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

**Date of Notification (1):** 10/16/2017

**Name of Building Owner/Operator (2):** [Redacted]

**Street Address:** [Redacted]

**City, State, Zip Code:** Princeton, NJ 08540

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

**Type of Facility (4):** Other (i.e., private & commercial buildings, homes etc.)

**Street Address:** [Redacted]

**City:** Princeton, NJ 08540

**County:** Mercer

**Name of Monitoring Firm Hired by Building Owner (5):** MECS

**Name of Abatement Contractor (6):** Stevens Environmental Services, Inc.

**Address:** PO Box 341

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

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

**Telephone No.:** (609) 298-4070

**Start Date (7):** 10/30/2017

**Scheduled Completion Date (8):** 11/16/2017

**Occupancy Status During Abatement:** Facility Closed

**Facility Closed/Vacated During Entire Period of Abatement:** Yes

**Abatement Performed Outside of Normal Facility Hours:** No

**Other - Describe:**

**Scope of Work (Check all that apply):**
- [x] ≥3 sf or ≥3 if
- [x] ≥160 sf or ≥250 if
- [x] Renovation
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility (9)):**
- [x] Attic
- [ ] Vermiculite 850 sf  

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

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

**Cubic Yards of Waste:** 10

**Name of Registered Landfill:** Fairless Landfill

**City, State:** Morrisville, PA

**Completed by:** Mahlon E. Stevens

**Title:** Project Manager

**Signature:** [Signature]

**Date:** 10/16/2017

---

*Do not use this form for asbestos licensing exempted activities.*
<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>MCS Erie Street LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>5700 Wayne ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Philadelphia, PA 19144</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joseph Ferguson 2672280111</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>x School (K12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subchapter 8 (Other than K12)</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>Square Feet</th>
<th>99,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>89</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastery Charter school- Pyne Point Campus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>800 erie street Camden NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5) Camden</td>
<td>NJ</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINOG Environmental Inc</td>
<td>ASCM No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>617 Stokes Road Suite 4-318</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Medford NJ 08055</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager of Monitoring Firm</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Rubinstein</td>
<td>888-715-2211</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>10/23/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sched. Completion Date (11)</td>
<td>12/31/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>x Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>x Abatement Performed Outside of Normal Facility</td>
<td></td>
</tr>
<tr>
<td>Hours - Describe: 7:00 AM to 3:30 PM</td>
<td></td>
</tr>
<tr>
<td>Other - Describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of work (Check all that apply)</th>
<th>x Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition</td>
<td>x</td>
</tr>
<tr>
<td>x &gt;3sf or &gt;3 if</td>
<td></td>
</tr>
<tr>
<td>x &gt;160 sf or &gt;260 sf</td>
<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>Is Location Normally Used Solely by Maintenance/Custodial Staff (12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No N/A</td>
<td>(ie. Thermal systems insulation, surface, VAT, or other miscellaneous)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount t (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>O</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>L</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>E</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hunter ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mercer Group International</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>1519 Rev S Howard Woodson Jr Way, trenton NJ 08638</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date As req.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Tomasura</td>
<td>Senior estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

ABS-41
JUN 95

G4667
**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>10/16/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Pyontek</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DOT, DOL</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>397 Herrontown Rd.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>William Pyontek</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>397 Herrontown Rd.</td>
</tr>
<tr>
<td>City</td>
<td>Princeton, NJ 08504</td>
</tr>
<tr>
<td>County</td>
<td>Mercer</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (5)</td>
<td>MECS</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td>School (K-12)</td>
</tr>
<tr>
<td>Square Feet</td>
<td>4000</td>
</tr>
<tr>
<td># of Floors</td>
<td>2</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>City, State</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Name of OSFA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>10/30/2017</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>≥24 sf or ≥24 if</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Joint Compound</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>120 sf</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td>2nd Fl Bathroom</td>
</tr>
</tbody>
</table>

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

Date of Notification (1)  
10/05/2017

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

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

Name of Building Owner/Operator (2)  
[Redacted]

Residence  
City, State, Zip Code  
Jersey City N.J. 07302

Name of Contact  
Mike Bernstock

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

Street Address  
[Redacted]

City (5)  
Jersey City

County (6)  
Hudson

County Code (7)  
[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (5)  
A. Seine Lighthouse Solutions

ASCM No.  
[Redacted]

Name of Abatement Contractor (9)  
Brinks Tank Services

Street Address  
1256 Liberty Avenue

City, State, Zip Code  
Hillside, NJ 07205

Telephone No.  
844-462-7465

License No.  
01316

Name of OSHA Monitor  
A. Seine Lighthouse Solutions

Street Address  
PO Box 354

City, State, Zip Code  
South Orange, NJ 07079

Start Date (10)  
10/18/2017

Scheduled Completion Date (11)  
11/01/2017

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

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of 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>X</td>
<td>AC wrap</td>
<td>4'x3' LF</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>pipe wrap</td>
<td>1 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  
Newark Carting

NJ/DEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
[Redacted]

Name of Registered Landfill  
Waste Management Landfill

City, State  
Pennsylvania, PA

Completed by  
Alison Lamers

Title  
Office Manager

Signature  
[Signature]

Date  
10/05/2017

* Do not use this form for asbestos licensee exempted activities.
Date of Notification (1) 10/13/2017

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

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

Name of Building Owner/Operator
GT Construction, LLC
Street Address  
133 Passaic Avenue
City, State, Zip Code  
Passaic, NJ 07055
Name of Contact
George Jover

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

Street Address
N/A
City (5)  
Hudson
County (6)  
N/A
County Code (7)  
ASCM No.
(State Use Only)  
N/A

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

Sq. Feet: 2500 
# of Floors: 3
Bldg. Age: 80

Current Use (if being demolished):  
Name of Contractor (9)
Industrial Safety & Environmental Solutions, Inc.
Street Address
3300 Hudson Avenue
City State, Zip Code  
Union City, NJ 07087
License Number
01124
Name of OSHA Monitor
ISES, Inc.
Street Address
3300 Hudson Avenue
City State, Zip Code  
Union City, NJ 07087

Occupancy Status During Abatement (Check only one)
- (X) Abatement Performed Outside of Normal Facility Hours -
- (X) Other - Describe: Basement is not occupied

Source of Work (Check all that apply)
- ( ) Demolition
- (X) Minor Project (< 25 SF or < 10 LF ACM)
- ( ) Small Project (≥ 25 <160 SF or ≥10 <260 LF ACM)
- ( ) Large Project (≥160 SF or ≥260 LF ACM)

( ) Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement boiler room</td>
<td>X</td>
<td>Pipe insulation, elbows, debris</td>
<td>~15 LF</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
Atlas Disposal Options, Inc.
NJDEP Waste Hauler ID #  
50452

Cubic Yards of Waste  
.5

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

Disp. Date  
10/17/2017

Completed by (Print or Type)  
David Camacho
Title  
Project Supervisor

Signature  
[Signature]

Date  
10/13/2017
**NOTIFICATION OF ASCERTOS ABATEMENT**

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

**Date of Notification (1)**
September 15, 2017

**Name of Building Owner/Operator (2)**
PA of NY & NJ

**Street Address**
2 Gateway Center, 11th Floor

**City, State, Zip Code**
Newark, NJ 07102

**Name of Contact**
Uday Mehta

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
George Washington Bridge - Administration Building

**Street Address**
220 Bruce Reynolds Blvd.

**City (5)**
Fort Lee, NJ 07024

**County (6)**
Bergen

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

**Square Foot**
30,000

**# of Floors**
4

**Bldg. Age**
67+

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

**Name of Monitoring Firm Hired by Building Owner (8)**
PA of NY & NJ

**AsCM No.**
N/A

**Name of Abatement Contractor (9)**
B&N & K Restoration Co., Inc.

**Street Address**
241 Erie Street, Room 236

**City, State, Zip Code**
Jersey City, NJ 07310

**name of OSHA Monitor**
EMSL Analytical, Inc.

**Street Address**
200 Route 130 N

**City, State, Zip Code**
Cinnaminson, NJ 08077-2892

**Project Manager for Monitoring Firm**
Uday Mehta

**Start Date (10)**
October 09, 2017

**Scheduled Completion Date (11)**
October 15, 2017

**Occupancy Status During Abatement (Check only one)**
Facility Closed/Vacated During Entire Period of Abatement

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

- ≥ 3 ft or ≥ 3 ft
- ≥ 160 sf or ≥ 260 sf
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Lower Parking Lot of Administration Building</th>
<th>Tansite pipe</th>
<th>21 In ft</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
Jimmy Byrne Trucking

**NJDEP Waste Hauler ID No.**
19551

**Cubic Yards of Waste**
2

**Name of Registered Landfill**
Minerva Enterprises, Inc.

**City, State**
Waynseburg, OH

**Disposal Date**
09/09/2017 - 09/29/2018

**Completed by**
G. Roger Woodman

**Project Manager**

**Signature**

**Date**
10/6/2017

**Check No.**
4492

**RECEIVED**
OCT 18 2017

**ASBESTOS CONTROL & LICENSING**

* 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)
10/02/17

Name of Building Owner/Operator (2)
Bozena Ghattas

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

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

Street Address

City, State, Zip Code
Garfield, NJ 07026

Name of Facility Where Abatement Is Taking Place (3)
Bozena Ghattas

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

Name of Monitoring Firm Hired by Building Owner (6)

Name of Abatement Contractor (9)
Pro Abatement Services & Solutions

Name of OSHA Monitor
HILMMAM CONSULTING LLC

Start Date (10)
10/05/17

Facility Closed/Vacated During Entire Period of Abatement
☐
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosures
- Glovebag Procedure
- Non-Exempt (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenanc/ Custodial Staff?

Location

Basement

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

Amount (Specify SF or LF)
TSI
40 LF

Abatement Type

Endorse

Name of Registered Waste Hauler

Pro Abatement Services & Solutions

City, State
North Bergen, NJ

Name of Registered Landfill

WASTE MANAGEMENT GROWS N.

City, State

Disposal Date

10/02/17

Completed by
Bryan Parra

Title
Project Manager

Signature

Date

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Check # 25561**

**Date of Notification (1)**

8/11/17

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

Simac

**Street Address**

[Redacted]

**City, State, Zip Code**

Watchung, NJ 07069

**Name of Contact**

Sal Simao

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

Residential

**Type of Facility (4)**

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

**Square Feet**

3200

**# of Floors**

2

**Bldg. Age**

95 +/-

**Facility Information**

**County (6)**

Somerset

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

[Redacted]

**Current Use**

Prior if being demolished

**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) 259-9688

**License No.**

00493

**Name of OSHA Monitor**

MECS

**Street Address**

PO Box 341

**City, State, Zip Code**

Crosswicks, NJ 08515

**Start Date (10)**

8/16/17

**Scheduled Completion Date (11)**

8/25/17

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

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 8 am to 4 pm

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

- ≥3 sf or ≥3 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 IN Facility (13)**

<table>
<thead>
<tr>
<th>Attic</th>
<th>Verbicolite</th>
</tr>
</thead>
</table>

**Yes|No|N/A**

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

Yes

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

1000 sf

**Amount (Specify SF or LF)**

**Abatement Type**

- Removal
- Repair
- Encapsulate
- Endorse

**Name of Registered Waste Hauler**

Stevens Environmental Services, Inc.

**NJDEP Waste Hauler ID No.**

18292

**Cubic Yards of Waste**

20 cu

**Name of Registered Landfill**

Fairless Landfill

**City, State**

Morrisville, PA

**Disposal Date**

8/25/17

**Completed By**

Mahlon E. Stevens

**Title**

Project Manager

**Signature**

[Signature]

**Date**

8/11/17

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/11/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (4)</td>
<td>Simao</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Watchung, NJ 07069</td>
</tr>
<tr>
<td>Name of Contractor</td>
<td>Sal Simao</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
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</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Watchung, NJ 07069</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (9)</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Bill Weisgarber</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8/16/17</td>
</tr>
<tr>
<td>SCOPE OF WORK (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td>☑</td>
</tr>
<tr>
<td>Demolition</td>
<td>☑</td>
</tr>
<tr>
<td>Other - Describe</td>
<td>8 AM to 4 PM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN THIS FACILITY (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>Stevens Environmental Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Allentown, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/25/17</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12)</td>
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</tbody>
</table>

<table>
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<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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<tbody>
<tr>
<td>Amount (Specify SI or LP)</td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>[ ] Removal</td>
</tr>
<tr>
<td>[ ] Encapsulate</td>
</tr>
<tr>
<td>[ ] Excavate</td>
</tr>
</tbody>
</table>

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