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

Date of Notification (1)
10/11/2017

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

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

Name of Building Owner/Operator (2)
Passaic County Weatherization DEPT

Street Address
630 Riverview DR

City, State, Zip Code
TOTOWA, NJ, 07512

Name of Contact
Allen Stone

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRIVATE HOUSE

Street Address

City (5)
Clifton

County (6)
Passaic

County Code (7)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (P. ior if being demolished)
PRIVATE HOUSE

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

ASCM No.

Name of Abatement Contractor (9)
EHAB ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Project Manager for Monitoring Firm

Telephone No.

License No.

Start Date (10)
10/20/2017

Scheduled Completion Date (11)
10/21/2017

Name of OSHA Monitor
EHAB ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Occuancy Status During Abatement (Check Only One)

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

Other - Describe: OCCUPY

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 if
≥ 160 sf or ≥ 280 sf

Renovation
Demolition

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

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

In Facility (13)

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

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

BASEMENT
X
PIPE INSULATION
140LF
X

Name of Registered Waste Hauler
EHAB ABATEMENT LLC

NUDEP Waste Hauler ID No.
111946

Cubic Yards of Waste
N/A

Name of Registered Landfill
TRY STATE TRANSFER

City, State
PATERSON, NJ

Disposal Date
TBD

City, State
BRONX, NY

Completed by
VICTOR ESPIRITU
Title
PROJECT MANAGER
Signature

Date
10/11/2017

* 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 / 10 / 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>UE Bergen Mall Owner LLC c/o Urban Edge Properties</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
</tr>
<tr>
<td>☒ DOLWD</td>
<td>□ Amended</td>
</tr>
<tr>
<td>□ DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>□ DCA (NJAC 5:23-8)</td>
<td>☒ Emergency (including justification)</td>
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<tr>
<td>□ Cancellation</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>210 Route 4 East</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Anthony Salgado</td>
</tr>
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</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Bergen Town Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1 Bergen Town Center, Suite 640</td>
</tr>
<tr>
<td>City (5)</td>
<td>Paramus, NJ 07652</td>
</tr>
<tr>
<td>County (9)</td>
<td>Bergen</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (5)</th>
<th>Whitestone Assoc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>1600 Manor Drive, Suite 220</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chaifont, PA 16914</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Jeremy Hassett</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-712-2700</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10 / 11 / 17</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>10 / 12 / 17</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>☒ Renovation</td>
</tr>
<tr>
<td>☒ Demolition</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☒ High Efficiency Dust Collector</td>
<td>☒ Mini-Enclosure</td>
</tr>
<tr>
<td>☒ Glovebag Procedure</td>
<td>☒外交 Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is 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></td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Pipe Saddle insulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or L)</td>
<td>10 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Richard Burns &amp; Co</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>19955</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>40</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Western Berks Community Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Medio, PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>TBD</td>
</tr>
<tr>
<td>City, State</td>
<td>Birdsboro, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Mark Griffin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Estimator</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/10/17</td>
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10/11/17

Name of Building Owner/Operator (2) Kuever

 Agencies Notified Type Notification
☐ EPA Initial
☐ DP Amended
☐ DOL Amendment #
☐ DOH Emergency (including
☐ DCA Cancellation)

Street Address [redacted]
City, State, Zip Code Ewing, NJ 08648

Name of Contact Chris Kuever
Telephone Number

FACILITY INFORMATION

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

City (5) Ewing, NJ 08648

County (6) Mercer
County Code (7) (STATE USE ONLY)

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

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

Project Manager for Monitoring Firm Bill Weisgarber
Street Address PO Box 341
City, State, Zip Code Crosswicks, NJ 08515

Telephone No. (609) 298-4070
License No. 00493

Start Date (10) 10/23/17
Scheduled Completion Date (11) 11/3/17

Occupancy Status During Abatement (Check only one)
☐ 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)
☐ >32 sf or ≥3 if
☐ ≥160 sf or ≥260 if
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF) 130 lf

Abatement Type
☐ Removal ☐ Repair ☐ Encapsulate ☐ Endosulface

Name of Registered Waste Hauler Stevens Environmental Services, Inc.
Hauler ID No. 18292

Cubic Yards of Waste 3 cu

Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ Morristville, PA

Completed By Mahlon E. Stevens
Title Project Manager
Signature Date 10/11/17

* 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 / 10 / 17

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

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

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
1609 Pacific Avenue

City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact
Alex Baylor

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Atlantic City Central Office

Street Address
1609 Pacific Avenue

City (5)
Atlantic City

County Code (7) (STATE USE ONLY)

County (6)
Atlantic

Square Feet
88,066

# of Floors
7

Bldg. Age
10-75

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

Current Use (6) (Prior if being demolished)
Verizon Communications

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
8346 Enterprise Avenue

City, State, Zip Code
Philadelphia, PA 19153

Telephone No.
215-365-5810

License No.
00509

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-788-6040

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 10 / 24 / 17

Scheduled Completion Date (11) 11 / 16 / 17

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

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

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
☐ Repairs
☐ Encapsulation
☐ Endorsement

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

1st Floor Penetrations
☐ ☐ ☐ VAT / Mastic
6 SF

2nd Floor Frame Room Penetrations
☐ ☐ ☐ VAT / Mastic
6 SF

3rd Floor Office Penetrations
☐ ☐ ☐ VAT / Mastic
6 SF

5th Floor Office Penetrations
☐ ☐ ☐ Mastic
6 SF

Name of Registered Waste Hauler
Bristol Environmental Inc

N.J. DEP Waste Hauler ID No. 18708

Cubic Yards of Waste

Name of Registered Landfill
ACUA Haneman Environmental Park

City, State
Bristol, PA

Disposal Date
TBD

City, State
Egg Harbor Township

Completed By (Print or Type) DILLAN DECARO

Title Estimator

Signature DILLAN DECARO

Date 10-10-17

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**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

Date of Notification (1): 10 / 10 / 17

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<tbody>
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<td>EPA</td>
<td>Initial</td>
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<tr>
<td>DOLWD</td>
<td>Amended Amendment # (including justification)</td>
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<td>DOH</td>
<td>Cancellation</td>
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Name of Building Owner/Operator (2):

Verizon Communications

Street Address:

1609 Pacific Avenue

City, State, Zip Code:

Atlantic City, NJ 08401

Name of Contact:

Alex Baylor

**FACILITY INFORMATION**

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

Verizon Atlantic City Central Office

Street Address:

1609 Pacific Avenue

City (5):

Atlantic City

County (6):

Atlantic

Square Feet |

88,066

# of Floors |

7

Bldg. Age |

-75

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

USA Environmental Inc

ASCM No.:

BRISTOL ENVIRONMENTAL, INC.

Street Address:

8346 Enterprise Avenue

City, State, Zip Code:

Philadelphia, PA 19153

Project Manager for Monitoring Firm:

Mark Jenkins

Telephone No.:

215-365-5810

Name of Abatement Contractor (9):

BRISTOL ENVIRONMENTAL, INC.

Street Address:

1123 BEAVER STREET

City, State, Zip Code:

BRISTOL, PA 19007

Name of OSHA Monitor:

BRISTOL ENVIRONMENTAL, INC

Street Address:

1123 BEAVER STREET

City, State, Zip Code:

BRISTOL, PA 19007

Occupy Status During Abatement (Check only one):

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-MID-NIGHT-PM

Scope of Work (Check all that apply):

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

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

IN Facility (13):

<table>
<thead>
<tr>
<th>1st Floor Turbine/Store Room</th>
<th>VAT / Mastic (Same Area)</th>
<th>1065 SF</th>
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<tbody>
<tr>
<td>1st Floor Turbine/Store Room</td>
<td>Generator Exhaust Insulation</td>
<td>200 SF</td>
</tr>
<tr>
<td>1st Floor HSB/New Pad Area</td>
<td>VAT / Mastic</td>
<td>1065 SF</td>
</tr>
<tr>
<td>1st Floor Temporary Store Room</td>
<td>VAT / Mastic</td>
<td>210 SF</td>
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Name of Registered Waste Hauler:

Bristol Environmental Inc

NJDEP Waste Hauler ID No.:

18706

Cubic Yards of Waste:

TBD

Name of Registered Landfill:

ACUA Herman Environmental Park

City, State:

Bristol, PA

Completed By (Print or Type):

Dillan DeCaro

Title:

Estimator

Signature:

Dillan DeCaro

Date:

10-10-17

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**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:80 and 8:16)

**Date of Notification:**
10 / 10 / 17

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

**Street Address:**
15 East Montgomery Place, Lower Level

**City, State, Zip Code:**
Pittsburgh, PA 15212

**Name of Contact:**
Anthony Porta

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Verizon Plainfield CO

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

**County Code:** 00509

**Name of Monitoring Firm Hired by Building Owner:**
USA Environmental Management

**Telephone No.:** 215-365-5810

**Occuancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM

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

- Roof Drain Insulation

**Amount (Specify SF or LF):** 10 LF

**Abatement Type:**
- Removal
- Repair
- Encapsulation
- Endosol

**Name of Registered Waste Hauler:**
SERVICE TRANSPORT GROUP, INC.

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
MINERVA LANDFILL

**City, State:**
WAYNESBURG, OH 44688

**Completed By:**
Brian Scafiro

**Title:** Estimator

**Signature:**
Brian Scafiro

**Date:** 10-10-17

*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 / 10 / 17

Name of Building Owner/Operator (2)
Verizon Communication

Agencies Notified
☐ EPA
☒ DOB
☐ DOH
☐ DCA (NJAC 5:23-6)

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

Street Address
423 West Washington Ave

City, State, Zip Code
Pleasantville, NJ 08232

Name of Contact
Alex Baylor

FACILITY INFORMATION

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

Street Address
423 West Washington Ave

City (5)
Pleasantville

County (6)
Atlantic

County Code (7)/STATE USE ONLY

Square Feet
55,435

# of Floors
3

Bldg. Age
+50

Current Use (Prior if being demolished

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

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

Street Address
8346 Enterprise Ave

City, State, Zip Code
Philadelphia, PA, 19153

License No.
00509

Telephone No.
215-365-5810

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-786-6040

Start Date (10)
10 / 10 / 17

Scheduled Completion Date (11)
10 / 20 / 17

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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:00PM-2:00AM

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

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

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

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes ☐ No ☐ N/A ☒

(12)

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

Amount (Specify SF or LF)
1 SF

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Abatement Type
Removal ☐ Repair ☐ Encapsulate ☐ Enclosure ☒

Name of Registered Waste Hauler
Bristol Environmental Inc.

Disposal Date
TBD

Name of Registered Landfill
Acua Hanover Environmental Park

City, State
Bristol, PA

Completed By (Print or Type)
Dillan DeCaro

Title
Estimator

Signature
Dillan DeCaro

Date
10-10-17

NJDEP Waste Hauler ID No. 18708

Cubic Yards of Waste

* 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):** 10/10/2017

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<tbody>
<tr>
<td>☑ EPA</td>
</tr>
<tr>
<td>☑ DOLWD</td>
</tr>
<tr>
<td>☑ DHSS</td>
</tr>
<tr>
<td>☑ DCA (NJAC 8:23-6)</td>
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</table>

| Name of Building Owner/Operator (2): | Verizon |

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>15 East Montgomery Place, Lower Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code:</td>
<td>Pittsburgh, PA 15212</td>
</tr>
<tr>
<td>Name of Contact:</td>
<td>Anthony Porta</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3): | Verizon Kearny CO |

| Street Address: | 114 Midland Ave |
| City (5): | Kearny |
| County (6): | Hudson |

<table>
<thead>
<tr>
<th>Type of Facility (4):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ School (K-12)</td>
</tr>
<tr>
<td>☑ Other (i.e., private and commercial buildings, homes, etc.)</td>
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| Square Feet: | |
| # of Floors: | |
| Bidg. Age: | |

| Name of Monitoring Firm Hired by Building Owner (8): | USA Environmental Management |

| Street Address: | 8436 Enterprise Ave |
| City, State, Zip Code: | Philadelphia, PA 19153 |
| Project Manager for Monitoring Firm: | Mark Jenkins |

| Telephone No.: | 215-365-5610 |

| Start Date (10): | 10/25/2017 |
| Scheduled Completion Date (11): | 11/10/2017 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one):</th>
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<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-FM 8:00-PM 1:30AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 lf</td>
</tr>
<tr>
<td>☑ ≥160 sf or ≥260 lf</td>
</tr>
</tbody>
</table>

| 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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| 1st Fl Main Office & Storage Room: | ☑ Floor tile and mastic |
| 1st vestibule: | ☑ Floor tile and mastic |

| Basement Foyer: | ☑ Pipe Insulation |

| Name of Registered Waste Hauler: | SERVICE TRANSPORT GROUP, INC. |

| NJDEP Waste Hauler ID No. | 20599 |

| Cubic Yards of Waste: | |
| Name of Registered Landfill: | MINERVA LANDFILL |
| City, State: | NEW CASTLE, DE 19720 |

| Completed By (Print or Type): | Brian Scafiro |
| Title: | Estimator |

| Signature: | Brian Scafiro |
| Date: | 10-10-17 |

*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 / 10 / 17

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

**Street Address**
15 East Montgomery Place, Lower Level

**City, State, Zip Code**
Pittsburgh, PA 15212

**Name of Contact**
Anthony Porta

**FACILITY INFORMATION**

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

**Type of Facility (4)**

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

**Square Feet # of Floors Bldg. Age**

**County Code (7) [STATE USE ONLY] Current Use [Prior if being demolished]**

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

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
8436 Enterprise Ave

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

**Telephone No.**
215-365-5810

**License No.**
215-788-5040

**Name of OSHA Monitor**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

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

**Scheduled Completion Date (11)**
11 / 10 / 17

**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-5:00PM-1:30AM

**Scope of Work [Check all that apply]**

- ≥3 sf or ≥3 If
- ≥180 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<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><strong>Basement Meter Room 2</strong></td>
<td>No</td>
<td>Pipe Insulation</td>
<td>36 LF</td>
<td><strong>None</strong></td>
</tr>
<tr>
<td><strong>Basement Meter Room 3</strong></td>
<td>No</td>
<td>Pipe Insulation</td>
<td>6 LF</td>
<td><strong>None</strong></td>
</tr>
<tr>
<td><strong>Basement Meter Room 3</strong></td>
<td>No</td>
<td>Pipe Insulation</td>
<td>20 LF</td>
<td><strong>None</strong></td>
</tr>
<tr>
<td><strong>2nd Fl Sink Room</strong></td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>6 LF</td>
<td><strong>None</strong></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP, INC.

**NJDEP Waste Hauler ID No.**
20990

**Cubic Yards of Waste**

**Name of Registered Landfill**
MINERVA LANDFILL

**City, State**
NEW CASTLE, DE 19720

**Disposal Date**

**City, State**
WAYNESBURG, OH 44688

**Completed By (Print or Type)**
Brian Scaflro

**Title**
Estimator

**Signature**
Brian Scaflro

**Date**
10-10-17

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

State of New Jersey

Name of Building Owner/Operator (2)
Manasquan Board Of Education / Job # 709-5222, Check # 9507

Name of Facility Where Abatement is Taking Place (3)
Manasquan HS

Street Address
169 Broad Street
City, State, Zip Code
Manasquan, NJ 08736

Name of Contact
Phil Kamaratos

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

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

County Code (7) (STATE USE ONLY)
Monmouth

Current Use (Prior if being demolished)
High School

Street Address
120 Warren Street
City, State, Zip Code
Trenton, NJ 08608

Telephone No.
609-392-4200

License No.
00529

Name of Abatement Contractor (I)
AbateTech, Inc.

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

Start Date (10)
10 / 16 / 17

Scheduled Completion Date (11)
10 / 20 / 17

Name of OSHA Monitor
EMSL Analytical

Street Address
200 Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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)

Geometric sf

≥500 sf ≥500 sf ≥500 sf

Room 306

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

Room 306

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

No

Description of Asbestos Containing Material (ACM)

Ceiling Tile

Floor Tile and mastic

Amount (Specify SF or LF)

1,200 SF

1,200 SF

Abatement Type

Full Containment with Negative Pressure

Mist-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler

AbateTech, Inc.

NUDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
10/20

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date
10/6/17

* 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 / 10 / 17

Name of Building Owner/Operator (2)
Manasquan Board Of Education / Job # 709-5222
Check # 96002, 96003

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
(NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justifiication)
☐ Cancellation

Street Address
169 Broad Street

City, State, Zip Code
Manasquan, NJ 08736

Name of Contact
Phil Kamaratos

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Manasquan HS

Street Address
167 Broad Street

City (5)
Manasquan

County (6)
Monmouth

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6)
Environmental Connection, Inc.

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
120 Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Roland Jones

Telephone No.
609-392-4200

Start Date (10)
10 / 16 / 17

Scheduled Completion Date (11)
11 / 3 / 17

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

High School

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

Time of Abatement: AM-PM/ AM-PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥250 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Abatement Type

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

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

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

Amount (Specify SF or LF)

Location Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste N/A
Hauler ID No.
18750

Cubic Yards of Waste
40

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

City, State
Lumberton, NJ

Disposal Date
11/3/17

City, State
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumpetti

Title
Operations Coordinator

Signature

Date
10/11/17

* Do not use this form for asbestos license 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 / 11 / 17</th>
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</table>

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>Jersey City Armory / Job #1710-5228 Check #5534</td>
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**Street Address**

<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>678 Montgomery Street</td>
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**City, State, Zip Code**

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Jersey City, NJ 08512</td>
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**Name of Contact**

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

**Telephone Number**

<table>
<thead>
<tr>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>732-390-5858</td>
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## FACILITY INFORMATION

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>National Guard Armory</td>
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**Type of Facility (4)**

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<th>Type of Facility (4)</th>
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<tr>
<td>School (K-12)</td>
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<tr>
<td>Other (i.e. private and commercial buildings, homes, etc.)</td>
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</table>

**Square Feet**

<table>
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<tr>
<th>Square Feet</th>
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</thead>
<tbody>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
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</table>

**County Code (5) (STATE USE ONLY)**

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<tr>
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</table>

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

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

**Name of Monitoring Firm Hired by Building Owner (6)**

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitman Companies</td>
</tr>
</tbody>
</table>

**Telephone Number**

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(732) 390-5858</td>
</tr>
</tbody>
</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
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</thead>
<tbody>
<tr>
<td>10 / 23 / 15</td>
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</table>

**Scheduled Completion Date (11)**

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 23 / 17</td>
</tr>
</tbody>
</table>

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine H (3) Pipe Chase Locations</td>
</tr>
<tr>
<td>Latrine H (3) Pipe Chase Locations</td>
</tr>
<tr>
<td>Latrine H (3) Pipe Chase Locations</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Debris clean Up</td>
</tr>
<tr>
<td>Fire Doors</td>
</tr>
</tbody>
</table>

**Amount (Specify SF or LF)**

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 LF</td>
</tr>
<tr>
<td>45 LF</td>
</tr>
<tr>
<td>8 total</td>
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</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

**Disposal Date**

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/23/17</td>
</tr>
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</table>

**City, State**

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

**Name of Registered Landfill**

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

**Completed By (Print or Type)**

<table>
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<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
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</table>

**Title**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

**Date**

<table>
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<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/17</td>
</tr>
</tbody>
</table>

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*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>
<th>Type of Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/4/17</td>
<td>Robert Wood Johnson Hospital</td>
<td>Initial</td>
</tr>
</tbody>
</table>

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

**Street Address**  
One Robert Wood Johnson Place
New Brunswick, NJ 08901

**Name of Contact**  
Kristen Bell

**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>Robert Wood Johnson Hospital</td>
<td></td>
</tr>
</tbody>
</table>

**City**  
New Brunswick

**County**  
Middlesex

<table>
<thead>
<tr>
<th>County Code (STATE USE ONLY)</th>
<th>Current Use</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Hospital</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner**  
Omega Environmental

**Street Address**  
280 Huyler Street
South Hackensack, NJ 07606

**Project Manager for Monitoring Firm**  
Geiser-Fajardo

**Telephone No.**  
201-489-8700

**Start Date**  
10/10/17

**Scheduled Completion Date**  
10/16/17

**Occupancy Status During Abatement**  
- Facility Closed/Vacated During Entire Period of Abatement

**Time of Abatement**  
7 AM - 3:30 PM; 10 PM - 6:30 AM

**Scope of Work**
- ≥3 sf or ≥3 fl
- ≥160 sq ft or ≥260 fl
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility**  
1958 Building G Level

**Description of Asbestos-Containing Material (ACM)**
- Thermal systems insulation
- Surfacing, VAT, or other miscellaneous

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

**Abatement Type**

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

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

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

**Disposal Date**  
10/16/17

**Title**  
Operations Coordinator

**Signature**

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

---

**Accessed 10/14/17**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 4 / 17

Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1709-5225 - Check #531

Street Address One Robert Wood Johnson Place

City, State, Zip Code New Brunswick, NJ 08901

Name of Contact Mark Lambdin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital

Street Address One Robert Wood Johnson Place

City (5) New Brunswick

County (6) Middlesex

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

ASCM No.

Name of Abatement Contractor (9) AbateTech, Inc.

Street Address 280 Huylar Street

City, State, Zip Code South Hackensack, NJ 07606

Project Manager for Monitoring Firm Geiser Fajardo

Telephone No. 201-498-8700

License No. 00529

Start Date (10) 10 / 6 / 17

Scheduled Completion Date (11) 10 / 7 / 17

Name of OSHA Monitor EMSL Analytical

Street Address 30 Maple Ave. PO Box 25

City, State, Zip Code Lumberton, NJ 08048

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/AM-PM

Scope of Work (Check all that apply)

> 3 sf or > 3 if

> 180 sf or > 280 sf

Demolition

Renovation

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type Removal Repair Encapsulate Enclose

1958 Building ICU to OR Corridor D X X

Floor Tile & mastic 50 SF X

Name of Registered Waste Hauler AbateTech, Inc.

NJ/DEP Waste Hauler ID No. 18750

Cubic Yards of Waste 40

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

City, State Lumberton, NJ

Disposal Date 10/7/17

City, State Tullytown, PA

Completed By (Print or Type) Gwen Dolyn Trumbetti

Title Operations Coordinator

Signature

Date 10/4/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>10 / 11 / 17</td>
<td>Jersey City Armory / Job #1710-5228 Check #5534</td>
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<table>
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<tr>
<th>Agencies Notified</th>
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<tbody>
<tr>
<td>EPA</td>
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<tr>
<td>DOLWD</td>
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<tr>
<td>DHSS</td>
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<td>DCA (NJAC 5:23-6)</td>
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<table>
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<tbody>
<tr>
<td>Initial</td>
</tr>
<tr>
<td>Amended</td>
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<tr>
<td>Amendment #</td>
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<td>Emergency (including justification)</td>
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<tr>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tbody>
<tr>
<td>678 Montgomery Street</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Jersey City, NJ</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
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<tbody>
<tr>
<td>Charlie Parsons</td>
</tr>
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<table>
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<tr>
<th>Telephone Number</th>
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**FACILITY INFORMATION**

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<th>Name of Facility Where Abatement is Taking Place (3)</th>
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<tbody>
<tr>
<td>National Guard Armory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>678 Montgomery Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey City, NJ</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County Code (7)/STATE USE ONLY (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitman Companies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Route 130 North</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinnaminson, NJ 08077</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESMEL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 23 / 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(732) 390-5858</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESMEL Analytical</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM - PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3 sf or ≥ 3 If</td>
</tr>
<tr>
<td>≥ 160 sf or ≥ 260 If</td>
</tr>
<tr>
<td>Renovation</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine H</td>
</tr>
<tr>
<td>(3) Pipe Chase Locations</td>
</tr>
<tr>
<td>Latrine H</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Debris clean Up</td>
</tr>
<tr>
<td>Fire Doors</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwendolyn Trumbetti</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/17</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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 6 / 17</td>
<td>Manasquan Board Of Education / Job #1709-5222, Check #9533</td>
</tr>
</tbody>
</table>

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

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

- Street Address:
  - 169 Broad Street

- City, State, Zip Code:
  - Manasquan, NJ 08736

- Name of Contact:
  - Phil Kamaratos

- Telephone Number:

---

**FACILITY INFORMATION**

- Name of Facility Where Abatement is Taking Place (3):
  - Manasquan HS

- Street Address:
  - 167 Broad Street

- City:
  - Manasquan

- County (6):
  - Monmouth

- Name of Monitoring Firm Hired by Building Owner (8):
  - Environmental Connection, Inc.

- ASCM No.:

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

- Street Address:
  - 30 Maple Ave. PO Box 25

- City, State, Zip Code:
  - Lumberton, NJ 08048

- Project Manager for Monitoring Firm:
  - Roland Jones

- Telephone No.:
  - 609-392-4200

- Start Date (10):
  - 10 / 5 / 17

- Scheduled Completion Date (11):
  - 10 / 13 / 17

- 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: Wknd

- Scope of Work (Check all that apply):
  - ≥8 sf or ≥3 if
  - ≥160 sf or ≥260 if
  - Renovation
  - Demolition
  - Full Containment with Negative Pressure
  - Mini-Enclosure
  - Glovebag Procedure
  - Non-Exempted (*) and Non-Fitable Procedure

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

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

- NJDEP Waste Hauler ID No.:
  - 18750

- Cubic Yards of Waste:
  - 40

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

- City, State:
  - Lumberton, NJ

- Disposal Date:
  - 10/13/17

- Name of OSHA Monitor:
  - EMSL Analytical

- Time of Abatement:
  - AM PM-

- Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):
  - Asbestos Material
  - 2,000 SF

- Amount (Specify SF or LF):
  - 00529

- Abatement Type:

---

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

Date of Notification (1)
9 / 12 / 17
Name of Building Owner/Operator (2)
Mr. Blair Spencer / Job #: 709-2235 - Chk. #: NA

Agencies Notified
☐ EPA
☐ DOLWD
☐ DHSS
☐ DCA
☐ [NJAC 5:23-8]

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

Name of Facility Where Abatement is Taking Place (3)
Residential
Street Address
Edgewater Park, NJ 08010
City, State, Zip Code

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

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental
Asbestos and Mold Services, Corp.

ASCM No.

City (5)
Edgewater Park
County (6)
Burlington
County Code (?)(STATE USE ONLY)

Square Feet
1800
# of Floors
1
Bldg. Age
80+
Current Use (Prior if being demolished)
Residential / Vacant Garage

Name of Abatement Contractor (9)

Project Manager for Monitoring Firm
Dave Flanigan
Telephone No.
856-848-0800

Start Date (10)
9 / 25 / 17
Scheduled Completion Date (11)
10 / 6 / 17

Occuancy 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

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥250 ft
☐ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

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

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

Amount (Specify SF or LF)

Asbestos Paper on Walls
770 SF

Abatement Type

Enclosure

Encapsulation

Repair

Removal

Detached Garage

Name of Registered Waste Hauler

Waste Management
NUDEP Waste Hauler ID No. 17273
Cubic Yards of Waste
5
Name of Registered Landfill
Grand Central
City, State
Penn Arby's, PA

Name of Registered Waste Hauler

Completed By (Print or Type)
Kimberly A. Trumbetti
Title
Office Coordinator
Signature

Disposal Date
10/6/17
City, State
Penn Arby's, PA

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

Date of Notification (1) 10 / 9 / 17
Name of Building Owner/Operator (2) Helen Turner / Job #1713-2244 Chk. #4840

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

Street Address
[Redacted]
City, State, Zip Code Willingboro, NJ 08016

Name of Contact:
Omar Turner, Power of Attorney

FACILITY INFORMATION

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

City (5)
Willingboro, NJ

County (6)
Burlington

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

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

ASCM No.

Street Address

Square Feet
1300

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

☑ Emergency (including justification)

☑ Cancellation

☑ Amended

☑ Amendment #

# of Floors
2

Bidg. Age
50

County Code (?)(STATE USE ONLY)

Current Use (Prior if being demolished)
Vacant

Street Address
3859 Sylvan Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Telephone No.
609-702-0400

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North
City, State, Zip Code
Cinnaminson, NJ 08077

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

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

Yes No N/A

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)
1300 SF

Abatement Type
☐ Removal
☐ Repair
☒ Encapsulate
☐ Endure

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

Exterior

Transite Siding

Name of Registered Waste Hauler

Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
10/20/17

City, State
Penn Arcyle, PA

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date 10-9-17

*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 / 10 / 17
Name of Building Owner/Operator (2): Mr. James Murray

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

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

Street Address:

City, State, Zip Code:
Roebling, NJ 08554

Name of Contact:
James Murray

Telephone Number:

FACILITY INFORMATION

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

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

Square Feet:
1300

# of Floors:
3

Bldg. Age:
110

County Code (?/STATE USE ONLY):

County Code:
Burlington

Current Use (Prior if being demolished):
Residential

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

ASCM No.:

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

Street Address:
16 W Elizabeth Ave #2

City, State, Zip Code:
Linden, NJ 07036

Street Address:
3859 Sylon Boulevard

City, State, Zip Code:
Hainesport, NJ 08036

License No.:
00862

Telephone No.:
609-702-0400

Name of OSHA Monitor:
EMSL Analytical, Inc.

Street Address:
200 U.S. Route 130 North

City, State, Zip Code:
Cinnaminson, NJ 08077

Start Date (10):
10 / 19 / 17

Scheduled Completion Date (11):
10 / 20 / 17

Project Manager for Monitoring Firm:
Kelly Walton

Telephone No.:
(908) 862-4301

Occupy Status During Abatement (Check only one):
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement:__________PM__________AM

Scope of Work (Check all that apply):
- [x] 23 sf or 23 if
- [ ] 160 sf or 260 if
- [ ] Demolition
- [ ] Renovation
- [ ] 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):

Y | N/A
---|---
Yes | No

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):

Pipe Insulation

Amount (Specify SF or LF):
96 LF

Abatement Type:

Name of Registered Waste Hauler:
NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste:
5

Name of Registered Landfill:
Grand Central

City, State:
Lafayette, NJ

Disposal Date:
10/20/17

City, State:
Penn Argyle, PA

Completed By (Print or Type):
Kimberly A. Trumbetti
Title:
Office Coordinator

Signature:

Date:
10/10/17

* Do not use this form for asbestos licensure or related activities.