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

Date of Notification (1) 10 / 25 / 16

Name of Building Owner/Operator (2) Diversified Realty Advisors, LLC

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

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

Street Address 47 River Road, Suite 200
City, State, Zip Code Summit, NJ 07901

Name of Contact Charles Tint Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]
City (5) Long Branch, NJ 07740

County (6) Monmouth

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions

Street Address P.O. Box 1224
City, State, Zip Code Union, NJ

Project Manager for Monitoring Firm Rick Eustaquio Telephone No. 973-494-3762

Start Date (10) 11 / 07 / 16 Scheduled Completion Date (11) 12 / 07 / 16

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

Square Feet # of Floors Bldg. Age

Current Use (Prior to being demolished)

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

Time of Abatement: AM PM AM PM AM

Scope of Work (Check all that apply) ☑ 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

☐ Kitchen ☑ VAT

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 ☑ Enclosure

Name of Registered Waste Hauler ATC

NJ DEP Waste Hauler ID No. SW-24310

Cubic Yards of Waste As Needed

Name of Registered Landfill Minerva Enterprises

City, State Shirley, NY Waynesburg, OH

Completed By (Print or Type) Allen Monchik Title Project Manager

Signature Date 10/05/10

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

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
10 / 25 / 16

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

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

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

**Street Address**
975 US Highway 22 West

**City, State, Zip Code**
North Plainfield, NJ 07060

**Name of Contact**
Santosha Anderson

**Telephone Number**

**FACILITY INFORMATION**

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

**Street Address**
2 Garfield Avenue

**City (5)**
Jersey City, NJ 07305

**County (6)**
Hudson

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

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

**Street Address**
P.O. Box 1224
Union, NJ

**Project Manager for Monitoring Firm**
Rick Eustaquio

**Telephone No.**
973-494-3762

**Start Date (10)**
11 / 03 / 16

**Scheduled Completion Date (11)**
12 / 03 / 16

**Name of Abatement Contractor (9)**
ALL PRO MANAGEMENT LLC

**Street Address**
27 Outwater Lane

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

**License No.**
1188

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

**Street Address**
27 Outwater Lane

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

**Scope of Work (Check all that apply)**
- □ ≤ 23 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)**

<table>
<thead>
<tr>
<th>Main Floor</th>
<th>VAT</th>
<th>Location of ACM Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

**Amount (Specify SF or LF)**
2,000 SF

**Abatement Type**
- □ Removal
- □ Repair
- □ Encapsulate
- □ Endorse

**Name of Registered Waste Hauler**
ATC

**NJDEP Waste Hauler ID No.**
SW-24310

**Cubic Yards of Waste**
As Needed

**Name of Registered Landfill**
Minerva Enterprises

**City, State**
Waynesburg, OH

**Disposal Date**
TBD

**Completed By (Print or Type)**
Allen Monchik

**Title**
Project Manager

**Signature**

**Date**
10/25/16

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10 / 25 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dipesh Patel</td>
</tr>
<tr>
<td>Street Address</td>
<td>110 Davidson Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerset, NJ 08873</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Ernie Gandolfo</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Chk. 4509</td>
</tr>
<tr>
<td>RECEIVED OCT 27 2016</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | Somerset/Bridgewater Hotel |
| Street Address | 110 Davidson Avenue |
| City (5) | Somerset |
| County (6) | Somerset |
| County Code (7)(STATE USE ONLY) | |
| Current Use (Prior to being demolished) | Vacant |

| Name of Monitoring Firm Hired by Building Owner (8) | Horizon Environmental |
| Street Address | PO Box 316 |
| City, State, Zip Code | Thorofare, NJ 08086 |
| Project Manager for Monitoring Firm | Dave Flanigan |
| Telephone No. | 856-548-0800 |

| Start Date (10) | 11 / 7 / 16 |
| Scheduled Completion Date (11) | 11 / 25 / 16 |

| 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) |
| ☑ ≥3 sf or ≥3 If |
| ☑ ≥160 sf or ≥260 If |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| ☑ Transite Panels |

| Wing B - Three Story Section | Transite Panels |

| Name of Registered Waste Hauler | Freehold Cartage, Inc. |
| NJDEP Waste Hauler ID No. | 02265 |
| Cubic Yards of Waste | 5 |

| Name of Registered Landfill | GROWS Landfill |
| City, State | Morrisville, PA 19067 |
| Disposal Date | 11/25/16 |

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

| Signature | Date | 10/25/14 |

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

Date of Notification (1)  
10 / 25 / 16

Name of Building Owner/Operator (2)  
Diversified Realty Advisors, LLC

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

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

Street Address  
47 River Road, Suite 200

City, State, Zip Code  
Summit, NJ 07901

Name of Contact  
Charles Tint

Telephone Number

FACILITY INFORMATION

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

Street Address  
Long Branch, NJ 07740

County (6)  
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)  
Bio Terra Solutions

Name of Abatement Contractor (9)  
ALL PRO MANAGEMENT LLC

ASCM No.

Street Address  
P.O. Box 1224

City, State, Zip Code  
Union, NJ

Project Manager for Monitoring Firm  
Rick Eustaquito

Telephone No.  
973-494-3762

Start Date (10)  
11 / 03 / 16

Scheduled Completion Date (11)  
12 / 07 / 16

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)  
☐ ≥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  
☐ Encapsulate  
☐ Enclosure

1st Floor, 3rd Floor  
☐ VAT  
□ Pipe Insulation  
□ Mud Elbow  
□ Transite Siding  

Name of Registered Waste Hauler  
ATC

NJDEP Waste Hauler ID No.  
SW-24310

Cubic Yards of Waste  
As Needed

Disposal Date  
TBD

Name of Registered Landfill  
Minerva Enterprises

City, State  
Waynesburg, OH

Complied By (Print or Type)  
Allen Monchik  
Title  
Project Manager

Signature

Date 10/25/16

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

Date of Notification (1)
10 / 25 / 16

Name of Building Owner/Operator (2)
Diversified Realty Advisors, LLC

Street Address
47 River Road, Suite 200
Summit, NJ 07901

Name of Contact
Charles Tint

FACILITY INFORMATION

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

Street Address
Long Branch, NJ 07740

City (5)
Long Branch

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Telephone No.
973-928-4888

License No.
1188

Start Date (10)
11 / 07 / 16

Scheduled Completion Date (11)
12 / 07 / 16

Occupancy Status During Abatement (Check only one)
○ Facility Closed/Vacated During Entire Period of Abatement
○ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM, PM, AM

Scope of Work (Check all that apply)

- 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)

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

Yes
No
N/A

Living Room
VAT
400 Sf
3

Basement
Pipe Insulation
160 LF

Basement
Mud Elbow
8 Elbows

Exterior
Transite Siding
2,000 SF

Name of Registered Waste Hauler
ATC

NJDEP Waste Hauler ID No.
SW-24310

Gubic Yards of Waste As Needed

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY

Disposal Date
TBD

City, State
Waynesburg, OH

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

Date

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

Date of Notification: 10/25/16
Agency Notified:
- EPA
- DEP
- DCA (NJAC 5:16)
- DHSS
- DECA, OEC (NJAC 5:23-8)
Type Notification:
- Initial
- Amended
- Amendment #9
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator:
New Jersey Turnpike Authority
Street Address:
581 Main St.
City, State, Zip Code:
Woodbridge, NJ 07095

Name of Contact:
Robert Wowensdorf
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Existing Bldg
Street Address:
MP E111.5
City:
Scaucus
County:
Hudson

Name of Monitoring Firm Hired by Building Owner:
Bio Terra Environmental Solutions LLC
ASCM No.
06-15995

Name of Abatement Contractor:
APS Contracting, Inc.
Street Address:
155-161 Pennsylvania Avenue
City, State, Zip Code:
Paterson, NJ 07503

Project Manager for Monitoring Firm:
Rick Eustaquio
Telephone No.:
973-494-3762

License No.:
01-287

Name of OSHA Monitor:
APS Contracting, Inc.
Street Address:
155-161 Pennsylvania Avenue
City, State, Zip Code:
Paterson, NJ 07503

Start Date:
10/31/16
Scheduled Completion Date:
11/02/16

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

Scope of Work (Check all that apply):
- 3 sf or 3 ft
- 160 sf or 260 ft

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

Garage Above Bathroom:
- Pipe Insulation
   - 5 if

Garage Above Bathroom:
- Duct Coupler Vibration
   - 4 if

Name of Registered Waste Hauler:
APS Contractors, Inc.
Hauler ID No.:
21259

Cubic Yards of Waste:
2 Yards
Name of Registered Landfill:
Grows Landfill

City, State:
Paterson, New Jersey
Disposal Date:
11/3/16

Completed By (Print or Type):
Svetozar Savreski
Title:
President
Signature:

ASB-41
JUL 01

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

**Date of Notification:**
10 / 24 / 16

**Name of Building Owner/Operator:**
Janis Bossert

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

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

**Street Address:**
[Redacted]

**City, State, Zip Code:**
Haddon Township, NJ 08033

**Name of Contact:**
Janis Bossert

**Telephone Number:**
[Redacted]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Bossert Residence

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

**Square Feet:**
2,000

**# of Floors:**
3

**Bldg. Age:**
80

**County:**
Camden

**County Code:**
[STATE USE ONLY]

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

**Name of Monitoring Firm Hired by Building Owner:**
Mgmt. & Environmental Consulting Services

**Name of Abatement Contractor:**
Shade Environmental, LLC

**Address:**
PO Box 341
Chesterfield, NJ 08515

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

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

**Telephone No.:**
609-288-4070

**License No.:**
00842

**Name of OSHA Monitor:**
EMSL Analytical, Inc.

**Street Address:**
623 Cutler Avenue
Maple Shade, NJ 08052

**City, State, Zip Code:**
200 Route 130 North
Cinnaminson, NJ 08077

**Start Date:**
11 / 10 / 16

**Scheduled Completion Date:**
11 / 11 / 16

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe
- [ ] Time of Abatement: AM-PM-AM

**Scope of Work:**
- [ ] ≥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:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawlspace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial Staff:**

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

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

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

**Abatement Type:**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Enclosure

**Name of Registered Waste Hauler:**
Freehold Cartage

**NJDEP Waste Hauler ID No.:**
15939

**Cubic Yards of Waste:**
1

**Name of Registered Landfill:**
Cumberland County Landfill

**City, State:**
Freehold, NJ

**Disposal Date:**
11/11/2016

**City, State:**
Newburg, PA

**Completed By:**
Christina Lynch

**Title:**
Operations Manager

**Signature:**
[Redacted]

**Date:**
10/24/16

---

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

Date of Notification (1) OCTOBER 25, 2016

Name of Building Owner/Operator (2) HERITAGE PLAZA, LLC

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

Street Address
149 S. MAIN STREET, POB 520
MILLTOWN, NJ 08850

City, State, Zip Code
MILLTOWN
NJ 08850

Name of Contact
JACK WHITMAN

Telephone Number

FACILITY INFORMATION

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

Street Address
302 RYDERS LANE
MILLTOWN

City (5)
MILLTOWN

County (6)
MIDDLESEX

County Code (7)

State Code (7)

Current Use (Prior if being demolished)
FORMER FARM HOUSE

Name of Abatement Contractor (9)
Finishing Touch Asbestos Abatement Corp., Inc.

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

Street Address
17 Thompson Street

City, State, Zip Code
West Long Branch, NJ 07764

Project Manager for Monitoring Firm
N/A

Telephone No.
732.222.8372

License No.
00040

Start Date (10)
NOV. 8, 2016

Scheduled Completion Date (11)
NOV. 9, 2016

Name of OSHA Monitor
N/A

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

Scope of Work (Check All That Apply)
☐ ≥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

Yes □ No X N/A

BASEMENT

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

□ Yes □ No □ N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal
□ Repair
□ Encapsulate
□ Endorse

Amount of Waste

Disposal Date

City, State

Completed by

JOSEPH P. MILLER
Title
PRESIDENT

Signature

Date
10/25/16

Name of Registered Waste Hauler
Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.
12058

Cubic Yards of Waste
1 CY

Name of Registered Landfill
TRRF LANDFILL

City, State
WEST LONG BRANCH, NJ 07764
**NOTIFICATION OF ASBESTOS ABATEMENT**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/24/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Absolute Property Management</td>
</tr>
<tr>
<td>Street Address</td>
<td>1600 Jersey Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>North Brunswick, New Jersey</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, New Jersey 07722</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Absolute Property</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Middlesex</td>
</tr>
<tr>
<td>Current Use (Prior to being demolished)</td>
<td>Grain House</td>
</tr>
<tr>
<td>Type of Abatement</td>
<td>Removal</td>
</tr>
</tbody>
</table>

### Scope of Work
- 23 sf or 23 sl
- 160 sf or 260 sf

### Abatement Type
- Endosilicate Removal
- Non-Exempted (*) and Non-Friable Procedure

### Description of Asbestos-Containing Material (ACM)
- Corrugated panels
- 14,000 sq ft

### Dates
- Start Date (10): 11/11/16
- Scheduled/Completion Date (11): 12/11/16

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

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

### Names
- Name of Registered Waste Hauler: NewJersey Waste Disposal Co. Inc.
- Name of Registered Landfill: GROWS

### Additional Information
- Do not use the 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 24, 2016

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

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

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

**Square Feet**  
2500 sf

**# of Floors**  
3

**Bldg. Age**  
80

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

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

**Street Address**  
2156 Camplain Road

**City, State, Zip Code**  
Hillsborough, NJ 08844

**Telephone Number**  
732-349-0932

**License Number**  
06024

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

**Street Address**  
1056 Stelton Road

**City, State, Zip Code**  
Piscataway, New Jersey 08854

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff (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>Exterior-house</td>
<td>X</td>
<td>Asbestos siding</td>
<td>3500 sf</td>
<td>RE MO VA L</td>
</tr>
<tr>
<td>Exterior garage</td>
<td>X</td>
<td>Asbestos roof</td>
<td>2400 sf</td>
<td>RE MO VA L</td>
</tr>
<tr>
<td>Exterior house</td>
<td>X</td>
<td>Window glazing</td>
<td>40 lf</td>
<td>RE MO VA L</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**  
Guardian Contracting, Inc.

**Disposal Date**  
11/3/16

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

**City, State**  
Toms River, New Jersey 08755-1271

**City, State**  
Toms River, New Jersey 08755-1271

**Completed by (Print or Type)**  
Nicholas Femia

**Title**  
Project Manager

**Signature**  

**Date**  
10/24/2016

*Do not use this form for asbestos licensure exempted activities.*
### Demolition / Renovation Notification

**Operator Project #:**

**Postmark:**

**Notification:**

<table>
<thead>
<tr>
<th>I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):</th>
<th>O</th>
</tr>
</thead>
</table>

| II. IS ASBESTOS PRESENT? (Yes/No): | Y |

| III. FACILITY INFORMATION (identify owner, removal contractor and other operator) |

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>DnA Demolition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2156 Camplain Road</td>
</tr>
<tr>
<td>City:</td>
<td>Hillsborough</td>
</tr>
<tr>
<td>State:</td>
<td>NJ</td>
</tr>
<tr>
<td>Zip:</td>
<td>08844</td>
</tr>
<tr>
<td>Contact:</td>
<td>Antonio Dimuzio</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-713-4496</td>
</tr>
</tbody>
</table>

**REMOVAL CONTRACTOR:** Guardian Contracting, Inc.  
**NJ License:** 00624  
**Address:** 1889 Route 9, Unit 61  
**City:** Toms River  
**State:** New Jersey  
**Zip:** 08755  
**Contact:** Nicholas Fenricola  
**Tel:** 732-349-9932

| IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): | D |

| V. FACILITY DESCRIPTION (Including building name, number and floor or room number) |

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>76-80 Chestnut Street</td>
</tr>
<tr>
<td>City:</td>
<td>Ridgewood</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>County:</td>
<td>Bergen</td>
</tr>
<tr>
<td>Site Location:</td>
<td>Exterior</td>
</tr>
<tr>
<td>Building Size:</td>
<td>2500 sf</td>
</tr>
<tr>
<td># of Floors:</td>
<td>3</td>
</tr>
<tr>
<td>Age in Years:</td>
<td>80</td>
</tr>
<tr>
<td>Present Use:</td>
<td>Residence</td>
</tr>
<tr>
<td>Prior Use:</td>
<td>Residence</td>
</tr>
</tbody>
</table>

| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: |

**IS MATERIAL ASSUMED TO BE ASBESTOS?**

**APPROXIMATE AMOUNT OF ASBESTOS including:**

- 1. Regulated ACM to be removed
- 2. Category I ACM not removed
- 3. Category II ACM not removed

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
<th>40 lf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Area (Square feet):</td>
<td>3500 sf, 2400 sf</td>
</tr>
</tbody>
</table>

| RACM Off Facility Components (Cubic feet): |

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Cat I</th>
<th>Cat II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window glazing</td>
<td>Exterior</td>
<td></td>
</tr>
<tr>
<td>Asbestos siding / roof</td>
<td>Exterior</td>
<td></td>
</tr>
</tbody>
</table>

| VII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) |

| Start: | 10/25/16 |
| Complete: | 11/2/16 |
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED.

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheering will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River State: New Jersey Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER.
Name: Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1990)
Nicholas Fernicola / Project Manager
(Printed Name/Title) October 24, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Nicholas Fernicola / Project Manager
(Printed Name/Title) October 24, 2016 (Date)
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1)**
10/24/16

**Name of Building Owner/Operator (2)**
Michael Duncan Private Home

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Ocean City NJ 08226

**Name of Contact**
Mick

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement Is Taking Place (3)**
Michael Duncan Private Home

**Street Address**

**City (5)**
Ocean City NJ 08226

**County (6)**
Cape May

**County Code (7)**

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

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

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

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

**ASCM No.**

**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

**Start Date (10)**
11/2/16

**Scheduled Completion Date (11)**
11/7/16

**Occupy Status During Abatement (Check Only One)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Other — Describe:

**Abatement Performance Outside of Normal Facility Hours**

---

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

**Scope of Work (Check All That Apply)**
- [ ] ±30 sf or ±30 If
- [X] ±160 sf or ±200 If
- [X] Renovation
- [X] 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**

**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**

---

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

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

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

**City, State**
Morrisville PA 19067

**Disposal Date**
11/7/16

---

**Completed by**
Anthony T. Perna

**Title**
President

**Signature**

**Date**
10/24/16

---

* 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)
10/24/16

Name of Building Owner/Operator (2)
Deidre Farley

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Deidre Farley

Telephone Number

FACILITY INFORMATION

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

City (5)
Montclair

County (6)
Essex

County Code (7)

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

Name of Abatement Contractor (9)
Academy Construction Inc.

Street Address

205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

973-832-4244

License No.
01155

Start Date (10)
11/5/16

Scheduled Completion Date (11)
11/12/16

Name of OSHA Monitor
Same as above

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 s.f. or 23 LF
☒ 160 s.f. or 2260 LF

☐ 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?

☐ Yes
☐ No
☐ N/A

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

Amount (Specify SF or LF)
150 LF

Abatement Type

Removal
Repair
Encapsulate
Enclosure

Name of Registered Waste Hauler
Academy Construction Inc.

NJDEP Waste Hauler ID No.
034422

Cubic Yards of Waste
3

Name of Registered Landfill
GROWS Landfill

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, NJ

Completed by
Filip Geleski
Title
Supervisor

Signature

Date
10/24/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>** Date of Notification (1) **</th>
<th>** 10-24-16 **</th>
<th>** Name of Building Owner/Operator (2) **</th>
<th>** MCM &amp; MACHINES **</th>
</tr>
</thead>
</table>

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

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

** Street Address **
225 FREMONT AVE

** City, State, Zip Code **
WOODBINE, N.J. 08270

** Name of Contact **
LIZA

** TELEPHONE NUMBER **

** FACILITY INFORMATION **

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

** County (6) **
CAPE MAY

** Project Manager for Monitoring Firm **

** Telephone No. **

** Start Date (10) **
10-4-16

** Scheduled Completion Date (11) **
11-11-16

** 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:

** Scope of Work (Check all that apply) **
- [ ] Demolition
- [ ] Removal
- [ ] Full Containment with Negative Pressure
- [X] 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? **
- [ ] Yes
- [X] No

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

** Amount of ACM (Specify SF or LF) **
3000SF

** Abatement Type **

** Name of Registered Waste Hauler **
KLCXCO INC

** NJDEP Waste Hauler ID No. **
13984

** Cubic Yards of Waste **
3

** Disposal Date **

** City, State **
WOODBINE

** Name of Registered Landfill **
C. M. C. M. J. A

** Completed By **
M. J. C. M. A

** Signature **
Michael Klein

** Date **
10-24-16

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

---

* The form contains information about asbestos abatement, including the date, location, parties involved, and details of the abatement process. It includes fields for the facility's contact information, the nature of the work, and the quantity and type of asbestos-containing materials to be removed. The form is used for regulatory compliance in New Jersey for asbestos abatement activities.*
**Date of Notification (1)**
10-24-16

**Name of Building Owner/Operator (2)**
HOIT N SON BUILDER

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

**Street Address**

**City (5)**
WILDWOOD CREST

**County (6)**
CAPE MAY

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

**Type of Facility (4)**

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

**Square Feet**
1500

**# of Floors**
1

**Bidg. Age**
50+

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

**Name of Abatement Contractor (9)**
KLEMACO INC

**Street Address**
369 S SPRUCE AVE

**City, State, Zip Code**
MAPLE SHADE N.J. 08052

**Telephone No.**
856-729-0367

**License No.**
00444

**Start Date (10)**
11-4-16

**Scheduled Completion Date (11)**
11-10-16

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

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

- 

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

- 33 sf or 33 ft
- 2160 sf or 220 ft
- Renovation
- Demolition

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

- ROOFING

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

- Yes
- No

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

**Amount (Specify SF or LF)**
12500

**Abatement Type**

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

**Name of Registered Waste Hauler**
KLEMACO INC

**NJDEP Waste Hauler D No.**
17904

**Cubic Yards of Waste**

**Name of Registered Landfill**
C.M.C.M.U.A

**City, State**
MAPLE SHADE N.J.

**Disposal Date**

**City, State**
WOOOBINE

**Completed By**
MICHAEL KLEMACO

**Title**
SUP.

**Signature**

**Date**
10-24-16

* 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)
10-24-16

Name of Building Owner/Operator (2)
PINEHURST CONSTRUCTION

Street Address
300 77TH ST

City, State, Zip Code
SEA ISLE CITY, N.J. 08243

Name of Contact
KRAMER

FACILITY INFORMATION

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

Street Address

City (5)
OCEAN CITY

County (6)
CAPE MAY

Name of Monitoring Firm Hired by Building Owner
N/A

Name of Abatement Contractor (9)
KULASCO INC

Street Address
369 S. SPRUCE AVE

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm

Telephone No.
856-779-0472

License No.
00-444

Start Date (10)
11-4-16

Scheduled Completion Date (11)
11-10-16

Occupancy Status During Abatement (Check only one)


Scope of Work (Check all that apply)

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

City, State

Name of Registered Landfill

Completed By

Title
Sudp

Signature

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

Date of Notification (1):
10/20/2016

Name of Building Owner/Operator (2):
AQUI MARKET OF CALIFON, LLC

Agency Notified: [x] EPA
[x] DEP
[x] DOL
[x] DOH
[x] DCA

Type of Notification: [x] Initial
[ ] Amended
[ ] Amended #
[ ] Emergency (including justification)
[ ] Cancellation

Street Address:
431 ROUTE 513 (COUNTY ROAD)
CALIFON, NEW JERSEY 07830
City, State, Zip Code

Name of Contact:
ARACELI PEREZ
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
FORMER A&P FOOD STORE

Street Address:
431 COUNTY ROAD (RT. 513)
CALIFON

County (5):
HUNTERDON

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

ASCM No.:

Name of Abatement Contractor (9):
INCINIA CONTRACTING, INC.

Street Address:
1360 CLIFTON AVENUE, UNIT #365
CLIFTON, NEW JERSEY 07012

City, State, Zip Code

Project Manager for Monitoring Firm:
R. AQUI

Telephone No.:
973-494-3762

License No.:
973-450-9500

Start Date (10):
10/31/2016

Scheduled Completion Date (11):
11/31/2016

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):

- [ ] ≥ 33 sf or ≥ 3 sf
- [ ] ≥ 160 sf or ≥ 260 sf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Frangible 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):

VAT/MASTIC

Amount (Specify SF or LF):
16,000 SF

Abatement Type:

- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] End Cap

Name of Registered Waste Hauler:
WRIGLE TRUCKING/RED TECH.

NJDEP Waste Hauler ID No.:
17534

Cubic Yards of Waste:
100 CY

Name of Registered Landfill:
MINERVA LANDFILL

Disposal Date:
TBD

City, State:
WAYNESBURG, OH

Completed by:
MILENA ZORIC
Title:
EXECUTIVE DIRECTOR
Signature:
Date:
10/20/2016

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

**Date of Notification:** 10/24/16
**Name of Building Owner/Operator:** MR. CHRISTOPHER GRASSIA

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

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

**Name of Facility Where Abatement is Taking Place:**
- Street Address: [Redacted]
- City: Glen Rock
- County: Bergen

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

**Square Feet:** 2500
**# of Floors:** 2
**Bldg Age:** 1950
**Current Use:** Residence

**Name of Abatement Contractor:** Best Removal Inc
**Street Address:** 450 South River St
**City, State, Zip Code:** Hackensack, N.J. 07601
**Telephone No.:** 201-329-7444
**License No.:** 00388
**Name of OSHA Monitor:** Omega Environmental
**Street Address:** 280 Huyler St
**City, State, Zip Code:** S. Hackensack , N.J. 07606

**Scope of Work (Check all that apply):**
- [ ] ≥ 25 sf or ≥ 20 ft
- [ ] ≥ 100 sf or ≥ 200 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mist-Enclosure
- [ ] Glovesbag Procedure
- [ ] Non-Exempted (*) and Non-Permissible Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial (13)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems, insulation, other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>[ ]</td>
<td>Thermal Surfacing</td>
<td>45 SF</td>
</tr>
<tr>
<td>basement</td>
<td>[ ]</td>
<td>Thermal System Insulation</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Handler:** Best Removal Inc
**NUDEP Waste Handler ID No.:** 17109
**Cubic Yards of Waste:** 272
**Name of Registered Landfill:** Minerva Enterprises ,LLC
**City, State:** Hackensack , N.J. 07601
**Disposal Date:** 11/9/16
**City, State:** Waynesburg, Oh, 44688
**Completed by:** J. Maiorano
**Title:** Estimator
**Signature:** [Redacted]
**Date:** 10/24/16

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

Check # 8078

Date of Notification (1)
11/1/12

Name of Building Owner/Operator (2)
Rockefeller Group Development Corporation

Street Address
92 Headquarters Plaza, North Tower, 5th Floor

Name of Contact
John Kuskin

OCT 27 2016

RECEIVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
The Green @ Florham Park (NON SUB 8)

Street Address
80 Park Avenue

City (5) County (6) County Code (7)
Florham Park, NJ 07932 Morris

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

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

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
10/25/2016

Scheduled Completion Date (11)
10/26/2016

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: non-occupied & start: 7:00am

Scope of Work (check all that apply)
[ ] Demolition
[ ] Renovation
[ ] Full Containment w/negative pressure
[ ] Glovebag procedure
[ ] >2 sf or >3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Mini-enclosure
[ ] Non-fragile procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>underground (exterior)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>transite pipe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Specify SF or LF)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.

Disposal Date
10/25/16-10/27/16

City, State
Lincoln Park, NJ

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
10/24/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check#2621

Date of Notification (1) 10 / 24 / 16

Name of Building Owner/Operator (2)
Joe Catania

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

Street Address
Joe Catania

City, State, Zip Code
Montclair, NJ 07043

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

County (8)
 Essex

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

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm Telephone No.

Start Date (10)
11 / 03 / 16

Scheduled Completion Date (11)
11 / 04 / 16

License No.
01127

Name of OSHA Monitor
Envirosion Consultants, Inc

Street Address

City, State, Zip Code

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

Time of Abatement: AM PM AM PM

Scope of Work (Check all that apply)
☐ >300 sf or >33 if
☐ ≥ 160 sf or >260 if
☐ Renovation/ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebox Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

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

Basement

3rd floor

4th floor

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

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

Disposal Date
TBD

Tullytown, PA

Completed By (Print or Type) Title
N. Jevtic Owner

Signature

Date
10/24/2016

* 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 and 12:120)

Date of Notification (1)
10/21/16

Name of Building Owner / Operator (2)
Wells Fargo Bank

Agency Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Emergency
- Cancellation

Name of Facility Where Abatement is Taking Place (3)
Wells Fargo NBOC

Street Address
100 Fidelity Plaza

City (5) County (6) County Code (7)
North Brunswick Middlesex

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

ASCM No.

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age
75,000 2 45+

Current Use (Prior if being demolished)

Banking Offices

Name of Abatement Contractor (9)
Bristol Environmental, Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Name of OSHA Monitor
Bristol Environmental Inc.

Street Address
1123 Beaver Street

City, State & Zip Code
Bristol, PA 19007

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Hours – 7am to 3pm
- Facility Occupied During Abatement

Scope of Work (Check all that apply)

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

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?

Yes No N/A

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

Amount (Specify SF or LF)
120 LF

Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glove Bag Procedures
Non-Exempted and Non-Friable Procedure

Name of Registered Waste Hauler
Service Transport Inc.

NJDEP Waste Hauler ID No.
20990

Cubic Yards of Waste
1/4 CU YD

Name of Registered Landfill
Minerva Landfill

City, State
Waynesburg, Ohio

Completed By (Print or Type)
Gino Pizzigoni

Title
Project Manager

Signature

Date
10/21/16

GI 16170
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:90 and 12:120)

**Date of Notification (1)**
10/24/16

**Name of Building Owner/Operator (2)**
Christopher Andrew Gatson

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

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

**Street Address**

**City, State, Zip Code**
Sewaren, NJ 07077

**Facility Information**

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

**Street Address**

**City (5)**
Sewaren

**County (5)**
Middlesex County

**County Code (7)**
(State Use Only)

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

**Name of Abatement Contractor (9)**
Pro Abatement

**Street Address**
1009 87th Street Suite A4

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

**Project Manager for Monitoring Firm**

**Telephone No.**
201-293-6305

**License No.**
01223

**Name of OSHA Monitor**
HILMAMM CONSULTING LLC

**Street Address**
1600 ROUTE EAST SUITE 107

**City, State, Zip Code**
UNION NJ 07083

**Start Date (10)**
11/04/16

**Scheduled Completion Date (11)**
11/18/16

**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:

**Scope of Work (Check All That Apply)**
- [ ] ≥23 sf or ≥23 lf
- [x] ≥160 sf or ≥260 lf
- [x] 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 (13)**

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

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

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)**

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

**Abatement Type**

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

**Other**

**Living Room & Entrance**

**Name of Registered Waste Hauler**
NEWARK CARTING

**NJDEP Waste Hauler ID No.**
04509

**Cubic Yards of Waste**

**Name of Registered Landfill**
WASTE MANAGEMENT GROWS N.

**City, State**
HILLSIDE, NJ

**Disposal Date**

**City, State**
MORRISVILLE PA

**Completed by**
Bryan Parra

**Title**
Project Manager

**Signature**

**Date**
10/24/16

*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)

### GAC Project # 060-16

**Date of Notification (1):** October 21, 2016

### Agencies Notified

- [x] EPA
- [ ] DCA
- [ ] DOL
- [ ] DEP - No Longer REQUIRED
- [x] DOH

### Notification Type

- [x] Initial Notification
- [ ] Amended Notification #4 - new start and completion dates
- [x] Emergency (including justification)
- [ ] Cancelled

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

**RUTGERS, THE STATE UNIVERSITY OF NJ**

### Street Address

**ENVIROVISION, INC.**

**FAIRLAWN, NJ**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUTLER, NJ</td>
<td>07405</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Contractor (9)

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

**20-21 WARGARAW ROAD**

### Current Use (prior if being demolished): ACADEMIC

### Type of Facility (4)

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

### Sq. Feet: N/A

### # of Floors: 4

### Bldg. Age: 60+ years

### Name of Contractor (9)

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

**20-21 WARGARAW ROAD**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUTLER, NJ</td>
<td>07405</td>
<td></td>
</tr>
</tbody>
</table>

### Name of OSHA Monitor (1)

**ENVIROVISION, INC.**

### Street Address

**20-21 WARGARAW ROAD**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUTLER, NJ</td>
<td>07405</td>
<td></td>
</tr>
</tbody>
</table>

### Name of OSHA Monitor (1)

**ENVIROVISION, INC.**

### Street Address

**20-21 WARGARAW ROAD**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUTLER, NJ</td>
<td>07405</td>
<td></td>
</tr>
</tbody>
</table>

### Name of Contractor (9)

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

**268 MAIN STREET**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURLINGTON, NJ</td>
<td>08016</td>
<td></td>
</tr>
</tbody>
</table>

### City, State, Zip Code

**BURLINGTON, NJ 08016**

### Name of Project Manager: Brian Kearney

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-386-8800</td>
</tr>
</tbody>
</table>

### Name of Contractor: Brian Kearney

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>973-492-0477</td>
</tr>
</tbody>
</table>

### Name of Contractor: Brian Kearney

<table>
<thead>
<tr>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00840</td>
</tr>
</tbody>
</table>

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

- [x] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure / Wrap & Cut
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [x] VAT

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

- [x] Yes
- [ ] No
- [ ] NA

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

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

### Amount (Specify SF or LF)

**14000 SF**

### Disposal Date: 11/28/2016

### Name of Registered Landfill

**G.R.O.W.S. North Landfill**

### Name of Registered Landfill

**G.R.O.W.S. North Landfill**

### City, State

**Morrisville, PA 19067**

### Date

**October 21, 2016**

### Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1): October 7, 2016

Agency Notified:
- EPA
- DCA
- DOH
- DEP: No Longer REQUIRED

Notification Type:
- Initial Notification
- Amended Notification #3 - new start and completion dates
- Emergency (Including justification)
- Cancelled

Name of Building Owner/Operator (2):
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address:
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code:
PISCATAWAY, NJ 08854

Name of Contact:
MICHAEL SMITH, ENV.
HEALTH & SAFETY

Telephone Number:

Name of Contractor (9):
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address:
268 MAIN STREET

City State Zip Code:
BUTLER, NJ 07405

License Number:
00840

Facility Information:

Name of Facility Where Abatement is Taking Place (3):
SCHOOL DENTAL MEDICINE, BLDG# 7253

Street Address:
RBHS NEWARK CAMPUS

City:
NEWARK

County:
ESSEX

County Code (7) (State Use Only):

Name of Monitoring Firm Hired by Bldg. Owner (6):
ATC

ASCM No.:
0098

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

Sq. Feet: N/A

Current Use (prior if being demolished): ACADEMIC

Tags:

- Scheduled Start Date (10):
  10/21/16

- Scheduled Completion Date (11):
  11/21/16

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:
  Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply):
- > 3 sf or ≥ 3 fl
- ≥ 160 sf or ≥ 260 fl

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

Location Normally Used Solely by Maint/Custodial Staff? (12):
- YES
- NO

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

Amount (Specify SF or LF):
14000 SF

Abatement Type:

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

- Remove, Repair Encap. Complete

Cubic Yards of Waste:
15 CY

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

Disposal Date:
11/21/2016

Hauler #1: Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561

Hauler #2: Newark Carting, Inc. – Newark, NJ 07109
NJ DEP # 4509

Completed by (Print or Type):
RAYMOND C. PEDALINO
SENIOR PROJECT MANAGER

Signature:
Raymond C. Pedalino

Date:
October 07, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

September 30, 2016

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SCHOOL DENTAL MEDICINE, BLDG# 7253

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

Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
268 MAIN STREET
City, State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-482-0477
License Number
00840

Project Manager for Monitoring Firm
BRIAN KEARNY

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

Telephone Number
609-386-8800

Street Address
3 TERRI LANE
CITY, STATE, ZIP CODE
BURLINGTON, NJ 08016

Name of Reg. Waste Hauler
See Hauler Below #1 & 2

Cubic Yards of Waste: 15 CY

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

Disposal Date
10/31/2016

City, State, Zip Code
100 New Ford Mill Rd.
Morrisville, Pa 19067
215-756-1700

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

Notified Agency
□ EPA
□ DCA
□ DOL
□ DEP - No Longer REQUIRED
□ DOH

Notification Type
□ Initial Notification
□ Amended Notification #2 - new start and completion dates
□ Emergency (including justification)
□ Cancelled

City (5)
NEWARK
County Code (7)
ESSEX

County
(8)

Scheduled Completion Date (11)
10/31/16

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:
Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)
□ Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

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

Amount (Specify SF or LF)
14000 SF

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

Abatement Type
Remove, Repair, Envelop Enclose

Disposal Date
10/31/2016

City, State, Zip Code
100 New Ford Mill Rd.
Morrisville, Pa 19067
215-756-1700

Signature
Raymond C. Pedalino

Date
September 30, 2016
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16

Date of Notification (1)
September 21, 2016

Agencies Notified
☐ EPA
☐ OSHA
☐ DOH
☐ DEP - No Longer REQUIRED

Notification Type
☐ Initial Notification
☐ Amended Notification # 1 - new start & completion dates
☐ Emergency (including justication)
☐ Cancelled

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF N.J.

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contractor
MICHAEL SMITH, ENV. HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SCHOOL DENTAL MEDICINE, BLDG # 7253

Street Address
RBHS NEWARK CAMPUS

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
(No Use Only)

Name of Contractor Hired by Bldg. Owner (8)
ATC

ASCM No.
0098

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

Current Use (prior if being demolished)
ACADEMIC

Type of Abatement
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure / Wrap & Cut
Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
Location Normally Used Solely by Maint/Custodial Staff (12)
YES NO

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

Amount (Specify SF or LF)

Abatement Type
Remove Repair Envelop Enclose

C-Level
YES VAT

Name of Reg: Waste Hauler

See Hauler Below #1 & 2
NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste
40 CY

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

Hauler #1 Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2 Newark Cartage, Inc., Newark, NJ 07102
NJ DEP # 4509

Completed by (Print or Type)
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER
Signature
Raymond C. Pedalino
Date
September 21, 2016

Copy To: Rutgers, REHS, Attn: Mike Smith

ATC, Attn: Brian Kearney
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 660-16

Date of Notification (1) September 9, 2016

Agencies Notified
☐ EPA
☐ DCA
☒ DOH
☐ DEP- No Longer REQUIRED

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

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT.
27 ROAD 1, BLDG 4036, LIVINGSTON CAMPUS

City, State, Zip Code
PISCATAWAY, NJ 08854

Name of Contact
MICHAEL SMITH, ENV.
HEALTH & SAFETY

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SCHOOL DENTAL MEDICINE, BLDG# 7253

Street Address
RBHS NEWARK CAMPUS

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
0098

Name of Monitoring Firm Hired by Bldg. Owner (6)
ATC

ASCM No.
0098

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

Sq. Feet: N/A
# of Floors: 4
Bldg. Age: 60+ years

Current Use (prior if being demolished): ACADEMIC

Name of Contractor (6)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
260 MAIN STREET

City State, Zip Code
BUTLER, NJ 07405

Telephone Number
973-492-0477

License Number
08840

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARBAR ROAD

City State, Zip Code
FAIRLAWN, NJ

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours -
Describe: Schedule: 5PM - 8AM (24 HOURS & WEEKENDS AS NEEDED)

Scope of Work (Check all that apply)
☒ 2 3 sf or ≥ 3 sf
☐ ≥ 160 sf or ≥ 260 sf

Location of Asbestos-Containing Material (ACM) in Facility (13)
Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO

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

Amount (Specify SF or LF)

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

Location of Abatement

Abatement Type
Remove, Repair, Repack, Endorse

C-Level

VAT

14000 SF

Name of Reg. Waste Hauler

See Hauler Below #1 & 2
NJDEP Waste Hauler ID #
See Below

Cubic Yards of Waste: 15 CY

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

Disposal Date
10/24/2016

City State
100 New Ford Hill Rd. Morrisville, Pa
19067
215-735-1700

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJDEP # 12561
Hauler #2) Newark Carting, Inc., Newark, NJ 07102
NJ DEP # 4508

Completed by (Print or Type):
RAYMOND C. PEDALINO
Title
SENIOR PROJECT MANAGER

Signature
Date
September 9, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
10/18/16

Name of Building Owner/Operator (2)
Tim Hartmann

Aircrafts Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

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

Street Address

City, State, Zip Code
Newton, NJ 07860

Name of Contact
Tim Hartmann

Facility Information

Name of Facility Where Abatement is Taking Place

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

Square Feet
2400

# of Floors
2

Current Use (Prior if being demolished)
63

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
973-764-2276

License No.
703

Start Date (10)
10/27/16

Scheduled Completion Date (11)
11/30/16

Name of OSHA Monitor

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

Scope of Work (Check All That Apply)
☐ ≥30 sf or ≥3 fl
☐ ≥160 sf or ≥260 fl
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

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

Description of Asbestos Containing Material (ACM)

Amount (Specify SF or LF)
75 LF

Abatement Type
Removal
Repair
Encopelable
Endorse

Name of Registered Waste Hauler
Freehold Cartage
NJ DEP Waste Hauler ID No.
15959

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Completed by
A. Scott Higgins
Title
President

Signature
Date
10/18/16

* 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)
10/21/16

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

Name of Building Owner/Operator (2)
Ms. Helen Manogue

Street Address
City, State, Zip Code
Dover, NJ 07801-2536

FACILITY INFORMATION

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

County (6)
Morris

County Code (7)
(State Use Only)

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

Name of Abatement Contractor (9)
ABS Environmental Services, LLC

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
973-764-2276

License No.
703

Start Date (10)
10/31/16

Scheduled Completion Date (11)
11/30/16

Occancy Status During Abatement (Check Only One)

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler
Freehold Cartage

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold, NJ

Completed by
A. Scott Higgins
Title
President

Signature
Date
10/21/16

* 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)**
10/24/16

**Name of Building Owner/Operator (2)**
Phelps Dodge Industries, Inc.

**Street Address**
48-94 Bayway Avenue

**City, State, Zip Code**
Elizabeth, New Jersey 07202

**Name of Contractor**
Jonathan Costello

**Telephone Number**
973-333-9176

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Freeport McMoRan Elizabeth New Jersey Plant

**Street Address**
48-94 Bayway Avenue

**City (5)**
Elizabeth

**County Code (7) (STATE USE ONLY)**
20,000

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

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

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Street Address**
205 Rt. 46, Suite 7A

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

**Project Manager for Monitoring Firm**

**Telephone No.**
973-333-9176

**License No.**
01232

**Name of OSHA Monitor**
Envirosision Consultants, Inc.

**Street Address**
20-21 Wagarow Rd., Bldg. 35 E

**City, State, Zip Code**
Fair Lawn, NJ 07410

---

**Start Date (10)**
10/28/16

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

**Abatement Performed Outside of Normal Facility Hours**

---

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

- ≥3 sf or ≥3 ft²
- ≥193 sf or ≥260 ft²

**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>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above the overhead door at the</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Wall in the Warehouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roof of the Mill</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above the overhead door at the</td>
<td>20 LF</td>
</tr>
<tr>
<td>&quot;Corrugated Transite&quot; Panels</td>
<td>100 SF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Hauler**

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unicorn Contracting Corp.</td>
<td>0035844</td>
<td>5</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

**City, State**
Totowa, NJ

**Disposal Date**
TBD

**City, State**
Tullytown, PA

**Completed by**
Dino Golcev

**Title**
General Manager

**Signatures**

**Date**
10/24/16

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>Date of Notification</strong></th>
<th><strong>Name of Building Owner/Operator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-22-16</td>
<td>Tom WELSH BUILDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Agencies Notified</strong></th>
<th><strong>Type Notification</strong></th>
<th><strong>Name of Building Owner/Operator</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>Tom WELSH BUILDER</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td>Tom WELSH BUILDER</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #:</td>
<td>Tom WELSH BUILDER</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>Tom WELSH BUILDER</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td>Tom WELSH BUILDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
</tr>
</tbody>
</table>

<p>| <strong>Name of Monitoring Firm Hired by Building Owner</strong> | N/A |</p>
<table>
<thead>
<tr>
<th><strong>ASCM No.</strong></th>
<th><strong>Name of Abatement Contractor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KLEMCO INC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Start Date</strong></th>
<th><strong>Scheduled Completion Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11-1-16</td>
<td>11-8-16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Occupancy Status During Abatement</strong></th>
<th><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITY CLOSED/VACATED</td>
<td>SIDING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Scope of Work</strong></th>
<th><strong>Description of Asbestos Containing Material (ACM)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>25 sf or ≥25 ft</td>
<td>TRANSITE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Name of Registered Waste Hauler</strong></th>
<th><strong>Cubic Yards of Waste</strong></th>
<th><strong>Name of Registered Landfill</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>KLEMCO INC</td>
<td>3000</td>
<td>C.M. C. M. U. A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Completed By</strong></th>
<th><strong>Title</strong></th>
<th><strong>Signature</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL KLEMN</td>
<td>Sup.</td>
<td></td>
<td>10-22-16</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:58 and 12:11G)

Date of Notification (d) October 24, 2018
Type of Notification Initial
Name of Building Owner/Contractor
G. Greek Development
Street Address 33 Country Lane
City, State, Zip Code East Brunswick, NJ 08816
Name of Contractor

Name of Facility Where Abatement Is Taking Place:
Former Evonik Site
Street Address 33 Country Lane
City, State, Zip Code East Brunswick, NJ 08816

Name of Monitoring Firm Hired by Building Owner:
AECN No.

Project Manager for Monitoring Firm:
The MACK Group, LLC.
Street Address 1500 Kings HWY N. STE 209
City, State, Zip Code Cherry Hill, NJ 08034
Telephone No. (973) 769-6000
License No. 00781

Name of OSHA Monitor:
The MACK Group, LLC.
Street Address 1500 Kings HWY N. STE 209
City, State, Zip Code Cherry Hill, NJ 08034

Name of Building Owner:

Name of Registered Landfill:

Name of Registered Waste Handler:

Scope of Work (Check All That Apply)
All of All
X 350 ft. or 350 ft.
X Renovation

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Description of Asbestos Containing Material (ACM)
(Include thermal, sheeting, insulation, siding, HVAC, or other)

Abatement Type

Abatement Method

Name of Registered Waste Handler:

Name of Registered Landfill:

Cumberland Co. / BFU / GROWS / TRAF
City, State, Zip Code Newburg / Imperial / Morrisville, PA

Do not use this form for asbestos management inspection activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:80-7 AND 12:12-0-7)

Date of Notification (1)
09 / 27 / 15

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

Street Address
399 FRANKLIN AVENUE

City, State, Zip Code
WYCKOFF, NJ

Name of Contact
Dino Nappi

Telephone Number
708-2015

FACILITY INFORMATION

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

Street Address
399 FRANKLIN AVENUE

City (5) WYCKOFF
County (6) BERGEN
County Code (7) 07422

Square Feet
6,000

# Of Floors
2

Building Age
40+

Current Use (Prior If Being demolished)
BANK

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

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

Name of Abatement Contractor (9)
northstar contracting group inc

Street Address
Street Address
88 harbor rd

City, State, Zip Code
City, State, Zip Code
central parkway
port washington ny 11050

Project Mgr. For Monitoring Firm
Telephone Number
516 944 9500

tsing

Telephone Number
9737723660

License Number
0860

Occupancy Status During Abatement (Check Only 1)
Facility Closed/ Vacated During Abatement
Abatement Performed Outside of Normal Facility
Hours - Describe: 1:00 - 6:00

Name of OSHA Monitor
northstar contracting group inc

Street Address
32 williams parkway

City, State, Zip Code
east hanover nj 07936

Scope of Work (Check All That Apply)
Demolition
Renovation

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

Location of Asbestos Containing

TO BE ABATED

IN FACILITY

Location
Is Location
Location
Description
Abatement Type

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

Amount
(Specify
SF or LF)

Removal
Repair
Encapsulation
Enclosure

Ground Fl
N/A
popcorn ceiling
4,500 SF

1ST FL ATM & OLD WALK UP

PLASTER CEILING
312 SF

GROUND FLOOR

PIPE INSULATION
450 LF

Name of Registered Waste Hauler
newark carting
NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste

Name of Registered Landfill
ise bethlehem landfill

City, State
newark nj

Disposal Date

City, State
bethlehem PA

Completed by (Print or Type)
Title

Date

Signature
10/26/16