FRIBLE PROCEDURE

EJECTION METHOD (14)

ROOF PERIMETER & PENETRATIONS
X ROOF FLASHING

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 19

Date of Disposal
8/16/10/13/18

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 19

City, State
MAGONERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
8/10/18
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:56-7 and 12:120-7)

**Name of Building Owner/Operator (2)**  
MERCK SHARP & DOHME CORP.

**Street Address**  
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY48-414

**City, State, Zip Code**  
RAHWAY, NEW JERSEY 07060

**Name of Contact**  
PATRICIA JOHNSON

**Telephone Number**  
732-594-7746

### FACILITY INFORMATION

**Type of Facility (4)**  
School (K-12)  
Subchapter B (Other than K-12)  
**X** Other (ie. private & commcl. bldgs., homes, etc.)

**Square Foot**  
4,800

**# of Floors**  
1

**Bldg. Age**  
54

**Current Use (Prior if being demolished)**  
RESEARCH LABORATORY AND OFFICE FACILITY

**Name of Abatement Contractor (9)**  
PAR ENVIRONMENTAL CORPORATION

**Street Address**  
313 SPOOK ROCK ROAD

**City, State, Zip Code**  
SUDDEN, NEW YORK 10901

**Telephone Number**  
845-369-7500

**License Number**  
1101

**Name of OSHA Monitor**  
AMERISCI LABORATORIES INC

**License Number**  
#11480

### OCCUPANCY STATUS DURING ABATEMENT

- **Check only one**
  - Facility Closed/Vacated During Entire Period of Abatement
  - Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM

### SCOPE OF WORK

- **Check all that apply**
  - Demolition
  - Renovation
  - >35SF OR LF
  - >160 SF OR 280 LF

### LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)

- **Material (ACM) TO BE ABATED**
- **Is Location normally used solely by Maint/Custodial Staff (12)**
  - Yes
  - No
  - N/A

### DESCRIPTION OF ASBESTOS-CONTAINING MATERIAL (ACM)

- **Cubic Yards of Waste**  
15

### DISPOSAL

- **Disposal Date**  
8/16/10/13/18

### NAME OF REGISTERED WASTE HAULER

- **Name of Registered Waste Hauler**  
FREEHOLDER CARTAGE, INC.

- **825 HIGHWAY 33**

- **City, State**  
FREEHOLD, NEW JERSEY

- **Hauler ID No.**  
15939

- **Disposal Date**  
8/16/10/13/18

- **Name of Registered Landfill**  
LYCOMING COUNTY RESOURCE MANAGEMENT SE

- **447 ALEXANDER DRIVE/ROUTE 15**

### SIGNATURE

**Title**  
DIRECTOR OF OPERATIONS

**Signature**  
8/17/18
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1):
October 2, 2018

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

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

Name of Building Owner/Operator (2):
Cinto’s Corporation
Street Address:
27 Whitney Drive
City, State, Zip Code:
Milford, Ohio 45150

Name of Facility Where Abatement is Taking Place (3):
Former Cinto’s Supply Building

Street Address:
138 Ralph Street
City, County, County Code:
Belleville, Essex, (State Use Only)

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

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

Sq. Feet: Unknown
# of Floors: 2
Bldg. Age: 80 years

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
5925 Carnegie Boulevard, Suite 370
City, State, Zip Code:
Charlotte, North Carolina 28209

Project Manager for Monitoring Firm: Steve Kostage
Telephone Number:
570.383.2469

Scheduled Start Date (10):
October 18, 2018
Scheduled Completion Date (11):
November 5, 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:

Name of OSHA Monitor:
EMSL inc.

Street Address:
1056 Stelton Road
City, State, Zip Code:
Piscataway, NJ 08854

Source of Work (Check all that apply):
- ☐ ≥ 3 sf or ≥ 3 lf
- ☑ ≥ 160 sf or ≥ 260
- ☑ Renovation
- ☑ Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- x Non-Exempted (*) and Non-Friable Procedure
- Wrap & Cut
- Location of Asbestos-Containing Material (ACM) in Facility (13):
- Is Location Normally Used Solely by Maint./Custodial Staff? (12):
- YES
- NO
- NA
- Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.):
- Amount (Specify SF or LF):
- Abatement Type:
- Remove
- Repair
- Enclose

1st Floor Offices
1st Floor Warehouse

Name of Reg. Waste Hauler:
See Hauler Below # 1 & 2
NJ DEP Waste Hauler ID #:
See Below
Cubic Yards of Waste:
40
Name of Registered Landfill:
Meadowfill Landfill
G.R.O.W.S.

Disposal Date:
November 5, 2018
City, State, Route 2 Box 68
Bridgetown, WV
304-942-2764

Completed by (Print or Type):
Marin Graure
Title:
SENIOR PROJECT MANAGER
Signature:
Marin Graure
Date:
October 2, 2018

GAC # 2018-661
Date of Notification: 10/1/18

Name of Building Owner/Operator: Mr. Philip Hirsh

Type of Facility: School (K-12)

Square Feet: 2,200

# of Floors: 2

Bldg. Age: 1935

Name of Abatement Contractor: Best Removal Inc.

Best Removal Inc.
450 South River Street
Hackensack, NJ 07601

Telephone No.: 201-329-7444

License No.: 00388

Name of OSHA Monitor: Omega Environmental
280 Huyler Street
Hackensack, NJ 07601

Scope of Work:
- Full Containment with Negative Pressure
- Demolition
- Non-Exempted (*), Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated:

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
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<td>Floor 1st</td>
<td>Thermal System Insulation</td>
<td>48 SF</td>
<td>Removal</td>
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<tr>
<td>Basement</td>
<td>Thermal System Insulation</td>
<td>20 LF</td>
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<td>Basement</td>
<td>VAT</td>
<td>28 SF</td>
<td>Removal</td>
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Name of Registered Waste Hauler: Best Removal Inc

Best Removal Inc
17109
2/18/07

Name of Registered Landfill: Minerva Enterprises, LLC
Waynesburg, OH 44688

Completed by: J. Maiorano
Estimator

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

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

Initial Notification
Check #: 7267

Date of Notification (1)
[[]] 10/02/18

Agencies Notified
[X] EPA
[X] DEP
[X] N.J. DEP
[X] IDOL
[X] DOH
[X] DCA

Type Notification
[X] Initial Notification

Name of Building Owner/Operator (2)
Ridgefield Gardens
Street Address
8 West 40th Street, 11th Floor
City, State, Zip Code
New York, NY 10018
Name of Contact
Marc Popowicz
Phone Number
(212) 697-0450

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Ridgefield Gardens
Street Address
952 Banta Place
City (5) County (6) County Code (7)
Ridgefield, NJ 07657 Bergen

Name of Monitoring Firm Hired by Building Owner (8)
S&S Environmental Sciences, Inc.
Street Address
98 Sand Park Road
City, State, Zip Code
Cedar Grove, NJ 07009

Project Manager for Monitoring Firm
Prakash Khaitan
Phone Number
973-857-7188

Scheduled Start Date (10)
[[]] 10/01/18
Sched. Completion Date (11)
[[]] 11/16/18

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

Scope of Work (Check all that apply)
[X] Demolition
[ ] 3,160 sf or < 3,160 sf
[ ] 2,260 sf or < 2,260 sf

Location of Asbestos-Containing Material (ACM)
Location Normally Used Solely by Maintenance/Custodial Staff (12)

Location of Asbestos-Containing Material (ACM)
Building No. 15, 16, 17, 18 & 19 - Crawl Space
Pipe Insulation

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VLT, or other miscellaneous)
Amount (Specify SF or LF)
3,841 LF

Abatement Type
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Friable Procedure

Name of Registered Waste Hauler
Newark Carting, Co.
Waste Hauler ID No.
4509

Cubic Yards of Waste
Disposal Date
Name of Registered Landfill
Grand Central Sanitary Landfill
City, State
Newark, NJ
Pan Argyl, PA 18072

Completed By (Print or Type) Title
Bilyana Kulakoska Office Administrator
Signature
Date
10/2/18
Date of Notification: 10/02/18

Name of Building Owner/Operator: Ridgefield Gardens
Street Address: 8 West 40th Street, 11th Floor
City, State, Zip Code: New York, NY 10018
Name of Contact: Marc Popowitz (212) 697-0450

RECEIVED OCT - 5 2018

Name of Facility Where Abatement is Taking Place: Ridgefield Gardens
Street Address: 952 Banta Place
City, State, Zip Code: Ridgefield, NJ 07657

Type of Facility: School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private commercial buildings, homes, etc.)
Square Feet: 20000
# of Floors: 2
Bldg. Age: 50
Current Use: Prior to being demolished

Type of Abatement: Full Containment with Negative Pressure
Abatement Type: Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
Location Normally Used Solely by Maintenance/Custodial Staff:

Building No. 15,16,17,18 & 19 - Crawl Space
Pipe Insulation
3,841 LF

Name of Registered Waste Hauler: Newark Carting, Co.
Cubic Yards of Waste: 4509
Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, NJ
Disposal Date: Pan Argyl, PA 18072
City, State: Pan Argyl, PA 18072

[Signature] Bilyana Kulakoffska
Office Administrator
JUN 99
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 02 / 18

Name of Building Owner/Operator (2)
New Jersey Division of Property Management and Construction

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

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

Street Address
33 West State Street, 9th Floor

City, State, Zip Code
Trenton, NJ 08625-0034

Name of Contact
Joseph Syp

Telephone Number
856-467-2800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
New Jersey State Museum

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

Street Address
205 West State Street

Square Feet
10,000

# of Floors
4

Bldg. Age
80

County Code (5) (STATE USE ONLY)
Mercer

Current Use (Prior if being demolished)
Museum

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

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
1805 Atlantic Avenue

City, State, Zip Code
Manasquan, NJ 08736

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

Start Date (10)
09 / 24 / 18

Telephone No.
732-220-2225

Scheduled Completion Date (11)
10 / 09 / 18

Project Manager for Monitoring Firm
Gary Fleming

Name of Registered Landfill
Fairless Landfill

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)
☒ ≥ 500 sf or ≥3 If
☐ ≥ 160 sf or ≥280 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
Repair
Encapsulate
Endorse

Elevator Mechanical Room

Elevator Drum Brake Pads
2 SF

Insulator Panels
60 SF

Elevator Mechanical Room

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Freehold, NJ

Disposal Date
10/09/2018

City, State
Morrisville, PA

Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature
Date
10/2/18

* Do not use this form for asbestos licensure exempted activities.
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-12.20)

**Date of Notification:** 10/2/18

**Name of Building Owner/Operator:** Thomas Bertussi Private Home

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

**Type of Notification:**
- [x] Initial

**Street Address:**
- [Redacted]

**City, State, Zip Code:** Beach Haven NJ 08008

**Name of Contact:** Rich

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
- Thomas Bertussi Private Home

**City:**
- Beach Haven NJ 08008

**County:**
- Ocean

**Square Feet:**
- 1000+

**# of Floors:**
- 2

**Bldg. Age:**
- 35+

**Current Use (Prior if being demolished):**
- House

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

**ASCM No.:**
- N/A

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

**Street Address:**
- PO Box 329

**City, State, Zip Code:**
- West Berlin NJ 08091

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

**License No.:**
- 00727

**Start Date: 10/1/18**

**Scheduled Completion Date:**
- 10/19/18

**Occupancy Status During Abatement (Check Only One):**
- [x] Facility Closed/Vacated During Entire Period of Abatement

**Abatement Performed Outside of Normal Facility Hours:**
- N/A

**Other – Describe:**

**Scope of Work (Check All That Apply):**
- [x] Renovation
- [x] Demolition

**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>Exterior Siding</td>
<td>X</td>
<td>Exterior Siding</td>
<td>2500 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Wastes Hauler:**
- N.J. Department of Environmental Protection Waste Hauler ID No. 22459

**Cubic Yards of Waste:**
- 5

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

**City, State:**
- Morrisville PA 19067

**Disposal Date:**
- 10/19/18

**Completed by:**
- Anthony T. Perma

**Title:**
- President

**Signature:**

**Date:**
- 10/2/18

---

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

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

**Street Address**
1 Castle Point Terrace

**City (5)**
Hoboken

**County (5)**
Hudson

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

**ASCM No.**
00003

**Name of Abatement Contractor (9)**
Shade Environmental, LLC

**Street Address**
623 Cutler Avenue

**City, State, Zip Code**
Maple Shade, NJ 08052

**Project Manager for Monitoring Firm**
Jim Gullari

**Telephone No.**
856-840-8800

**Start Date (10)**
10 / 15 / 18

**Scheduled Completion Date (11)**
10 / 26 / 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 ≥260 if
☒ Renovation
☐ Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd Floors</td>
<td>No</td>
<td>Floor Tile and Mastic</td>
<td>280 SF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>1st Floor</td>
<td>No</td>
<td>Ceiling Plaster</td>
<td>56 SF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>1st Floor</td>
<td>No</td>
<td>Pipe Insulation</td>
<td>&lt;3 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 15839

**Freehold Cartage**

**Cubic Yards of Waste**
5

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Freehold, NJ

**Disposal Date**
10/26/2018

**City, State**
Morrisville, PA

**Completed By (Print or Type)**
Christina Lynch

**Title**
Vice President of Operations

**Signature**

**Date**
10/18

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  10 / 2 / 18

Name of Building Owner/Operator (2)  PSE&G

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-6)

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

Street Address
4000 Hadley Road

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Christina Meerlo

Telephone Number
908-756-7736

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSE&G- North Brunswick Station Control House

Street Address
301 Victory Blvd.

City (5)
North Brunswick, NJ

County (5)
Middlesex

County Code (7) [STATE USE ONLY]

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave, PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Name of OSHA Monitor
EMSL Analytical

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609-704-8850

Start Date (10)  10 / 11 / 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/_______PM-_______AM

Scope of Work (Check all that apply)
- Presence of Asbestos
- 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
- Removal
- Repair
- Encapsulation
- Envelopment

Location						Amount (Specify SF or LF)
Exterior						612 SF
Exterior						104 LF
Exterior						20 LF

Name of Registered Waste Hauler
Environmental Transport Group, INC.

Cubic Yards of Waste
40

Name of Registered Landfill
Conestoga Landfill

City, State
Flanders, NJ

Disposal Date
10/19/18

City, State
Morgantown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
18/2/18

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

(Pursuant to NJAD 8:9-7 and 13-12)

Date of Notification: 8/21/2018 - REVISED 10/03/2018

Name of Building Owner/Operator:

DBI Projects

Street Address:
1261 Broadway

City, State, Zip Code:
New York, NY 10001

Name of Contact:
Tom Bennington

Telephone Number:
215-533-1200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Former Henry Bonsall Elementary School

1575 Mt. Ephraim Ave

City:
Camden, NJ

County:
Camden

County Code:
(STATE USE ONLY)

Square Feet:
100,000

# of Floors:
4

Bldg. Age:
75+

Current Use (Prior if being demolished):
School

Name of Abatement Contractor:
Associated Specialty Contracting

Street Address:
98 Lacrosse Ave, Suite 110

City, State, Zip Code:
Glen Mills, PA 19342

License No.:
01103

Name of OSHA Monitor:
Criterion Labs

Street Address:
3370 Progress Drive

City, State, Zip Code:
Bensalem, PA 19020

Scope of Work (Check All That Apply):

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
<tr>
<td>Boiler Room</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)

- Yes
- No
- N/A

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

<table>
<thead>
<tr>
<th>Material Type</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiler Insulation</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>300 LF</td>
</tr>
<tr>
<td>Breach Insulation</td>
<td>1,500 SF</td>
</tr>
</tbody>
</table>

Abatement Type

- Removal
- Regruit/Encapsulate
- Enclose

Name of Registered Waste Hauler:
Hilltop Environmental Solutions

City, State:
1585 McDaniel Drive, West Chester, PA 19380

Completed by:
Jack Tomasura

Title:
Sr. Estimator

Signature:

Date:
10/3/2018

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