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

Date of Notification (1)
9/25/19

Name of Building Owner/Operator (2)
NJDPMC

Agencies Notified

☐ EPA
☒ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
33 West State St., 9th Floor

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

Name of Contact
Regina Bruno

Name of Facility Where Abatement is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Street Address
335 Madison Street

City (5)
Linden, NJ 07036

County (6)
Union County

Name of Monitoring Firm Hired by Building Owner (6)
n/a

Name of Abatement Contractor (9)
Yannuzzi Group, Inc.

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

Square Feet
390

County Code (7)
STATE USE ONLY

# of Floors
0

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned, BLUE ACRES

Abatement Performed Outside of Normal Facility Hours

Start Date (10)
10/11/19

Scheduled Completion Date (11)
10/12/19

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

Other - Describe:

□ 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

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)
390 SF

Abatement Type

Removal
Repair
Encapsulate
Endure

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
100

Name of Registered Landfill
Grows Fairless

City, State
Kinnelon, NJ

Disposal Date
10/12/19

City, State
Morrisville, PA

Completed by
John Mucha

Title
AHERA Project Designer

Signature

Date
9/25/19

ASB-41 (R-06-06)

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/02/19

Name of Building Owner/Operator (2)
NJDPMC

Street Address
33 West State St., 9th Floor
City, State, Zip Code
Trenton, NJ 08625-0034

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Square Feet
2500

Type of Facility (4)

# of Floors
2 1/2

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

□ Abandoned, BLUE ACRES

□ Current Use (Prior if being demolished)

City (5)
Rahway, NJ 07065

Build. Age
50+

County (6)
Union County

Current Use

County Code (7)

□ (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Name of Abatement Contractor (9)

ASCM No.

Yannuzzi Group, Inc.

Telephone No.

908-218-0880

License No.

01228

Project Manager for Monitoring Firm

Name of OSHA Monitor

Telephone No.

Yannuzzi Group, Inc.

Kinnelon, NJ 07405

Name of Registered Waste Hauler

Kinnelon, NJ

Yannuzzi Group, Inc.

Disposal Date

11/04/19

City, State

Kinnelon

Completed by

Title

John Mucha

AHERA Project Designer

Name of Registered Landfill

Grows Fairless

City, State

Morrisville, PA

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

In Facility (13)

Yes
No
N/A

Renovation
Demolition

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

□ Location Normally Used Solely by Maintenance/Custodial Staff?

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

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

□ Amount (Specify SF or LF)

□ Abatement Type

□ Exterior Garage

Window Glazing

50 LF

□ Exterior Siding

Transite Siding

4300 SF

□ Third Floor

Mastic Floor Tile

1200 SF

NJ DEP Waste Hauler ID No.

17467

Cubic Yards of Waste

72

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)
10/02/19

Name of Building Owner/Operator (2)
NJDPMC

Street Address
33 West State St., 9th Floor

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

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Street Address
499 Central Ave

City (6)
Railway, NJ 07065

County (6)
N/A

Union County

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Group, Inc.

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

License No.

Square Feet

# of Floors

Bldg. Age

1750
2
50+

Current Use (Prior if being demolished)

Abandoned, BLUE ACRES

Start Date (10)

Scheduled Completion Date (11)

10/11/19

10/17/19

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)

☐ ≥3 sf or ≥3 ft
☐ ≥150 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)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

(12)

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

Amount
(Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
20

Name of Registered Landfill
Grows Fairless

Disposal Date
10/17/19

City, State
Kinnelon, NJ

Morrisville, PA

Completed By
John Mucha

Title
AHERA Project Designer

Signature

Date
10/02/19

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):** 10/02/19  
**Name of Building Owner/Operator (2):** NJDPMC  
**Street Address:** 33 West State St., 9th Floor  
**City, State, Zip Code:** Trenton, NJ 08625-0034  
**Name of Contact:** Regina Bruno  
**Telephone Number:** 609-433-8745

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Former Residence, BLUE ACRES DEMOLITION  
**Type of Facility (4):** Other (i.e. private & commercial buildings, homes, etc.)

**Street Address:** 993 Main Street  
**City:** Rahway, NJ 07065  
**County:** Union County (STATE USE ONLY)  
**Square Feet:** 1700  
**Current Use (Prior if being demolished):** Abandoned, BLUE ACRES

**Name of Monitoring Firm Hired by Building Owner (8):** n/a  
**ASCM No.:**  
**Name of Abatement Contractor (9):** Yannuzzi Group, Inc.  
**Street Address:** 135 Kinnelon Road  
**City, State, Zip Code:** Kinnelon, NJ 07405  
**Telephone No.:** 908-218-0880  
**License No.:** 01228  
**Name of OSHA Monitor:** Yannuzzi Group, Inc.  
**Street Address:** 135 Kinnelon Road  
**City, State, Zip Code:** Kinnelon, NJ 07405

**Start Date (10):** 10/23/19  
**Scheduled Completion Date (11):** 10/29/19  
**Occupancy Status During Abatement (Check Only One):** Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply):**  
- 3 sf or 25 if  
- 160 sf or ≥200 ft^2^  
- Renovation
- Demolition  
- Full Containment with Negative Pressure  
- 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>Yes</th>
<th>No</th>
<th>Description of Asbestos Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td>Pipe Fitting Insulation</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Yannuzzi Group, Inc.  
**Cubic Yards of Waste:** 5  
**Name of Registered Landfill:** Grows Fairless  
**City, State:** Kinnelon, NJ

**Completed by:** John Mucha  
**Title:** AHERA Project Designer  
**Signature:**  
**Date:** 10/02/19

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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 12:20)

**Name of Building Owner/Operator:** NJDPMC  
**Street Address:** 33 West State St., 9th Floor  
**City, State, Zip Code:** Trenton, NJ 08625-0034  
**Name of Contact:** Regina Bruno  
**Telephone Number:** 609-433-8745

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place:** Former Residence, BLUE ACRES DEMOLITION  
**Street Address:** 926 Jefferson Ave  
**City:** Rahway, NJ 07065  
**County:** Union County

**Name of Abatement Contractor:** Yannuzzi Group, Inc.  
**Street Address:** 135 Kinnelon Road  
**City, State, Zip Code:** Kinnelon, NJ 07405

**Start Date:** 10/17/19  
**Scheduled Completion Date:** 10/23/19

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

**Scope of Work:** Vehicles to be removed from property.

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

<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>Garage</td>
<td>No</td>
<td>Window Caulk</td>
<td>20 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Exterior</td>
<td>Yes</td>
<td>Transite Siding</td>
<td>1450 SF</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Exterior Roof</td>
<td>Yes</td>
<td>Roof &amp; Chimney Flashing</td>
<td>15 SF</td>
<td>Encapsulate</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Yannuzzi Group, Inc.  
**Cubic Yards of Waste:** 15  
**Disposal Date:** 10/23/19  
**Name of Registered Landfill:** Grows Fairless  
**City, State:** Morrisville, PA

**Completed by:** John Mucha  
**Title:** AHERA Project Designer  
**Signature:** [Signature]

**Date:** 10/02/19

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

**State of New Jersey**

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

<table>
<thead>
<tr>
<th><strong>Date of Notification</strong></th>
<th><strong>Name of Building Owner/Operator</strong></th>
<th><strong>Type of Facility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-18-19</td>
<td>PINELANDS CONSTRUCTION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Agedates Notified</strong></th>
<th><strong>Type Notification</strong></th>
<th><strong>Street Address</strong></th>
<th><strong>City, State, Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>300 17TH ST.</td>
<td>SEPIA ISLE CITY, N.J. 08248</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place</strong></th>
<th><strong>County Code (STATE USE ONLY)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>County</strong></th>
<th><strong>Name of Monitoring Firm Hired by Building Owner</strong></th>
<th><strong>ASCN No.</strong></th>
<th><strong>Name of Abatement Contractor</strong></th>
<th><strong>Street Address</strong></th>
<th><strong>City, State, Zip Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>OCEAN CITY</td>
<td>CAPE MAY</td>
<td>N/A</td>
<td>N/A</td>
<td>KLEIMCO INC.</td>
<td>361 S. SPRUCE AVE</td>
<td>WOODSHADE, N.J. 08052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Start Date</strong></th>
<th><strong>Scheduled Completion Date</strong></th>
<th><strong>Occupancy Status During Abatement</strong></th>
<th><strong>Name of OSHA Monitor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-28-19</td>
<td>11-8-19</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Scope of Work</strong></th>
<th><strong>Location of Asbestos-Containing Material (ACM)</strong></th>
<th><strong>Is Location Normally Used Solely by Maintenance/Custodial Staff?</strong></th>
<th><strong>Description of Asbestos Containing Material (ACM)</strong></th>
<th><strong>Amount (Specify SF or LF)</strong></th>
<th><strong>Abatement Type</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SIDING</td>
<td>X</td>
<td>TRANSITE</td>
<td>3250 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Handler</strong></th>
<th><strong>Cubic Yards of Waste</strong></th>
<th><strong>Name of Registered Landfill</strong></th>
<th><strong>Disposal Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEIMCO INC.</td>
<td>N/A</td>
<td>N/A</td>
<td>10-18-19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th><strong>Completed By</strong></th>
<th><strong>Signature</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>10-18-19</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-18-19</td>
<td>STAR CONSTRUCTION INC.</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**

- [ ] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification**

- [ ] Initial
- [ ] Amended
- [ ] Amendment # 1
- [ ] Emergency (Including Justification)

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: RESIDENCE
- **Street Address**: [Redacted]
- **City** (5): OCEAN CITY
- **County**: CAPE MAY
- **Name of Monitoring Firm Hired by Building Owner (8)**: N/A
- **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

**Start Date (10)**

| 10-28-19 |

**Scheduled Completion Date (11)**

| 11-08-19 |

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: N/A

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

- [ ] ≤3 sf or ≤3 ft²
- [ ] ≤160 sf or ≤160 ft²
- [ ] Renovation
- [ ] Demolition

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

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

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

- **IN Facility (13)**: SIDING

**Description of Asbestos-containing material (ACM)**

- [ ] Transite
- [ ] Other - Describe: 2000 SF

**Name of Registered Waste Hauler**

- [ ] KLEMCO INC.

**CITY, STATE, ZIP CODE**

- [ ] MAPLE SHADE N.J

**Company Name**

- [ ] C.M.C. M.U.A

**Name of Registered Landfill**

**Date of Disposal**

**Completed By**

- [ ] MICHAEL KLEMM

**Title**

- [ ] Sue.

**Signature**

- [ ] [Signature]

**Date**

- [ ] 10-18-19

---

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 10-18-19

Name of Building Owner/Operator (2) JERRY’S EXCAVATING

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address
274 INDIAN TRAIL RD.

City, State, Zip Code
CAPE MAY COURT HOUSE, NJ 08210

Name of Contact
JERRY

Telephone Number

FACILITY INFORMATION

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

Square Feet
1500

# of Floors
2

Bldg. Age
50+

Current Use (Prior to being demolished) VACANT

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

County Code (7) (STATE USE ONLY)
CAPE MAY

Project Manager for Monitoring Firm
N/A

Name of Monitoring Firm Hired by Building Owner (6) N/A

Name of Abatement Contractor (9) KLEEMCO INC.

Street Address
369 S. SPRUCE AVE

City, State, Zip Code
MAPLE SHADE, NJ 08052

Telephone No.
856-779-0472

License No._01371

Name of OSHA Monitor
N/A

Start Date (10) 10-28-19

Scheduled Completion Date (11) 11-8-19

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)
☐ 23 sf or < 23 sf
☐ 260 sf or ≥260 sf

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

Name of Registered Waste Hauler KLEEMCO INC

NJDEP Waste Hauler ID No. 17904

Cubic Yards of Waste 5

Name of Registered Landfill C.M.C.M.V.A

Disposal Date

City, State
CAPE MAY, NJ

Completed By
MICHAEL KLEEM
Title
Sup.

Signature

Date 10-18-19

* 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 (1) 10/17/2019

Name of Building Owner/Operator (2) Patrick Pierson

Agencies Notified [ ] EPA [ ] DEF [ ] DOL [ ] DOH [ ] DCA
[ ] Initial Notification [ ] Amended Notification [ ] Emergency [ ] Cancellation

Street Address [REDACTED]

City, State, Zip Code Gillette, NJ, 07933

Name of Contact Patrick Pierson

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Patrick Pierson

Street Address [REDACTED]

City, County Morris

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

ASCM No.

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

Street Address 86 Christopher St.

City, State, Zip Code Montclair, NJ 07042

Telephone Number (973) 744-8800

License Number 00371

Name of OSHA Monitor N/A

Street Address

City, State, Zip Code

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

Scheduled Start Date (10) 11 05 19

Sched. Completion Date (11) 11 07 19

Month Day Year Month Day Year

Scope of Work (Check all that apply)
[X] >3 lb or >= 3 lb
[ ] >=600 lb or >=250 lb
[ ] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Friable Procedure

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

In Facility (13)

Yes No N/A

Location Normally Used Solely By Maintenance/Custodial Staff (12)

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

Amount (Specify SF or LF)

Abatement Type

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

Basement X Ductwork 20 LF X

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste .5

Name of Registered Landfill Tri-State

City, State Montclair, NJ 07042

Disposal Date 11/08/19

City, State Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian President

Signature

Date 10/17/2019

599 Long Hill Rd.
### 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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/17/19</td>
<td>N. JUDY FIANDEO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNION, NJ, 07603</td>
<td>N. FIANDEO</td>
</tr>
</tbody>
</table>

#### 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>N. JUDY FIANDEO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800</td>
<td>2</td>
<td>1950</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (6)</th>
<th>Name of Abatement Contractor (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 South River St</td>
<td>201-329-7444</td>
<td>00388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omega Environmental</td>
<td>280 Huyler St</td>
<td>Hackensack, NJ, 07606</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[redacted]</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Floor Bedroom</strong></td>
<td>[redacted]</td>
<td>VAC</td>
<td>260 LF</td>
<td>None</td>
</tr>
<tr>
<td><strong>First Floor Main Entrance</strong></td>
<td>[redacted]</td>
<td>VAC</td>
<td>25 LF</td>
<td>None</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>Best Removal Inc</td>
<td>17109</td>
<td>3/12</td>
<td>Cumberland County Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackensack, NJ, 07601</td>
<td>11/5/19 Newburgh, PA, 17240</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. MAIORANO</td>
<td>Estimator</td>
<td>[signature]</td>
<td>10/17/19</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification: 10/1/19

Agency Notified:
- EPA
- DEP
- GOL
- COH
- DOA
- DOE

Type of Notification:
- Initial
- Amendment
- Cancellation

Name of Building Owner/Operator:
Newark Public Schools

Street Address:
2 Cedar Street
City, State, Zip Code:
Newark, NJ 07109

Name of Contact:
Paulinus Egu
Telephone Number:
973-753-7355

Facility Information:

Name of Facility where Abatement is Taking Place:
McKinley Elementary School

Street Address:
1 Colonnade Place
City:
Newark
County:
Essex
County Code:
07112

Name of Monitoring Firm Used by Building Owner:
TTL Environmental

Project Manager for Monitoring Firm:
James A. Guarinco
Phone Number:
856-840-8800

Scheduled Start Date:
10/17/2019
Scheduled Completion Date:
10/19/2019

Occupancy Status During Abatement:
Facility closed/evacuated during entire period of abatement
Abatement performed outside of normal facility hours

Scope of Work:
- Demolition
- Renovation
- ≥200 sf or ≥300 sf

Location of Asbestos-Containing Material to be Abated in Facility:
- Location normally used solely by maintenance/fix-testid

Room 100:
- Description of Asbestos-Containing Material (ACM):
  - Pipe insulation
- Amount (Specify SF or LF):
  - 200 sf

Authorized by:
Gordana Luna
Title:
Secretary/Treasurer
Signature:

Date:
10/17/2019
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

B & G proj. #: 2019-244

Date of Notification (1) [110] [1/19]

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

Agencies Notified
☐ EPA  ☑ DOL [X] DOH  ☐ DCA

Type Notification
☑ Initial  ☐ Amendment  ☐ Cancellation

Street Address
2 Cedar Street

City, State, Zip Code
Newark, NJ 07106

Name of Contact
Paulinus Egwu

Telephone Number
973-733-7355

Name of facility where abatement is taking place (3)
McKinley Elementary School

Street Address
1 Colonnade Place

City (5)
Newark, NJ 07112

County (6)
Essex

County Code (7)
ASCM No. 0003

Name of Monitoring Firm Hired by Bldg. Owner (8)
TTI Environmental

Street Address
1253 North Church Street

City, State, Zip Code
Moorestown, NJ 08057

Project Manager for Monitoring Firm
James A Guilliardi

Phone Number
856-840-8800

Scheduled Start Date (10)
10/17/2019

Scheduled Completion Date (11)
10/19/2019

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

Scope of Work (check all that apply)
[ ] Demolition  [X] Renovation [ ] Full Containment w/negative pressure  [X] Glovesbag procedure
[ ] >3 sf or >3 if  [ ] >160 sf or >260 if  [ ] Mini-enclosure  [ ] Non-incinerable procedure

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

Room 100  ✔ pipe insulation  9 if

Location normally used solely by maintenance/custodial staff (12)

Amount
(Specify SF or LF)

Removal
Repair
Enclosure

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID 19563

Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
10/19/2019

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Date
10/17/2019
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 12:120)  

**Inv # 1540D Print Form**  

**Date of Notification (1)**  

**Agencies Notified**  
- [X] EPA  
- [X] DEP  
- [X] DOL  
- [X] DOH  
- [ ] DCA  

**Type Notification**  
- [X] Initial  
- [ ] Amended  
- [ ] Amendment #  
- [ ] Emergency (Including Justification)  
- [ ] Cancellation  

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

**Street Address**  
[Redacted]  

**City, State, Zip Code**  
Paramus, NJ 07652  

**Name of Contact**  
Robert Obernauer  

**Telephone Number**  
[Redacted]  

**FACILITY INFORMATION**  

**Name of Facility Where Abatement Is Taking Place (3)**  
Private Residence  

**Street Address**  
[Redacted]  

**City (6)**  
Paramus, NJ  

**County (6)**  
Paramus  

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

**Square Feet**  
1248  

**# of Floors**  
1  

**Bldg Age**  
1951  

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

**Name of Abatement Contractor (9)**  
Spes Contracting LLC  

**Street Address**  
164 Merline Ave, Unit C  

**City, State, Zip Code**  
Woodland Park, NJ 07424  

**Telephone No.**  
973-807-6330  

**License No.**  
01383  

**Name of OSHA Monitor**  
Spes Contracting LLC  

**Street Address**  
164 Merline Ave, Unit C  

**City, State, Zip Code**  
Woodland Park, NJ 07424  

**Scope of Work (Check All That Apply)**  
- [ ] ≥3 sf or ≥31 if  
- [ ] ≥160 sf or ≥260 sf  
- [X] Demolition  
- [X] Renovation  
- [X] Full Containment with Negative Pressure  
- [X] Glovebag Procedure  
- [X] Non-Exempted (*) and Non-Friable Procedure  

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

<table>
<thead>
<tr>
<th>Location</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>Ground Floor - Throughout</td>
<td>[X]</td>
<td>Joint Compound Material</td>
<td>3800 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>Basement</td>
<td>[X]</td>
<td>Flu Packing Material</td>
<td>2 SF</td>
<td>Repair</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 17 / 19</td>
<td>Mr. Allison Burns-Ferro</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified (3)</th>
<th>Type Notification (4)</th>
<th>Name of Abatement Contractor (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>initial</td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DH&amp;H</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>DQA (NJAC 8:23-8)</td>
<td>Emergency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (6)</th>
<th>Type of Facility (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Englewood, NJ 07631</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm (8)</th>
<th>Telephone No. (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne, NJ 07470</td>
<td>973-356-3511</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 18 / 19</td>
<td>10 / 25 / 19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 160 sf or 1800 SF</td>
</tr>
<tr>
<td>- Renovation Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (12)</th>
<th>Amount (Gross SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>walls plaster</td>
<td>925 SF</td>
<td></td>
</tr>
<tr>
<td>walls plaster</td>
<td>500 SF</td>
<td></td>
</tr>
<tr>
<td>Duct-wall &amp; cut</td>
<td>18 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (13)</th>
<th>City, State, Zip Code</th>
<th>Waste Hauler D. No.</th>
<th>Total Yards of Waste (14)</th>
<th>Items of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>Wayne, NJ 07470</td>
<td>0033785</td>
<td>TBD</td>
<td>TDRF Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact (2)</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garry Tortello</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>County Code (15)</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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>10/18/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>PEPCO Holdings</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 231, Mall Stop 68MK64</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Wilmington, DE 19801</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>B. Brainard</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>302-429-3326</td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Mickleton Sub Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>176 Harmony rd</td>
</tr>
<tr>
<td>City (5)</td>
<td>Gibbstown</td>
</tr>
<tr>
<td>County (6)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>(STATE USE ONLY)</td>
</tr>
<tr>
<td>Current Use (prior if being demolished)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
<th>Harvard Environmental Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>760 Pulaski Highway</td>
</tr>
<tr>
<td>City State, Zip Code</td>
<td>New Castle, DE 19720</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Wesley Morrison</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(302) 326-2333</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Start Date (10)</th>
<th>11-4-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Completion Date</td>
<td>11-5-19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>XX Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours -</td>
<td>☐ Other – Describe:</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X ≥ 3 sf or ≥ 3 if</th>
</tr>
</thead>
<tbody>
<tr>
<td>X ≥ 180 sf or ≥ 280 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO BE ABATED IN Facility (13)</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, VAT, or other miscellaneous)</td>
<td>asbestos cement siding panels</td>
<td>1,964 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

| Amount (Specify SF or LF) | 1,964 SF |

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Repair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encapsulate</td>
<td></td>
</tr>
<tr>
<td>Endcap</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler Service Transport Grp</th>
<th>NJDEP Waste Hauler ID No 20590</th>
</tr>
</thead>
<tbody>
<tr>
<td>City State</td>
<td>New castle DE</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBA</td>
</tr>
<tr>
<td>City State, Zip Code</td>
<td>Name of Reg. Landfill Minerva</td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

*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)
10-18-19

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Name of Building Owner/Operator (2)
Stepan Company

Street Address
201 4th St
City, State, Zip Co
Fieldsboro, NJ 08031

Name of Contact
B. Jamison

Telephone Number
609-299-1222

FACILITY INFORMATION

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

Type of Facility (4)

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

Square Feet
10,000
# of Floors
2
Bldg. Age
50

County Code (7) (STATE USE ONLY)

Current Use (prior if being demolished)
Industrial

County (6)
Burlington

Name of Contractor (9)
County Environmental

Name of Monitoring Firm Hired by Bldg. Owner (8)
Harvard Environmental Inc.

ASCM No.

Street Address
760 Pulaski Highway
City, State, Zip Code
New Castle, DE 19720

Project Manager for Monitoring Firm
Wesley Morrison

Telephone No.
(302) 326-2333

Scheduled Start Date (10)
11-5-19

Scheduled Completion Date
11-6-19

Occupancy Status During Abatement (Check only one)

☐ Other – Describe:

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

Scope of Work (Check all that apply)

☐ X ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 sf

X Renovation Demolition

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

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility (12)

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

Exterior
X

asbestos cement siding panels
10 SF

Abatement Type

Location of Reg. Waste Hauler
Service Transport Grp

NJ DEP Waste Hauler ID No. 20990
Cubic Yards of Waste

Name of Reg. Landfill
Minerva

City, State
New castle DE

Disposal Date
TBA

City, State
Waynesburg OH

Completed by
Ben Hodgdon
Title
PM

Signature

Date
10-18-19

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

Date of Notification (1)
10-15-2019

Agencies Notified

- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Name of Building Owner/Operator (2)
Saso Efremovski

Street Address

- Street Address [Redacted]
- City, State, Zip Code Clifton NJ 07011

Name of Contact
Saso Efremovski

Telephone Number

FACILITY INFORMATION

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

City (5)
Clifton NJ 07011

County (6)
Passaic

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

ASCM No.

Name of Abatement Contractor (9)
Amox Contracting LLC

Street Address
PO BOX 734

City, State, Zip Code
Woodland Park NJ 07424

Project Manager for Monitoring Firm
Kayode Adeshioge

Telephone No.
973-692-6298

License No.
01266

Start Date (10)
10-24-2019

Scheduled Completion Date (11)
11-01-2019

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)
- ≥3 sf or ≥3 ft
- ≥180 sf or ≥260 ft
- Renovation
- Demolition

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

- In Facility
- Non-Friable

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

Yes No N/A

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

Amount (Specify SF or LF)
50 LF

Abatement Type
X

Name of Registered Waste Hauler
Amox Contracting LLC

NJ/DEP Waste Hauler ID No.
0036184

Cubic Yards of Waste
2 CY

Name of Registered Landfill
Fairless Hills

Disposal Date
01-09-2019

City, State
Morrissville PA

Completed by
Tome Maslakov

Title
Project Manager

Signature

Date
10-15-2019

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

**State of New Jersey**

**Pursuant to NJA 8:9B-4 and 8:9B-15**

**NOTIFICATION OF ASBESTOS ABATEMENT**

**Data of Notification (1)**
10/14/19

**Name of Building Owner/Operator (8)**
JOANNE BRUNO

**Name of Facility Where Abatement Is Taking Place (9)**
GARAGES

**City**
LINCOLN AVE

**County**
BERGEN

**Name of Abatement Contractor (9)**
A. Mac Contracting Inc.

**City, State, Zip Code**
RIDGEFIELD PARK, NJ 07657

**Telephone No.**
201-233-0841

**Name of Compactor Firm (7)**
ERDOS MANN

**Telephone No.**
201-233-0841

**Name of Monitoring Firm (12)**
ERDOS MANN

**Telephone No.**
201-233-0841

**Start Date (10)**
10/14/19

**Scheduled Completion Date (11)**
10/14/19

**Location of Asbestos-Cementing Material (ACM) (9)**
ROOF

**Description of ACM (12)**
Flashing.

**Amount (13)**
1,800 LF

**Name of Registered Waste Handler**
Newark Carting Inc.

**City, State**
Newark, NJ 07105

**Compiled by**
R. McDougal

**Title**
President

**Signature**
R. McDougal

**Date**
10/14/19

---

**Table:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>ACM Used by/ Maintained/ Maintained</th>
<th>Description of ACM</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>X</td>
<td>Flashing</td>
<td>1,800 LF X</td>
</tr>
</tbody>
</table>

---

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

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

**Date of Notification:** 10/17/19

**Name of Building Owner/Operator:** Weequahic Preservation LLC

**Street Address:** 1865 Palmer Avenue

**City, State, Zip Code:** Larchmont, NY 10538

**Name of Contact:** Michael Handler

**Telephone Number:** 347-738-0363

### FACILITY INFORMATION

**Street Address:** 515 Elizabeth Avenue

**City:** Newark

**County:** Essex

**Type of Facility:** Commercial

**Square Feet:**

**# of Floors:**

**Edag. Age:**

**Current Use:**

### Monitoring Firm

**Name of Monitoring Firm Hired by Building Owner:** ASCM Consulting

**Name of OSHA Monitor:** ALL PRO MANAGEMENT LLC

**Street Address:** 27 Outwater Lane

**City, State, Zip Code:** Garfield, NJ 07026

**License No.:** 1188

**Telephone Number:** 973-928-4888

### Project Manager for Monitoring Firm

**Name:** Michael Chain

**Telephone No.:** 732-921-9223

**Start Date:** 10/26/19

**Scheduled Completion Date:** 12/31/19

### Occupancy Status During Abatement

- Facility Closed/Vacated During Entire Period of Abatement: Yes
- Abatement Performed Outside of Normal Facility Hours: No

### Scope of Work

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

### Description of Asbestos Containing Material (ACM)

<table>
<thead>
<tr>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

**Name:** Newark Carting

**Cubic Yards of Waste As Needed:**

**Name of Registered Landfill:** Grand Central Sanitary Landfill

**Disposal Date:** TBD

**City, State:** Newark, NJ

**Waste Hauler ID No.:** 0263

**City, State:** Pen Argyl, PA

**Disposal Date:**

**Name:** Allen Monchik

**Title:** Project Manager

**Signature:** Allen Monchik

**Date:** 10/17/19

---

*Do not use this form for asbestos licensure exempted activities.*
<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>Apartment @MB</td>
<td>X</td>
<td>Pipe Fittings</td>
<td>6 Fittings</td>
<td>Removal</td>
</tr>
<tr>
<td>28th Floor- Bathrooms</td>
<td>X</td>
<td>Pipe/Elbow</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>24th Floor- Bathrooms</td>
<td>X</td>
<td>Pipe/Elbow</td>
<td>40 LF</td>
<td>X</td>
</tr>
<tr>
<td>20th Floor- Bathrooms</td>
<td>X</td>
<td>Pipe/Elbow</td>
<td>40 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Completed by: (Print or type)
Allen Monchik

Title: Project Manager
Signature: Allen Monchik
Date: 10/17/19
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/07/19

Agencies Notified:
- EPA  □ Initial
- DEP  □ Amended
- DOL  □ Amendment #
- DOH  □ Emergency (Including Justification)
- DCA  □ Cancelation

Name of Building Owner/Operator (2)
City of Clifton
Street Address 900 Clifton Ave
City, State, Zip Code Clifton, NJ 07013
Name of Contact Ellen Tar c/o West End KB Builders & Developers Telephone Number 732-389-3355 x19

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Clifton Station No 5
Street Address 51 Brighton Road
City (5) Clifton
County (6) Passaic
County Code (7) ASCM No. 00104

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

Square Feet 6,000

# of Floors 1

Bldg. Age 55+

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address 52 Willow Way
City, State, Zip Code Woodland Park, NJ 07424

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

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

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Description of

Amount

Abatement

Type

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes  No  N/A

See Attached

Amount

Abatement

Type

Cubic Yards of Waste

30+

Name of Registered Landfill

Fairless Hills Landfill

City, State

Morrisville, PA

Completed by

Zhivko Nikolov

Title  President

Signature

Date 10/07/19

Name of Registered Waste Hauler

Unicorn Contracting Corp.

Waste Hauler ID No. 0035844

Cubic Yards of Waste 30+

Name of Registered Landfill

Fairless Hills Landfill

Disposal Date TBD

City, State

Morrisville, PA
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>In 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>Electrical Room</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>250 SF</td>
<td>X</td>
</tr>
<tr>
<td>Storage Room &amp; Foyer Outside Storage Room</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>105 SF</td>
<td>X</td>
</tr>
<tr>
<td>Day Room Closet</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>25 SF</td>
<td>X</td>
</tr>
<tr>
<td>Linen Closet</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>60 SF</td>
<td>X</td>
</tr>
<tr>
<td>Boiler Room</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>15 SF</td>
<td>X</td>
</tr>
<tr>
<td>Apparatus Room- Engine Bay</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>32 SF</td>
<td>X</td>
</tr>
<tr>
<td>Apparatus Room-Hazmat Truck Bay</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>16 SF</td>
<td>X</td>
</tr>
<tr>
<td>Apparatus Room - Bucket Truck Bay</td>
<td>X</td>
<td>2'x4' Drop Ceiling Tiles w/ Squiggles &amp; Gouges</td>
<td>8 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior Front - behind Metal Window Panels of the Day Room/Corridor and Entrance/Watch Room</td>
<td>X</td>
<td>Transite Panel Boards- Behind Metal Panels Under Windows</td>
<td>6 SF</td>
<td>X</td>
</tr>
<tr>
<td>Exterior of Building on Façade - All Sides</td>
<td>X</td>
<td>Transite Shingles</td>
<td>700 SF</td>
<td>X</td>
</tr>
<tr>
<td>Roof - Base of Roof Perimeter, Drains, Curbs, Penetrations, Etc.</td>
<td>X</td>
<td>Roof Flashing</td>
<td>250 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Received: OCT 16 2019

ASBESTOS CONTROL & LICENSING
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Name of Building Owner/Operator:** Brixmor Property Group

**Street Address:** One Fayette Street, Suite 150
**City, State, Zip Code:** Conshohocken, PA 19428

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

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinton Falls Plaza</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City (5)</th>
<th>Tinton Falls</th>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>700 Turner Industrial Way, Suite 105</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Aston, PA 15014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>610-558-8902</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave Turcotte</td>
<td>484-872-8884</td>
<td>01161</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/22/19</td>
<td>11/15/19</td>
<td>ENSML</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Space 07 B</td>
<td></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) (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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Floor tile mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management</td>
<td>17273</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>GROWS Fairless Hills</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Bally</td>
<td>Sr. Project Manager</td>
<td>[Signature]</td>
<td>10/21/19</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 6:60 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
City, State, Zip Code  
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
Street Address  
980 Shrewsbury Avenue
City (5)  
Tinton Falls
County (6)  
Monmouth

County Code (7)  
(STATE USE ONLY)

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

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

Current Use (Prior to being demolished)  
Commercial / Retail

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

ASCM No.  

Name of Abatement Contractor (9)  
eoservices, LLC

Street Address  
303 B National Road
City, State, Zip Code  
Exton, PA 19341

Telephone No.  
484-872-8884
License No.  
01161

Name of OSHA Monitor  
EMSL

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

Start Date (10)  
10/23/19
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 sl or ≥3 if
[ ] ≥160 sf or ≥260 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

<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Space 07 B</td>
<td>Floor tile mastic</td>
<td></td>
</tr>
</tbody>
</table>

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

Cubic Yards of Waste  
20

Name of Registered Landfill  
GROWS Fairless Hills

City, State  
Trenton, NJ

Disposal Date  
TBD
City, State  
Morristown, PA

Completed by  
Jack Bally  
Sr. Project Manager

Signature  
Jack Bally  
Date  
10/15/19

* 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)
10/11/19 (Abatement still underway)

Agency Notified
☐ EPA
☐ DEP
☐ DOH
☐ DOL
☐ DCA
☐ Initial
☐ Amended
☐ Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
NJDPMC

Street Address
33 West State St., 9th Floor

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

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Street Address
835 Main Street

City (5)
Rahway, NJ 07065

County (6)

Union County

County Code (7) (STATE USE ONLY)  

Name of Monitoring Firm (8)

n/a

ASCN No.

Name of Abatement Contractor (9)
Yannuzzi Group, Inc.

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
10/07/19

Scheduled Completion Date (11)
10/18/19

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)
☐ ≥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)

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

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulation
Endourse

First Floor
☐ Dining Room & Kitchen Walls 395 SF
☐ Exterior Windows 500 LF
☐ Exterior Siding 2600 SF

Cubic Yards of Waste
1

Name of Registered Landfill
Grows Fairless

City, State
Kinnelon, NJ

Completed by
John Mucha

Title
AHERA Project Designer

Signature

Date
10/11/19

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

**JOB NO.** 2117  
**DESTINATION ADDRESS** 6096330664  
**SUBADDRESS**  
**DESTINATION ID** 10/14 08:33  
**TX/RX TIME** 00' 26  
**PGS.** 1  
**RESULT** OK  
**COMM. MODE** ECM

---

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 6:80 and 12:1:20)

**Date of Notification:** 10/11/19 (Abatement still underway)  
**Name of Building Owner/Operator:** NJDPMC

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

**Type Notification**  
- Initial  
- Amended #1  
- Emergency (including Justification)  
- Cancellation

**Street Address:** 33 West State St., 9th Floor  
**City, State, Zip Code:** Trenton, NJ 08625-0034

**Name of Contact:** Regina Bruno  
**Telephone Number:** 609-433-5745

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** BLUE ACRES DEMOLITION  
**Former Residence:** BLUE ACRES DEMOLITION  
**Street Address:** 235 Main Street  
**City:** Rahway, NJ 07065  
**County:** Union County  
**County Code:** (STATE USE ONLY)

**Type of Facility:** School (K-12)  
**Square Feet:** 2,650  
**Floor:** 212  
**Bldg Age:** 50+

**Name of Monitoring Firm Hired by Building Owner:** ASCM No.  
**Name of Abatement Contractor:** Yannuzzi Group, Inc.  
**Street Address:** 135 Kinnelon Road  
**City, State, Zip Code:** Kinnelon, NJ 07405

**Project Manager for Monitoring Firm**  
**Telephone No.:** 908-216-0880  
**License No.:** 01228  
**Name of OSHA Monitor:** Yannuzzi Group, Inc.

**Start Date (10):** 10/07/19  
**Scheduled Completion Date (11):** 10/19/19

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

**Scope of Work (Check All That Apply):**  
- ±20 sf or ±40 sf  
- ±100 sf or ±280 sf  

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
**In Facility:** (12)  
**Is Location Normally Used Solely by Maintenance Custodial Staff:** (13)  
**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):**

---

**Location:**  
**Is Location Normally Used Solely by Maintenance Custodial Staff:** Yes  
**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**

---

**Mini-Enclosure**

---

**Glovebag Procedure**

---

**Non-Examined (O) and Non-Friable Procedure**

---

**Renovation**

---

**Demolition**

---

**Endresult**

---

**Other – Describe:**

---

**Location:**

---

**Is Location Normally Used Solely by Maintenance Custodial Staff:** No  
**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**

---

**Mini-Enclosure**

---

**Glovebag Procedure**

---

**Non-Examined (O) and Non-Friable Procedure**

---

**Renovation**

---

**Demolition**

---

**Endresult**

---

**Other – Describe:**
# Notification of Asbestos Abatement

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 5:60 and 12:120)

**Date of Notification (1):** October 17, 2019

**Name of Building Owner/Oператор (2):** Torcon, Inc.

**Agencies Notified:**
- [X] EPA
- [X] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type Notification:**
- [X] Initial
- [ ] Amended
- [ ] Amendment #2
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address:**

**One Crescent Drive**  
City, State, Zip Code: Philadelphia, PA 19112

**Name of Contact:**

**Project Manager:**

**Telephone Number:** 973-234-7026

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

**Central Building**  
**Street Address:**

**South Harvard Avenue**  
City (5):

**Cherry Hill, NJ**  
County (6):

Camden

**County Code (7):**

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

**Name of Monitoring Firm Hired by Building Owner (8):** A.E.S.L.

**ASCM No.:**

**Name of Abatement Contractor (9):** The MACK Group, LLC

**Street Address:**

**2200 Paterson Plank rd # 7**  
City, State, Zip Code: North Bergen, NJ 07047

**Telephone No.:** 201-864-6583

**License No.:** 00781

**Name of OSHA Monitor:** The MACK Group, LLC

**Occupancy Status During Abatement (Check Only One):**

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe:

**Start Date (10):** 10/21/19  
**Scheduled Completion Date (11):** 12/31/19

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

- [X] ≥3 of or ≥3 LF  
- [ ] ≥160 sf or ≥260 LF  
- [X] Demolition  
- [ ] Renovation

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

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

- [ ] floor tile
- [ ] roofing

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

**Abatement Type:**

- [X] Removal
- [X] Encapsulate
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

**Name of Registered Waste Hauler:**

**City, State:**

**Newark, NJ**

**Disposal Date:** 12/31/19

**Name of Registered Landfill:** IESI Bethlehem landfill / Minerva Ent.

**Cubic Yards of Waste:** TBD

**City, State:**

**Bethlehem, PA / Waynesburg, OH**

**Completed by:**

**Title:** President

**Signature:**

**Date:** 10/17/19

---

* 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)**
October 01, 2019

**Name of Building Owner/Operator (2)**
Torcon, Inc.

**Street Address**
One Crescent Drive
Philadelphia, PA 19112

**City, State, Zip Code**
Philadelphia, PA 19112

**Name of Contact**

**Telephone Number**
973-234-7026

**FACILITY INFORMATION**

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

**Street Address**
South Harvard Avenue

**City (4)**
Cherry Hill, NJ

**County Code (7)**
Camden

**County Code (7)**
Camden

**Name of Monitoring Firm Hired by Building Owner (8)**
A.E.S.L.

**ASCM No.**

**Name of Abatement Contractor (9)**
The MACK Group, LLC

**Street Address**
2200 Paterson Plank rd # 7

**City, State, Zip Code**
North Bergen, NJ 07047

**Telephone No.**
201-884-6583

**License No.**
00781

**Name of OSHA Monitor**
The MACK Group, LLC.

**HOLD**
12/31/19

**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)**
- ≥3 sf or ≥3 ll
- ≥160 sf or ≥260 ll
- Renovation
- Demolition
- Full Containment
- Encapsulate
- Enclosure

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

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

**Description of Asbestos Containing Material (ACM)**
- floor tile
- roofing

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

**Abatement Type**
- Repair
- Removal

**Name of Registered Waste Hauler**

**Disposal Date**
Bethlehem, PA / Waynesburg, OH

**City, State**
Newark, NJ

**City, State**
Newark

**Completed by**
Mike Cooper

**Title**
President

**Signature**

**Date**
10/1/19

*Do not use this form for asbestos licensure exempted activities.*
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:30 and 12:120)

**Date of Notification (1):** September 30, 2019

**Name of Building Owner/Operator (2):** Torcon, Inc.

**Street Address:** One Crescent Drive

**City, State, Zip Code:** Philadelphia, PA 19112

**Name of Project Manager:** TBD

**Telephone Number:** 973-234-7026

---

**FACILITY INFORMATION**

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

- **Central Building**
  - **Street Address:**
    - **City, State, Zip Code:**

- **South Harvard Avenue**
  - **City (5):**
    - **County Code (6):**
      - **Square Feet:**
      - **# of Floors:**
      - **Bldg. Age:**

- **Cherry Hill, NJ**
  - **City (5):**
    - **County Code (6):**
      - **Current Use (Prior to being demolished):**

**Name of Monitoring Firm Hired by Building Owner (8):** A.E.S.L.

**Street Address:** 2200 Paterson Plank rd # 7

**City, State, Zip Code:** North Bergen, NJ 07047

**Project Manager for Monitoring Firm:** Carmelo Altomonte

**Telephone No.:** 201-884-6583

**Start Date (10):** 10/1/19

**Scheduled Completion Date (11):** 12/31/19

**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):**

- ≥3,000 sf or ≥3,000 ft²
- ≥1,600 sf or ≥1,600 ft²
- ≥800 sf or ≥800 ft²
- ≥400 sf or ≥400 ft²
- ≥200 sf or ≥200 ft²
- ≥25 sf or ≥25 ft²

- **Renovation Demolition**

- **Full Containment with Negative Pressure**

- **Mini-Enclosure**

- **Glowbag Procedure**

- **Non-Exempted (1) and Non-Friable Procedure**

---

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

- Central Bldg

- Non-Exempted (1)

- Non-Friable Procedure

**Is 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):**

- **Name of Registered Waste Hauler:**

- NJ DEP Waste Hauler ID No. 4500

- Cubic Yards of Waste: TBD

- Name of Registered Landfill:

<table>
<thead>
<tr>
<th>City</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark</td>
<td>IESI Bethlehem landfill / Minerva Ent.</td>
</tr>
</tbody>
</table>

**Name of Registered Hauler:**

**City, State:**

**Disposal Date:**

**City:**

**State:**

**Date:**

**Signature:**

---

**Do not use this form for asbestos licensure exempted activities.**
## State of New Jersey
### NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:59 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/15/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Susan Walsh</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>[redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Maplewood, NJ 07040</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Susan Walsh</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (6)</td>
<td>Maplewood</td>
</tr>
<tr>
<td>County (8)</td>
<td>Essex</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>D&amp;S Abatement, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>11 Rosengren Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Totowa, NJ 07512</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>973-345-6685</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>01311</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Work</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥25 sf or ≥3 lf</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥160 sf or ≥260 lf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other — Describe: Occupied</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TO BE ABATED In Facility</th>
<th>Basement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)</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>Pipe Insulation</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>120 LF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>X</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>Atlantic Carting</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Oliver Hegedus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed By</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</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)  

Name of Building Owner/Operator (2):  Mahwah Business Center  
Street Address:  65 Ramapo Valley Road  
City, State, Zip Code:  Mahwah, NJ 07430  
Name of Contact:  John Suilkowski  
Telephone Number:  201-376-7752

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3):  Commercial Building  
Street Address:  59 Ramapo Valley Road  
City:  Mahwah  
County:  Bergen  
Name of Monitoring Firm Hired by Building Owner (8):  N/A  
ASCM No.:  N/A  
Type of Facility (4):  Other (i.e. private & commercial buildings, homes, etc.)

Square Feet:  N/A  
# of Floors:  N/A  
Bldg. Age:  N/A  
Current Use (Prior if being demolished):  Commercial Building

Street Address:  11 Rosengren Avenue  
City, State, Zip Code:  Totowa, NJ 07512  
Name of Abatement Contractor (9):  D&S Abatement, Inc.  
Telephone No.:  973-345-8685  
License No.:  01311  
Name of OSHA Monitor:  D&S Abatement, Inc.  
Street Address:  11 Rosengren Avenue  
City, State, Zip Code:  Totowa, NJ 07512  

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

- [X] 100 sf or ≥ 600 sf  
- [X] Renovation  
- [X] Demolition  
- [X] Full Containment with Negative Pressure  
- [X] Glovebag Procedure  
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Building</th>
<th>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>59 Garage</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>110 LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**:  Atlantic Carting  
Waste Hauler ID No.:  26065  
Cubic Yards of Waste:  TBD  
Name of Registered Landfill:  Grand Central  
Disposal Date:  TBD  
City, State:  Pen Argyl, PA  
Completed by:  Oliver Hegedus  
Title:  Project Manager  
Signature:  [Signature]  
Date:  10/15/2019

*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

**Agencies Notified**
- [X] EPA
- [ ] DEP
- [ ] DOL
- [X] DOH
- [ ] DCA

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

**Name of Building Owner/Operator (2)**
Mahwah Business Center

**Street Address**
65 Ramapo Valley Road

**City, State, Zip Code**
Mahwah, NJ 07430

**Name of Contact**
John Sulikowski

**Telephone Number**
201-376-7752

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

**Commercial Building**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 Ramapo Valley Road</td>
<td></td>
</tr>
</tbody>
</table>

**County (6)**
Bergen

**County Code (7) (STATE USE ONLY)**
N/A

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

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

**Square Feet**
N/A

**# of Floors**
N/A

**Bldg. Age**
N/A

**Current Use (Prior to being demolished)**
Commercial Building

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>11 Rosengren Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Totowa, NJ 07512</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>973-345-8885</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>01311</th>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>11 Rosengren Avenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th>Totowa, NJ 07512</th>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>973-345-8885</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License No.</th>
<th>01311</th>
</tr>
</thead>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>10/28/2019</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
<th>10/29/2019</th>
</tr>
</thead>
</table>

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

**Scope of Work (Check All That Apply)**
- [X] ≥3 sf or ≥3 If
- [X] ≥180 sf or ≥280 If
- [X] Renovation
- [ ] Demolition
- [X] Full Containment with Negative Pressure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Suite 101 Vault Room</th>
<th>X</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pipe Insulation</th>
<th>12 LF</th>
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</thead>
</table>

**Name of Registered Waste Hauler**
Atlantic Carting

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>26085</th>
</tr>
</thead>
</table>

**Cubic Yards of Waste**
TBD

**Name of Registered Landfill**
Grand Central

**Disposal Date**
TBD

**City, State**
Wayne, NJ

**Completed by**
Oliver Hegedus

<table>
<thead>
<tr>
<th>Title</th>
<th>Project Manager</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/15/2019</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:68 and 12:120)

**Name of Building Owner/Operator (2)**
Pat O'Rourke Private Home

**Name of Facility Where Abatement Is Taking Place (3)**
Pat O'Rourke Private Home

**County Code (7)**
Ocean

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

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Start Date (10)**
10/30/19

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

**Scope of Work (Check All That Apply)**
X 23 sf or ≥3 if
X ≥150 sf or ≥260 if

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

<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>Through-out</td>
<td>X</td>
<td>Floor Tile only</td>
<td>700 SF</td>
<td>x</td>
</tr>
<tr>
<td>Exterior Siding</td>
<td>X</td>
<td>Exterior Siding</td>
<td>1200 SF</td>
<td>x</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
United Roll Off

**Disposal Date**
11/12/19

**City, State**
Elm

**City, State**
Morrisville PA 19067

**Name of Contact**
Pat

**Telephone Number**

---

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

State of New Jersey

Date of Notification (1)
10 / 18 / 19

Name of Building Owner/Operator (2)
Eli Lilly and Company

Name of Facility Where Abatement is Taking Place (3)
BUILDING BB1181 - (Eli Lilly & Company)

Street Address
1181 Route 202 North

City (5)
Branchburg, NJ 08876

County (6)
Somerset

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
10 / 8 / 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 - Describe

Time of Abatement: 7:00AM-5:00PM/ ___PM- ___AM

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 If
☐ ≥160 sf or ≥280 If

☐ Renovation
☐ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal ☐ Repair ☐ Encapsulate ☐ Disposal ☐ Endorsement ☐

Exterior of Roof (Original Notice)

☑ Paint Roof Coating

1200 SF

Exterior of Roof (Amendment #1)

☑ Paint Roof Coating

2200 SF

Name of Registered Waste Hauler (14)

Republic

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Conestoga

City, State, Zip Code
Morgantown, PA 19543

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
10-19-2019

* 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 (1)
10/18/19

Name of Building Owner/Operator (2)
Cooper University Hospital

Month/Day/Year

Agency Notified
X EPA
X DEP
DCA
X DOH

Type Notification
X Initial
Notification
Amended
Notification
Cancellation

Street Address
One Cooper Plaza

Name of Contact
Mark Elberfeld

City, State, Zip Code
Camden NJ 08103

Telephone Number
215-271-1449

Name of Facility Where Abatement is Taking Place (3)
Cooper Hospital-Kelemen Bldg

County Code (7) (STATE USE ONLY)

Facility Information

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Labs

ASCM No.

Type of Facility (4)
School (K12)
Subchapter 8 (Other than K12)
x Other (i.e., Private & commercial buildings, homes, etc.)

Square Feet
50,000

# of Floors
4

Bldg. Age
60

Type of Abatement Contractor (9)
Associated Specialty Contracting Inc

Name of Abatement Contractor

Street Address
98 LaCroce Avenue

City, State, Zip Code
Glen Mills, PA 19342

Telephone Number
610-364-9622

Licence Number
1103

Name of OSHA Monitor

Criterion Labs

Street Address
3370 Progress Dr

City, State, Zip Code
Bensalem, PA 19020

Scheduled Start Date (10)
10/28/19

Sched. Completion Date (11)
11/30/19

Occupancy Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
x Abatement Performed Outside of Normal Facility

Hours - Describe: 7:00 AM to 3:30 PM
Other - Describe: 4:00 PM to 12:30AM

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

Location of Asbestos-Containing Material (ACM)

In Facility (13)

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

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

Amount (Specify SF or LF)

Abatement Type

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

Location of Asbestos-Containing Material (ACM)

Pharmacy 2nd floor

x mastic
1458sf

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
Name of Registered Landfill
Horizon Disposal
GROWS

City, State
Trenton NJ

Disposal Date
As req.

Completed By (Print or Type)
Jack Tomasa
Title
Project Manager
Signature
Date
10/18/19

ABS-41
JUN 95

G4667
## 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>18</th>
<th>19</th>
</tr>
</thead>
</table>

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

| Waiters Residential |

**Agencies Notified**

- [X] EPA
- [X] DOH
- [ ] DOLWD
- [ ] DCA
  (NJAC 5:23-8)
- [ ] County Code (STATE USE ONLY)

| FACILITY INFORMATION |

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

- Residence

**Street Address**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**City (5)**

| Surf City |

**County (6)**

| Ocean |

**County Code (7)**

| N/A |

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

| N/A |

**ASCM No.**

| Name of Abatement Contractor (9) |

| Guardian Contracting, Inc. |

**Name of OSHA Monitor**

| E.M.S.L. Analytical |

**Street Address**

| 1889 Route 9, Unit 61 |

**City, State, Zip Code**

| Toms River, New Jersey 08755 |

**Telephone No.**

| 732-349-9932 |

**License No.**

| 00624 |

**Start Date (10)**

| 10 | 29 | 19 |

**Scheduled Completion Date (11)**

| 10 | 30 | 19 |

**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/PM-AM

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

| [ ] Renovation |
| [X] 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)**

| Exterior |
| asbestos siding |

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

| 1600 sf |

**Amount (Specify SF or LF)**

|  |

**Abatement Type**

| Removal | Repair | Encapsulation |

**Endorsement**

|  |

**Name of Registered Waste Hauler**

| Guardian Contracting, Inc. |

**NJDEP Waste Hauler ID No.**

| 20223 |

**Cubic Yards of Waste**

| 3 |

**Name of Registered Landfill**

| T.R.R.F. |

**Disposal Date**

| 10/30/19 |

**City, State**

| Tullytown, Pennsylvania |

**Completed By (Print or Type)**

| Nicholas Fernicola |

**Title**

| Project Manager |

**Signature**

- [ ]

**Date**

| 1/18/19 |

---

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

Date of Notification (1)
10 / 17 / 19

Name of Building Owner/Operator (2)
K C Homes

Street Address
3620 Route 35 N
Normandy Beach, NJ 08739

Name of Contact
Sean Fraw

Telephone Number
908-812-2443

FACILITY INFORMATION

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

Street Address

City (5)
Lavallette

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

ASCM No.

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

Street Address
1889 Route 9, Unit 61
Toms River, New Jersey 08755

City, State, Zip Code

Current Use (Prior if being demolished)
Residence

Square Feet
800

# of Floors
1

Bldg. Age
65

Project Manager for Monitoring Firm

Telephone No.
732-349-9932

License No.
00624

Start Date (10)
10 / 28 / 19

Scheduled Completion Date (11)
10 / 29 / 19

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

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- ≥2 sf or ≥23 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)

exterior

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

Yes No N/A

asbestos siding

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

Amount (Specify SF or LF)
800 sf

Abatement Type

Removal
Repair
Encapsulation
Enclosure

Name of Registered Waste Hauler
Guardian Contracting, Inc.

NJDEN Waste Hauler ID No.
20223

Cubic Yards of Waste
3

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

Disposal Date
10/29/19

City, State
Tullytown, Pennsylvania

Completed By (Print or Type)
Nicholas Femicola

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 N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)  
10/18/19

Name of Building Owner/Operator (2)  
Hamilton Township School District

Name of Contact  
Susan Lombardo

Name of Facility Where Abatement is Taking Place (3)  
Hamilton High School West

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

Street Address  
2720 South Clinton Avenue

City State, Zip Code  
Hamilton, NJ 08690

Name of Contractor (9)  
Panoramic Window & Door Systems, Inc.

City  
Mercer

Street Address  
712 Sergeantsville Road

City State, Zip Code  
Stockton, NJ 08699

License Number  
01237

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

Telephone Number  
P (732)926-0800 x102

Name of OSHA Monitor  
IAQ GURU LLC

Source of Work (Check all that apply)  

Renovation  
Demolition  
Mini-Enclosure  
Glovebag Procedure  
Non-Nailable Procedure

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

Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES

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

Amount (Specify SF or LF)  
2800 sf

Abatement Type  
Remove, Repair, Encapsulate

Exterior Window Systems  
NO

Exterior window caulking  
250 sq ft

Location of Reg. Waste Hauler  
NJ/DEP Waste Hauler ID # 0036057

Disposal Date  
Cubic Yards of Waste  
Name of Registered Landfill

Completed by (Print or Type)  
Mark M Jovic

Title  
Project Manager

Signed:  
10/18/19

Name of Registered Landfill  
Chrin Brothers Sanitary Landfill

City State  
Easton, PA
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

(Pursuant to NJAC 8:69 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
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<tr>
<td></td>
<td>□ DEP</td>
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<tr>
<td></td>
<td>□ JORDOL</td>
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<tr>
<td></td>
<td>□ DOH</td>
</tr>
<tr>
<td></td>
<td>□ DCA</td>
</tr>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MS. EVELYN PARCHAM</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>ORANGE, N.J. 07051</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>MS. PARCHAM</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement Is Taking Place (3) | MS EVELYN PARCHAM |
| Square Feet | 1800 |
| # of Floors | 2 |
| Bldg. Age  | 1950 |
| County (6)  | ESSEX |

| Name of Monitoring Firm Hired by Building Owner (3) | ASCM No. |
| Best Removal Inc | [Redacted] |
| Street Address | 450 South River St |
| City, State, Zip Code | Hackensack, N.J. 07601 |
| Telephone No. | 201-329-7444 |
| License No. | 00388 |
| Name of OSHA Monitor | Omega Environmental |
| Street Address | 280 Huylers St |
| City, State, Zip Code | S. Hackensack, N.J. 07606 |

| Start Date (10) | 10/30/19 |
| Scheduled Completion Date (11) | 10/31/19 |

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

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

**Scoops of Work (Check all that apply):**

- [ ] Renovation
- [ ] Demolition
- [ ] Asbestos-containing Material (ACM) Removal
- [ ] Asbestos-containing Material (ACM) Repair
- [ ] Asbestos-containing Material (ACM) Disposal

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

- [ ] In Facility
- [ ] [Thermal System Insulation (ASI)] (40LF)
- [ ] [Thermal Insulating (TINS)] (78 SF)

| Name of Registered Waste Hauler | Best Removal Inc |
| Cubic Yards of Waste | 340 |
| Name of Registered Landfill | CUMBERLAND COUNTY LANDFILL |

| City, State | Hackensack, N.J. 07601 |
| Disposal Date | 10/21/19 |
| City, State | NEWBURGH, PA. 17240 |

**Completed by:**

- J. MAIORANO
- Estimator

- Signature: [Redacted]
- Date: 10/17/19

*Do not use this form for asbestos licensee 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 / 18 / 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ed Bednaraki</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Amendment #</td>
<td>Emergency (Including justification)</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Short Hills, NJ 07078</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ed Bednaraki</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private house</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City (5)</td>
<td></td>
</tr>
<tr>
<td>County (6)</td>
<td>Essex</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
</tbody>
</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>Street Address</td>
<td></td>
<td>Gr Tech LLC</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>576 Valley Rd #283</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
<td>Telephone No.</td>
</tr>
<tr>
<td>License No.</td>
<td></td>
<td>973-356-3511</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
<td>01127</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td>Envirovision Consultants, Inc</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
<td>20-21 Wagaraw Road, Bldg. # 35E</td>
</tr>
<tr>
<td>License No.</td>
<td></td>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

| Start Date (10) | 10 / 29 / 19 |
| Scheduled Completion Date (11) | 10 / 30 / 19 |

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

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>X 3 sf or X 3 if 160 sf or X 260 if</td>
<td></td>
</tr>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
<tr>
<td>Clean up and decontamination with negative pressure</td>
<td></td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
<td></td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td></td>
</tr>
<tr>
<td>Gloves Procedure</td>
<td></td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Pipe insulation</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NOSPE Waste Hauler ID No</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr Tech LLC</td>
<td>0033785</td>
<td>TBD</td>
<td>T.R.R., Inc</td>
</tr>
<tr>
<td>City, State</td>
<td>Wayne, NJ 07470</td>
<td></td>
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</tr>
<tr>
<td>Completed By (Print or Type)</td>
<td>Title</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>N.Jevtic</td>
<td>Owner</td>
<td></td>
<td>10/18/19</td>
</tr>
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</table>

* Do not use this form for asbestos licensure exempted activities.
## State of NJ
### Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1/10/17</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Betsy McGee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>□ EPA</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>□ DEP</td>
<td></td>
<td>fair lawn, nj 07410</td>
<td></td>
</tr>
<tr>
<td>□ DOL</td>
<td></td>
<td>Name of Contact</td>
<td>Betsy McGee</td>
</tr>
<tr>
<td>□ DOH</td>
<td></td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>□ DCA</td>
<td></td>
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</tr>
</tbody>
</table>

### FACILITY INFORMATION

#### Residential
- **Street Address**: fair lawn, nj 07410
- **City**: Bergen
- **County**: Bergen
- **County Code**: 03
- **Bldg. Age**: 60
- **Current Use**: Residential
- **Square Feet**: 1,000 SF
- **# of Floors**: 03
- **License Number**: 02007

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (6)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

#### Project Manager for Monitoring Firm
- **Start Date**: 10/18/19
- **Sched. Completion Date**: 10/21/19
- **Occupancy Status During Abatement**
  - Facility closed/vacated during entire period of abatement.
  - Abatement performed outside of normal facility hours.
  - Other: Normal Hours

#### Scope of Work (check all that apply)
- >3 sf or >3 If
- Renovation
- Full Containment w/negative pressure
- Demolition
- 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>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td>X</td>
<td>N/A</td>
<td>Pipe Insulation</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
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<tr>
<td>Name of Registered Hauler</td>
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<tr>
<td>Name of Registered Landfill</td>
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<td>Name of Registered Landfill</td>
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<td>City, State</td>
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<tr>
<td>Completed by (Print or Type)</td>
<td>Owner</td>
<td></td>
<td></td>
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<tr>
<td>Date</td>
<td>10/17/19</td>
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</table>
**State of NJ**
**Notification of Asbestos Abatement**
*(Pursuant to NJAC 8:60 and 12:120)*

### Date of Notification (1)

<table>
<thead>
<tr>
<th>1/10</th>
<th>1/11</th>
<th>1/12</th>
</tr>
</thead>
</table>

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

- **Betsy McGee**

### Street Address

- **fair lawn, nj 07410**

### City, State, Zip Code

- **fair lawn, nj 07410**

### Name of Contact

- **Betsy McGee**

### Telephone Number


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**FACILITY INFORMATION**

### Name of facility where abatement is taking place (3)

- **Residential**

### Street Address

- **FAIR LAWN, NJ 07410**

### City, State, Zip Code

- **FALLEN, NJ 07410**

### Project Manager for Monitoring Firm

- **N/A**

### Phone Number

- **N/A**

### Start Date (10)

- **10/15/19**

### Bond, Completion Date (11)

- **10/21/19**

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

- **Facility closed/vacated during entire period of abatement.**

### Other Description:

- **Normal Hours**

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

- **Retrofit**
- **Renovation**
- **Demolition**

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

- **Basement**
- **Pipes Insulation**

### Amount (Grossly SF or LF)

- **35 LF**

### Description of asbestos-containing material (ACM)

- **Yes**
- **No**
- **N/A**

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**Regulated Waste Handler**

- **KLOMAX, LLC**

### Disposal Date

- **TBD**

### City, State

- **TULLY TOWN, PA**

### Name of Registered Handler

- **TULLY TOWN, RESOURCE RECOVERY**

### Date

- **10/17/19**

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

Date of Notification (1) 10/18/19

Name of Building Owner/Operator (2) Jerry Jorgenson Private Home

Agencies Notified Type Notification
X EPA Initial
X DEP Amended
X DOL Amendment #
X DOH Emergency (including justification)
X DCA Cancellation

Street Address [Redacted]
City, State, Zip Code Cape May Court House NJ 08210

Name of Contact Jerry

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jerry Jorgenson Private Home

Street Address [Redacted]
City (5) Cape May Court House NJ 08210
County (6) Cape May

County Code (7) (STATE USE ONLY) N/A

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

ASCM No. N/A

Name of Abatement Contractor (9) Pernaco Inc.

Street Address PO Box 329
City, State, Zip Code West Berlin NJ 08091

Telephone No. 856-753-9800
License No. 00727

Name of OSHA Monitor Same

City, State, Zip Code

Start Date (10) 10/28/19
Scheduled Completion Date (11) 11/12/19

Occupancy 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)

x ≥ 300 sf or ≥ 6000 sf
x ≥ 1800 sf or ≥ 28000 sf

x 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

Exterior Siding X Exterior Siding 2000 SF

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 22456

Cubic Yards of Waste 5

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

City, State Morrisville PA 19067

Completed by Anthony T Perna Title President

Signature [Redacted] Date 10/18/19

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:123)

Date of Notification (1)
10/4/2019 check #0304

Agencies Notified
- EPA
- DEF
- DOL
- DOH
- DCA

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

Name of Building Owner/Operator (2)

Street Address
29 FAIR HILL RD

City, State, Zip Code
CLIFTON NJ 07012

Name of Contact
DAVID

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address
29 FAIR HILL RD

City (5)
CLIFTON NJ 07012

County (6)
BERGEN

County Code (7)

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
50X100

# of Floors
1FL

Bldg. Age
50+

Current Use (Prior to being demolished)
EMPTY

Name of Abatement Contractor (9)

ALL SOLUTIONS CONTRACTING

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ 07407

Project Manager for Monitoring Firm

Telephone No.
201 873 9418

License No.
01301

Name of OSHA Monitor
ALL SOLUTIONS CONTRACTING

Street Address
24 CHURCH ST

City, State, Zip Code
ELMWOOD NJ 07407

Start Date (10)
10/4/2019

Scheduled Completion Date (11)
10/4/2019

Scope of Work (Check All That Apply)
- ≥36 sf or ≥3 ft
- ≥160 sf or ≥160 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

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

Yes  No  N/A

Location of Asbestos-Containing Material (ACM)

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

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

OUT SIDE SIDING

TRANSITE SIDING
2 CYARDS

Name of Registered Waste Hauler
ATLANTIC CARTING

NJ/DEP Waste Hauler ID No.

Cubic Yards of Waste
TDB

Name of Registered Landfill
GRAND CENTRAL

City, State
PEN ARGYL PA 18072

Completed by
LUIS ARCILA

Title
PRESIDENT

Signature

Date
10/4/2019

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

Date of Notification (1)  
10/17/2019

Name of Building Owner/Operator (2)  
BOROUGH OF NEW MILFORD

Agencies Notified  
× EPA  
× DEP  
× DOL  
× DOH  
× DCA

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

Address  
930 RIVER ROAD
City, State, Zip Code  
NEW MILFORD, NJ 07646

Name of Contact  
VINCE CAHILL
Telephone Number  
201-967-5044

Name of Facility Where Abatement is Taking Place (3)  
NEW MILFORD MUNICIPAL BUILDING

Street Address  
930 RIVER ROAD
City (5)  
NEW MILFORD
County (6)  
BERGEN

County Code (7)  
STATE USE ONLY

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

Square Feet  
# of Floors  
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)  
RJB ENVIRONMENTAL, INC.

ASCM No.  
00149

Name of Abatement Contractor (9)  
TWO BROTHERS CONTRACTING, INC.

Street Address  
615 PROSPECT AVENUE
City, State, Zip Code  
MORRIVILLE, NJ 08045

Project Manager for Monitoring Firm  
RICHARD J. BEACH
Telephone No.  
267-991-8212

Scheduled Completion Date (11)  
11/1/2019

Name of OSHA Monitor  
SAME AS (9) ABOVE

Start Date (10)  
10/29/2019

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

Abatement Performed Outside of Normal Facility Hours  
× Other – Describe: 7AM - 3:30 PM

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

2,000 sf or ≥ 1,000 sf

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
In Facility  
ROOMS 101, 102, 103

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)  
TILE & MASTIC

Amount (Specify $F or LF)  
1,377 SF

Abatement Type  
× Removal  
× Repair  
× Encapsulate  
× Enclose

Location of Registered Waste Hauler  
TWO BROTHERS CONTRACTING

Cubic Yards of Waste  
10

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

City, State  
TOTOWA, NJ

Complied by  
VIVECA RAMOS
Title  
PROJECT COORDINATOR
Signature
Date  
10/17/2019

Print Form

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
10/17/19

Name of Building Owner/Operator (2)  
75 Jersey City, LLC

Street Address  
855 Lexington Avenue  
New York, NY 11065

Name of Contact  
Mr. Eric Albâne

Telephone Number  
973-300-0069

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

Street Address  

City (5)  
Jersey City

County (6)  
Hudson

Name of Monitoring Firm Hired by Building Owner (8)  

ASCM No.  

Name of Abatement Contractor (9)  
J.R. Contracting & Environmental Consulting, Inc.

Street Address  
1141 Route 23  
Wayne, NJ 07470

License No.  
00408

Start Date (10)  
04/08/19  
Scheduled Completion Date (11)  
01/31/2020

Occupancy Status During Abatement (Check Only One)  

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

Scope of Work (Check All That Apply)  

x 300 sf or 320 sq ft  
Renovation  
Demolition

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

Yes  
No  
N/A

Room 301  

x  Floor Tile & Mastic  

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

Amount (Specify SF or LF)  
3,200 SF  

Abatement Type  

Removal  
Repair  
Encapsulate  

Name of Registered Waste Hauler  
J.R. Contracting & Environmental Consult., Inc.

NJ DEP Waste Hauler ID No.  
17819

Cubic Yards of Waste  
40

Name of Registered Landfill  
Grand Central Landfill

City, State  
Wayne, New Jersey

Disposal Date  

City, State  
Pen Argyl, Pennsylvania

Completed by  
Jerry Bijelonic  
Title  
Project Manager  
Signature  

Date  
10/17/19

* Do not use this form for asbestos licensure exempted activities