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

Date of Notification (1)
10-03-19

Name of Building Owner/Operator (2)
PSEG

Street Address
4000 Hadley Rd.

City, State, Zip Code
South Plainfield, NJ

Name of Contact
Joshua Dybus

Telephone Number
856-628-6870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PSEG Harvey Switching Station

Street Address
121 St. Andrews Blvd.

City (5)
Clifton, NJ 07012

County (6)
Passaic

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

Asbestos No.
N/A

Street Address
17 Old Dock Rd.

City, State, Zip Code
Yaphank, NY 11980

License No. 1136

Project Manager for Monitoring Firm
N/A

Telephone No.
831-924-8111

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

Name of OSHA Monitor
WRS Environmental Services, Inc.

Start Date (10)
10-04-19

Scheduled Completion Date (11)
11-04-19

Occuancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement

Full Containment with Negative Pressure

Other - Describe: Normal Hours

Glovebag Procedure

Non-Exempted (N) and Non-Firable Procedure

Scope of Work (Check All That Apply)

≥30 sf or ≥33 if

Renovation

≥160 sf or ≥260 lf

Demolition

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

Transite Pipe

Amount (Specify SF or LF)
40 LF

Abatement Type
X

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

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

Name of Registered Waste Hauler
Veolia ES Technical Solutions

Cubic Yards of Waste
25

Name of Registered Landfill
MI

City, State
Flanders, N.J.

Completed by
Raymond Tutiven

Title
Supervisor

Signature
Raymond J. Tutiven

Date
10-03-19

* Do not use this form for asbestos establishment activities.
State of New Jersey
NOTIFICATION OF ASPEROS ABATMENT
(Pursuant to NJAC 8:69 and 12:129)

Date of Notification (1)
10/04/2019

Name of Building Owner/Operator (2)
Vaneos Management LLC

Street Address
PO Box 359

City, State, Zip Code
Closter NJ 07624

Name of Contact
Robert Garipian

Telephone Number
201-899-9622

FACILITY INFORMATION

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

Street Address
174 Route 17 North

City (5)
Bergen

County (6)
Bergen

County Code (7)
STATE USE ONLY

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

Name of Abatement Contractor (9)
Bako Construction & Restoration, Inc.

Street Address
265A Route 46 Suite 3D

City, State, Zip Code
Totowa, NJ 07512

Name of OSHA Monitor
Bako Construction & Restoration, Inc.

Telephone No.
973-265-7010

License No.
0666

Occuancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)

- 23 sf or ≥3
- ≥260 sf or ≥260
- 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)

Roof Flashing

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

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

Amount (Specify SF or LF)
1600 SF

Name of Registered Landfill
Fairless Hills/Waste Management

City, State
Totowa, NJ/Newark, NJ

Completed by
Damir Valjevac

Title
Project Manager

Signature

Date
10/04/2019

ASB-41 (R-06-08)

* 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 / 3 / 19

Name of Building Owner/Operator (2)
Michael O’Connor / Job #1910-2498 Chk. #2108

AGENCIES NOTIFIED
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)
- Concerned (Lead-Notice)

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

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

Street Address
[Redacted]

City, State, Zip Code
Pennsauken, NJ 08110

Name of Contact
Michael O’Connor

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
+/- 1,100

# of Floors
4

Bldg. Age
119

Current Use (Prior to if being demolished)
Residential

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

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

ASCM No.

Strewn Address
617 Stokes Road

City, State, Zip Code
Medford, NJ 08055

Name of OSHA Monitor
EMSL Analytical, Inc.

License No.
00862

Start Date (10)
10 / 15 / 19

Scheduled Completion Date (11)
10 / 15 / 19

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

Time of Abatement: AM - PM - PM - AM

Location of Asbestos-Containing Material (ACM)
IN Facility

DESCRIPTION OF
Location Normally
Used Solely
Maintenance/Custodial Staff?

Yes
No
N/A

Location
Basement
Basement

Ductwork with Asbestos Paper
Asbestos Board Insulation

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)
54 LF
16 SF

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

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

Disposal Date
10/15/19

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kaysi Gruner

Title
Office Assistant

Signature
[Signature]

Date
10/3/19

ASB-41
May 11

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

Date of Notification (1)
09/30/2019

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 Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Name of Building Owner/Operator (2)
John Foster

Street Address
Verona, NJ 07044

Name of Contact
John Foster

FACILITY INFORMATION

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

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-345-8885

License No.
01311

Name of OSHA Monitor
D&S Abatement, Inc.

Start Date (10)
10/10/2019

Scheduled Completion Date (11)
10/11/2019

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

Scope of Work (Check All That Apply)
- ≥3 sf or ≥33 ft
- ≥160 sf or ≥260 ft
- Renovation
- Demolition

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

Basement

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)
Pipe Insulation

Amount (Specify SF or LF)
65 LF

Abatement Type
- Removal
- Repair
- Encapsulation
- End Plate

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Disposal Date
TBD

Completed by
Oliver Hegedus

Title
Project Manager

Signature

Date
09/30/2019

ASB-41 (R-06-08)

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

(Pursuant to NJAC 8:90 and 12:120)

---

### Date of Notification (1)
09/30/2019

### Name of Building Owner/Operator (2)
Ken Stanek

### Name of Contact
Ken Stanek

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

### City (5)
Maplewood

### County (6)
Essex

### Street Address
Maplewood, NJ 07040

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

### ASCM No.
N/A

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

### Square Feet
N/A

### № of Floors
N/A

### Current Use (Prior if being demolished)
House

### Street Address
11 Rosengren Avenue

### City, State, Zip Code
Totowa, NJ 07512

### Telephone No.
973-345-8685

### License No.
01311

### Name of OSHA Monitor
D&S Abatement, Inc.

### Name of Abatement Contractor (9)
D&S Abatement, Inc.

### Street Address
11 Rosengren Avenue

### City, State, Zip Code
Totowa, NJ 07512

### Start Date (10)
10/11/2019

### Scheduled Completion Date (11)
10/12/2019

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

### Scope of Work (Check All That Apply)
- [X] Renovation
- [X] Demolition

### Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)
- [X] Basement

### 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)
Pipe Insulation

### Amount (Specify SF or LF)
15 LF

### Abatement Type
- [ ] Removal
- [X] Repair
- [ ] Encapsulate
- [ ] Endoscopy

### Name of Registered Waste Hauler
D&S Abatement, Inc.

### NJDEP Waste Hauler ID No.
20996

### Cubic Yards of Waste
TBD

### Disposal Date
TBD

### Name of Registered Landfill
Fairless Landfill

### City, State
Morrisville, PA

### Completed by
Oliver Hegedus

### Title
Project Manager

### Signature

### Date
09/30/2019

---

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 02 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Jacobs Demolition</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 9</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Manasquan, NJ 08736</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Linda</td>
</tr>
<tr>
<td><strong>FACILITY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Brielle</td>
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<tr>
<td>County (6)</td>
<td>Monmouth</td>
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<tr>
<td>ASCM No.</td>
<td>08730</td>
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<tr>
<td>Square Feet</td>
<td>1400</td>
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<tr>
<td># of Floors</td>
<td>1</td>
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<tr>
<td>Bldg. Age</td>
<td>65</td>
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<tr>
<td>Type of Facility (4)</td>
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</tr>
<tr>
<td>School (K-12)</td>
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<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>Residence</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td>License No.</td>
<td>00624</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stelton</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, New Jersey 08854</td>
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<tr>
<td>Scope of Work (Check all that apply)</td>
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<tr>
<td>occupants &gt; 3 sf or &gt;3 if</td>
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</tr>
<tr>
<td>occupants &gt; 160 sf or &gt;260 if</td>
<td></td>
</tr>
<tr>
<td>office</td>
<td></td>
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<tr>
<td>Renovation</td>
<td></td>
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<tr>
<td>New Construction</td>
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</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-exempted (*) and Non-Friable Procedure</td>
<td></td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
<td></td>
</tr>
<tr>
<td>TO BE ABATED</td>
<td>Exterior</td>
</tr>
<tr>
<td>IN Facility</td>
<td>(13)</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Guardian Contracting, Inc.</td>
</tr>
<tr>
<td>NJ/DEP Waste Hauler ID No.</td>
<td>20223</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>10/15/19</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>T.R.R.F.</td>
</tr>
<tr>
<td>City, State</td>
<td>Tullytown, Pennsylvania</td>
</tr>
<tr>
<td>Name of Registered Landfill (10)</td>
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<tr>
<td><strong>Location of Asbestos-Containing Material (ACM)</strong></td>
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</tr>
<tr>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>asbestos siding</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1400 sf</td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removal</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Encapsulation</td>
<td></td>
</tr>
<tr>
<td>Endorsement</td>
<td></td>
</tr>
</tbody>
</table>

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

**AS5-41**
**JAN 13**
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

### Date of Notification (1)
October 2, 2019

### Name of Building Owner / Operator (2)
Bank of America

### Street Address
522 Main Street

### City, State & Zip Code
Bradley Beach, NJ 07720

### Name of Contact
Tom Ashman

### Telephone Number
607-624-9548

## FACILITY INFORMATION

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

### Type of Facility (4)

- [ ] School (K-12)
- [x] Subchapter 8 (Other than K-12)
- [x] Other (i.e., private & commercial buildings, home, etc.)

### Square Feet
6,500

### # of Floors
3 + Basement

### Building Age
47

### Current Use (Prior if being demolished)
Bank

### County (6)
Monmouth

### County Code (7)
USE ONLY

### Name of Monitoring Firm Hired by Building Owner (8)
Arcadis US, Inc.

### ASCM No.

### Name of Abatement Contractor (9)
Synatech, Inc.

### Street Address
829 Radio Road

### City, State & Zip Code
Little Egg Harbor, NJ 08087

### Project Manager for Monitoring Firm
Bret Jennings

### Telephone Number
570-422-1379

### Scheduled Start Date (10)
October 12, 2019

### Scheduled Completion Date (11)
November 14, 2019

### Name of OSHA Monitor
Synatech, Inc.

### Street Address
829 Radio Road

### City, State & Zip Code
Little Egg Harbor, NJ 08087

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

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

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

- [x] ≥3 sf or ≥ 50 ft²
- [ ] ≥160 sf or ≥260 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted(*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>IN Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Amount (Specify SF or LF)
155 SF

### Entry Vestibule
Ceramic Tile Mastic

### Name of Registered Waste Hauler
Synatech, Inc.

### Disposal Date
November 15, 2019

### City, State
Morrisville, PA

### Name of Registered Landfill
Fairless Hills

### Cubic Yards of Waste
4

### Completed By
Diane Aloi

### Title
Executive Administrator

### Signature

### Date
October 2, 2019

---

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

---

Inv. # 15086
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>DCA</td>
<td>Cancellation</td>
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</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place**: 25 Middlesex-Essex Turnpike
- **City**: Iselin, NJ 08830
- **County**: Middlesex

**Name of Monitoring Firm Hired by Building Owner**: Environmental Health Investigations, Inc.

**ASCM No.**: [Not specified]

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

**Square Feet**: ~26,000

**# of Floors**: 3

**Bldg. Age**: 47 yrs.

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

**Street Address**: 200 Broad Street, Carlsbad, NJ 07072

**Project Manager for Monitoring Firm**: JP von Doehren, CHMM

**Telephone No.**: 973-651-2041

**Start Date**: 10-03-19

**Scheduled Completion Date**: 06-30-20

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

**Name of Abatement Contractor**: Pinnacle Environmental Corp.

**Street Address**: 10-58 Jackson Avenue, Long Island City, NY 11101

**License No.**: 00756

**Name of OSHA Monitor**: Even-Air Inc.

**Telephone No.**: 201-939-6565

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

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

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

<table>
<thead>
<tr>
<th>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>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Caulking</td>
<td>40SF</td>
<td>x</td>
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<tr>
<td></td>
<td>No</td>
<td>Caulking</td>
<td>40SF</td>
<td>x</td>
</tr>
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</table>

**Name of Registered Waste Hauler**: ATC, Inc. / JBT (50071)

**Disposal Date**: TBD

**Cubic Yards of Waste**: TBD

**Name of Registered Landfill**: Minerva Enterprises

**City, State**: Waynesburg, OH 44688

**Completion Date**: 09-30-19

*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 (2)
Bruce Goodwin

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

City/State/Zip Code
Bloomfield, NJ 07003

County (5)
Essex

Type of Facility (4)

Name of Abatement Contractor (9)
Gr Tech LLC

Name of Registered Landfill
T.R.R.F. Inc.

Field name

Check#3455

Date of Notification (1)
10  02  19

Agency Notified
☑ EPA
☑ DOLWD
☑ DHHSS
☑ DCA
(NJAC 5:23-6)

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Duct-wrap &amp; cut</td>
<td>50 LF</td>
</tr>
<tr>
<td>Basement</td>
<td>VAT floor tiles</td>
<td>900 SF</td>
</tr>
</tbody>
</table>

Occupancy Status During Abatement (Check only one)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Renovation</td>
</tr>
<tr>
<td>No</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Clean up and decontamination with negative pressure</td>
</tr>
<tr>
<td>Yes</td>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Yes</td>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Yes</td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Yes</td>
<td>Tent with Negative Pressure</td>
</tr>
<tr>
<td>Yes</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

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

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

Start Date (10)
10  11  19

Scheduled Completion Date (11)
10  13  19

Project Manager for Monitoring Firm

Telephone No.
973-350-1111

Street Address

City, State, Zip Code
Wayne, NJ 07470

License No.
01127

Asbestos Control & Licensing

Telephone Number

ASBESTOS CONTROL & LICENSING

Date of Disposal (14)

TBD

Name of Registered Landfill
T.R.R.F. Inc.

Tullytown, PA

Committed By (Print or Type)

Title
Owner

Signature
Bruce Goodwin

Date
10/02/19

MAY 11

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