<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility</th>
<th></th>
<th>Description of Asbestos-Containing Material (ACM) (125)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tr>
<td>ENTIRE STRUCTURE TO BE DEMOLISHED AND DISPOSED</td>
<td>ENTIRE STRUCTURE TO BE AS ADM</td>
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</table>

- **Name of Registered Waste Hauler**: Rovic Transport
- **City, State**: Riverdale, NJ
- **Name of Registered Lienholder**: TBD
- **Name of Contractor**: Abdelmoosan Daries
- **Type of Property (K-12)**: School (K-12)
- **Other (i.e. prison, commercial buildings, homes, 495)**: Commercial Building
- **Name of Asbestos Abatement Contractor**: Harmony Contracting Inc.
- **Electronic Signature**: [Handwritten Signature]
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

<table>
<thead>
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<th>10</th>
<th>10</th>
<th>19</th>
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</table>

Agencies Notified
- [ ] EPA
- [x] DOLWD
- [x] DOH
- [ ] DCA
- [ ] NJA 5:23-8

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

Name of Building Owner/Operator (2)
New Jersey Turnpike Authority

Street Address
581 Main Street
City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Eric Babik
Telephone Number
732-259-9870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Toms River Toll Building

GSP Mile Marker 83.4 North

City (5)
Toms River

County (6)
Ocean

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services, LLC
ASCN No.
00118

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
523 Cutler Avenue
City, State, Zip Code
Maple Shade, NJ 08052

License No.
00842

Name of OSHA Monitor
EMSL Analytical, Inc.

Project Manager for Monitoring Firm
Jarrod Panekl
Telephone No.
201-438-4839

Scheduled Completion Date (11)
11 / 01 / 19

Occupancy Status During Abatement (Check only one)
- [x] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e., private and commercial buildings, homes, etc.)

Toll Building

Square Feet
1,200

# of Floors
1

Bldg. Age
58

Current Use (Prior if being demolished)

Type of Facility (4)

Start Date (10)
10 / 24 / 19

Time of Abatement: 7:00AM-5:00PM

PM-AM

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

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

| Location | Is Location Normally Used Solely for Maintenance/Custodial Staff?
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Locker Room and Hallway</td>
<td>Yes</td>
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<tr>
<td>Lunch Room and Back Hallway</td>
<td>Yes</td>
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</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (1) and Non-Friable Procedure

Amount (Specify SF or LF)
- 175 SF
- 225 SF

Name of Registered Landfill
Fairless Landfill
City, State
Cinnaminson, NJ 08077

Disposal Date
11/01/2019

Name of Registered Waste Hauler
Freehold Cartage
NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
2

Name of Registered Landfill
Fairless Landfill
City, State
Cinnaminson, NJ 08077

Completed By (Print or Type)
Christina Pay
Title
Vice President of Operations

Signature

Date
10-10-9

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

**State of New Jersey**

**Notification to NJAC 8:49 and 12:126**

**Date of Notification:** 10/10/19

- **Agency Notified:** DCA
- **Type of Notification:** Consent
- **Address:** 110 S. Orange Ave.

- **City:** South Orange
- **County:** ESSEX
- **ZIP Code:** 07079

- **Name of Building/Structure:** MIDTOWN PLAZA
- **Name of Building/Structure Operator:** MR. CHRIS JASENKEY
- **Type of Facility:** Commercial (10-12)

- **Name of Facility/Structure:** MIDTOWN PLAZA
- **Address:** 110 S. Orange Ave.
- **City:** South Orange
- **County:** ESSEX
- **ZIP Code:** 07079

- **Health RiskHA Monitor:** Omega Environmental
- **Address:** 280 Huyler St.

- **Occupancy Status During Abatement:** Partially Occupied
- **Abatement Period:** 10/10/19 - 10/15/19

- **Location of Abatement:** BASEMENT

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Description</th>
<th>Square Feet</th>
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</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Thermal System Insulation</td>
<td>15</td>
</tr>
<tr>
<td>1.2</td>
<td>Mechanical System</td>
<td>20</td>
</tr>
</tbody>
</table>

- **Date of Completion:** 10/15/19

- **City:** South Orange
- **County:** ESSEX
- **ZIP Code:** 07079

- **Name of Registered Waste Handler:** Best Removal Inc
- **ID No.:** 17109

- **Disposal Site:** Cumberland County Landfill
- **City:** Newburgh

- **Weight of Waste:** 524 lb.
- **Closure Date:** 10/15/19

- **Signature:** J. Maiorano
- **Date:** 10/11/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2)
Pine Ridge at Crestwood

Street Address
2 Fox Street

City, State, Zip Code
Whiting, NJ 08759

Name of Contact
Pine Ridge at Crestwood

Telephone Number
732-350-9000

Name of Facility Where Abatement is Taking Place (3)

City (5)
Manchester

County (6)
Ocean

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

Type of Facility (4)

Corrugated, Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bed. Age

Current Use (Prior to being demolished)

name of abatement contractor (6)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Telephone No.
732-668-9078

License No.
1200

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

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

Start Date (10)
10/25/19

Scheduled Completion Date (11)
10/28/19

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

< 300 sf or 230 sf
< 160 sf or 226 sf

Renovation
Demolition

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

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)
400 SF

Abatement Type
x

Name of Registered Waste Hauler
NEWARK CARTING

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
10/28/19

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature

Date
10/11/19

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

Date of Notification (1)
10/11/19

Name of Building Owner/Operator (2)
Pine Ridge at Crestwood

Street Address
2 Fox Street
City, State, Zip Code
Whiting, NJ 08759

Name of Contact
Pine Ridge at Crestwood
Telephone Number
732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

City (5)
Manchester
County (6)
Ocean
County Code (7)

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Type of Facility (4)

Square Feet
1000

# of Floors
1

Current Use (Prior if being demolished)
Home

Street Address
6 WHITE DOVE COURT
City, State, Zip Code
LAKEWOOD, NJ 08701

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Telephone No.
732-688-9078
License No.
1200

Start Date (10)
10/25/19
Scheduled Completion Date (11)
10/28/19

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

Scope of Work (Check All That Apply)

Exterior

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)

Amount

(14)

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1)
10/11/19

Name of Building Owner/Operator (2)
Pine Ridge at Crestwood

Agency Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address
2 Fox Street
City, State, Zip Code
Whiting, NJ 08759

Name of Contact
Pine Ridge at Crestwood
Telephone Number
732-350-9000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
[Blacked Out]

City (5)
Manchester

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

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

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Home

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT
City, State, Zip Code
LAKEWOOD, NJ 08701

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Telephone No.
732-668-9078
License No.
1200

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

Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Start Date (10)
10/25/19

Scheduled Completion Date (11)
10/28/19

Scope of Work (Check All That Apply)
□ ≥30 sf or ≥300 sf
□ ≥100 sf or ≥250 sf
□ Renovation
□ Demolition

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

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

INTERIOR

EXTERIOR

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)

FLOORING

ROOFING

FLASHING

Cubic Yards of Waste (14)

NJDEP Waste Hauler ID No.
04509

Name of Registered Landfill
IESI

Disposal Date
10/28/19

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER
Signature

Abatement Date
10/11/19

□ Removal
□ Recap
□ Encapsulate

Date

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/10/19</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator</td>
<td>GOLDBERG REALTY ASSOCIATES</td>
</tr>
<tr>
<td>Address</td>
<td>33 CLINTON ROAD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>WEST CALDWELL, NJ 07006</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (2)</th>
<th>VILLAGE</th>
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<tbody>
<tr>
<td>City (3)</td>
<td>SUMMIT</td>
</tr>
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<td>County Code (7)</td>
<td>ESSEX</td>
</tr>
<tr>
<td>Name of Abatement Contractor (8)</td>
<td>A. Mac Contracting Inc.</td>
</tr>
<tr>
<td>Address</td>
<td>186 Vrasland Ave.</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Middletown, NJ 07748</td>
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<tr>
<td>Telephone No.</td>
<td>201-822-8841</td>
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**ABATEMENT**

<table>
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<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>YES</th>
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<td>To Be Abated (10)</td>
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<th>Description of Asbestos Containing Material (ACM)</th>
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<tr>
<td>Subject to Removal:</td>
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<th>Estab. Date (11)</th>
<th>10/14/19</th>
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<td>Estab. Cancellation Date (11)</td>
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<table>
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<tr>
<th>Name of Registered Waste Handler</th>
<th>Newark Carring Inc.</th>
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</thead>
<tbody>
<tr>
<td>Master ID No.</td>
<td>04560</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, NJ 07105</td>
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<table>
<thead>
<tr>
<th>Name of Author of This Form</th>
<th>R. McDonald</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>President</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1)

<table>
<thead>
<tr>
<th>10</th>
<th>11</th>
<th>19</th>
</tr>
</thead>
</table>

Name of Building Owner/Operator (2)
Jay Lynn

Name of Contact
Jay Lynn

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bradley Beach

City (5)
Bradley Beach

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Guardian Contracting, Inc.

Guardian Contracting, Inc.

Type of Facility (4)

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

Square Feet
2000

# of Floors
2

Bldg. Age
65

Name of Abatement Contractor (9)
Guardian Contracting, Inc.

Street Address
1889 Route 9, Unit 61

City, State, Zip Code
Toms River, New Jersey 08755

Name of OSHA Monitor
E.M.S.L. Analytical

Telephone No.
732-349-9932

License No.
00524

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

City, State
Tullytown, Pennsylvania

Cubic Yards of Waste
3

Disposal Date
10/23/19

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility
(13)

basement

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)

asbestos pipe insulation

Amount (Specify SF or LF)
75 LF

Scope of Work (Check all that apply)

☐ 23 sf or 23 if
☐ 180 sf or 280 if

☐ Renovation
☐ Demolition

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

Abatement Type

Endorse
Repair
Removal

Completed By (Print or Type)
Nicholas Feminclca

Title
Project Manager

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>INTERIOR</td>
<td>Yes</td>
<td>ACM Pipe Insulation</td>
<td>150 SF</td>
<td>×</td>
</tr>
<tr>
<td>EXTERIOR</td>
<td>No</td>
<td>ACM Siding</td>
<td>400 SF</td>
<td>×</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>Yes</td>
<td>Linoleum Flooring/ Mastic</td>
<td>200 SF</td>
<td>×</td>
</tr>
<tr>
<td>INTERIOR</td>
<td>No</td>
<td>ACM Tiles</td>
<td>500 SF</td>
<td>×</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>04509</td>
<td>6</td>
<td>IESI</td>
</tr>
</tbody>
</table>

Completed by JOSEPH PERLSTEIN
Title OWNER

Signature
Date 10/11/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator (2): Mats Construction

FACILITY INFORMATION

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

Street Address: 14 Irene Court

City, State, Zip Code: Lakewood, NJ, 08701

Name of Contact: Mats Construction

Telephone Number: 732-905-4494

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

Square Feet: [Blank]

# of Floors: [Blank]

Bldg. Age: [Blank]

Current Use (Prior if being demolished): [Blank]

Name of Abatement Contractor (5): AAA LEAD PROFESSIONALS

Name of OSHA Monitor: AAA LEAD PROFESSIONALS

Street Address: 6 WHITE DOVE COURT

City, State, Zip Code: LAKEWOOD, NJ 08701

Telephone No.: 732-668-9078

License No.: 1200

Scope of Work (Check All That Apply):
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):
- Yes
- No
- N/A

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):
ACM TILE

Amount (Specify SF or LF): 150 SF

Abatement Type:
- Removal
- Repair
- Encapsulation
- Endorse

Endorse

Name of Registered Waste Hauler: NEWARK CARTING

Title: OWNER

City, State: NEWARK, NJ

Disposal Date: 10/26/2019

Name of Registered Landfill: IESI

City, State: BETHLEHEM PA

Completed by: JOSEPH PERLSTEIN

Signature: [Blank]

Date: 10/11/19

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

State of New Jersey

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Pine Ridge at Crestwood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>2 Fox Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Whiting, NJ 08759</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Pine Ridge at Crestwood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>ASCM No.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occuption Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other – Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

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

<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>ROOFING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>600SF</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/28/19</td>
<td>BETHLEHEM PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING</td>
<td>OWNER</td>
</tr>
</tbody>
</table>

Completed by

<table>
<thead>
<tr>
<th>JOSEPH PERLSTEIN</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/11/19</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos license exempted activities.
<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>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Pine Ridge at Crestwood</td>
<td>2 Fox Street</td>
<td>Whiting, NJ 08759</td>
</tr>
</tbody>
</table>

**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>[Redacted]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County Code (STATE USE ONLY)</th>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>[Redacted]</td>
<td>AAA LEAD PROFESSIONALS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

**Square Feet**

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

<table>
<thead>
<tr>
<th>Home</th>
<th>School (K-12)</th>
<th>Subchapter 8 (Other than K-12)</th>
<th>Other (i.e. private &amp; commercial buildings, homes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Start Date**

| 10/25/19 | 10/28/19 |

**Occupancy Status During Abatement**

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

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>[ ] EXTERIOR</th>
<th>[ ] ROOFING</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Yes</td>
<td>[x] Full Containment with Negative Pressure, Glovebag Procedure</td>
<td>[x] 600SF</td>
<td>[x] Removal</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] Non-Exempted (*) and Non-Friable Procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NEWARK CARTING</th>
<th>Njdep Waste Hauler ID No. 04509</th>
<th>Cubic Yards of Waste 6</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
</table>

**Disposal Date**

| 10/28/19 | City, State: BETHLEHEM PA |

**Completely by**

<table>
<thead>
<tr>
<th>JOSEPH PERLSTEIN</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
</table>

**Date**

| 10/11/19 | Print Form |

*Do not use this form for asbestos licensure exempted activities.*
| **State of New Jersey** | **NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Notification (1)</strong></td>
<td>10/12/19</td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>HS. DOROTY ZAVESKY</td>
</tr>
<tr>
<td><strong>Agency Notified</strong></td>
<td></td>
</tr>
</tbody>
</table>
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA |
| **Type Notification** | 
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation |
| **Street Address** |  |
| **City, State, Zip Code** | MAPLEWOOD, NJ 07040 |
| **Name of Contact** | MS. ZAVESKY |
| **Telephone Number** |  |
| **Name of Facility Where Abatement is Taking Place (3)** | HS. DOROTY ZAVESKY |
| **County (5)** | ESSEX |
| **Square Feet** | 2200.0 |
| **# of Floors** | 2 |
| **Bldg. Age** | 1940 |
| **Current Use (Prior if being demolished)** | RESIDENCE |
| **Name of Monitoring Firm Hired by Building Owner (6)** | ASCM No.  |
| **Name of Abatement Contractor (6)** | | Best Removal Inc |
| **Street Address** | 450 South River St |
| **City, State, Zip Code** | Hackensack, N.J. 07601 |
| **Telephone No.** | | 201-329-7444 |
| **License No.** | 00388 |
| **Name of CSHA Monitor** | Omega Environmental |
| **Street Address** | 280 Huyler St |
| **City, State, Zip Code** | S. Hackensack, N.J. 07606 |
| **Start Date (10)** | 10/25/19 |
| **Scheduled Completion Date (11)** | 10/26/19 |
| **Occupancy Status During Abatement (Check only one)** |  
- [ ] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other – Describe: 5:00 AM TO 5:00PM |
| **Scope of Work (Check all that apply)** |  
- [ ] Renovation  
- [ ] Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Excavated () and Non-Pleasurable Procedure |
| **Location of Asbestos-Containing Material (ACM)** | TO BE ABATED |
| **IN Facility** | 135LF | BASEMENT |
| **Is Location Normally Used Solely by Maintenance/ Custodial Staff?** | | Yes  |
| **Name of Registered Waste Handler** | Best Removal Inc |
| **NJDEP Waste Handler ID No.** | 17109 |
| **Cubic Yards of Waste** | 3/207 |
| **Name of Registered Landfill** | CUMBERLAND COUNTY LANDFILL |
| **City, State** | NEWBURGH, PA. 17240 |
| **Disposal Date** | 10/28/19 |
| **Signatory** | M. MAIORANO |
| **Title** | Estimator |
| **Date** | 10/12/19 |

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/11/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Resipro</td>
</tr>
<tr>
<td>Street Address</td>
<td>3525 Piedmont Road, NE, Building 7, Suite 70</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Atlanta, GA, 30305</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Resipro</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHA</td>
<td>Emergency (Including justification)</td>
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<td></td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>Essex</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AAA LEAD PROFESSIONALS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10/23/2019</th>
<th>Scheduled Completion Date (11)</th>
<th>10/26/2019</th>
</tr>
</thead>
</table>

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

- e3 sf or e3 lf
- >180 sf or >260 sf
- Renovation
- Demolition

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

- In Facility

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

### INTERIOR

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

### Name of Registered Waste Hauler

NEWARK CARTING

<table>
<thead>
<tr>
<th>City, State</th>
<th>NEWARK, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>10/26/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>BETHLEHEM PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>JOSEPH PERLSTEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>OWNER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date 10/11/19</th>
</tr>
</thead>
</table>

* 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 / 11 / 19

Name of Building Owner/Operator (2)
Major Christine Conti

City, State, Zip Code
Haddonfield, NJ 08033

Name of Contact
Major Christine Conti

FACTOR INFORMATION

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

Square Feet
1,758

Bed, Age
62

Current Use (Prior to being demolished)
Residence

ASCM No.

Management & Enviro. Consulting Services

Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Name of Abatement Contractor (9)
EMS L Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Occurrence 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

Start Date (10)
10 / 21 / 19
Scheduled Completion Date (11)
10 / 25 / 19

Name of Monitoring Firm Hired by Building Owner (6)
Bill Weisgarber

PO Box 341
Chesterfield, NJ 08515

Project Manager for Monitoring Firm

Telephone No.
609-298-4070

License No.
00842

Name of OSHA Monitor

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

□ Yes
□ No
□ N/A

□ Renovation
□ Demolition

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

Amount (Specify SF or LF)
778 SF

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

Cubic Yards of Waste
10

Disposal Date
10/25/2019

Name of Registered Landfill
Fairless Landfill

City, State
Morrisville, PA

Name of Registered Waste Hauler
Freehold Cartage

Hauler ID No. 15939

City, State
Freehold, NJ

Completed By (Print or Type)
Christina Fay

Title
Vice President of Operations

Signature

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

Date of Notification (1)  
10/09/2019

Name of Building Owner/Operator (2)  
Newark Public School

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Newark Vocational School

Street Address  
301 West Kinney Street

City (5)  
Newark NJ 07103

County (6)  
Essex

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

Name of Abatement Contractor (9)  
Turningpoint Contracting Corporation

Street Address  
1125 Cranbury Road

City, State, Zip Code  
Cranbury NJ 08512

Telephone No.  
732-390-5858

License No.  
01238

Project Manager for Monitoring Firm  
Kevin Lovely

Name of OSHA Monitor  
Metro Analytical Laboratories

City, State, Zip Code  
New York, NY 10018

Square Feet  
50000

# of Floors  
3

Bidg. Age  
120

Current Use (Prior if being demolished)  
Learning institution

Starting Date  
11/04/2019

Scheduled Completion Date (11)  
06/04/2020

Occupy 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)  
≥20 sf or ≥200 sf

 ≥160 sf or ≥260 sf

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

Location

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

Amount (Specify SF or LF)  

Abatement Type  

Full Containment with Negative Pressure

Including Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
Tri-State Transfer Associates

Name of Registered Landfill  
Menerva Enterprises Associates Inc.

Date of Disposal  
10/09/2019

City, State  
Wahsburg OH 44688

Name of Contact  
Benjamin Olagadse

Telephone Number  
973-733-7200

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location</th>
<th>Material</th>
<th>Approximate Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell</td>
<td>Acoustical Ceiling Plaster</td>
<td>700 SF</td>
</tr>
<tr>
<td>Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>3,000 SF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Acoustical Ceiling and Wall Plaster</td>
<td>8000 LF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>5000 LF</td>
</tr>
<tr>
<td>Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>3000 SF</td>
</tr>
<tr>
<td>Gym</td>
<td>Acoustical Plaster</td>
<td>10,035 SF</td>
</tr>
<tr>
<td>1st floor corridor</td>
<td>Acoustical Plaster</td>
<td>8,000 SF</td>
</tr>
<tr>
<td>1st floor corridor</td>
<td>Wall Ceramic Tile and Mortar</td>
<td>6,000 SF</td>
</tr>
<tr>
<td>1st floor corridor</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>5,000 LF</td>
</tr>
<tr>
<td>Rooms un-24-28</td>
<td>Floor tile and mastic</td>
<td>2,500 SF</td>
</tr>
<tr>
<td>Auditorium</td>
<td>Floor tile and mastic</td>
<td>5,500 SF</td>
</tr>
<tr>
<td>Auditorium</td>
<td>Suspended ceiling</td>
<td>3,500 SF</td>
</tr>
<tr>
<td>Cafeteria and kitchen</td>
<td>Acoustical Plaster</td>
<td>4,500 SF</td>
</tr>
<tr>
<td>Cafeteria and kitchen</td>
<td>Pipe Insulation including Elbows and Joints</td>
<td>1,500 LF</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Blue floor tile and mastic</td>
<td>2,000 SF</td>
</tr>
<tr>
<td>Date of Notification</td>
<td>Name of Building Owner/Operator</td>
<td>Name of Contact</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>OCTOBER 14, 2019</td>
<td>KATE &amp; WASIQ AHMED</td>
<td>KATE &amp; WASIQ AHMED</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement Is Taking Place:** AHMED RESIDENCE
- **City:** RUMSON
- **County:** MONMOUTH
- **Street Address:**
- **Square Feet:** 8807 SF
- **# of Floors:** 2
- **Bldg. Age:** 1928
- **Current Use:** RESIDENTIAL

**Construction Details**

- **Start Date:** 10/16/19
- **Scheduled Completion Date:** 10/16/19
- **Occupancy Status During Abatement:** N/A
- **Abatement Performed Outside of Normal Facility Hours:** Yes
- **Scope of Work:** Renovation
  - **Location of Asbestos-Containing Material (ACM) TO BE ABATED:** FIRST FLOOR
  - **Is Location Normally Used Solely by Maintenance/Custodial Staff:** No
  - **Description of Asbestos Containing Material (ACM):** TSI
  - **Amount (Specify SF or LF):** 140 LF

**Disposal**

- **Name of Registered Waste Hauler:** FAIRLESS LANDFILL
- **City, State:** MORRISVILLE, PA
- **Disposal Date:** 10/14/19

**Other Information**

- **Name of Registered Landfill:** FAIRLESS LANDFILL
- **City, State:** MORRISVILLE, PA

---

*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)

Date of Notification 9/26/19
Name of Building Owner / Operator (2) Eileen Francobandiero

Agencies Notified
<table>
<thead>
<tr>
<th>EPA</th>
<th>DEP</th>
<th>DOL</th>
<th>DOH</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Notification
- Emergency Notification
- Initial Notification
- Amended Notification
- Cancellation

Street Address [REDACTED]
City, State & Zip Code Plainfield, NJ 07080

Name of Contact Bob Zavistoski

FACILITY INFORMATION

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

Street Address
- 64 Broad Street
- Matawan, NJ 07716

City (5) Plainfield
County (6) Union
County Code (7) [REDACTED]

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

Environmental Tactics
- Tom Geiger 732-290-2217

Scheduled Start Date (10) 9/27/19
Scheduled Completion Date (11) 9/27/19

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

Scope of Work (Check all that apply)
- Demolition
- Renovation
- Large Project

Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM

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

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

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

Amount (Specify Square Feet or Linear Feet)

Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)

Basement N/A TSI Pipe 6 LF Removal

Name of Registered Waste Hauler Freehold Cartage
Freehold, NJ
Name of Registered Landfill Cu. Yds. of Waste 1
Cumberland County City, State Newburg, PA

Completed By (Print or Type) Dominick Tringali Title Manager

Signature Dominick Tringali Date 9/26/19

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

Square Feet 2,000 # of Floors 2 Bldg. Age 70+

Current Use (Prior if being demolished)
- Residence

Name of Abatement Contractor (9)
- Global Abatement Services, LLC

Street Address
- 443 Schoolhouse Road
- Monroe Township, NJ 08831

Telephone Number 732-605-9062 License Number 00714

Name of OSHA Monitor Global Abatement Services, LLC
Street Address
- 443 Schoolhouse Road
- Monroe Township, NJ 08831

Telephone Number

Glovebag Full Containment with Negative Pressure
- Mini-Enclosure

Other: Non-friable
**NOTIFICATION OF ASBESTOS ABATEMENT**

**FACILITY INFORMATION**

- **Name of Building Owner/Operator (2):** [Redacted]
- **City, State, Zip Code:** Wenonah, New Jersey 08090
- **Name of Contact:** Bryan Smith
- **Telephone Number:** [Redacted]

- **Type of Facility (4):** Residential Dwelling
- **Square Feet:** 1,200
- **Building Age:** 56 yrs
- **Square Feet:** 2

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED**

- **Location of ACM:** 1st Floor Kitchen
- **Description of ACM:** Linoleum
- **Amount (Specify SF or LF):** 120 SF

**Name of Registered Waste Handler:** [Redacted]

**Disposal Date:** TBD

**Name of Registered Landfill:** Gloucester County Solid Waste Complex

**City, State:** Williamstown, New Jersey

**Completed by:** Edward Knorr

**Title:** Vice President

**Date:** 10-11-19

---

**Do not use this form for asbestos licensed exempt activities.**
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong>: 10-11-19</th>
<th><strong>Name of Building Owner/Operator (2)</strong>: Cold Spring Specialty Controls, 721 New England Rd, Cape May N.J. 08204</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency Notified</strong></td>
<td><strong>Type Notification</strong></td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL</td>
<td>Amended</td>
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<tr>
<td>DOT</td>
<td>Amendment</td>
</tr>
<tr>
<td>DCA</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td><strong>Name of Monitor Company</strong></td>
<td></td>
</tr>
<tr>
<td>CAPE MAY</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>County Code (7)</strong></td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td><strong>City (5)</strong></td>
<td>CAPE MAY</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>KLEUMCO INC</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>369 S Spruce Ave</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Maple Shade, N.J. 08052</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>856-779-0472</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>0-1371</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>10-31-19</td>
</tr>
<tr>
<td><strong>Occupancy Status During Abatement</strong></td>
<td>Vacant</td>
</tr>
<tr>
<td><strong>Facility Closed/Vacated During Entire Period of Abatement</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Abatement Performed Outside of Normal Facility Hours</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Scope of Work (Check all that apply)</strong></td>
<td>Full Container with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>Ventilation Enclosure</td>
</tr>
<tr>
<td></td>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) To Be Abated</strong></td>
<td>Siding</td>
</tr>
<tr>
<td><strong>Nature of Material</strong></td>
<td>Transite</td>
</tr>
<tr>
<td><strong>Amount (Specify SF or LF)</strong></td>
<td>1000 SF</td>
</tr>
<tr>
<td><strong>Removal</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reinforcement</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reconstruction</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Registered Waste Handler</strong></td>
<td>KLEUMCO INC</td>
</tr>
<tr>
<td><strong>Waste Type Code</strong></td>
<td>15901</td>
</tr>
<tr>
<td><strong>Cubic Yards of Waste</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Disposal Date</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Maple Shade, N.J. 08052</td>
</tr>
<tr>
<td><strong>Name of Registered Landfill</strong></td>
<td>CEMEX, U.S.A.</td>
</tr>
<tr>
<td><strong>State of New Jersey</strong></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>NOTIFICATION OF ASBESTOS ABATEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>(Pursuant to NJAC 8:66 and 12:120)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>10-11-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>PINELANDS CONSTRUCTION</td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
<td>Initial</td>
</tr>
<tr>
<td><strong>Agency</strong></td>
<td>EPA</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>300 W 177TH ST</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>SECA ISLE CITY N.J. 08243</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>KIRKIAN</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th><strong>Type of Facility (4)</strong></th>
<th>School (K-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Square Feet</strong></td>
<td>1500</td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Wd Age</strong></td>
<td>50</td>
</tr>
<tr>
<td><strong>Current Use (Prior if being demolished)</strong></td>
<td>VACANT</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>City (5)</strong></th>
<th>OCEAN CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County (6)</strong></td>
<td>CAPE MAY</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

| **Name of Abatement Contractor (9)** | KLEMCO INC |
| **Street Address** | 369 S. SPRUCE AVE |
| **City, State, Zip Code** | MAPLE SHADE N.J 08052 |
| **Telephone No.** | 856-779-0472 |
| **License No.** | 01371 |

**Name of Register Waste Hauler**

| **Waste Hauler** | KLEMCO INC |
| **Waste Hauler No.** | N/A |

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

- SIDING
- TRANSITE

| **Renovation** | X |
| **Demolition** | |

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

<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

| **Amount (Specify SF or LF)** | 3750 SF |

**Abatement Type**

- Full Containment with Negative Pressure
- Wet Enclosure
- Transfer Procedure
- Non-Exempted (S) and Non-Friable Procedure
- Other - Describe

**Completed By**

| **Name** | MICHAEL KIRKIAN |
| **Title** | SUP. |
| **Signature** | |
| **Date** | 10-11-19 |

**Receipt**

<table>
<thead>
<tr>
<th><strong>RECEIVED</strong></th>
<th>OCT 17 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Notification (1)</td>
<td>10-M-19</td>
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<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Tom WELSH</td>
</tr>
<tr>
<td>Street Address</td>
<td>661 POMONA AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>HADDONFIELD, N.J. 08033</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Tom</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>RESIDENCE</td>
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<tr>
<td>City (5)</td>
<td>SEA ISLE CITY</td>
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<td>County (6)</td>
<td>CLAREMAY</td>
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<td>Type of Facility (4)</td>
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<tr>
<td>Square Feet</td>
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</tr>
<tr>
<td># of Floors</td>
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<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>Street Address</td>
<td>369 S SPRUCE AVE</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>MAPLE SHADE, N.J. 08052</td>
</tr>
<tr>
<td>License No.</td>
<td>01371</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>N/A</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
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</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>SIDING</td>
</tr>
<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>TRANSITE</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1250 SF</td>
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<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>KLEMCO INC</td>
</tr>
<tr>
<td>NJDEP Waste Master D No.</td>
<td>19904</td>
</tr>
<tr>
<td>Disposal Date</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>C.M.C.M.L.A.</td>
</tr>
<tr>
<td>City, State</td>
<td>WOODBINE</td>
</tr>
<tr>
<td>Completed By</td>
<td>MICHAEL KLEMM</td>
</tr>
<tr>
<td>Title</td>
<td>Sup.</td>
</tr>
<tr>
<td>Signature</td>
<td>H. WELSH</td>
</tr>
<tr>
<td>Date</td>
<td>10-11-19</td>
</tr>
</tbody>
</table>

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

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

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Verizon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>167 West Washington Avenue</td>
</tr>
<tr>
<td>County (6)</td>
<td>Warren</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>USA Environmental Management Inc.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>301-802-5112</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>JVN Restoration Inc</td>
</tr>
</tbody>
</table>

## Abatement Details

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement - Boiler Room</td>
</tr>
<tr>
<td>Basement - Boiler Room</td>
</tr>
</tbody>
</table>

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

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

### Name of Registered Waste Hauler

Newark Carting

### Disposal Date

11/15/2019

### Name of Registered Landfill

G.R.O.W.S., Inc.

### City, State

Hacketstown, NJ

### Signature

(Ralph Barnhardt)

---

* 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 / 15 / 19

Name of Building Owner/Operator (2)  
Verizon

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

Street Address  
1 Verizon Way

City (5)  
Boonton, NJ 07005

County (5)  
Morris

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

ASCM No.  

Name of Abatement Contractor (9)  
JVN Restoration Inc

Street Address  
8436 Enterprise Avenue

City, State, Zip Code  
Philadelphia, PA 19153

Project Manager for Monitoring Firm  
Mark Jenkins

Telephone No.  
215-365-5810

Name of OSHA Monitor  
Testor Tech

Street Address  
47 Foster Road

City, State, Zip Code  
Staten Island NY 10309

Telephone No.  
718-605-6256

License No.  
00774

Name of Registered Waste Hauler  
G.R.O.W.S., Inc.

Disposal Date  
11/15/2019

City, State  
Morristown, PA

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>Basement - Stairwell Landings</td>
<td>Yes</td>
<td>Full Containment with Negative Pressure</td>
<td>82 SF</td>
<td>Repair</td>
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</tbody>
</table>

Scope of Work (Check all that apply)

- ☒ 23 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

Abatement Type

- ☒ Repair
- ☒ Encapsulate
- ☒ None

Date  
10-15-2019

* 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 / 19
Name of Building Owner/Operator (2)

Agency Notified
[ ] EPA
[ ] DOLWD
[ ] DOH
[ ] DCA (NJAC 5:23-8)

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

Virtue
Street Address
20 Stow Rd
City, State, Zip Code
Marlton NJ 08053
Name of Contact
Pat Giordano
Telephone Number
856 355-0923

FACILITY INFORMATION

County (6)
Burlington

Name of Facility Where Abatement is Taking Place (3)
Our Lady of Lourdes-Willingboro

City (5)
Willingboro

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

ASCN No.

Name of Abatement Contractor (9)
Delta/BJDS, Inc

Square Feet
>50,000

# of Floors
5

Bidg. Age
30+

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Street Address
700 Turner Way, Suite 105
City, State, Zip Code
Aston, Pa 19014

Name of OSHA Monitor

Criterion

Street Address
1345 Industrial Blvd
City, State, Zip Code
Southampton Pa 18966

Project Manager for Monitoring Firm
David Brown

Telephone No.
610 558-8902

License No.
00783

Start Date (10)
9 / 26 / 19

Telephone No.
215 322-2900

Scheduled Completion Date (11)
11 / 30 / 19

Name of Registered Landfill
Minerva Landfill

Occupancy Status During Abatement (Check only one)

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

Cubic Yards of Waste

Description of Asbestos Containing Material (ACM)

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

Amount
(Specify SF or LF)

Abatement Type

Repair
[ ] Removal
[ ] Encasement

Endorse
[ ]

Name of Registered Waste Hauler
Service Transport Group

NJDEP Waste Hauler ID No.
20990

Disposal Date

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Christine Del Viscio
Title
Asst. Administrator
Signature

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION, SURFACING, VAT, OR OTHER MISCELLANEOUS)</th>
<th>1st FL G Wing Respiratory Therapy area Storage Closet</th>
<th>1st FL H Wing Hallway Custodial break room</th>
<th>3rd FL E Wing Tower Office Throughout</th>
<th>2nd Floor - E Wing Tower Office Throughout</th>
<th>1st Floor Psychiatric shower rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Material to be Abated</td>
<td>9x9 Black Floor Tile w/black mastic below</td>
<td>12x12 Gray Floor Tile w/black mastic</td>
<td>9x9 tan floor tile w/black mastic</td>
<td>Mastic a/w 12x12 orange floor tile (top layer)</td>
<td>12x12 white floor tile w/black mastic</td>
</tr>
<tr>
<td>Area</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
# 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>9 / 12 / 19</td>
<td>Virtua</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>☑ DOTWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>☑ DOH</td>
<td>Emergency (Including Justification)</td>
</tr>
<tr>
<td>☑ DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>218 Sunset Rd</td>
<td>Pat Giordano</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingboro</td>
<td>Burlington</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertex Environmental</td>
<td></td>
<td>Delta/BJDS, Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1345 Industrial Blvd</td>
<td>Southampton Pa 18966</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Brown</td>
<td>610 558-8902</td>
<td>400 Street Rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 / 26 / 19</td>
<td>11 / 30 / 19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exception 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</td>
</tr>
<tr>
<td>Time of Abatement: 7AM-4PM 4PM-7AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 30 ft or 30 ft</td>
</tr>
<tr>
<td>☑ ≥150 ft or ≥200 ft</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-Firable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler Service Transport Group</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No. 20999</td>
<td>Asst. Administrator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 Pyles Lane New Castle DE</td>
<td>Minerva Landfill</td>
</tr>
</tbody>
</table>

<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 LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-12-2019</td>
<td>Waynesburg, Ohio</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom Layer</td>
<td>80 SF</td>
<td>Throughput</td>
</tr>
<tr>
<td>12x12 White Floor Tile w/Black Mastic</td>
<td></td>
<td>2nd Floor - Wing Tower Office</td>
</tr>
<tr>
<td>50 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12x12 White Floor Tile w/Black Mastic Bottom</td>
<td></td>
<td>Throughput</td>
</tr>
<tr>
<td>12x12 Tan Floor Tile w/Black Mastic</td>
<td></td>
<td>1st F-H Wing Highway</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 SF</td>
<td></td>
<td>Therapy Area Storage Closet</td>
</tr>
<tr>
<td>12x12 Grey Floor Tile w/Black Mastic (Bottom Layer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpet (Only a portion of the room will be</td>
<td>9x9 SF</td>
<td>North End Office</td>
</tr>
<tr>
<td>9x9 Black Floor Tile w/Black Mastic below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventar Removal</td>
<td>400 SF</td>
<td></td>
</tr>
<tr>
<td>Removal Ream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encapsulate Enclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER MISCELLANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURFACEING, VAL OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMOUNT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABABOS CONTAINING MATERAL (ACM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN FACILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO BE ASBESTOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORMALLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS LOCATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2)
Robert Wood Johnson Hospital / Job #1910-5550 Check #11782

Name of Contact
Kristen Bell

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

Name of Abatement Contractor (9)
AbateTech, Inc.

Name of OSHA Monitor
EMSL Analytical

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

Auditorium
☐
Crawl Space
☐

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)
Pipe Insulation
4 LF
8 LF

Abatement Type
Removal ☐
Encapsulate ☐
Endorese ☐

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

City, State
Lumberton, NJ

Disposal Date
10/14/19

City, State
Tullytown, PA

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:60 and 5:16)  

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 14 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>JCP&amp;L/FirstEnergy Company / Job #1910-5552 Check #1819</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>John Greco</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>201-602-1499</td>
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</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>EPA</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>DOLWD</td>
</tr>
<tr>
<td></td>
<td>DHSS</td>
</tr>
<tr>
<td></td>
<td>DCA (NJAC 5:23-8)</td>
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</table>

<table>
<thead>
<tr>
<th>Type Notification</th>
<th>Initial</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>10 Legion Place- Building A</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Morristown, NJ 07960</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code</th>
<th>Morris</th>
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</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Morristown</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>1 Source Safety &amp; health, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>AbateTech, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>140 S. Village Ave. Suite 130</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Exton, PA 19341</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Atabement Contractor (9)</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>00529</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>30 Maple Ave. PO Box 25</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Lumberton, NJ 08048</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-524-5525</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>EMSL Analytical</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10 / 28 / 19</th>
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<tbody>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>11 / 1 / 19</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registerd Waste Hauler</th>
<th>AbateTech, Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NJPDE Waste Hauler ID No.</th>
<th>18750</th>
</tr>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>20</th>
</tr>
</thead>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Compeleted By (Print or Type)</th>
<th>Gwen Trumbetti</th>
</tr>
</thead>
</table>

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

| Signature | |
|-----------||

Endorsement

<table>
<thead>
<tr>
<th>Date of Start</th>
<th>16-14-19</th>
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</thead>
</table>

Scope of Work (Check all that apply)

<table>
<thead>
<tr>
<th>☑ 3 sf or ☑ 28 sf</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 160 sf or ☑ 280 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO ABATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Ladies Room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 SF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Repair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Date of Notification (1)
10 / 15 / 19

Name of Building Owner/Operator (2)
Tanger Management LLC / Job #1910-5551

Name of Contact
Nico Lanzalotto

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

Street Address
3200 Northline Ave. Suite 360

City, State, Zip Code
Greensboro, NC 27408

Name of Building Owner/Operator (2)
Tanger Outlets - Suite 825 Bank Building

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

Name of Abatement Contractor (9)
AbateTech, Inc.

County Code (7) (STATE USE ONLY)

Commercial

City (5)
Atlantic City

City, State, Zip Code
Lumberton, NJ 08048

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

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

Current Use (Prior to if being demolished)

Street Address
2030 Atlantic Ave.

Name of Abatement Contractor (9)
AbateTech, Inc.

County Code (7) (STATE USE ONLY)

Street Address
30 Maple Ave, PO Box 25

License No.
00529

Name of OSHA Monitor
EMSL Analytical

City, State, Zip Code
Lumberton, NJ 08048

Telephone No.
609-265-2107

Start Date (10)
10 / 24 / 19

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

Scheduled Completion Date (11)
11 / 8 / 19

Time of Abatement: AM-PM-AM

Name of Registered Waste Hauler
AbateTech, Inc.

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

13

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

Amount
(Specify SF or LF)
1,360 LF

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

Abatement Type
☐ Removal
☐ Encapsulate
☐ Enclose

Yes No NIA

Disposal Date
11/8/19

City, State
Lumberton, NJ

Gwendolyn Trumbetti
Operations Coordinator

City, State
Tullytown, PA

Completed By (Print or Type)

Signature

Date 10-15-19

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

☐ Renovation
☐ Demolition

☐ ≥3 sf or ≥3 if
☐ ≥160 sf or ≥260 if

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

**Date of Notification (1)**
10/11/19

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

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

**Name of Building Owner/Operator (2)**
134 Baysy St LLC

**Street Address**
95 Christopher Columbus Blvd.
City, State, Zip Code
Jersey City, NJ 07302

**Name of Contact**
Martin Stroble

**Telephone Number**
201-217-5625

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Former Manischewitz Factory

**City (5)**
Jersey City, NJ

**County (6)**
Hudson

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

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

**ASCM No.**

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

**Square Feet**
74352

**# of Floors**
6

**Bldg. Age**
50+

**Current Use (Prior to being demolished)**
abandoned for demolition

**Name of Abatement Contractor (9)**
Yannuzzi Environmental Services Inc.

**Street Address**
135 Kinnelon Rd
City, State, Zip Code
Kinnelon, NJ 07405

**Telephone No.**
908-218-0880

**License No.**
01228

**Name of OSHA Monitor**
Yannuzzi Environmental Services Inc

**Street Address**
135 Kinnelon Rd
City, State, Zip Code
Kinnelon, NJ 07405

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

**Scope of Work (Check All That Apply)**
- [ ] $2 or $3 if
- [ ] $160 or $260 if
- [ ] Renovation
- [x] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
In Facility (13)
- Provost St exterior 1st & 2nd flr

**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)
Window Caulk

**Cubic Yards of Waste**
6 cy

**Amount (Specify SF or LF)**
120

**Abatement Type**
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [x] Encapsulation

**Name of Registered Waste Hauler**
Yannuzzi Group Inc

**NJDEP Waste Hauler ID No.**
17467

**Disposal Date**
11/1/19

**City, State**
Morrisville, PA

**Name of Registered Landfill**
GROWS / Fairless

**Completed by**
John Mucha

**Title**
Sr Project Manager

**Signature**

**Date**
10/11/19

---

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

Date of Notification (1)
10/15/19

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

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

Name of Building Owner/Operator (2)
Princeton University, Trustees of Princeton University

Street Address
EA McMillan Building
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Bob Ortego
Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Forrestal Campus, Gas Dynamics

City (5)
Princeton

County (6)
Mercer

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

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
1253 N. Church Street
City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
Mike Keen

Telephone No.
856-840-8800

Start Date (10)
11/4/19

Scheduled Completion Date (11)
11/15/19

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00 am - 4:00 pm

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

- Room E 129 / E 131
- Room E 127

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)

- Floor tile and mastic
- TSI

Amount (Specify SF or LF)
990 SF
10 LF

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

Name of Registered Waste Hauler
Waste Management of New Jersey

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Fairless Hills

City, State
Morrisville, PA

Disposal Date
TBD

Completed by
Jack Bally
Title
Sr. Project Manager
Signature

Date
10/15/19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1)
10/15/19

Name of Building Owner/Operator (2)
Atlantic City Electric Company

Street Address
5100 Harding Highway
City, State, Zip Code
Mays Landing, NJ 08330

Name of Contact
Jessie O'Donnell
Telephone Number
201-960-0211

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Atlantic City Electric Company

Street Address
1240 Route 77
City, State, Zip Code
Upper Deerfield, NJ 08330

City (5)
Upper Deerfield
County (6)
Cumberland
County Code (7) (STATE USE ONLY) ASCM No.

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

Project Manager for Monitoring Firm
Dave Turosy

Start Date (10)
10/25/19

Scheduled Completion Date (11)
11/1/19

Occupancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

<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>X Public right of way</td>
<td>X</td>
<td>Transite conduit (on 2 power poles 15 SF Each)</td>
<td>30 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

[ ] Yes [ ] No [ ] N/A

Name of Registered Waste Hauler
Hydrochem PSC

Cubic Yards of Waste
2

Disposal Date
TBD

Name of Registered Landfill
Atlantic County Landfill

City, State
Waterworks, NJ

Completed by
Jack Barry
Title
Sr. Project Manager
Signature

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

Date of Notification (1)
10/15/19

Name of Building Owner/Operator (2)
Brixmor Property Group

Street Address
One Fayette Street, Suite 150
Conshohocken, PA. 19428

Name of Contact
Pranav Ambati
Telephone Number
610-834-7799

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Tinton Falls Plaza

City (5)
Tinton Falls

County (6)
Monmouth

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

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

Square Feet
30,000
# of Floors
1
Bldg. Age
50+

Current Use (Prior if being demolished)
Commercial / Retail

Street Address
700 Turner Industrial Way, Suite 105
Aston, PA 19014

City, State, Zip Code
Exton, PA 19341

Name of Abatement Contractor (9)
ecoservices, LLC

Telephone No.
610-558-8902

License No.
01161

Street Address
303 B National Road

City, State, Zip Code
Cinnaminson, NJ 08077

Name of OSHA Monitor
EMSL

Project Manager for Monitoring Firm
Dave Turosky

Telephone No.
484-872-8884

Start Date (10)
10/28/19

Scheduled Completion Date (11)
11/22/19

Occupancy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: 4 pm - 12 am

Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥260 ft
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

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

Space 07 B

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)

Floor tile mastics

Amount (Specify SF or LF)
6000 sf

Name of Registered Landfill
GROWS Fairless Hills

City, State
Trenton, NJ

Disposal Date
TBD

Name of Registered Waste Hauler
NJ/DEP Waste
Hauler ID No. 17273

Cubic Yards of Waste
20

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
10/15/19

Abatement Type
Removal
Encapsulation
Endorse

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10-09-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PSEG</td>
</tr>
<tr>
<td>Street Address</td>
<td>4000 Hadley Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>South Plainfield, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jack Gazick</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>856-628-2477</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | W Main St. Manhole & Conduit Installation |
| City (5) | Bound Brook |
| County (9) | Somerset |
| County Code (7) | N/A |
| N/A |
| N/A |
| N/A |

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

| Name of Abatement Contractor (9) | WRS Environmental Services, Inc. |
| Street Address | 17 Old Dock Rd |
| City, State, Zip Code | Yaphank, NY 11980 |
| Telephone No. | 631-924-8111 |
| License No. | 01136 |
| Name of OSHA Monitor | WRS Environmental Services, Inc. |

| Start Date (10) | 10-10-19 |
| Scheduled Completion Date (11) | 11-10-19 |
| N/A |
| N/A |
| N/A |
| N/A |

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

| Scope of Work (Check All That Apply) | |
| ≥3 sf or ≥3 if | |
| ≥100 sf or ≥200 lf | |
| Renovation | |
| Demolition | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |
| In Facility (13) |
| Street |
| Yes | No |

| Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | N/A |
| Description of Asbestos Containing Material (ACM) |
| (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Duct Bank |
| Amount (Specify SF or LF) | 100 LF |
| Abatement Type | |
| Full Containment with Negative Pressure | |
| Mini-Enclosure | |
| Glovebag Procedure | |
| Non-Exempted (*) and Non-Frangible Procedure | |

| Name of Registered Waste Hauler | Veolia |
| NJDEP Waste Hauler ID No. | NJDO80631369 |
| Cubic Yards of Waste | 50 |
| Disposal Date | TBD |
| City, State | Morrisville PA 19067 |

| Completed by | Raymond Tutiven |
| Title | Supervisor |
| Signature | Raymond Tutiven |

| Date | 10-09-19 |

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

**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification (1)**
- 1/1/19
- 1/1/19

**Name of Building Owner/Operator (2)**
- Robert Eichberger

**City, State, Zip Code**
- Bloomfield, NJ 07003

**Name of Contact**
- Robert Eichberger

**Type of Facility (4)**
- Subchapter 8 (Other than K-12)

**Square Feet**
- 105 Ryerson Road

**# of Floors**
- Lincoln Park, NJ 07035

**Bldg. Age**
- 1/10/2019

**FACILITY INFORMATION**

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

**City (5)**
- Bloomfield, NJ 07003

**County (6)**
- Essex

**County Code (7)**
- ASCM No.

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
- B & G Restoration, Inc.

**Street Address**
- 105 Ryerson Road

**City, State, Zip Code**
- Lincoln Park, NJ 07035

**Telephone Number**
- (973)696-8869

**License Number**
- 00378

**Name of Abatement Contractor (9)**
- B & G Restoration, Inc.

**Type of Abatement (Check one only)**
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other

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

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

**Is location normally used solely by maintenance/custodial staff? (12)**
- Yes

**Cubic Yards of Waste**
- 1/2

**Name of Registered Landfill**
- Grand Central Landfill

**Registered Waste Hauler**
- B & G Restoration, Inc.

**Disposal Date**
- 10/26/2019

**City, State**
- Lincoln Park, NJ

**Pen Argyl, PA**

**Completed by (Print or Type)**
- Gordana Luna

**Title**
- Secretary/Treasurer

**Signature**
- 

**Date**
- 10/15/2019
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

**Check # 9841**

**Date of Notification (1)**  
11/15/2019

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

**FACILITY INFORMATION**

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

**Street Address**  
Kearny, NJ 07032

**City**, **State**, **Zip Code**  
Hudson, Kearny, NJ 07032

**Name of Monitoring Firm Hired by Bldg. Owner (6)**  
ASCM No.

**Name of Abatement Contractor (9)**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

**City**, **State**, **Zip Code**  
Lincoln Park, NJ 07035

**Telephone Number**  
(973)696-6669

**License Number**  
00378

**Name of OSHA Monitor**  
B & G Restoration, Inc.

**Street Address**  
105 Ryerson Road

**City**, **State**, **Zip Code**  
Lincoln Park, NJ 07035

**Scheduled Start Date (10)**  
10/28/2019

**Sched. Completion Date (11)**  
10/29/2019

**Occupancy Status During Abatement (Check only one)**  
☑ Facility closed/vacated during entire period of abatement.

**Type of Facility (4)**  
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Blgds./Homes, etc.)

**Square Feet**  

**# of Floors**  

**Bldg. Age**  

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

**Scope of Work (check all that apply)**  
☐ Demolition
☒ Renovation
☐ ≥150 sf or ≥260 sf

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

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

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

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

**Regulated Waste Hauler**  
B & G Restoration, Inc.

**NJDEP Hauler ID#**  
19563

**Cubic Yards of Waste**  
2.1/2

**Name of Registered Landfill**  
Grand Central Landfill

**City**, **State**  
Lincoln Park, NJ

**Completed by (Print or Type)**  
Gordana Luna

**Title**  
Secretary/Treasurer

**Signature**  

**Date**  
10/15/2019

**Disposal Date**  
10/29/2019
**State of New Jersey**

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

**Check # 25994**

**Date of Notification (1)**
10/14/2019

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

**Street Address**
[Redacted]

**City, State, Zip Code**
East Brunswick, NJ 08816

**Name of Contact**
Cenia Beltre

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

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

**Square Feet**
2500

**# of Floors**
2

**Bldg. Age**
100

**County (6)**
Middlesex

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

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

**ASCM No.**
[Redacted]

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

**Street Address**
PO Box 322

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

**Telephone No.**
609-259-9888

**License No.**
00493

**Name of OSHA Monitor**
MECS

**Street Address**
PO Box 341

**City, State, Zip Code**
Chesterfield, NJ 08515

**Start Date (10)**
10/23/2019

**Scheduled Completion Date (11)**
10/28/2019

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

**Other – Describe:**

**Scope of Work (Check All That Apply)**
- [ ] ≥20 sf or ≥20 ft
- [ ] ≥160 sf or ≥260 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/Crawl Space</td>
<td>X</td>
<td>Thermal Pipe Insulation</td>
<td>100 lf</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Stevens Environmental Services

**NJDEP Waste Hauler ID No.**
18292

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Fairless Landfill

**City, State**
Allentown, NJ

**Disposal Date**
10/28/2019

**Name of Registered Landfill**
Morrisville, PA

**City, State**

**Title**
Project Manager

**Signature**

**Date**
10/14/2019

* 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)**
Princeton University-Office of Design and Construction

**Street Address**
200 Elm Dr

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortego

**Telephone Number**
609-258-1841

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University</td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private and commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

**City (5)**
Princeton

**County Code (7)**
MERCER

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

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

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

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

**Street Address**
1123 BEAVER STREET

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

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

**ASCM No.**
BRISTOL ENVIRONMENTAL, INC.

**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</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>Basement</td>
<td></td>
<td>Floor tile and mastic</td>
<td>2,475 SF</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>Glue Dots</td>
<td>80 SF</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td>Floor tile and mastic</td>
<td>2,375 SF</td>
<td></td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td>Glue Dots</td>
<td>124 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste tbd**

**Name of Registered Landfill**
FAIRLESS LANDFILL

**City, State**
FAIRLESS HILLS, PA

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

**Title**
Estimator

**Signature**

**Date**
10-7-19

---

*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)

Date of Notification (1) 9 / 16 / 19

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

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

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego
Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University

Street Address
171 Broadmead
City (5)
Princeton
County (6)
MERcer

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

Scope of Work (Check all that apply)
☑ 307 sf or ≥ 31 sq ft
☒ ≥ 160 sq ft or ≥ 260 sf

☑ Demolition
☐ Renovation

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

Room 203 & 203B

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)
115 SF

Location of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18705

Cubic Yards of Waste
0

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
NA

Completed By (Print or Type)
Brian Scafiro
Title
Estimator
Signature

Date
10-7-19

* 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)

Date of Notification (1)

9 / 16 / 19

Name of Building Owner/Operator (2)
Princeton University - Office of Design and Construction

Agencies Notified
☐ EPA
☒ DOLWD 5/6/17
☒ DHS 5/6/17
☒ DOA (NJAC 5:23-6)

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

City (5)
Princeton

County (6)
MERCER

Street Address
171 Broadmead

Name of Monitoring Firm Hired by Building Owner (6)
TTI Environmental Inc

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mike Keen

Telephone No.
609-386-8800

Telephone No.
215-788-6040

License No.
00509

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 9 / 26 / 19

Scheduled Completion Date (11) 10 / 16 / 19

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: 7:00AM - 3:30PM/4:00PM - 7:00AM

□ 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)

Basement
Basement
1st Floor
1st Floor

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

Location
Basement
Basement
1st Floor
1st Floor

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

Floor tile and mastic
Glue Dots
Floor tile and mastic
Glue Dots

Amount (Specify SF or LF)
2,475 SF
80 SF
2,375 SF
124 SF

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
tbd

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste
tbd

Completed By (Print or Type)
Brian Scafiro

Title
Estimator

Signature

Date
9-16-19

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 6:16)  

Date of Notification (1)  
9 / 16 / 19  

Name of Building Owner/Operator (2)  
Princeton University-Office of Design and Construction  

Street Address  
200 Elm Dr  
City, State, Zip Code  
Princeton, NJ 08544  

Name of Contact  
Robert Ortego  
Telephone Number  
609-258-1841  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Princeton University  

Street Address  
171 Broadmead  
City (5)  
Princeton  
County (6)  
MERCER  

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

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

Street Address  
1123 BEAVER STREET  
City, State, Zip Code  
BRISTOL, PA 19007  

Project Manager for Monitoring Firm  
Mike Keehn  
Telephone No.  
609-386-8800  

Name of OSHA Monitor  
BRISTOL ENVIRONMENTAL, INC.  

Street Address  
1123 BEAVER STREET  
City, State, Zip Code  
BRISTOL, PA 19007  

Start Date (10)  
9 / 26 / 19  
Scheduled Completion Date (11)  
10 / 16 / 19  

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: 7:00AM-3:30PM/PM-AM  

Scope of Work (Check all that apply)  

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

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
IN Facility (13)  
Room 203 & 203B  

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

Floor tile and mastic  
115 SF  

Cubic Yards of Waste  
tbd  

Name of Registered Landfill  
FAIRLESS LANDFILL  
City, State  
FAIRLESS HILLS, PA  

Completed By (Print or Type)  
Brian Scafiro  
Title  
Estimator  
Signature  
Brian Scafiro  
Date  
9-16-19  

* 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: Princeton University-Office of Design and Construction

Name of Facility Where Abatement is Taking Place: Princeton University
Address: 171 Broadmead
City: Princeton
County: Mercer

Name of Monitoring Firm Hired by Building Owner: TTI Environmental Inc

Start Date: 9/16/19
Scheduled Completion Date: 10/16/19

Occupancy Status During Abatement: Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM 9:00PM – 9:30AM

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Floor tile and mastic</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Glue Dots</td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td></td>
<td></td>
<td>Floor tile and mastic</td>
</tr>
<tr>
<td>1st Floor</td>
<td></td>
<td></td>
<td></td>
<td>Glue Dots</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: BRISTOL ENVIRONMENTAL, INC.
NJDEP Waste Hauler ID No.: 18706
Disposal Date: tbd

Name of Registered Landfill: FAIRLESS LANDFILL
City, State: FAIRLESS HILLS, PA

Type of Abatement:
- [ ] Full Containment with Negative Pressure
- [X] Encapsulate
- [X] Non-Exempted (7) and Non-Friable Procedure
- [X] Repair
- [X] Removal

Amount (Specify SF or LF):
- [X] 2,475 SF
- [X] 80 SF
- [X] 2,375 SF
- [X] 124 SF

Signature: Brian Scahiro
Date: 10/10/19

* 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)

Date of Notification (1)
9 / 16 / 19

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University

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

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544

Square Feet

# of Floors
Bldg. Age

Current Use (Prior if being demolished)

County (6)
MERcer

County Code (?)(STATE USE ONLY)
00

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

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

ASCM No.

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET
City, State, Zip Code
 BRISTOL, PA 19007

Telephone No.
215-788-6040
License No.
00509

Project Manager for Monitoring Firm
Mike Keehn

Start Date (10)
10 / 16 / 19

Scheduled Completion Date (11)
10 / 16 / 19

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: PM/1:00PM-9:30AM

Scope of Work (Check all that apply)
☐ ≥ 30 sf or ≥ 13 ft
☐ ≥150 sf or ≥260 ft
☐ Renovation
☐ Demolition

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

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

Room 203 & 203B

1ST FLOOR

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

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)
Floor tile and mastic

Amount (Specify SF or LF)
115 SF

Pipe insulation (wrap & cut)

10 LF

Name of Registered Landfill
FAIRLESS LANDFILL

Name of Registered Landfill
FAIRLESS HILLS, PA

Cubic Yards of Waste

Disposal Date

tbd
tbd

Endorsement

Endorsement

Date

Signature

Completed By (Print or Type)
Brian Scafuro

Title
Estimator

Date
10/30/19

* Do not use this form for asbestos licensure exempted activities.
“WRAP AND CUT” REMOVAL PROCEDURES FOR INSULATED PIPE

DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner’s representative.

Bristol Environmental Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and “candy-striped” around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation Bristol Environmental Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, Bristol Environmental Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

Bristol Environmental Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by Bristol Environmental Inc. shall be available at all times at the work site. Bristol Environmental Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the prescribed Federal OSHA warning signs and shall include site specific waste generator information.

Bristol Environmental Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 16 / 19

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

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

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

Street Address
200 Elm Dr
City, State, Zip Code
Princeton, NJ 08544

Name of Contact
Robert Ortego
Telephone Number
609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University

City (5)
Princeton

County (6)
MERCE

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

ASCM No.

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.

City Address
1123 BEAVER STREET
City, State, Zip Code
BRISTOL, PA 19007

Start Date (10) 9 / 26 / 19

Scheduled Completion Date (11) 10 / 16 / 19

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 9:00PM-12:00AM

Scope of Work (Check all that apply)

- □ ≤3 sf or ≥3 sf
- □ ≥160 sf or ≥260 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)

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)

Type

Removal
Encapsulation

Basement ☑

Floor tile and mastic
2,475 SF

Basement ☑

Glue Dots
80 SF

1st Floor ☑

Glue Dots
124 SF

1st Floor ☑

Floor tile and mastic
2,375 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No. 18706

Cubic Yards of Waste tbd

Disposal Date tbd

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Completed By (Print or Type)
Brian Scafro

Title Estimator

Signature Brian Scafro Date 10-7-19

* 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)

Date of Notification (1)
9 / 16 / 19

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

FACILITY INFORMATION

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

Type Notification
- Initial
- Amended
- Amendment #1-10/7/18
- Emergency (including justication)
- Cancellation

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

IN Facility
(13)

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

Cubic Yards of Waste

Disposal Date
tbd

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Title
Estimator

Signature
Brian Scafaro

Date
10-7-17

- 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) 9 / 16 / 19

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University

Street Address
171 Broadmead

City (5)
Princeton

County (6)
MERCER

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

ASCM No.

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

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mike Keehn

Telephone No.
609-886-8800

License No.
00509

Start Date (10)
9 / 26 / 19

Scheduled Completion Date (11)
10 / 16 / 19

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

Scope of Work (Check all that apply)

- Renovation
- Demolition

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

(13)

Basement
Basement
1st Floor
1st Floor

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)

Floor tile and mastic
Glue Dots
Floor tile and mastic
Glue Dots

Amount (Specify SF or LF)
2,475 SF
80 SF
2,375 SF
124 SF

Name of Registered Waste Hauler
BRISTOL ENVIRONMENTAL, INC.

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste tbd

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date

Signature
Brian Scafiro

* 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 / 16 / 19

Name of Building Owner/Operator (2)
Princeton University-Office of Design and Construction

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Princeton University

Street Address
171 Broadmead
City, State, Zip Code
Princeton, NJ 08544

County Code (7)(STATE USE ONLY)
MER

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

Square Feet

# of Floors

Bldg. Age

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

Asbestos Control & Licensing
RECEIVED
OCT 17 2019

Street Address
1253 N Church Rd
City, State, Zip Code
Moorestown, NJ 08057

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

ASCN No.

Telephone No.
609-368-6800

License No.
00509

Start Date (10)
9 / 26 / 19

Scheduled Completion Date (11)
10 / 16 / 19

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC.

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: 7:00AM-3:30PM...

Scope of Work (Check all that apply)
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure
☐ Others:

Abatement Type
☐ Removal
☒ Repair
☐ Encapsulation
☐ Endorsement

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

Location
Room 203 & 203B

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)
115 SF

Name of Registered Landfill
FAIRLESS LANDFILL

City, State
BRISTOL, PA 19007

Disposal Date
tbd

Name of Registered Hauler
BRISTOL ENVIRONMENTAL, INC.

NDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Signature
Brian Scafiro

Date 9-16-19

* Do not use this form for asbestos licensure exempted activities.
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

#### Agencies Notified
- (X) EPA
- (X) DEP
- (X) DOL
- (X) DOH
- (X) DCA

#### Date of Notification (1)
10/2/19

#### Revised 10/9/19
10/9/19

#### Notification Type
- (X) Initial Notification
- () Amended Certification
- () Canceled
- () Emergency

#### Name of Building Owner/Operator (2)
Paulsboro Refining Company

#### Street Address
800 Billingsport Rd

#### City, State, Zip Code
Paulsboro, NJ 08066

#### Name of Contact
Ravi Jarecha

#### Tel Number
856-224-4444

#### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Paulsboro Refining Company

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

#### Sq. Feet N/A

#### # of Floors N/A

#### Bldg. Age N/A

#### Current Use (prior if being demolished)
Oil Refinery

#### Name of Monitoring Firm Hired by Bldg. Owner (6)
ASCM No.

#### Name of Contractor (9)
Mansfield Industrial, Inc.

#### Street Address
26 Colonial Ave

#### City State, Zip Code
Woodbury NJ 08096

#### Telephone Number
856-224-4392

#### License Number
00857

#### Project Manager for Monitoring Firm

#### Name of OSHA Monitor
Mansfield Industrial, Inc.

#### Street Address
26 Colonial Avenue

#### City, State, Zip Code
Woodbury NJ 08096

#### Occupancy Status During Abatement (Check only one)
- ( ) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours
- (X) Other – Describe – Removal of ACM within restricted work area in outside area

#### Source of Work (Check all that apply)
- () Demolition (X) Renovation
- ( ) Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)
- () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

#### Location of Asbestos-Containing Material (ACM) in Facility (13)
Pipe Insul. North of MLDW Control Room
Pipe Insul EOM Blender area

#### Is Location Normally Used Solely by Maint./Custodial Staff? (12)
- ( ) YES
- ( ) NO
- ( ) NA

#### Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)
- (X) TSI – Pipe
- (X) TSI – Pipe

#### Amount (Specify SF or LF)
- Approx 40 LF
- Approx 20 LF

#### Abatement Type
- (X)


#### Name of Rep. Waste Hauler
Waste Management, Inc.

#### NJDEP Waste Hauler ID #
17273

#### Cubic Yards of Waste
<3 CY

#### Name of Rep. Landfill
Gloucester County Landfill

#### City, State
South Harrison, NJ

#### Disp. Date
Various

#### Signature

#### Date
10-9-19

#### Mail to:
NJDEP-DSHW-BRRTTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

#### Phone: 609-984-8620

#### C:WORDMYDOCS\ASBESTOS
9/18/00
### State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
#### (Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
10/11/19

**Name of Building Owner/Operator (2)**
Pine Ridge at Crestwood

**Name of Contact**
Pine Ridge at Crestwood

**Telephone Number**
732-350-9000

### FACILITY INFORMATION

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

- **Square Feet**

- **# of Floors**

- **Bldg. Age**

### Name of Facility Where Abatement is Taking Place (3)
[Redacted]

### Street Address
2 Fox Street
Whiting, NJ 08759

### City, State, Zip Code
Whiting, NJ 08759

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

### Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

### Street Address
6 WHITE DOVE COURT
LAKEWOOD, NJ 08701

### City, State, Zip Code
LAKEWOOD, NJ 08701

### Project Manager for Monitoring Firm

### Telephone No.
732-668-9078

### License No.
1200

### Start Date (10)
10/25/19

### Scheduled Completion Date (11)
10/29/19

### Name of OSHA Monitor
AAA LEAD PROFESSIONALS

### Street Address
6 WHITE DOVE COURT
LAKEWOOD, NJ 08701

### City, State, Zip Code
LAKEWOOD, NJ 08701

### Scope of Work (Check All That Apply)
- [ ] ≥ 3 sf or ≥ 3 if
- [x] ≥ 100 sf or ≥ 260 if
- [x] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERIOR</td>
<td>LINOLEUM FLOORING</td>
</tr>
<tr>
<td>EXTERIOR</td>
<td>FLASHING</td>
</tr>
</tbody>
</table>

### Is Location Normally Used Solely by Maintenance/Custodial Staff?
- [ ] Yes
- [x] No

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

### Amount (Specify SF or LF)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Name of Registered Waste Hauler
NEWARK CARTING

### NJDEP Waste Hauler ID No.
04509

### Cubic Yards of Waste
8

### Name of Registered Landfill
IESI

### City, State
NEWARK, NJ

### Disposal Date
10/28/19

### Name of Registered Landfill
IESI

### City, State
BETHLEHEM PA

### Completed by
JOSEPH PERLSTEIN

### Title
OWNER

### Signature

### Date
10/11/19

---

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

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

**State of New Jersey**

**Date of Notification (1)**
10/15/2019

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

**Street Address**
Lincroft, NJ 07738

**Name of Contact**
Gail Bartholomew

**Telephone Number**

**FACILITY INFORMATION**

- **County Code (7)**
  - Monmouth

- **Square Feet**
  - 1800

- **# of Floors**
  - 1

- **Bidg. Age**
  - 80

- **Type of Facility (4)**
  - School (K-12)

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

- **Address**
  - PO Box 332
  - Allentown, NJ 08501

- **License No.**
  - 00493

- **Name of OSHA Monitor**
  - MECS

- **Street Address**
  - PO Box 341
  - Chesterfield, NJ 08515

- **Telephone No.**
  - 609-259-9638

- **Phone**
  - 609-259-9638

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement/Crawl Space</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Cubic Yards of Waste**
  - 3

- **Name of Registered Landfill**
  - Fairless Landfill

- **Disposal Date**
  - 11/14/2019

- **City, State**
  - Morristown, PA

- **Name of Registered Waste Hauler**
  - Stevens Environmental Services

- **NJDEP Waste Hauler ID No.**
  - 18292

- **Signature**

- **Completed by**
  - Mahlon E. Stevens
  - Title: Project Manager

- **Date**
  - 10/15/2019

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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 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 08 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Walters Residential</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Victor</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Barnegat, NJ 08005</td>
</tr>
<tr>
<td><strong>County Code (7) (STATE USE ONLY)</strong></td>
<td>Ocean</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm Hired by Building Owner (8)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>ASCM No.</strong></td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>E.M.S.L. Analytical</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>1889 Route 9, Unit 61</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Toms River, New Jersey 08755</td>
</tr>
<tr>
<td><strong>Phone No.</strong></td>
<td>732-349-8932</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>00624</td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td>10 / 18 / 19</td>
</tr>
<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>10 / 21 / 19</td>
</tr>
<tr>
<td><strong>Square Feet</strong></td>
<td>2400</td>
</tr>
<tr>
<td><strong># of Floors</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Bldg. Age</strong></td>
<td>65</td>
</tr>
</tbody>
</table>

**Occupancy 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:** AM-PM-AM

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

- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (2) and Non-Friable Procedure

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

- [X] IN Facility

**Name of Registered Waste Hauler (14)**

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler</strong></th>
<th>Guardian Contracting, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NJDEP Waste Hauler ID No.</strong></td>
<td>20223</td>
</tr>
</tbody>
</table>

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

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

| **Amount (Specify SF or LF)** | 2400 sf |
| **Name of Registered Landfill** | T.R.R.F. |
| **Disposal Date** | 10/21/19 |
| **City, State** | Tullytown, Pennsylvania |

**City, State**

| **Completed By (Print or Type)** | Nicholas Fornella |
| **Title** | Project Manager |

**Telephone Number**

| **Signature** | [Redacted] |

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

Date of Notification (1) 10/7/2019

Name of Building Owner/Operator (2) Andre Cyriaque

Street Address
City, State, Zip Code Maplewood, NJ, 07040
Name of Contact Andre Cyriaque
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Andres Cyriaque

City, Street, Zip Code

Name of Monitoring Firms hired by Building N/A
ASCN No.

Owner (3)

City, Street, Zip Code

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, INC.

Street Address
86 Christopher St.
City, State, Zip Code Montclair, NJ, 07042

License Number 00371

Name of OSHA Monitor
N/A

Street Address

City, State, Zip Code

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Occupancy Status During Abatement (Check only one)
[X] Abatement Performed Outside of Normal Facility Hours - Describe: Off Hours Describes

[X] Other - Describe: Other Occupancy Describes

Scope of Work (Check all that apply)

[X] 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)

(If thermal systems insulation, VAP, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal

ENCLOSURE

ENCLOSURE

Residual

Disposal Date 10/18/19

Name of Registered Landfill Tri-State

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

Waste ID No. 17040

Cubic Yards of Waste 1.0

Disposal Date 10/18/19

City, State Bronx, NY, 10474

completed by (Print or Type) Constantine Vivian
Title President

Signature

Date 10/7/2019

31 Jacoby St
# State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

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

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

### Name of Building Owner/Operator
- Barbara & Michael Michalszyn
- Private Home

### Street Address
- [Redacted]

### City, State, Zip Code
- Manahawkin NJ 08050

### Name of Contact
- Joe

### Telephone Number
- [Redacted]

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place
- Barbara & Michael Michalszyn
- Private Home

### Ocean
- [Redacted]

### City, State, Zip Code
- Manahawkin NJ 08050

### County
- Ocean

### County Code
- [STATE USE ONLY]

### Name of Monitoring Firm HIred by Building Owner
- ASCM No.
- N/A

### Name of Abatement Contractor
- Pernaco Inc.

### Street Address
- PO Box 329

### City, State, Zip Code
- West Berlin NJ 08091

### Project Manager for Monitoring Firm
- Same

### Telephone No.
- 856-753-9800

### License No.
- 00727

### Square Feet
- 1000+

### # of Floors
- 1

### Bldg. Age
- 50+

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

### Start Date
- 10/24/19

### Scheduled Completion Date
- 11/5/19

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

### Other – Describe:

### Scope of Work (Check All That Apply)
- ≥ 250 sf or > 3 if
- ≥ 16 x 100 sf or ≥ 200 if
- Renovation
- Demolition

### 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)
- 1100 SF
- 800 SF

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

### Exterior Siding
- Exterior Siding through out
- floor tile

### Name of Registered Waste Hauler
- NJDEP 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
- 11/5/19

### Title
- President

### Completed by
- Anthony T Perna

### Signature
- [Signature]

### Date
- 10/8/19

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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)

Check#3458

Date of Notification (1)
10 / 08 / 19

Name of Building Owner/Operator (2)
Gomez Andres

AGENCIES NOTIFIED

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

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

Street Address
City, State, Zip Code
Paterson, NJ 07501

Name of Contact
Gomez Andres

FACILITY INFORMATION

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

City (5)
Paterson, NJ 07501

County (6)
Passaic

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.
Name of Abatement Contractor (9)
Gr Tech LLC

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Street Address

Telephone No.
973-356-3511

License No.
01127

Start Date (10)
10 / 17 / 19

Scheduled Completion Date (11)
10 / 18 / 19

Name of OSHA Monitor
Envirosion Consultants, Inc

Street Address
20-21 Wagaraw Road, Bldg. #35E
City, State, Zip Code
Fair Lawn, NJ 07410

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

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

IN Facility

Yes
No
N/A

Pipe insulation

Time of Abatement: AM __ PM __ PM __ AM

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

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

Amount (Specify Sf or Lf)
110 LF

Abatement Type
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Tent with Negative Pressure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Fireable Procedure

Baseline

Name of Registered Waste Hauler
NJES Waste Hauler IC No.
0033785

Cubic Yards of Waste
TBD

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

City, State
Tullytown, PA

Completed By (Print or Type)
N.Jevtic
Owner

Signature

Date
10/08/19

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 5:69 and 12:120)

Date of Notification (1) 10/11/19

Name of Building Owner/Operator 4-H PARK  INC. LLC 7492 ANGEL VIEW

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  

Street Address:  

City (5) SUNSET N.J.  

County (6) UNION  

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

Type of Facility (4)  

School (K-12)  

Subchapter 8 (Other than K-12)  

Other (i.e. private & commercial buildings, homes, etc.)  

Square Feet 3,500  

# of Floors 1  

Bldg. Age 10  

Current Use (Prior if being demolished) 1400 sq. ft.

Name of Abatement Contractor (9)  

Start Date (10) 10/20/19  

Scheduled Completion Date (11) 10/30/19  

Occupancy Status During Abatement (Check Only One)  

Facility Closed/Vacated During Entire Period of Abatement  

Abatement Performed Outside of Normal Facility Hours  

Other – Describe:  

Scope of Work (Check All That Apply)  

Yes  No  N/A  

Renovation  Demolition  

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


Name of Registered Waste Hauler  

City, State, Zip Code  

Completed by  

Title  

Signature  

Date 10/15/19

ASB-11 (R-06-08)  

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